BRIEFING PAPER

For:
The Northern Ireland Assembly
Committee for Communities

Re:
Sign Language Bill

Submitted by:
Action Deaf Youth
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Belfast
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In-person evidence scheduled for Thursday 26 June 2025

Introduction

This briefing paper is structured into four parts for ease of reference:

Part 1 – Action Deaf Youth: who we are and what we do
Part 2 – Sign Language Bill: Action Deaf Youth's views
Part 3 – Foundational context: why early years matters
Part 4 – Appendices

Part 1 - Action Deaf Youth: who we are and what we do

Who we are

Action Deaf Youth (previously known as Northern Ireland Deaf Youth Association) is a small regional charity set up by a group of Deaf adults in 1988 to improve the quality of life for deaf children and young people in Northern Ireland both at that time and for generations to come.

We are different to the larger Deaf organisations which operate UK-wide; we operate in Northern Ireland only and are the only local frontline service with dedicated full-time provision for deaf children in Northern Ireland from birth onwards.

Our vision is to transform the lives of deaf children and young people by unlocking boundless possibilities. At the heart of our mission lies an unwavering passion to empower deaf children and young people, fostering social inclusion, language advancement, independence, confidence and opportunity.

Guided by this commitment, our programmes for deaf children, young people and their families have been designed in-house by highly qualified and experienced personnel who are majority Deaf themselves and all provision is delivered directly in British Sign Language. This ensures deaf children and young people:

- acquire and develop language from the earliest stages of life
- thrive emotionally and socially
- can be part of the Deaf community, with access to Deaf role models and peers
- are able to access opportunities in education and society on an equal footing

This approach ensures that our work is deeply rooted in the lived experience, language and culture of the Deaf community and most importantly is bespoke to the deaf children and young people that we serve.

Our staffing qualifications profile includes:

- Qualified Teacher of Deaf Children and Young People
- PGCE (Sign Language) with Distinction
- Minimum level 3 BSL for all staff working directly with deaf children and young people
- Certified Play Therapist (qualified to PG Dip level and registered with the Professional Standards Authority Accredited Voluntary Register)
- Licensed Parent-Child Attachment Play Practitioner
- PhD student (research topic: Early Years and Deaf Children)

In addition, all staff are trained in Playwork[1] which is a proven child-centred way to work effectively with children and young people.

In 2017, we were named ‘Family Support Organisation of the Year’ at the Ni4Kids Awards, following nominations by a significant number of parents of deaf children. Action Deaf Youth’s in-house BSL teacher was the winner of the Inspirational Teacher of the Year Award at the Inspirational Women of the Year Awards 2023.

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[1] **https://playwork.foundation/what-is-playwork/**

What we do

Deaf children and young people are at the very heart of everything we do.

We provide a direct, regional service that plays a crucial role in the lives of deaf children and their families across Northern Ireland, supporting them at every stage of development from birth through to early adulthood and tailored to meet their linguistic, emotional and social needs.

We take a whole-child approach to our provision and as we are a small organisation with strong, long-term relationships with deaf children, young people and their families, we can quickly adapt our programmes as and when required to meet changing needs.

The current scope of our provision, which is completely free at the point of delivery, includes:

1. Weekly term time developmental play sessions for deaf babies/toddlers and their parents (2 hours per week x 2 sessions per week x 32 weeks per year, known fondly as ‘Messy Munchkins’)

2. Bespoke specially curated Sign & Play sessions for parents delivered alongside Messy Munchkins sessions every week where parents learn child-friendly age-appropriate BSL centred around Messy Munchkins session themes (e.g. dinosaurs, colours) in order to relate with immediacy and relevancy in a playful way with their deaf baby/toddler

3. Weekly term time preschool for deaf children to learn through play alongside deaf peers (every Friday x 4 hours x 32 weeks per year, known as ‘Super Stars’)

4. Weekly child-led play sessions for deaf children of primary school age (2 hours per week x 32 weeks per year, known as ‘Play Pack’)

5. Accredited BSL classes for deaf teenagers (enables them to gain formal qualifications in their language)

6. Accredited BSL classes for parents of deaf children ranging from Level 1 up to Level 6 (5 classes per week running for the full academic year to accommodate different levels of study)

7. Accredited BSL classes for professionals who work with very young deaf children on a regular basis

8. Curriculum BSL for deaf children who attend Cregagh Primary School Deaf Units (2 hours per week x 32 weeks)

9. BSL for Peers programmes delivered for 6-8 weeks in primary schools attended by deaf children to support inclusion

10. Fortnightly youth sessions for deaf young people age 9+ centred around sport and creative arts

11. Individual play therapy for deaf children aged 3-12 years who are experiencing social, emotional and/or behavioural challenges which compromise their psychological health

12. Evidence-based parent-child attachment play programmes to strengthen bonding and communication (delivered either in small groups or 1:1 via a home visiting model)

13. Summer schemes and inclusive social programmes

14. Holiday sign camps for deaf children and their siblings

We are quite possibly the smallest charity in the Deaf sector in Northern Ireland providing the most frontline services with the least resources (3.5 FTE staff).

We are the only charity that delivers face-to-face early years services for deaf children in Northern Ireland.

We offer a truly unique Deaf-led provision model that blends parental sign language learning with age-appropriate, immersive early years services creating an environment that nurtures natural language acquisition and emotional connection within families. The majority of parents who attend our accredited BSL courses also have their deaf children enrolled in our play-based services where learning takes place naturally in a language-rich setting led by Deaf professionals and surrounded by deaf peers. In this shared environment, parents are learning sign language in real time while their deaf children are exposed to play, communication and cultural connection accelerating their development.

This holistic model goes far beyond classroom learning; it represents a true early years language acquisition system rooted in lived experience. It is a powerful mechanism for implementing Clause 2 of the Sign Language Bill (promotion), ensuring that families are supported immediately, immersed in natural culturally appropriate language environments and empowered to make truly informed choices for their deaf child.

Further information pertaining to our work with very young deaf children can be found in the Appendices.

We warmly welcome visits by prior arrangement and would be delighted to welcome Members of the Committee to witness our work in action as it is challenging to truly reflect what we do on paper.

Part 2 – Sign Language Bill: Action Deaf Youth's views

Action Deaf Youth welcomes the Sign Language Bill as an important step forward in the legal advancement of Sign Language rights for deaf children and young people in Northern Ireland.

When we ask Deaf adults today what they wished for as a child, they frequently tell us that they wished:

- they had attended a Deaf school
- they had learned to sign at a young age
- that their immediate family could sign
- that they had better qualifications upon leaving school

The Sign Language Bill gives us an exciting and genuine opportunity now to make the above wishes a reality for deaf children today and for generations to come thus significantly improving their lives. This opportunity must not be wasted.

We are mindful that the Bill contains 15 clauses. For the purpose of this briefing paper, we shall focus on clauses 2, 3, 4, 5, 10 and 11 as we consider these to be particularly relevant to deaf children and young people.

Clause 2: Promotion of interests by lead department

Research is clear that the best outcomes for deaf children across all domains of human development, not only language development, are achieved when they have access to sign language by the age of 3, even if this means they later go on to acquire spoken language and choose spoken language as their preferred language.

Action Deaf Youth therefore strongly supports the intent behind Clause 2 in promoting BSL/ISL and welcomes it as a foundation for embedding the considerable work already being carried out day-to-day over the past decade by our organisation directly with very young deaf children from birth onwards and their families. Our Early Years programmes are a proven, protective approach to reducing language deprivation and enabling deaf children to develop their language skills and strong identities from the earliest age.

We fully support the legal intent of the Bill to ensure the availability of sign language classes for deaf children and their parents/carers and close family members, with the goal of acquiring and improving sign language proficiency, family communication and social inclusion. Such classes should be free at the point of delivery and not dependent on personal income or employment status. They should be universally available to all families of deaf children across Northern Ireland regardless of location and all families should have the same opportunity to access high quality sign language tuition.

We welcome the review presently being carried out by Queen's University into current sign language provision for deaf children and their families in Northern Ireland that is funded by the Department for Communities so that best practice, appropriate deaf child-centred provision and cost-efficient delivery can be determined.

In addition, we also fully support the intent that these classes are taught by accredited sign language teachers. Anecdotal evidence suggests variation in standards across Northern Ireland currently which can result in inconsistent quality and confusion for families at a critical stage of language development. For deaf children and their parents, early language acquisition is not a "nice-to-have". It is a critical protective factor safeguarding the deaf child's language and communication rights, cognitive development and emotional wellbeing. Accredited teachers ensure that instruction is linguistically accurate, developmentally appropriate and culturally respectful.

We therefore recommend that the Bill includes a statutory requirement that all publicly funded sign language education particularly for families of deaf children be delivered by accredited sign language teachers.

It is important to acknowledge that formal structured sign language tuition is not appropriate for very young deaf children in the earliest years of life. Very young children's brains are not designed to acquire language through instruction. It is imperative therefore that deaf babies and toddlers are immersed regularly in natural sign language environments during the critical 0-5 years where they can develop their language skills naturally through play, interaction and modelling from native sign language users who serve as more proficient sign language models for deaf children in the same way as hearing children access native users of spoken language in the world around them.

In this regard, Action Deaf Youth suggests Clause 2 should be strengthened to include a commitment to providing opportunities beyond the provision of sign language classes for very young deaf children and their parents to meet regularly with deaf peers through structured child-centred provision that is facilitated by appropriately qualified Deaf personnel who play a multi-faceted role in deaf children's lives as mentors and language models.

Given that 77% of deaf children are currently educated in mainstream schools[2], one further approach which could help to meet the objective of the greater use and understanding of BSL and ISL that Action Deaf Youth would like to see outlined in the Bill is a commitment to providing short, time-bound sign language awareness courses, taught by accredited sign language teachers, to hearing classmates in primary schools attended by deaf children to raise awareness and enhance inclusion.

Action Deaf Youth has piloted this model over the past three years by delivering 6 to 8 week 'BSL for Peers' courses in classrooms across 19 primary schools attended by deaf children. Evaluative feedback from schools testifies to the impact of this not only on inclusion and peer relationships but also the class teacher's understanding of how to embrace Deaf culture when teaching a deaf child. It is our view that this is a simple and cost-effective model that could be quickly and easily implemented without huge strain on public finances or on an already packed school curriculum.

Clause 3: Organisations to take reasonable steps

In principle, Action Deaf Youth supports the intent behind Clause 3 though we would like to see it explicitly go further.

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[2] https://cms.ndcs.org.uk/sites/default/files/2025-05/CRIDE%20Northern%20Ireland%20-%202024.pdf

Over 90% of deaf children are born to hearing parents with no prior experience of deafness and we know from our close working relationship with families that the vast majority feel overwhelmed and fearful since they have never met a Deaf person in their life.

Through our day-to-day work, we are very conscious that health and education are the two key public services accessed continuously by deaf children and young people throughout their childhood. For Clause 2 to be effective, the duty to promote BSL and ISL must include ensuring that the health and education professionals that families encounter at the point of identification of deafness are equipped to promote BSL or ISL as a valid and empowering language for deaf children and avoid inadvertently discouraging sign language access or delaying exposure.

We recommend that Clause 3 includes proactive signposting for parents of newly identified deaf children to Deaf-led early years support services at the earliest stage.

This signposting would ensure that such families quickly meet positive Deaf adult role models and other families in the same boat, learn some sign language relevant to their child's development, and understand their child's language and communication options without delay or bias. Importantly, Deaf-led early years environments offer essential natural language acquisition opportunities for the deaf child before the family may be ready to access more formal sign language tuition.

While education is a statutory function, Action Deaf Youth is concerned that it is not explicitly referenced in the Bill. For deaf children and young people, this omission could result in missed opportunities to embed language rights and access at the very point where they are most needed. Long term impacts of language deprivation and inaccessible education including underachievement, unemployment and poor mental health place further pressure on wider systems. Action in education is not optional; it is foundational.

It is Action Deaf Youth's hope that the intent to provide for our deaf sign language children in this Bill will develop in future to include provision for sign language medium schools for deaf children similar to Irish medium schools. This will provide genuine education choices for parents of deaf children. Currently, there are very limited education choices in Northern Ireland for parents who wish their deaf child to be educated primarily through the medium of sign language.

We recommend that work is undertaken by the relevant departments to look at such Irish medium schools and how this practice may be applied in respect of developing sign language medium schools in Northern Ireland. Such work should be reported on regularly so as to monitor the activity regarding same.

Action Deaf Youth continues to be concerned that the current minimum requirement for Qualified Teachers of Deaf Children and Young People (QToDs) of Level 1 in British Sign Language or Irish Sign Language is insufficient to meet the linguistic and educational needs of deaf children who use BSL/ISL as their primary or developing language.

QToDs must be able to model good language, identify gaps and support both academic and linguistic progression which cannot be done with only basic sign language proficiency.

We recommend that the minimum BSL/ISL requirement for Qualified Teachers of Deaf Children and Young People be raised to at least Level 3 to demonstrate:

- **conversational fluency**
- **understanding of grammar and linguistic structure**
- **ability to support language learning**
- **improved communication with deaf pupils and their families**

Clause 4: Organisations to be listed in regulations

As a member of the Sign Language Partnership Group, which is chaired by the Department for Communities, Action Deaf Youth supports the approach taken by Clause 4 which provides for the Department for Communities to make regulations to list the public bodies that are subject to the duties within Clause 3. The Department for Communities has engaged extensively with the Deaf community and relevant stakeholders and has proven their commitment to doing so over many years hence they are the appropriate Department to have oversight of this clause.

Whilst we appreciate that the Bill primarily addresses statutory organisations, Action Deaf Youth would like to see these provisions extended to include non-statutory organisations that deaf children and young people engage with on a day-to-day basis such as sports clubs, The Duke of Edinburgh's Award and uniformed groups (for example, Scouts).

These groups currently fall outside the statutory obligations of the Bill. Without explicit inclusion, they may lack the knowledge, resources or motivation to include deaf children and young people fully, learn and use basic BSL or ISL, and adjust communication practices to make activities accessible.

Deaf children should have an equal right to participate fully in these experiences. Making provisions within the Bill that includes these organisations would make a significant difference to the quality of deaf children's day-to-day lives enabling them to fulfil the NHS Five Steps to Wellbeing by connecting with other people, being physically active, learning new skills, taking notice of the world around them and what they are doing and giving to others, all of which will improve their long term mental health.

1,603[3] deaf children currently reside in Northern Ireland, amounting to just 0.08% of the total population of Northern Ireland. The economic impact of making non-statutory organisations subject to the duties within Clause 3 is minimal particularly if the Bill makes provisions by way of an annual voucher scheme financed by a statutory department. The scheme would entitle individual deaf children and young people to a capped number of interpreter hours each year which they could use as they so wish to enjoy equitable access to non-statutory services that are already enjoyed by their hearing peers.

This approach mirrors successful international models, such as that adopted in Scandinavian countries[4], where vouchers allow the Deaf community to choose interpreter access for everyday life beyond statutory contexts. Such a system would empower deaf children and young people to access BSL or ISL in places that matter to them and shift the emphasis from passive provision to active choice.

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[3] https://cms.ndcs.org.uk/sites/default/files/2025-05/CRIDE%20Northern%20Ireland%20-%202024.pdf

[4] https://www.hel.fi/en/health-and-social-services/data-and-the-rights-of-the-client/right-to-receive-services-in-your-own-language

This proposal aligns with the Bill's intended purpose: not only to promote BSL/ISL within institutions but to enhance the real-life opportunities and freedoms of Deaf individuals. For deaf children and young people, this means choosing to engage in sports, arts and youth programmes with accessible communication, choosing environments where language develops naturally not just where it is administratively required, and choosing to take part in their local communities with dignity and inclusion.

Clause 5: Department to issue guidance

Action Deaf Youth respectfully asks that the term "one person or organisation" cited within the Bill is made more explicit.

This, in turn, will reassure all parties that no "one" person or organisation will be "acting on behalf of the deaf community". Indeed, it will not be possible for this to be the case given the many facets of the Deaf community. Such representation on behalf of the Deaf community would be best served by a review/formalisation of the current Sign Language Partnership Group or the establishment of an entity such as a 'National Advisory Group' (as in the case of the British Sign Language (Scotland) Act 2015) or a 'BSL Advisory Board' (as in the case of the British Sign Language Act 2022).

Further, Action Deaf Youth would like to see appropriate weighting given to membership of such a group to ensure true representation of deaf children and young people and their needs across this Bill. Appropriate, relevant and qualified personnel or groups which are focused on this vulnerable group must be paramount.

Clause 10: Accreditation of teachers and interpreters

Action Deaf Youth fully supports the creation of schemes for accrediting both BSL and ISL teachers and BSL and ISL interpreters. Such accreditation will safeguard standards, ensure fair access and importantly protect deaf children and young people who are the most vulnerable members of our community.

We recommend that for clarity Clause 10 should include definitions of what constitutes teachers of British Sign Language or Irish Sign Language and interpreters of British Sign Language or Irish Sign Language.

To be meaningful and sustainable, accreditation must be more than a one-off certification.

We strongly recommend that Clause 10 be implemented with:

- **(a) robust annual revalidation which reflects similar standards in other regulated professions (e.g. teaching, social work, health)**
- **(b) published public pay scales which reflect professional experience and years of service, differentiate between newly qualified and experienced practitioners, and recognise the specialist skills required for complex domains**

This will help to ensure access to the right level of professional support whilst also protecting and valuing a skilled workforce.

Clause 11: Members of the deaf community

Action Deaf Youth respectfully requests that the following groups are specifically named in addition to those already named in Clause 11.1.a, 11.1.b and 11.1.c:

- **deaf children (whether or not they rely for communication on British Sign Language or Irish Sign Language)**
- **parents of deaf children**

This is important for several reasons:

1. Deaf children may not yet have established a primary communication method - many deaf children, especially in early years, have not yet had the opportunity to be exposed to or acquire BSL/ISL. Excluding them based on language use/reliance risks reinforcing language deprivation and ignoring their identity and rights.

2. Parents are central to early language development - parents of deaf children play a critical role in shaping their child's linguistic development. Recognising parents in the definition reflects the importance of empowering and supporting families to access sign language early and meaningfully.

3. Inclusion aligns with the Bill's purpose and spirit - the Bill seeks to promote access to BSL/ISL and improve outcomes. Explicitly recognising deaf children and their parents ensures the legislation does not inadvertently exclude those most in need of early access, information and support.

Part 3 - Foundational context: why early years matters

The Sign Language Bill exists because Deaf adult sign language users in Northern Ireland today are being failed.

For the Bill to succeed in achieving its long-term aims there must be explicit focus and investment in the early years of a deaf child's life. This period is critical for brain development, language acquisition and cognitive, emotional and social wellbeing. Failure to intervene early can result in language deprivation, a preventable injustice that has long-term consequences for individuals, wider society and public systems. Missed language milestones in the first 0–3 years are extremely difficult to recover from and can result in academic underachievement, isolation and mental health difficulties, and higher risk of unemployment and dependency later in life.

According to the 70/30 Theory of Prevention, 70% of Government spending is typically allocated to managing problems after they arise while only 30% is invested in prevention. Rebalancing this model by investing in preventative early years interventions for deaf children would yield dividends across multiple systems including education, health, social care, and justice.

In short, early support is not only a rights-based imperative but a financially and socially responsible one.

Northern Ireland already recognises the importance of targeted early years support through Sure Start which offers early intervention for children in areas of economic disadvantage. Sure Start, a statutory organisation, operates on the principle that early intervention reduces inequalities in child development, education and health. It is based on strong evidence that the early years are critical for lifelong outcomes.

We strongly propose that deafness should be treated as a unique linguistic and developmental need and that the Northern Ireland Assembly should consider the establishment of a parallel statutory mechanism to ensure deaf children and their families receive immediate specialist early years support.

This provision would ensure:

- Automatic referral and access to Deaf-led early years programmes
- Holistic developmental support (language, play, attachment, communication)
- Pathways into sign language learning and community connection for families
- Oversight, quality assurance and accountability from the outset

Our organisation delivers a specialist Deaf-led regional early years model that clearly demonstrates how early intervention builds a secure foundation in deaf children's language development, communication, self-confidence, and identity formation. From birth onwards, our programmes provide a tailored, comprehensive and developmentally appropriate pathway for very young deaf children and their families.

This model works because:

a) Sign language is learned in real-life, emotionally healthy contexts
b) Deaf children see themselves reflected in Deaf role models thus building positive identity and a sense of belonging to a community

c) Parents of deaf children gain both the confidence and competence to communicate meaningfully with their child from the start
d) Peer interaction supports the development of social-emotional skills and school readiness

This approach prevents language deprivation, setting a strong foundation for lifelong learning, wellbeing and participation.

We believe this model could and should be replicated at statutory level to guarantee access, equality and language rights for every deaf child in Northern Ireland. However, the model should not rely on charitable provision alone. It must be recognised as a critical, rights-based early intervention service and embedded into a statutory framework just as Sure Start has been for socioeconomically disadvantaged children.

Our recommendation is that the Sign Language Bill should explicitly recognise the foundational role of early years language acquisition in promoting equality for deaf children and the Northern Ireland Assembly should explore statutory protections equivalent to Sure Start ensuring no deaf child starts life at a disadvantage due to lack of timely, appropriate support.

As a Deaf-led organisation with a well-established, regionally delivered model of early years intervention and language support, we bring extensive expertise in supporting deaf children and their families across Northern Ireland. We believe that our evidence-based practice can meaningfully inform a statutory framework that is inclusive, culturally responsive, and centred on the rights and developmental needs of deaf children.

We welcome the opportunity to support the Assembly in all endeavours aimed at strengthening early years provision for deaf children and their families in Northern Ireland.

Part 4 – Appendices

The following appendices are attached to this Briefing Paper for further reference:

Appendix 1

Digg Community Spotlight: Embracing Our Son's Hearing Loss with the Support of Action Deaf Youth

(Blog written by Gemma McMullan, mother of a young deaf child)

Appendix 2

LPAG Service Evaluation

Appendix 3

Executive Summary Family Version

Digg Community Spotlight: Embracing Our Son's Hearing Loss with the Support of Action Deaf Youth

L-R Gemma, George and Dean

In 2023, I gave birth to the most amazing little boy, George. Like any first-time parent, I was filled with excitement, love and hope for the future. But when George was just eight weeks old, we received unexpected news - he was identified as having a moderate, bilateral hearing loss. By nine weeks, George was fitted with hearing aids, and our world changed overnight.

With no history of deafness in either of our families, we were so shocked and overwhelmed. We were sent home from the hospital with a newborn baby and new technology that we were unfamiliar with, and had to navigate this journey on our own.

My name is Gemma McMullan, and I want to highlight the amazing charity, Action Deaf Youth. They are a remarkable organisation dedicated to supporting deaf children and young people and their families. It’s truly inspiring to witness how they positively impact countless lives every day.

Finding Hope Through Action Deaf Youth

After a few weeks at home with George, we were introduced to a Teacher of the Deaf who referred us to an organisation called Action Deaf Youth (ADY). That referral changed everything.

When I first contacted Julie, Director of Services at ADY, her words stuck with me: “*Congratulations on the birth of baby George.*” That moment made me stop. Having a baby is such a blessing, and I had been so focused and consumed by his hearing loss that I was overlooking this amazing little human right in front of me. It was a powerful reminder that George’s hearing loss didn’t define him, it was just one part of his beautiful story.

Today, with the support of our family and friends, George is a thriving, energetic, funny two-year-old who thrives in everything he does. He can sign colours, animals, and dozens of everyday words. He even taught the Minister of Communities, Gordon Lyons, some colour signs during a recent visit to ADY!

George showing colour signs to Minister of Communities, Gordon Lyons

What Action Deaf Youth Has Done for Our Family

Every Thursday, George and I attend a group called Messy Munchkins, a sensory-rich play session for children aged 0–3 and their parents. These sessions offer high-quality play experiences that allow children to enhance their holistic development. The children enjoy a variety of multi-sensory experiences and have access to stimulating materials for imaginative play. George enjoys all aspects of Messy Munchkins, but particularly he enjoys the activities that get him the dirtiest and that he can eat.

During these sessions, parents are also offered a ‘Sign and Play’ programme where we learn child-friendly signs with a qualified BSL (British Sign Language) tutor, Michelle. From the moment I was made aware George was deaf, I knew I wanted to learn sign language. Guess who stepped in and provided this service… Action Deaf Youth!

They offer free BSL courses to parents. I am about to sit my level two exam this month, and George’s dad is about to complete his level one exam. Having this service has been invaluable to us. It has allowed us to communicate with our son, other deaf children and the staff at ADY. Dean (George's dad) and I have formed great friendships at ADY. We regularly keep in contact with other parents and have play dates outside of our weekly sessions. We know that we have the support from other parents and deaf staff who can provide support and guidance in areas we are unfamiliar with through their lived experiences.

Speaking Up for the Sign Language Bill

With the new legislation being passed for the Sign Language Bill, ADY have had lots of publicity over the past few months. I had the privilege of doing a BBC interview to highlight the importance of the new bill. It was a very nerve-wrecking experience being on the Six O’Clock News, but a real honour to be a representative for parents of deaf children.

BBC Interview at Action Deaf Youth

Who Are Action Deaf Youth?

I have talked about Messy Munchkins, but Action Deaf Youth are so much more. ADY is a small regional charity set up by a group of deaf adults in 1988 who wanted to create better opportunities for deaf children and young people. At Action Deaf Youth, the mission is clear: to empower deaf youth and help them thrive in a world that can often feel overwhelming.

This charity offers a safe space where young people can express themselves, make friends, and gain the confidence to chase their dreams. From educational programs to social activities, every initiative is designed to uplift and inspire. As parents, we all want the best for our children, and the resources provided by this charity make a significant difference. They not only help our children build valuable skills, but they also foster a sense of community and belonging that is so important during their formative years. The joy and laughter that fill their events are contagious!

Why ADY Needs Our Support

Unfortunately, last year, ADY faced a funding crisis and had to call an emergency meeting with parents. During this meeting, parents grouped together and came up with various fundraising events and activities to help keep vital services running. This charity is a lifeline for so many families. Without it, parents like me would be left without the guidance, support, and community we desperately need.

If you're a parent of a deaf child or want to support a cause that truly makes a difference, I encourage you to explore Action Deaf Youth. Let's help them continue their essential work, so every deaf child can grow up with the tools, confidence, and community they need to shine.

Support Action Deaf Youth

You can donate via their website below, or alternatively, you can contact them directly via email or phone.

Website: Action Deaf Youth

Email: info@actiondeafyouth.org

Phone: 028 9099 2779

Action Deaf Youth

Let’s Play and Grow Service

Independent Evaluation

Debi Maskell-Graham and Leona Tucker

October 2020

This report was commissioned by Action Deaf Youth in June 2020 to evaluate the impact of the Let's Play and Grow service offered to families with deaf children aged 0-8 years from 2016 to 2020. The Let's Play and Grow service received funding from the Big Lottery Community Fund in 2016 for a period of five years.

The report authors are independent researchers based in the UK.

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Photo: Themed play at Let's Play and Grow

01 Acknowledgements

The research team would like to thank the families who attend the Let's Play and Grow Service (LPG) at Action Deaf Youth and gave so much of their time to this research. We are especially grateful for the help of so many parents in sharing their personal experiences and insights during the unique challenges we all faced during the coronavirus pandemic.

We would also like to thank Julie Graham, Active Play Co-ordinator at Action Deaf Youth for her tireless energy and support in helping us conduct this research. Our thanks also go to the wonderful staff who make up the LPG team and believe so passionately in the best possible outcomes for the deaf children and families they support. We would also like to thank the group of external Teachers of the Deaf who helped us understand the impact of the LPG service on the deaf children they support.

Our final thanks go to all the children who so generously shared their thoughts, feelings, and views with us in their own words and drawings. Figure 1.1 shows a lovely picture of two of the deaf children playing "pirate ships" in a Play Pack play session at LPG:

Figure 1.1: Playing with my friends at Let's Play and Grow

02 Executive Summary

Background

Considerable inequalities currently exist between the educational outcomes for deaf children and their hearing peers in the UK. These inequalities are evident from early in children's journeys through the education system. By the end of primary education, deaf children are falling well behind their hearing peers with only 50% of deaf children (without additional special educational needs) achieving the expected levels of academic progress compared to 91% of hearing children. By the age of 16, only 37.3% of deaf children achieve 5 GCSE passes compared to 69.2% of their hearing peers. Given that deafness is not a learning disability, these figures are concerning. Clearly, there is a need for early intervention which focuses on the needs of deaf children to help them navigate a hearing-oriented education system and reach their full potential.

The Let's Play and Grow (LPG) service was set up by Action Deaf Youth (ADY) in 2016 to go some way to mitigate against the early disadvantage experienced by very young deaf children aged from 0-8 years in Northern Ireland (NI). ADY received funding from the Big Lottery Community Fund from 2016-2021 for a specialist early years' provision for deaf children. In 2020, an independent evaluation of the LPG service was commissioned by ADY, the findings of which are detailed in the full evaluation report and summarised here.

The LPG service uses a play-based approach to help young deaf children build a strong foundation in early literacy, language-acquisition, communication, and deaf peer-to-peer interaction. Universal play provision for deaf children sits at the heart of LPG provision and is split into developmental age groups (0-2 years, 2-4 years, nursery-aged children, and school-aged children up to 8 years). It is not a "pick 'n' mix" service. Instead, it offers regular play sessions to all families with complementary additional elements or activities which are tailored to individual child and family needs. Importantly, wide age ranges of deaf children are not treated the same. Children can move through service provision at a pace which matches their developmental progress. Within this one specialist hub, access to additional and complementary services is straightforward for families. This is a strength of a specialist Deaf service operating within a Deaf charity. It brings specialist deaf early years' provisions together under one roof to offer long-term and ongoing support. This long-term regular support that builds over time is different from the other services on offer to deaf children and their families in NI. This "one-stop" early years' model may have an unintended consequence for families with deaf children who are spread across a wide geographical area. However, satellite service elements are offered to families to reduce barriers to access caused by travel distances.

In addition to universal group play provision, LPG offers "Sign and Play" sessions for parents which run within or alongside children's play sessions; online resources of signed nursery rhymes and stories for parents and deaf children to enjoy together at home; play therapy for individual children and small groups who meet certain criteria; parent-child relationship support for individual parents and small groups of parents meeting certain criteria; British Sign Language (BSL) courses for parents; and holiday "Sign Camps" for deaf children and their hearing siblings. Additionally, LPG are in the early stages of developing a home-based play resource ("Playbox") for families with deaf children aged 0-8 years who are unable to access the children's play sessions.

The LPG staff team is mostly Deaf, with experience, specialist training, and qualifications in teaching, playwork, play therapy, BSL, parent-child attachment play, social work, safeguarding, Paediatric First Aid, sensory strategies to develop resilience, and supporting deaf children's literacy development. All staff team members sign using BSL including hearing workers who have had access to specialist BSL training and support. The project is supported by an expert panel of external advisors.

The core offer: group play sessions for deaf children only

The group play sessions at LPG offer broad and varied play opportunities for deaf children with an emphasis on real-life imaginative play, dressing-up, and role-play. These types of play are particularly helpful for deaf children to be able to play out, practise, and process, real-life experiences to equip them to navigate their way through the hearing world with more assurance. The kinaesthetic, embodied, and highly visual playing out of daily experiences playfully prepare the deaf child in meaningful and experiential ways. Importantly, the deaf child experiences their own agency and control in this non-directive way. Added to this, are the sophisticated ways LPG integrate sensory play into their sessions. Developing the children's tactile sensitivity, fine and gross motor skills, and sensory processing capacity are woven into naturalistic play opportunities in thoughtful and well-managed ways.

Parents whose children attend play sessions repeatedly tell us how important they are for them and their deaf children. They explain the unique nature of the provision at LPG and tell us that there is no equivalent service in NI. Staff provide high quality play provision to international play work principles and standards. Groups are intentionally small and limited to deaf children only. Parents, staff, and deaf children tell us that it is important to have this deaf-only and deaf-on-deaf child space. Families are supportive of this approach and understand its importance. However, an unintended consequence of the deaf child only approach may be a burden on some families regarding childcare for and leisure time with their other hearing children.

LPG play staff are unique adults in a deaf child's life and play a multi-faceted role. Firstly, they are a friendly adult, enthusiastic and excited to show children the playroom and help them play. This love of play is infectious for both children and parents. Secondly, the play staff team is largely Deaf and models happy and playful adults to the children and parents. The staff team uses multiple communication methods and language in naturalistic ways. This helps to normalise deafness and reassure parents who may be anxious about the future for their deaf child. Thirdly, the play staff serve to model high-quality child-led and child-focused play in ways that are non-threatening and non-judgemental for parents. Finally, the play staff and wider team encourage the transference of non-directive play skills and playful learning into the family home. This is achieved through a combination of simple modelling to build parental confidence and skill, and the provision of practical play ideas and resources. Parents tell us how seeing the play at LPG has changed their perceptions of play and how they offer playful opportunities to their children at home.

Within and alongside children's play sessions, a qualified BSL teacher provides "Sign and Play" sessions for parents. These "Sign and Play" sessions were not part of the original LPG plan for activities offered. However, it became clear over time, that parents wanted to learn sign language that was child-friendly and related to everyday interactions with their deaf children. This was not available to parents through traditional BSL course settings. Tailored sessions reflect the content of the children's play sessions with emphasis on nursery rhymes, songs, and stories/books. This is a unique and innovative model for sharing and teaching sign language not replicated in other BSL provision in NI. We describe this as a play-based and relational approach to learning language; building confidence and capacity within families to relate playfully to their child with immediacy and relevancy regardless of signing fluency and attainment. Parents express the value and importance to them of learning non-accredited and play-based sign language at LPG play sessions to encourage parent-child play at home. This is not simply about communication but to facilitate meaningful and shared experiences between themselves and their children.

Following each play (and "Sign and Play") session, LPG staff load helpful content onto an app for parents and children to enjoy at home. This includes high quality videos of signed nursery rhymes, songs, and story books along with other play ideas and helpful information. Parents use and appreciate these resources.

Regular and live online Zoom sessions have been running for children throughout the coronavirus pandemic of 2020. Parents find these sessions invaluable and tell us how excited their children get to re-connect with their deaf friends. However, live online provision for deaf children is not straightforward and has limitations. It is also harder to model and replicate the natural and multi-use of different communication modes using an online platform. Deaf children may struggle with the flow of communication.

The LPG service has plans for a home-based play provision ("Playbox") which was in development prior to the pandemic. This provision would see the play staff visiting homes with a box of play resources and supporting parents to facilitate non-directive child-led play with their deaf children. Going forwards, it would be helpful for the service to explore a combination of physical play resources (such as Playbox), face-to-face support, and online support and mentoring to alleviate delivery challenges.

One challenge for LPG is that there is currently no formalised referral route to the universal play service for families who receive a deaf diagnosis for their baby or child. A formalised referral route from point-of-diagnosis to LPG is highly desirable. Whilst not all families with deaf children may feel that LPG is right for them, it is important that parents are able to make an informed choice about all the provision available.

Our data indicate that other small groups of deaf children and their parents may benefit from accessing the specialist Deaf service at LPG. These groups include the deaf children of refugees being settled in NI as part of the Home Office Resettlement Programme, children with multiple and complex needs where deafness is a secondary diagnosis, and onward referrals from the Child and Adolescent Mental Health Service (CAMHS) for deaf children requiring specialist play therapy. External packages of funding may need to be negotiated and secured for these specialist referrals into the LPG service.

The role of specialist Deaf and hearing staff at LPG

The role of the staff, and in particular the Deaf staff at LPG, is multi-layered in helping families. This includes supporting parents to come to terms with an often-unexpected deaf diagnosis for their child(ren) and the fears and questions that come with it. Parents tell us how LPG staff offer reassurance to hearing parents that being deaf is *"not the end of the world"*. As simple as this may sound, Deaf staff are uniquely placed to reassure parents. Not only can staff empathise with parents, they also embody and model a positive representation of a Deaf adult. Staff members are likely to be the first Deaf adults hearing parents have encountered. Parents can literally see the evidence standing in front of them that Deaf adults lead fulfilled and purposeful lives. Deaf staff embody hope for parents overwhelmed by worries for their children's futures.

Clearly, the staff team at LPG play an important symbolic and modelling role for hearing parents and their deaf children who attend LPG. The service exemplifies a child-centric desire for the deaf child to be able to move easily between the Deaf and hearing worlds without risking a sense of alienation or isolation from either or both. This careful balance needs to be maintained to ensure that the staff team continues to model all, or a good range, of the communication modalities available for deaf children. This includes hearing workers who model effective and natural interaction with deaf children and Deaf staff members. Hearing staff also model a growing fluency in sign language as a second language for hearing parents. The symbolic roles played by staff are important for parents but are most potent for the deaf children. LPG is a place where the deaf child identifies themselves as small-d deaf and potentially big-D Deaf.

Enhancing the parent-child relationship through communication and interaction

Most parents we spoke to are keen to maximise their child's access to language and communication. They may look to implant or hearing aid technology, speech acquisition, sign language, and lip-reading, for example. In our view, LPG provides a potential space for parents to reconcile acceptance of a child's deafness *and* wanting to maximise their language and potential. We have no data suggesting that this space is available in any other service. Indeed, one parent notes never having met a health professional in the services attended by their deaf child who could sign or who were Deaf themselves. Confusion around the difference between speech and the acquisition of language may still be prevalent even amongst professionals.

We do not have data from any families who have not at least partially-embraced a multi-modal approach to language and communication with their deaf child. For example, we do not know if families decide not to access the play provision and other services on offer at LPG because of the modelling of this approach. We do know that both parents and staff at LPG consider the service accessible to non-signing parents.

Developing meaningful communication is identified as critical to the parent-child relationships by all the parents we spoke to. Many hearing parents have accessed signing courses through further education colleges or other charities. However, the content of these courses is largely irrelevant when it comes to the everyday language they need to communicate with their very young children.

Following the successful addition of "Sign and Play" within or alongside children's play sessions, LPG have moved on to offer BSL qualification courses for parents. Our survey of parental views on the BSL provision at LPG show that all parents had seen improvements in their relationship and communication with their child as a result of attending. Importantly, all parents show an increased understanding of the issues facing their deaf child.

Parents, staff, and Teachers of the Deaf (ToDs) tell us that there is a shift underway in NI towards an acceptance of sign language as a valuable and even essential language for deaf children and their families. LPG may have a role in sharing the latest research evidence available with parents and professionals to encourage an open-minded approach to sign language. Recent peer-reviewed academic papers including a World Health Organisation briefing, state that the acquisition of language, not just speech, for deaf children is essential (Murray, 2019). This briefing cites the benefits for deaf children of natural sign language including the reduction and avoidance of language deprivation. LPG may be nervous of this role over concerns regarding a Deaf organisation appearing to take a "political" stance on learning sign language. However, sharing the neutral evidence-base and taking a political stance are not the same thing.

Parents at LPG are given space to reflect on their feelings and actions over time, and how these may impact their child. Advice and support to help parents with their child's challenging or worrying behaviour is not generalised parenting advice but clear bespoke deaf-centred strategies designed to support the parent-child relationship and reduce frustration in the deaf child. Parents tell us that they find watching the staff, and how they interact with deaf children, helpful in understanding how to adapt their own behaviour with their children. One parent describes simple things such as making sure that adult and child faces are at the same level as having a big impact on their own understanding.

Improvements in the parent-child relationship have resulted in a reduction in family conflict for many parents. They attribute this to increased communication skills and improved understanding of deaf children's needs gained at LPG. Parents report their children showing decreased levels of frustration, aggression, and behaviours associated with hyperactivity.

As parental confidence and empathy grows, staff notice parents becoming the "champion" of their deaf child. These new champions are tuned into their deaf child's needs and over time begin to tune in to the other parent champions in their child's LPG group. The parents we spoke to are reflective about their deaf child and try hard to see the world from their child's viewpoint.

The impacts of play on deaf children's self-expression, confidence, and literacy skills

The impact of LPG play sessions on children's self-expression and confidence is marked. All parents and older children report these increases when surveyed and interviewed. Along with increased levels of self-expression and confidence, deaf children are also developing resilience and self-advocacy skills. Parents recognise that their deaf children are asking for what they need, asking more questions, and expressing more opinions.

Parents understand the importance of their deaf children's early engagement with nursery rhymes and story books. However, some parents are at a loss to know how to facilitate this for their deaf children and may even consider such activities as "futile". For many parents, it has been the practical advice shared in LPG play sessions that has transformed the ways in which they facilitate this engagement in literacy in the family home.

Parents explain the importance of relevant sign language vocabulary to help parents and children enjoy literacy-based activities together. Bringing books and stories to life is seen as one of the benefits of an emphasis on visual language at LPG. The impact of this interactive and creative approach to story time with deaf children begins to transform children's perception of what "story time" means or entails and they become enthusiastic about engaging with books. Parents feel inspired by the story time activities at LPG and copy these ideas at home. All parents surveyed report increases in their child's engagement with literacy activities through participation in LPG play sessions. However, parents do not always find it easy to facilitate interactive and visual story-telling for their children. Over time they benefit from explanations from LPG staff about how deaf children learn and how this differs from hearing children.

Impacts of LPG play sessions on deaf children's identity

Parents are keen that their children feel able to navigate both the Deaf and hearing worlds. They feel that LPG represents the Deaf community for their children – not only a provision for learning and communication but a place of cultural identity and belonging. Many parents express a desire for their children to go "all the way through ADY"; from the early years to the youth provision. They identify the service as a desired constant in their lives as their children grow up. They appreciate the quality of the long-term relationships that are built between staff and families, deaf children and their peers, and families with other families in similar circumstances.

Therapeutic play and play therapy

Therapeutic play and play therapy are play-based child-centred forms of therapy for children experiencing a range of challenges which compromise their emotional and psychological wellbeing. This approach is primarily used to help children aged from 3-12+ years to explore their feelings and emotions through play. The LPG service has one Deaf play therapist qualified to post-graduate diploma level. This therapist offers support for deaf children with low, medium, and high levels of need. Non-directive play therapy is offered to all individual children, and more directive play therapy to small groups of children.

Children attend play therapy sessions at LPG in a special playroom located in ADY's HQ in Belfast. Teachers, parents, social workers, and more latterly CAMHS practitioners, refer children for play therapy. Parents complete an intake interview with the play therapist, providing background information and details of the children's presenting concerns, and complete pre-therapy validated questionnaires which are then scored by the play therapist. An initial block of 12 sessions is offered with scope to review progress and extend provision in further 12-week blocks. Post-therapy questionnaires are completed at the end of the intervention. Between 2017 and October 2020, the LPG play therapist has seen a total of 16 deaf children with an average intervention duration of 16.8 sessions.

Evaluation data reveal that children are referred to play therapy for a range of concerns including anxiety, bullying, concentration issues, hyperactivity, and aggression. However, in all cases the child's deafness is an underlying issue. For example, the aggression that the child may be manifesting is likely to be symptomatic of their frustration with communicating with others and making themselves understood.

A strength of the play therapy provision at LPG is its emphasis on early intervention. The average age of children attending is 6 years. Percentages in improvements following play therapy have been shown to drop with age - 80% improvement at age 6, 71% improvement at age 12 (Thomas, 2011).

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) is used by LPG to assess children's emotional and behavioural difficulties and the extent to which these are of concern. It also assesses the perception of children's strengths; the pro-social score. The data generated can be compared with scores for a normative population (see Meltzer et al., 2000).

The average pre-therapy SDQ difficulties score for the children accessing play therapy at LPG is 19.5, and the average post-therapy score is 11.1. This represents a reduction in the difficulties experienced by deaf children and reported by their parents pre- and post-play therapy. However, this is still above the national average of a total post-therapy SDQ score of 8.4 for children aged 5-15 years. This may indicate that deaf children require additional sessions to see their total SDQ scores reach a normative level. It is likely that deaf children have emotional and psychological difficulties which require longer play therapy intervention and/or additional rounds of play therapy as they move through childhood and adolescence.

The average pre-therapy pro-social (strengths) score for the children is 4.9 and has increased to 7.5 post-therapy. This indicates that deaf children are developing their social skills and understanding of social norms through play therapy. Most deaf children who receive play therapy at LPG fall within a normative score range post-therapy. This may be of particular significance for a deaf child whose social skills and peer relationships may be hampered by language and communication challenges.

In addition to the SDQ pre- and post-play therapy outcomes used to measure efficacy over the length of the play therapy intervention, we also surveyed and interviewed parents and children. All aspects of the play therapy provision are scored and rated highly. All parents report improvements in their child seen during and after therapy. In addition, interview data show other changes to children following play therapy including reductions in child aggression and violence; improvements in self-regulation skills and calming strategies; increasing confidence and problem-solving; and increasing capacity to build friendships with peers.

Parents and children tell us that it is important to them that the therapeutic play service offered through LPG is a specialist Deaf service. Firstly, parents want their child to be seen by a Deaf therapist. Parents feel that this normalises the sessions for the child and gives a positive role-model for them to relate to. Secondly, parents feel that the Deaf therapist has a better understanding of their children and what it is like to be deaf in a hearing world.

In addition to individual play therapy, group play therapy is offered to small groups of children at LPG and to date one group of two children has been held. Improvements in children's conduct, hyperactivity, and peer difficulties are shown in SDQ data collected pre- and post-therapy. The group therapy model has advantages, especially for children whose needs are low to moderate. This may free up additional capacity for individual play therapy work for those children with moderate and high levels of need.

Conclusion

This summary has outlined the impacts of play and the LPG service on deaf children and their parents. It has detailed the innovative delivery model adopted by the service and explained the importance of a largely Deaf staff team in supporting hearing parents on a long-term and ongoing basis. Deaf children benefit from the service across all domains including improvements in self-confidence, self- expression, and social skills. The LPG service provides a holistic and playful experience for deaf children and provides a context in which they flourish. Children find their voices (spoken and signed) to express themselves meaningfully and assertively. Staff have high expectations and aspirations for deaf children and actively facilitate the acquisition of communication and literacy skills. Parents feel supported and value the relationships they build with staff and other families with deaf children in similar circumstances and unchartered territory.

Relationships between parents and deaf children are strengthened through increased parental confidence, improved parent-child communication and interaction, reduction in parental stress and anxiety, and a reduction in conflict and frustration. Parents value learning child-centred signing to help them communicate with relevancy and meaning with their young children. Many go on to learn BSL through the accredited - and still child-focused - certificated courses offered at LPG.

Positive changes are seen in children's engagement with literacy and ongoing development of literacy skills. Staff model the sharing of interactive and enjoyable literacy activities such as nursery rhymes and story books. Parents learn new techniques for sharing books with deaf children and transfer their knowledge into the family home. Perhaps most importantly, a love of reading and books is fostered in deaf children.

Finally, this summary has outlined the role of LPG in establishing a sense of identity for deaf children and their parents to avoid children becoming "stuck between two worlds". Children live in both the Deaf and hearing worlds but acknowledge their deafness. The deaf-only environment at LPG allows children to know that they are not alone in a hearing world. LPG nurtures a sense of belonging and "family" through its services. Children and parents are proud to belong to this family which represents the Deaf community to them.

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03 Background

This chapter sets the scene for the current evaluation and for the chapters that follow. It begins by detailing the terms used in this report. The prevalence of deafness in young children in Northern Ireland (NI) is then outlined along with details of the current provision of services currently available to them.

The chapter then moves on to explain the rationale for establishing the "Let's Play and Grow" early years' service within the existing young people's provision at Action Deaf Youth. Finally, it details the elements and activities that make up the LPG service, and how these have developed over the life of the service from 2016-2020.

The chapter is divided as follows:

- Terminology used in this evaluation.
- The prevalence of deafness in young children in NI and the services available to them and their families.
- Educational outcomes for deaf children; an overview.
- Rationale for setting up the LPG early years' service in 2016.
- LPG's service elements and activities 2016-2020.

Special note: This evaluation took place during the unprecedented circumstances surrounding the coronavirus pandemic in 2020. These circumstances included severe restrictions on travel, movement, and contact between people not in the same households. This situation resulted in limited research methodology and methods available to the research team. Face-to-face data collection methods have been necessarily substituted for online methods. We would have much preferred to meet parents, children, staff, and Teachers of the Deaf in person. However, rigorous research design and implementation has enabled comprehensive and meaningful data collection, analysis, and interpretation.

Terminology used in this evaluation

We use the term 'deaf' in accordance with the definition published by the National Deaf Children's Society (NDCS, 2016). As such, the term 'deaf' refers to all types of hearing loss from mild to profound. This includes deafness in one ear, temporary deafness, and permanent deafness in one or both ears. Permanent deafness also includes children with long-standing and unresolved middle ear effusion - the build-up of fluid behind the eardrum. This includes children with Down's syndrome, cleft palate, cystic fibrosis, or primary ciliary dyskinesia (NDCS, 2016, p.1). We use capital 'D' Deaf to denote adults who have sign language as their first or preferred language and identify culturally as Deaf. We use a small 'd' for deaf children as most are born into hearing families and are yet to make their own choices about their linguistic preferences and how they identify culturally.

We use the word 'parent' to refer to all parents and carers of children. We use the word 'child' to refer to all children including those in biological families and those who are adopted or fostered, or living in special guardianship or kinship care arrangements.

We use the abbreviation “LPG” throughout the evaluation to refer to the “Let’s Play and Grow” service. This service is provided by the charity Action Deaf Youth for whom we use the abbreviation “ADY” throughout. ADY is a charity registered in NI which supports deaf young people through the provision of a range of activities including youth clubs, personal development opportunities, and holiday camps. More information about ADY’s work can be found at: https://actiondeafyouth.co.uk/

Teachers of the Deaf are the specialist professionals to whom children are referred following a deaf diagnosis from an audiologist. We use the abbreviation ‘ToD’ throughout the evaluation report.

British Sign Language is referred to as ‘BSL’, sign language, or sign/signing throughout.

To protect parent and child identity in this report, we have made the decision to use neutral personal pronouns throughout, for example, “they” and “their”. LPG purposely provides a service for small groups of children and parents making the protection of identity more challenging. We have also avoided including details of parental deafness or use of other languages as first languages as the numbers of these parents are small.

The prevalence of deafness in young children in NI and the services available to them and their families

As reported for the 2018/19 academic year, there are at least 1,417 deaf children living in NI (CRIDE, 2019). Of these, 17% (n=229) are children in early years and preschool settings, and 43% (n=590) are in primary education settings (ibid, 2019).

The characteristics of the deaf child population in NI are as follows:

- 78% of school-aged deaf children attend mainstream schools.
- 3% attend mainstream schools with deaf resource provisions.
- 19% attend special schools not specifically for deaf children.
- 26% of deaf children are recorded as having an additional special educational need.
- 4% of deaf children use an additional spoken language other than English in the home.
- 83% of severely or profoundly deaf children communicate mainly with spoken English in schools or education settings.
- 6% of severely or profoundly deaf children use spoken English together with signed support in school.
- 2% of severely or profoundly deaf children mainly use BSL to communicate at school.

From these figures, we can see that most deaf children attend mainstream schools in NI. However, only 3% attend mainstream schools with deaf resource provision. We can also see that just over a quarter of deaf children have an additional special educational need. Finally, it is worth noting that 4% of deaf children in NI live in households where English is not the main spoken language.

Around 90% of deaf children are born to hearing parents who have no previous knowledge of deafness. As such, the primary source of support for deaf children and their families comes from ToDs. The characteristics of the ToD provision for deaf children and their families in NI are as follows:

- There are at least 29 ToD posts, of which 10% were vacant at the time of the 2019 CRIDE survey.

- Of the 26 staff working as ToDs, 97% hold the mandatory qualification.
- The number of qualified ToDs in employment fell by 11% in 2018-19.
- The number of qualified ToDs in employment has fallen by 28% since the CRIDE survey began in 2011.
- 35% of peripatetic ToDs are over the age of 50 and will reach retirement age in the next 10 to 15 years.
- Peripatetic ToDs have an average theoretical caseload of 58 deaf children.

As we drilled down into the data regarding ToDs caseload numbers, we discovered that these referred to the number of deaf children who receive support once a year, or more than once a year. This support may come in the form of direct teaching, family or school visits, liaison with parents, schools, and teachers, and providing hearing aid checks (CRIDE, 2019). Children with temporary deafness are also included in caseload data. In summary, at least 1,662 deaf children with permanent or temporary deafness are on the ToD service's caseload in total. Of these, 874 are seen once a year, and 733 deaf children are seen more than once a year, (ibid, 2019).

The 2019 CRIDE survey indicates that there are four (full-time equivalent) other specialist staff providing educational support for deaf children. These staff are teaching assistants or classroom support assistants.

Other support for deaf children and their families comes from the third sector and charities in the UK and ROI. In addition, to the services provided by ADY, examples of these include:

- The National Deaf Children's Society (NDCS) provides comprehensive information following a deaf diagnosis, and early intervention strategies including "Expert Parent" sessions, "Communication is Fun" sessions and family sign language. A "Happy Futures" event for parents regarding deaf children's mental health is also offered. Please see https://www.ndcs.org.uk/ for further information.
- The British Deaf Association (BDA) runs the "Deaf Roots and Pride" project aimed at d/Deaf children and young people aged between 8-20 years. This project supports the transition from primary to secondary education, and from secondary to external environments. The project has four elements: mentoring, transition, sign-posting, and culture. Please see https://bda.org.uk/ for further information.
- Sense supports those children and adults living with complex disabilities; those who are deafblind, and those with sensory impairments and additional needs. Services for children in NI include a pre-school nursery for children with complex disabilities, and an out-of-school service for children up to the age of 12 years. Both these provisions are in partnership with Jordanstown School. Please see https://www.sense.org.uk/ for further information.
- The Irish Deaf Society (IDA) offers three main services: "Deaforward" (advocacy and support for parents of deaf children), Irish Sign Language classes, and a Deaf Adult Literacy Service (literacy classes and homework clubs). The IDA also offers access to a parent-to-parent association called "Sharing the Journey". This association provides ongoing peer support. Please see https://www.irishdeafsociety.ie/ for further information.

Whilst there is evidently provision and support available for deaf children and their families in NI, much of this appears short-term and focused on sharing information with the parents of deaf children. Apart from referral to ToDs, the provision for deaf children themselves begins at the age of 8 years. The long-term support provided by ToDs is reported as translating into annual contact for 874 children. A further 733 children are reported as being seen more than once a year by ToDs. We do not know the frequency of these visits.

Educational outcomes for deaf children in the UK: an overview

Evidence from the UK government shows that deaf children are not achieving the same educational outcomes as their hearing peers in school. We recognise that the school system is NI is different to the UK but could only find data conflated for the whole of the UK. For those readers unfamiliar with UK key stage bands; key stage 1 = nursery to 7 years, key stage 2 = 7 to 11 years, and key stage 3 = 11 to 16 years. The UK-wide data can be summarised as follows:

- 37.3% of deaf children with no identified special educational needs achieve 5 GCSE passes at the end of key stage 3.
- 69.2% of children with no identified special educational needs achieve 5 GCSE passes at the end of key stage 3.
- 50% of deaf children with no identified special educational needs achieve the expected level (Level 4 or above) at the end of key stage 2 in reading, writing, and mathematics.
- 91% of children with no identified special educational needs achieve the expected level (Level 4 or above) at the end of key stage 2 in reading, writing and mathematics.
- 21% of deaf children do not make the expected average level of progress from key stage 1 to key stage 2 in English.
- 7% of children with no identified special education needs do not make the expected level of progress from key stage 1 to key stage 2 in English.
- 26% of deaf children do not make the expected average level of progress from key stage 1 to key stage 2 in mathematics.
- 8% of children with no identified special educational needs do not make the expected level of progress from key stage 1 to key stage 2 in mathematics.

The above statistics make clear that deaf children are falling behind their hearing peers in their educational achievements even though deafness is not a learning disability (BDA, 2012).

Rationale for setting up the LPG early years' service in 2016

So far, this chapter has outlined the prevalence and characteristics of deaf children in NI. This includes an overview of the educational outcomes for this group when compared to hearing children. The chapter has also mapped the support available to families through ToD provision and the third and charitable sectors.

Clearly, the needs of deaf children are not being fully met to secure equivalent educational outcomes to their hearing peers. Whilst the reasons for this gap are beyond the scope of this evaluation, early and ongoing intervention – before the age of 8 years – is essential to prevent the decline of deaf children's outcomes already in evidence between key stage 1 and 2 (nursery-age to 11 years).

In 2016, ADY received funding from the Big Lottery Community Fund to develop a bespoke play-based early years' service for deaf children aged 0 to 8 years and their families. The overarching aim was to develop a service to support deaf children to achieve educationally and to thrive socially and emotionally in a hearing-oriented society. The LPG service was developed to provide a holistic package of support, utilising high-quality non-directive play and play therapy as key intervention modalities (Let's Play and Grow, 2019). The funding was for a total of 5 years (2016-2021). In 2020, an independent evaluation of the LPG service was commissioned by ADY, the findings of which are detailed in this report.

The LPG staff team is mostly Deaf, with experience, specialist training, and qualifications in teaching, playwork, play therapy, British Sign Language (BSL), parent-child attachment play, social work, safeguarding, Paediatric First Aid, sensory strategies to develop resilience, and supporting deaf children's literacy development. All staff team members sign using BSL including hearing workers who have access to specialist BSL training and support.

The project is supported by an expert panel of external advisors including; Jacqueline O'Loughlin, CEO, PlayBoard NI; Monika Jephcott, CEO, Play Therapy UK; Lara Kasza, Clinical Director, The Nest (a private play therapy practice which specialises in working with deaf children); and Jane Atkinson, qualified ToD, Education Authority, NI. These advisors were instrumental in the initial service design and implementation stages.

LPG's service elements and activities 2016-2020

The service elements and activities offered as part of LPG include:

- Group play sessions for deaf children only split into developmental stages.
- "Sign and Play" sessions for parents which run within or alongside children's play sessions.
- Online resources of signed nursery rhymes and stories for parents and deaf children to enjoy together at home.
- Therapeutic play and play therapy for individual children and small groups who meet certain criteria.
- Parent-child relationship support for individual parents and small groups of parents meeting certain criteria.
- BSL courses for parents.
- "Sign Camps" for deaf children and their hearing siblings during holiday periods.
- Sign courses for siblings have also run but were funded outside of the Big Lottery Community Fund and are therefore beyond the scope of this evaluation report.
- LPG are in the early stages of developing a play resource ("Playbox") for families with deaf children aged 0-8 years who are unable to access the children's play sessions.

Our understanding is that the LPG service operates with universal access to the play sessions for deaf children at its heart. It is not a "pick 'n' mix" service. Other service elements are interlinked and activated in response to individual child and family need. All service elements are free at the point of delivery to families making them accessible to all. The service can respond to deaf children's needs as they change. As such, LPG'S offer is nuanced and flexible. Importantly, wide age ranges of deaf children are not treated the same. Instead, age-appropriate activities are offered, and children can move through the provision at a pace which matches their developmental progress. This model is shown in figure 3.1 (right):

Figure 3.1: Let's Play and Grow: service elements

Within this one specialist hub, access to additional and complementary services is easy for families. This is the strength of a specialist Deaf service operating within a Deaf charity. It brings specialist deaf early years' provisions together under one roof. This may have an unintended consequence for families with deaf children who are spread across a wide geographical area. However, it enables a strong sense of community and continuity to develop. Satellite service elements are offered to families to mitigate barriers to access caused by travel distances, for example, play sessions for deaf children and BSL courses for parents.

LPG's core offer is a set of child-centred play sessions offered for specific developmental stages:

- Tiny Twinkles for 0-2 years.
- Messy Munchkins for 2-4 years.
- Super Stars for nursery-aged children.
- Play Pack for school-aged children aged 4-8 years.

These sessions provide high-quality child-centred and child-led play in a large play space designed to meet the needs of deaf children. Children are encouraged to play imaginatively and creatively with minimum intervention from adults. Figure 3.1 shows a young deaf children exploring an old suitcase filled with hats, shoes, and other everyday clothes items.

Figure 3.1: Enjoying an old suitcase filled with dressing up items

Parents generally stay with the younger children and older children work towards attending alone. Within and alongside the play sessions, a qualified BSL teacher provides a "Sign and Play" session for parents. These "Sign and Play" sessions were not part of the original LPG plan for activities offered. However, it became clear over time, that parents wanted to learn sign language that was child-friendly and related to everyday interactions with their deaf children. This was not available to parents through traditional BSL course settings. Tailored sessions reflect the content of the children's play sessions with emphasis on nursery rhymes, songs, and stories/books.

Value is placed on the multi-layered peer support available within the provision's model. A deaf child-only play session facilitates a peer-to-peer experience for deaf children to enjoy without a sense of difference or "otherness". This is likely the only space in which the deaf child is not different from the other children with whom they are playing. Accompanying parents, who are mainly hearing, gain peer-to-peer support from other parents in similar circumstances and facing the same challenges. Parents also gain peer support from Deaf adult staff who act as a bridge for them to access deaf-friendly learning approaches and Deaf culture. To hearing parents, Deaf adults are a symbol of their deaf child's potential.

Following attendance at the play sessions, families can access the other service elements on offer. Firstly, parents gain access to a growing bank of online resources to enjoy and use with their deaf children at home. These resources help scaffold parental skill and confidence to transfer what they learn in LPG sessions back into the family home.

Many parents have progressed from the "Sign and Play" sessions to BSL accredited courses offered at LPG. Curricula are adapted to meet the needs of parents with young children. Parents progress through the certificated levels at their own pace in the company of like-minded parents of deaf children. Sign camps are offered to deaf children and their siblings during school holidays.

For deaf children who meet the criteria, play therapy is available from a qualified Deaf play therapist. Long- and medium-term therapy is available to individual children, and short-term therapy to small groups of children. Therapy interventions are tailored to individual needs and an open-ended intervention offer is available for those with the highest need. Parent-child relationship support is offered to parents, either as 1:1 support or with other parents in small groups. Parents learn new ways to play and interact with their deaf children, changes which are aimed at strengthening the quality of the parent-child relationship. Parent's new relational skills are systematically transferred directly into the family home using the LPG approach.

This chapter has illustrated the need for a specialist Deaf early years' service to meet the needs of very young deaf children The following chapters take us from the design and implementation of the evaluation study through to its thematic findings and conclusions. LPG is aiming to fill a gap in the provision of early years' deaf services. This evaluation seeks to explore to what extent and how effectively this objective is achieved.

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04 Evaluation design

The researchers were commissioned to carry out a detailed evaluation of the LPG service in June 2020. The study was tasked with evaluating the impacts and effects of different service elements on the deaf children and parents who participate in them. Four main themes for inquiry were agreed and these form the basis of the research questions below. This chapter outlines the design of the LPG evaluation including the:

- Overarching research questions driving the study.
- Methodology and methods (including datasets collected and their limitations).
- Limitations to conducting research in a pandemic.
- Conclusions and overview of the following chapters

Overarching research questions

A mixed methods methodology in a three-phase sequential design was adopted for the LPG evaluation. This was designed to answer four overarching questions in four key areas: play, relationships, impacts of the LPG service on deaf children, and specialist therapeutic provision for deaf children and their parents. The themed questions are outlined below:

1. Play: how far have the families of deaf children gained confidence and new skills to increase their ability to provide effective non-directive play experiences for their deaf child?

2. Relationships: how far have the families of deaf children reported improvements in their relationship with their deaf child resulting from improved communication and interaction?

3. Impacts of the LPG service on deaf children: how far do Deaf children demonstrate increased self-expression, confidence, social skills, and literacy skills resulting from participation in specialised non-directive play activities?

4. Specialist therapeutic provision for deaf children and their parents: how far have specialist therapeutic play support and play-based relationship support for families and their deaf children enabled deaf children to develop strategies to overcome emotional and behavioural issues?

Methodology and methods

A mixed methods methodology was adopted, with the service evaluated along activities, processes, and themes relating to the study questions. Quantitative and qualitative methods were used to collect a wide range of data. A mixed methods methodology is particularly useful in combining the strengths of qualitative and quantitative research approaches. It uses multiple methods to answer research questions instead of limiting researchers to a particular research modality. The use of several approaches in mixed methods research can assist accuracy in evaluation findings through accessing a range of retrospective and prospective data.

Quantitative data were collected utilising the following methods and sources; two prospective surveys; for parents (online and paper), and a children's "star" survey (paper), and pre-existing and prospective therapeutic play/play therapy case data. Data were cleaned and analysed to produce useful statistics in descriptive and graphical form.

Qualitative data were collected concurrently with quantitative data through the two prospective surveys; for parents (online and paper) and the children's "star" survey (paper), extensive parental online interviews, extensive staff online interviews, a children's creative drawing exercise, a play staff team extended focus group, and a ToD focus group. Data were subject to a detailed and rigorous analysis utilising grounded theory methods.

Interview data were transcribed and subjected to line-by-line coding. Codes were generated focusing on the action form of verbs; gerunds. This led to the dynamic emergence of action codes and themes generated directly from the words of study participants. As actions, processes and outcomes began to emerge, they were grouped into categories. The analysis quickly formulated evidence-based theory on study phenomena. Rather than the researcher imposing a set of preconceived theories or views onto the data, this approach prioritises the voices of participants in formulating theories explicating the data. This is particularly important in evaluative research involving vulnerable populations.

Parental online survey

A parent-friendly online and paper survey was sent to approximately 70 families who have accessed the LPG service since it began in 2016. It opened with a friendly introduction to the service evaluation and the research team, written in accessible everyday language. Parents were assured of their free choice to participate, full confidentiality (within safeguarding limits), data anonymity, their right to request data relating to them and their family, and how their data would be stored and protected. They were thanked warmly for their help in exploring the impact of the service on their families.

Parents were encouraged to respond individually to the survey wherever possible. There were relevant translated paper versions for any families whose first language was not English. Paper versions were sent where needed with a small pen and stamped addressed return envelope. Careful consideration was given to families where access to online platforms was limited, unreliable, or inappropriate. Equal status was given to both online and paper versions to avoid the risk of highlighting wide differences in the social and economic status of individual families.

Survey questions asked parents and carers for their views, thoughts, experiences, and opinions on a wide range of questions about the service. It used statements and questions to which parents and carers responded using a scored Likert scale. Parents were able to add individualised comments if desired. The survey was easy to navigate, displayed only one question at a time, featured a percentage completed bar, and took an average of 13 minutes to complete.

The survey was hosted on a professional and parent-friendly platform, the data collected and cleaned, and full statistical analysis completed. At the end of the survey, parents and carers were invited to add any further comments which they felt had not been covered in the survey. They were also invited to make their recommendations on how the service could improve going forwards.

At the end of the survey, parents were invited to volunteer to be contacted by the research team to arrange a face-to-face online interview to explore their views and experiences in greater depth. Parents were asked to tick a yes/no contact consent box and to provide an email address if relevant.

They were also asked to indicate any support they would need to access the interview, for example, a BSL or language interpreter.

The survey link was sent and promoted to parents via the LPG's social media account. Around 70 individual emails were also sent to parent email addresses held on the contact lists for the LPG service since it began accepting families in 2016. Translated emails and surveys were sent to families in first languages as appropriate. It is likely that these outreach methods overlapped for many of the families.

A total of 34 parental surveys were completed and provided detailed quantitative and qualitative data. Whilst we do not know the identity of respondents, it is likely that responses came from families currently accessing LPG. If this is the case, the number of survey responses represents almost all the families.

Parental online semi-structured interviews

A set of in-depth semi-structured interviews was conducted with parents who volunteered to participate at the end of the parental online survey detailed above. These one-to-one interviews were guided by the overarching evaluation questions and by the emergent views and themes generated by the online survey responses.

Detailed and nuanced responses were facilitated within a gently-structured conversational-style interview. The semi-structured approach ensures that the same areas of information are covered with each interviewee, but with freedom and adaptability in how this plays out.

An interview guide was drafted and then further developed through initial analysis of the survey responses. This guide was designed to drill down into survey responses and focus on rich qualitative responses. Short and open-ended questions, sub-questions, and prompts were listed into topic groups. These were used to guide the interview process. Interviews were conducted and recorded online using Zoom Pro and transcribed in Express Scribe. A BSL interpreter was present on calls involving Deaf parents, and an interpreter on calls involving parents whose first language was not English. Interviews were recorded, transcribed, and analysed in detail using the grounded theory methodology detailed above.

The research team completed over 11 hours of parental online interviews completed through voluntary recruitment. This was supplemented by additional questions answered by email by additional volunteer parents who were unable to attend an online interview. Although a small sample (n=11), this dataset represents about a third of families currently accessing LPG services.

Children's paper survey and drawing exercise

A child-friendly and highly visual paper "star" survey was sent to all the school-aged children involved in the service to capture their views and experiences of LPG. Face-to-face interviews or playful focus groups would have been preferred for this aspect of the data collection but this was not possible owing to restrictions imposed by the coronavirus pandemic and ensuing social distancing and lockdown protocols. However, parents were asked to support their children to access and complete the survey. Parents were asked to help their children give their honest responses regardless of parental views. Parents were asked to facilitate, describe, and report anything that their child was trying to express. A study information sheet, parental consent form, and return stamped addressed envelope were included.

In addition to the children's survey, children (nursery- and school-aged children) were sent a creative drawing exercise "kit" together with a return stamped addressed envelope. The kit contained child-friendly drawing sheets and some simple crayons or coloured pencils. The kit was designed to make the exercise accessible to all families, regardless of their circumstances, and to gently standardise the materials available to respond. This exercise was designed to be an effective and fun method to gather qualitative data regarding children's thoughts, and particularly their feelings, about the service. It aimed to transcend potential communication challenges relating to age, attainment, and language.

The kit consisted of creative spaces to draw responses to simple prompts. For example, "my favourite thing about Messy Munchkins is …." Parents and carers were invited to add any clarifying comments if necessary, with encouragement to report these rather than to interpret them. Drawings, and any comments, were analysed in detail and used to illustrate the findings of the evaluation. This method was designed to help the youngest children communicate their experiences and feelings about LPG in a child-friendly way using simple and familiar art and craft resources.

Forty children's research packs were posted out combining the children's survey and children's drawing packs as appropriate. Eleven packs were returned by stamped addressed envelope directly to the research team. It should be noted that the timing of the children's research pack exercise was challenging for families and coincided with the phased return of children to new "bubbles" in school during the Coronavirus pandemic (late August/early September 2020).

Online individual interviews: project co-ordinator and BSL teacher (with interpreter)

An extended individual online interview was conducted with the LPG project co-ordinator and the BSL teacher, both with BSL interpreter facilitation. The interviews allowed in-depth exploration of the service provision, including its perceived strengths, challenges, and outcomes for families. The interviews also explored how families have responded to the service and subsequently helped to shape its development. Individual (and anonymised) examples were sought to illustrate the interviewees' views and opinions. Ideas for the future development of the service and the rationale for these were also explored. The interviews were recorded, transcribed, and analysed in detail using the grounded theory methodology detailed above. Just over 4 hours of interviews with the two staff members were completed.

Online focus group with play staff team (with interpreter)

An extended online focus group was arranged and conducted by the research team with the play staff team. This group was supported by a BSL interpreter. The online focus group was carefully curated to ensure that individuals were well able to contribute their views and experiences. The research team produced a focus group guide which was shared with all participants including the interpreter prior to the focus group. This detailed the topics for discussion. During the focus group individuals were facilitated to contribute to each topic in turn or to signal to move onto the next participant. Although a little formal, it was vital that individuals felt contained within a clear structure through which to contribute. This approach was an attempt to mitigate the disadvantages of conducting an online focus groups as opposed to a live group, especially when most participants were Deaf and visual/facial signals hampered by the online format. Individuals also received a follow-up email inviting any written comments or thoughts which they felt were not covered in the focus group.

The focus group was recorded, transcribed, and analysed in detail using grounded theory methods. The focus group lasted for just over 2 hours.

Online focus group with ToDs

An online focus group was arranged and conducted with a small group of external ToDs who have links to the LPG service. A focus group guide was developed detailing the topics for discussion using open-ended questions, gentle prompts, and probes to help collect rich and detailed data relating to participants' thoughts, views, and opinions on the service, and the impact of the service on families and deaf children. This focus group also sought to explore how the service may differ from other provision for deaf children and their families in NI. An additional interview was also conducted with a ToD who had been unable to attend the focus group owing to illness.

Both recordings were transcribed and analysed in detail using grounded theory methods. The two interviews resulted in a total of 2 hours 25 minutes of recorded data.

Retrospective play therapy case data

Data were provided for 14 cases of retrospective and current play therapy interventions completed over the course of the LPG service. Case data were imported into a Microsoft Excel spreadsheet and subjected to a detailed case-by-case and cross-case analysis including the following parameters:

- Age of child referred to the play therapy provision.
- Presenting concern of child referred to the play therapy provision.
- Length of play therapy intervention.
- Pre- and post-therapy clinical measures scores (efficacy by domain).
- Pre- and post-therapy clinical measures scores (impact).
- Individual case-study data.
- Parental, staff, and child observations of the play therapy service and its impacts.

Quantitative and qualitative data were then combined to establish:

- Average child age.
- Referral typology.
- Pre- and post-therapy clinical measures scores frequency.
- Average number of sessions required.

These data were further illustrated by quantitative and qualitative data acquired through the parental survey detailed above.

Limitations of conducting research in a pandemic

Whilst data collection was exceptionally challenging during the Coronavirus pandemic (first wave, lockdown, and second wave in 2020), the research team collected a large amount of high-quality quantitative and qualitative data. Extensive analysis yielded comprehensive thematic findings substantiated with quantitative and qualitative data in the form of statistics, participant quotations, detailed examples and vignettes, drawings, and pictures. In particular, the researchers have sought to capture the voices of the young deaf children who are at the centre of this study.

Conclusions and overview of the following chapters

This chapter has detailed the evaluation design; the research questions underpinning the investigation, and the research methodology and methods employed. It also reports on the data collected by method and by respondent type. The data collected is representative of the overall sample, however, the number of participants is relatively small (n=45) and data should be viewed with this in mind.

The following chapters present evaluation findings in thematic form and in order of the research questions. Chapter 5 examines the power of play for deaf children. It assesses the impact of the core play provision at LPG on deaf children and their families, and asks how far parents are now equipped to provide non-directive play for their children at home.

Chapter 6 examines the impact of the LPG services on the quality of the parent-child relationship. It asks how this relationship has been supported by increased communication and positive interaction fostered by participation in LPG provision.

Chapter 7 evaluates the impact of the LPG service on deaf children themselves in areas such as self-expression, confidence, and social skills. This chapter also assesses the impact of play on the children's literacy skills and engagement with stories and books. Finally, this chapter examines how LPG influences deaf children's sense of identity.

Chapter 8 presents findings on the final theme in the evaluation, asking how far specialist therapeutic services have impacted on deaf children, parents, and the parent-child relationship.

A summary of headline findings and messages is included at the end of each of the main chapters (chapters 5-8). This is to draw attention to the main findings and aid the reader as they progress through the evaluation.

05 The power of play

This chapter examines the core play provision for deaf children at LPG and its impacts on deaf children and their parents. It assesses how far this provision has impacted on families' confidence and skills to provide and facilitate play-based experiences and learning for deaf children at home. It addresses:

- The power of play designed for deaf children.
- Play staff: naturalistic child-centred role models for deaf children and parents.
- Transferring play from LPG to the deaf child's home; building parents' confidence and skills to provide high quality play at home.
- Play-based signing in-session and online: language for play, story books, and nursery rhymes at home.
- Play in a pandemic.
- "Playbox": reaching more families with deaf children.
- Chapter headline messages.

The power of play designed for deaf children

Play is considered the natural "language" for children; a means through which to discover their world through curious and playful exploration. Play is widely regarded in the literature as a spontaneous and active process and one in which "thinking, feeling and doing" creatively flourish (Bruce, 2011). Play is not shackled by reality and provides a deeply satisfying means for children to take charge of their own world where the usual dangers, rules, and worries do not have to apply.

Play theory tells us many things about the nature and benefits of children's play. Through play, children enjoy exploring their world, testing out and trying new things or ways of being; they learn and practise many social skills; develop a sense of who they are; learn to interact with others, how to make friends, how to distinguish between truth and lies, and how to role-play and try out other identities and roles. Importantly, they also learn resilience through experimentation, failure, and trying again (see, for example, Sutton-Smith, 1997; Lester and Russell, 2008).

But most of all play is essential purely for playing's sake. It is a complex yet instantaneous process, deeply enjoyable and sometimes risky, and enriches children's lives in multiple ways. Research shows children need freedom, space, and time to play. Indeed, children's right to play is enshrined in Article 31 of the United Nations Convention of the Rights of the Child (UNICEF, 1991), emphasised by a General Comment stating that "play and recreation are essential to the health and well-being of children …" (UNCRC, 2013).

Play is also pivotal in helping children regulate and process emotional responses to events and disturbance. It can reduce children's stress levels and help them process difficult feelings and experiences in the safety and metaphors created by imagination. It can also improve physical ability and development. Whilst playing, children are required to be curious and observant, to ask and respond to questions and problems. They make choices and develop their imagination, creativity, and ways of thinking.

As such, the universal play sessions at LPG are not viewed simply as a social space for deaf children. Instead, they sit at the very heart of the provision. This core provision is not just child's play but the very "work" of deaf children in terms of their holistic development, mental health, and wellbeing.

Play for deaf children needs to be carefully curated and adapted to ensure full access, enjoyment, and benefit. Whilst deaf children are no different to hearing children in their fundamental need to play, practical adjustments are needed in the ways in which play is offered, resourced, and facilitated.

The play sessions at LPG are carefully planned around the needs of the deaf children who attend them. Staff provide high quality play provision to international play work principles and standards. Groups are intentionally small and limited to deaf children only. Parents, staff, and deaf children tell us that it is important to have this deaf-only and deaf-on-deaf child space. Families are supportive of this approach and understand its importance. However, an unintended consequence of the deaf child only approach may be a burden on some families regarding childcare for and leisure time with their other hearing children.

"We get a lot of positive feedback from parents saying my kids cannot wait to get to you. If we tell them we're going, they fly out the door to get to you!! (Staff member)

Deaf children need space to be children; space to relax and to enjoy themselves in a setting that does not highlight their "otherness". Most of the deaf children attending the LPG play sessions are in mainstream nurseries and schools, or hearing units within mainstream provision. As such, deaf children spend much of their time in the hearing world. This equates to considerable daily effort *"trying to keep up" (parent)* and *"not fall behind" (parent)* in the hearing world. Parents describe this effort as *"exhausting"* for their children. To have an environment, where all the children are *"just like me" (child)* is essential.

ToDs describe the value of the deaf child playing in a deaf-only environment:

> *"It's less oral, less tiring, more fun, I wouldn't imagine any of the kids moaning about going to Play Pack!!" (ToD describing the play session for children aged 4-8 years)*

Figure 5.1: The sessional playroom at LPG – two examples of play stations

"…even as an adult, I'm like WOW, this is amazing! So I think for a child it would be what dreams are made of…" (Parent)

The play spaces at LPG are uniquely designed for the deaf child in ways that maximise engagement, increase effective communication, and facilitate play and playful learning. Lighting in the space ensures that faces are not thrown into shadow hampering eye-to-eye contact and visual communication. The light is softened with drapes to make the space relaxing and welcoming.

Play activities are situated within the space carefully. For example, large trays of multi-sensory "messy play" materials such as wet/dry sand, water, or frozen rice, are placed well-away from walls. This simple strategy means that deaf children are not accidentally forced to sit facing walls and can move freely around the trays maximising their heightened visual awareness and learning style. This strategy also ensures that the lines of sight to the play staff working in the room are easily maintained. Figures 5.1 (above) and 5.2 (below) show the sessional playroom set-up with themed play stations.

Parents recognise and value the quality of the playroom and resources:

> *"The quality of the play that (child) gets is unbelievable. It is exceptional, it really is. They have something different totally unique every week set up...it's amazing, just brilliant." (Parent)*
>
> *"The ideas at ADY, the premises at ADY, the room they have there is absolutely amazing. Every month they would change the scene - the vets, a shop, or opticians, a corner or half the room that's devoted to that theme. The props that they have, even as an adult, I'm like WOW, this is amazing. So, I think for a child it would be what dreams are made of." (Parent)*

Figure 5.2: The sessional play room at LPG – two examples of play stations

Parents completed survey questions relating to the play provision. The questions were split into two sets; one asking parents to score statements relating to the play provision for babies and young children (Tiny Twinkles for 0-2 year olds and Messy Munchkins for 2-4 year olds), and the other set asking parents to score statements relating to the play provision for nursery- and school-aged children (Super Stars for nursery-aged children and Play Pack for school-aged children between 4-8 years). These scores are shown in tables 5.1 and 5.2 below.

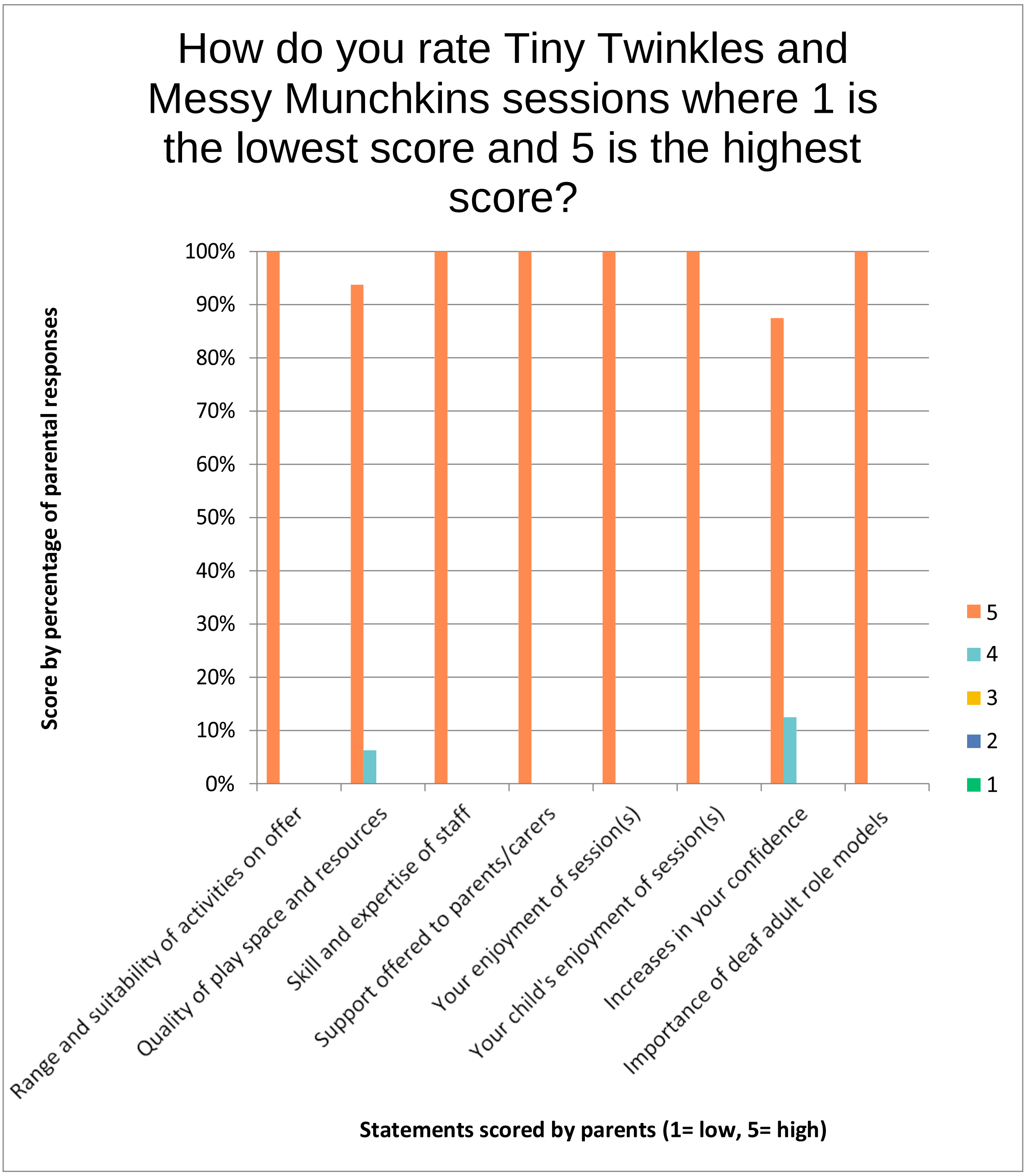


Table 5.1: Parents' scores for play provision for 0-2 year olds and 2-4 year olds

Where 1=low and 5=high, levels of parental scoring for the play provision for 0-2 year olds (Tiny Twinkles) and 2-4 year olds (Messy Munchkins) are consistently high. These can be broken down as follows:

- 100% of parents score the range and suitability of activities offered in the sessions as 5.

> *"I think this is a fantastic service for my child." (Parent)*

- 94 % of parents score the quality of the play space and resources as 5, and 6% as 4.
- 100% of parents score the skill and expertise of staff as 5.
- 100% of parents score the support offered to parents as 5.
- 100% of parents score parental enjoyment of play sessions as 5.
- 100% of parents score child enjoyment of play sessions as 5.
- 88% of parents score increases in levels of parental confidence as 5, and 12% as 4.
- 100% of parents score the importance of deaf adult role models for parents and children as 5.

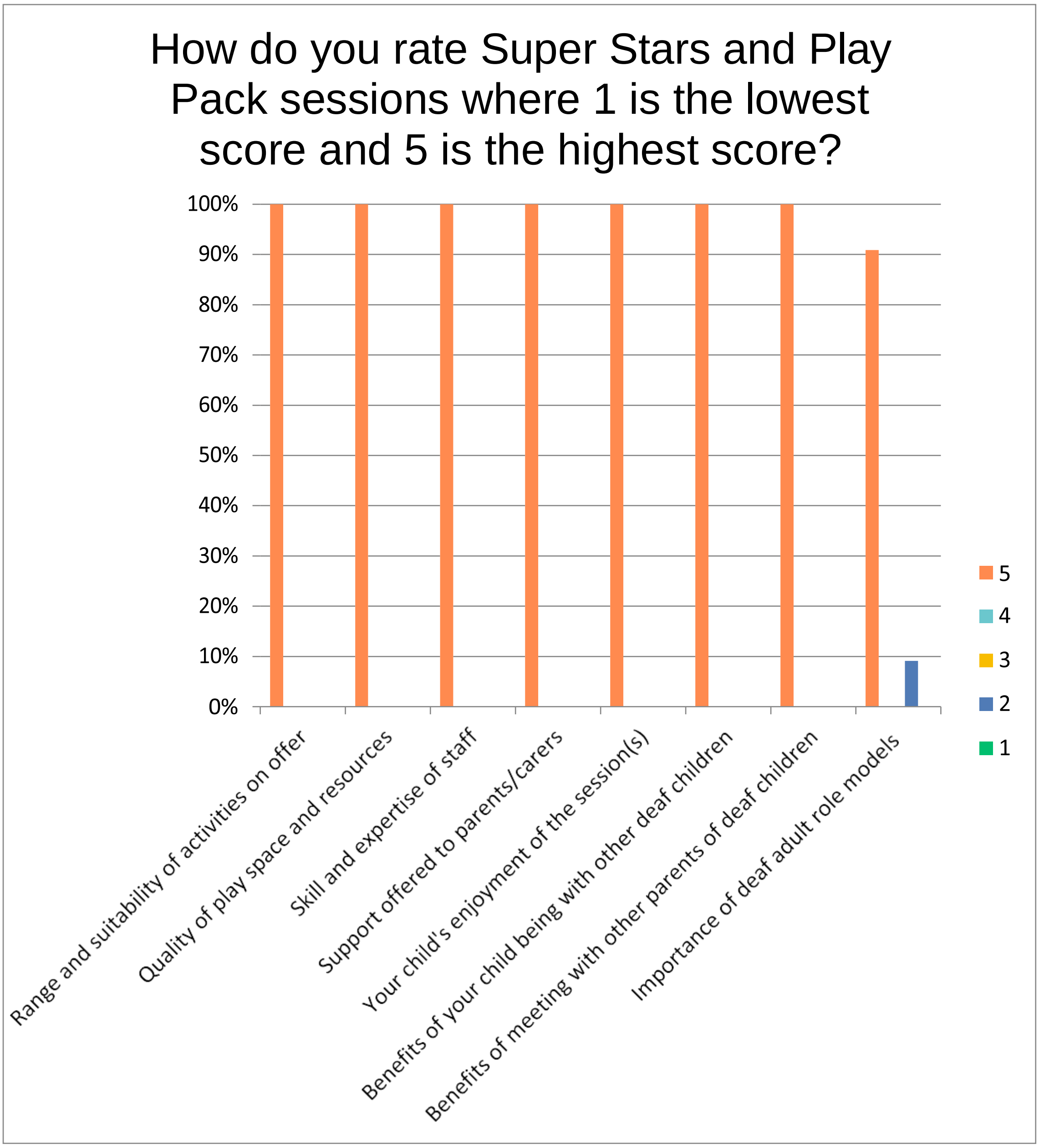


Table 5.2: Parents' scores for play provision for nursery-aged children (2-4 years) and school-aged children (4-8 years)

Where 1=low and 5=high, levels of parental scoring for the play provision for nursery-aged children (Super Stars) and school-aged children between 4-8 years (Play Pack) are high. These can be broken down as follows:

- 100% of parents score the range and suitability of the play activities on offer as 5.
- 100% of parents score the quality of play space and resources as 5.
- 100% of parents score the skill and expertise of staff as 5.
- 100% of parents score the support offered to parents as 5.
- 100% of parents score children's enjoyment of the play sessions as 5.
- 100% of parents score the benefits of children being with other deaf children as 5.
- 100% of parents score the benefits of parents meeting with other parents of deaf children as 5.
- 91% of parents score the importance of deaf adult role models for parents and children as 5, and 9% as 4.

"These sessions have provided a safe and fun place for my child to meet with other deaf children with professional staff there to facilitate interaction and to encourage play skills and relationships through excellent provision of play based activities." (Parent)

Vignette: Play sessions at LPG

"Honestly, everything has been fantastic. The room the sessions are in is amazing and so much thought and creative energy go into creating such a brilliant space for the children. There has been good structure to the sessions and you can see that there has been lots of planning for each session. The opportunity to do sign language sessions with (BSL teacher) is brilliant particularly as - unlike paid courses - it focuses on signs relevant to young children and babies rather than 'asking the way to the nearest museum' that non-tailored language courses do. Often, the sign language that we learnt each week tied in with the theme or some aspect of the session. The staff are lovely and welcoming and will answer any questions you have. It is great to be able to share experiences with other parents and welcome new families. It is heart-warming to see my deaf child mixing and getting to know other deaf children and knowing (Child) won't be isolated or the odd one out". (Parent)

It is difficult to overstate how positive parents are about the play provision at LPG as the vignette (left) shows. They tell us that the best thing about these sessions is how their children's confidence has grown. Parents attribute this to the "normality" of their child being deaf in this deaf setting. Parents also value how their children have developed real and meaningful friendships with their deaf peers. Having a deaf peer group is one of the benefits parents cite most for their child's attendance at the LPG play sessions. Parents also value how free play has given the children many alternative ways in which to communicate with others and express themselves. This includes the normalising of sign language within a free play context.

Other parents comment on an improvement in their children's behaviour since attending the play sessions. One parent comments that they rely heavily on the play provision and would be *"at a loss as a family"* knowing how to help and support their child without it. When asked if they could recommend improvements to the play provision, parents are reluctant to make any suggestions saying that the service is *"fantastic"* and *"amazing"*.

A few parents mention that the travel distance to the play provision might be prohibitive for some families spread across NI. Another parent notes that the play provision currently has no outside play space. The final suggestion is for some provision for hearing siblings during sessions.

Children *"absolutely love"* the play sessions at LPG. Staff notice that:

> *"They come into the building with a smile, they know that this is their place…they run in…the parents say they drive past and they (the children) just grin from ear to ear when they see us. This is their place, where they feel comfortable. How can a child know that unless they've got that from experience?" (Staff member)*

"I think it is so important for (Child) to have a space where (Child) is not forced into a hearing world and can learn and develop with other deaf children and adults". (Parent)

The very young children who attend the 0-2 years and 2-4 years provision drew some pictures for us to express their experiences of the play provision at LPG. Their parents were asked to add comments to these to help us understand what the children wanted to convey.

When asked how they feel when they are playing at LPG, the children draw themselves with smiles and parents tell us they feel "happy" (see figure 6.3 below):

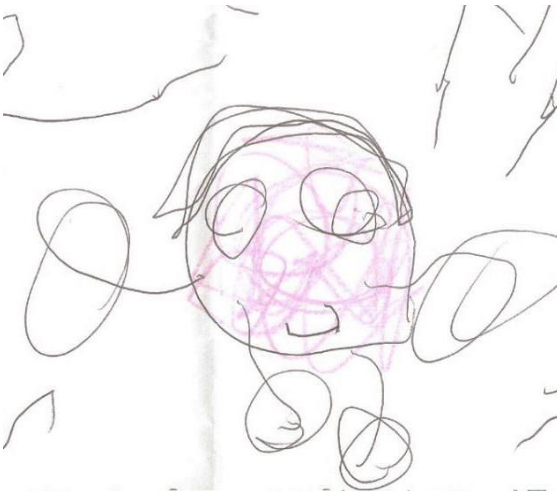


Figure 6.3: How I feel when I am playing at ADY (1)

Another little one tells us that they are nervous before the play session starts and happy at the end (see figure 5.4 below and please note that we have covered children's names to protect their identity).

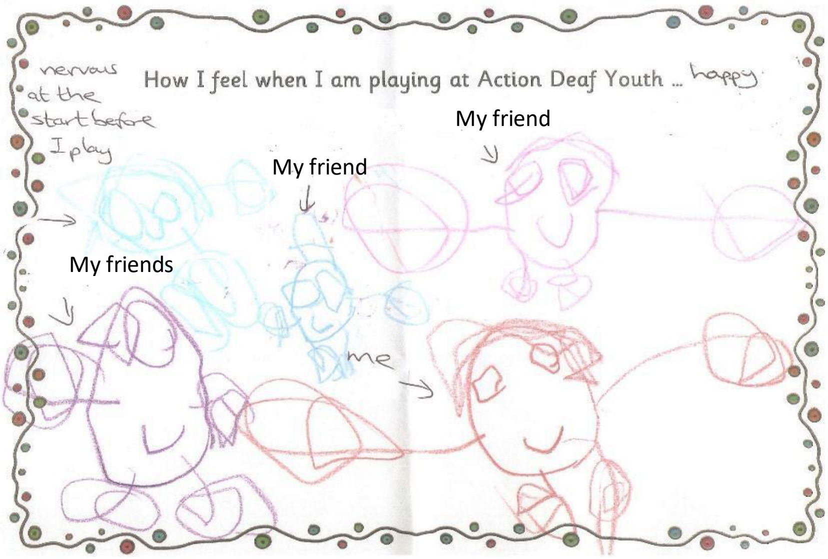


Figure 5.4: How I feel when I am playing at ADY (2)

Children aged from 4-8 years give the play sessions a 5-star rating in their star survey responses. They also give 5 stars for the play activities offered within the session. One drawing shows us a child who is "happy" playing at the sessions (figure 5.5 below):

Figure 5.5: How I feel when I am playing at Action Deaf Youth

Importantly, the children also report feeling more confident as a result of attending the play sessions. Specifically, children tell us that they like being in the play sessions with other deaf children around their age. An example in figure 5.6 below shows how this makes them "feel like me":

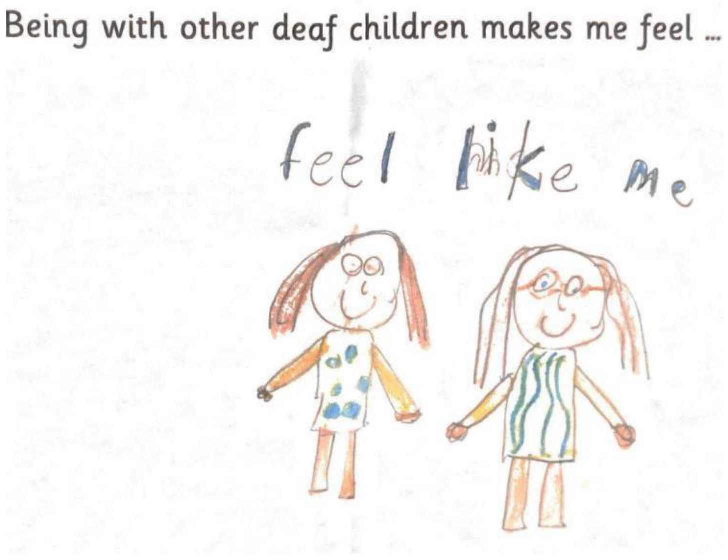


Figure 5.6: Being with other deaf children makes me feel…

Vignette: The importance of play for deaf children and their parents

"The sessions are such a great opportunity for both children and the parents. As a parent, it was fantastic to meet the Deaf adults who worked there and learn about their experiences. It was so reassuring to be able to speak to them and they are all so open and willing to share their experiences.

For the children, it is a fantastic opportunity for them to meet other deaf children so they know they are not alone particularly as in their mainstream schools they may be the only deaf child. It is great for them to meet and see Deaf adults as it is so important for them to have role models.

It's been a fantastic opportunity to learn sign language and it is tailored to young children. A lot of sign language courses and lessons are not helpful for interacting with children but the sessions with (LPG) and the signs learnt in the sessions are suitable for their age range and activities.

Finally, the sessions are fantastic for children to develop gain confidence in play. I feel so lucky that (child) and I have benefited so much from the project." (Parent)

The play opportunities offered in LPG play sessions are broad and varied but place an emphasis on real-life imaginative play, dressing-up and role-play, and sensory play. Imaginative play, dressing up, and role-play are essential for all children to play out their experiences real and imagined. It is particularly helpful for deaf children to be able to play out, practise, and process, real-life experiences to equip them to navigate their way through the hearing world with more assurance. The kinaesthetic, embodied, and highly visual playing out of daily experiences – for example, going to the dentist or posting letters at the post office – playfully prepare the deaf child in meaningful and experiential ways. Importantly, the deaf child experiences their own agency and control in this non-directive way.

Added to this, are the sophisticated ways LPG integrate sensory play into their sessions. Trays of messy play are provided; for example, wet and dry sand, water, frozen rice, shaving foam, which provide a safe place for exploratory and sensorily-rich play. Much of the play offered uses safe real and everyday resources for children to play with. Children hold a tea party with each other and teddies using a real crockery tea set. A real hammer is used to bang nails into pieces of wood. Child "dentists" look into each other's mouths using real dentistry mirrors. Developing the children's tactile sensitivity, fine and gross motor skills, and sensory processing capacity are woven into naturalistic play opportunities in thoughtful and well-managed ways.

Parents attending play sessions repeatedly tell us how important they are for them and their deaf children (see vignette above). They explain the unique nature of the provision at LPG and tell us that there is no equivalent service in NI. They underline the importance of Deaf adults providing a normalised space where their deaf children can play with their deaf peers. They explain the importance of integrating sign language into play for both parent and child. Finally, they tell us how the confidence of both parent and child are built through this provision.

The play staff: naturalistic child-centred role models for deaf children and parents

Parents notice that the play staff who run the play sessions are highly skilled at facilitating non-directive and child-led play with the children:

> *"(The play staff are) …very warm, very welcoming, very natural and engaged straight away with the kids so trying to focus down at their level. Lots of really tactile really wonderful things for the kids to play with, discover, explore and just let their imagination go wild." (Parent)*
>
> *"The Play staff are there just to facilitate the play - they help when needed but also back-off and let the kids really get engrossed in their play. You couldn't ask for better." (Parent)*

"The sessions are amazing! They are organised with every detail and every child's needs considered. The staff are amazing and their patience and warm encouraging personalities are reflected in the children's happiness!" (Parent)

Children give the play staff a 5-star rating in their star surveys and describe them as "awesome", "fun", "helpful", "playful", "lovely", and "I love them". Figure 5.7 below shows a drawing of the play staff and how this child feels about them. Importantly, this child views the play staff as "smart" and "caring" indicating their significance as positive Deaf adult role models for the children.

Figure 5.7: Play staff who are caring, smart, helpful, kind, lovely, playful, and nice

Play staff are unique adults in a deaf child's life and play a multi-faceted role. Firstly, they are a friendly adult, enthusiastic and excited to show them the playroom and help them play. There is no other agenda, just a free play space with high-quality staff and resource provision. Play staff express a great love of their work:

> *"It's just wonderful, I'm excited, I can't wait because all of us see the connection we get with those kids because of the visual medium…it's so natural and it's not like a school…it's not that big structure, it's like a big family group altogether having fun." (Staff member)*

Another child shows us how "happy" they are to be playing with a "play ranger" (figure 5.8 below):

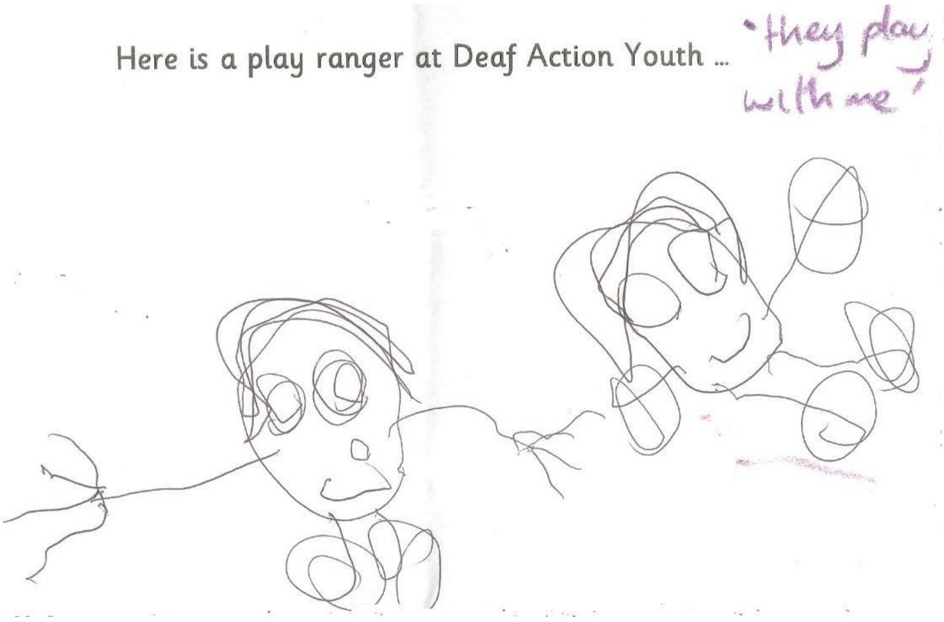


Figure 5.8: Play staff and how they play with me

This love of play is infectious for both children and parents. Secondly, the play staff team is largely Deaf and models happy and playful adults to the children and parents. The staff team uses multiple communication methods and language in naturalistic ways. This helps to normalise deafness and reassure anxious parents. Thirdly, the play staff serve to model high-quality child-led and child-focused play in ways that are non-threatening and non-judgemental for parents.

> *"(Parents) become more confident in how to play with their deaf child because of what they see with us. Because they see it's not just play for us, it's the play AND the interaction around the play and I think that's what they have to see modelled out, that when you're playing with a deaf child there's a way of doing that and they see that." (Staff member)*

The parents often visit the playroom as the older children enter and are encouraged to ask questions about the activities on offer:

> *"A lot of parents like to come in and see how we've set up the room and asking what's that and what's that – oh, I never thought of using that - seeing resources that we're using that they would never think to use as a toy or activity. Oh, you could do this at home, this is how you make it. And they're (parents) doing that and they're telling us they're doing that. The next week they'll tell that you that they were making flour dough, sort of thing, and it was a mess and they're joking about it. I think parents are trying replicate some of what we do." (Staff member)*

Vignette: Using everyday items at home for imaginative play

"One parent told me how their child was much more into imaginative play…things like dressing up…it was a much bigger thing for them or things like playing shops at home, that kind of thing. So then perhaps the parent would get things like money and shopping bags and groceries and stuff ready for the child at home to be able to play. Previously they might have bought things like a pretend shop instead of using resources that they had in the house. This has helped them to understand that they don't actually need to spend a lot of money to buy anything, they can use resources that they find in the kitchen or in the home very easily." (Staff member)

Finally, the play staff and wider team serve to encourage the transference of non-directive play skills and playful learning into the family home. This is achieved through a combination of simple modelling to build parental confidence and skill, and the provision of practical play ideas and resources. The vignette (above right) illustrates how one parent now uses free everyday items to support their child's play at home.

Transferring play from LPG to the deaf child's home: building parents' confidence and skills to provide high quality play at home

Parents tell us how seeing the play at LPG has changed their perceptions of play and how they offer playful opportunities to their children at home. For example, one parent realises now that their child needs messy play at home and feels good about being able to understand how this helps them. Just knowing to offer some sensory play *"makes a huge difference to how (child's) day will go." (Parent)*

Providing opportunities for messy play may be challenging for the parents of deaf children. In addition to the practical challenges of providing messy activities at home, parents may be understandably concerned about mixing messy materials with expensive hearing technology such as cochlear implants and hearing aids. With guidance, parents can adapt the play ideas they see at LPG to their home environment. For example, one child loves water play at the LPG sessions, and in response their Mum began to help them play with the bubbles in the washing-up bowl at home. Key to helping parents to play more at home, is to recognise their concerns and build-in helpful strategies:

> *"We kind of try to break down barriers for the parents and, you know, messy play can also be frustrating, of course, cleaning up and tidying, so we show them (parents) how to do it in a contained way with sheets and maybe a box of something they can play in to keep it a little bit more contained." (Staff member)*

Many of the parents' new ideas around play come vicariously from seeing the sessions at LPG:

> *"Watching the staff gave me more insight into little things like valuing dress-up – oh, it's just play but it's taught me that that's how (child) learns…I buy a tin of shaving foam every week and let (child) out in the garden. I wouldn't have ever let (child) have a tin of shaving foam and go and do what they want before. No way!" (Parent)*

Another parent values the ideas that LPG models to them:

> *"There's so many ideas that they have, the nursery rhymes, the signing, the sensory play, I think it's definitely an education for me as well...definitely broadens your horizons in terms of play and development and things like that." (Parent)*

Parents value the modelling of specific and tailored activities designed around their children which can then be replicated at home:

> *"(The play staff) spent so much time and effort coming up with activities tailored to what they knew my child enjoyed which in turn gave me ideas of how I could further develop our play at home." (Parent)*

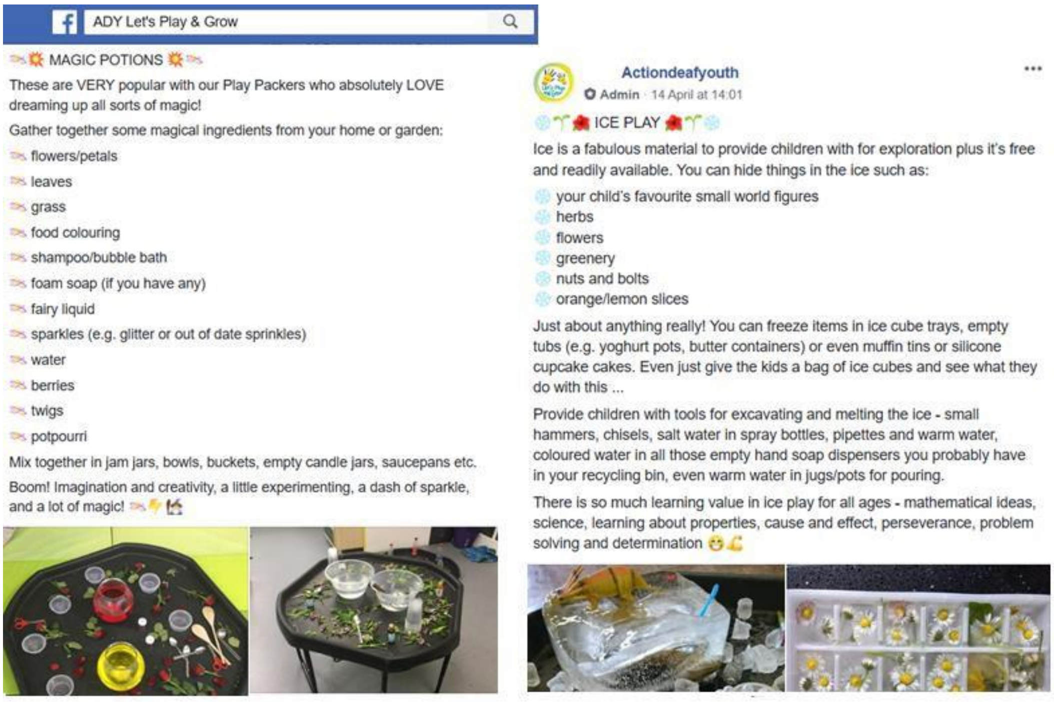
As a result of effective staff modelling, parents now describe a change in how they support the child with play at home. They begin to understand the importance of letting the child lead the play:

> *"I had a bit of a habit of buying the resources and going, oh, but you're not doing it right, but I now know child-led play. Let them use it, it's a bag of rice, who cares, you know what I mean, get your hands in there, get messy, get tactile, tactile is so important for deaf kids and getting all that sensory stuff." (Parent)*

Staff regularly post practical tips and ideas on the service's social media account to support parents to provide messy play and figure 5.9 below shows two such posts. One shows playful ways to mix "potions" and the other how to use ice for play.

Fundamentally, families now value the importance of child-led and non-directive play:

> *"A lot of the parents are more aware of the importance of play, perhaps they thought play is just play – it's just what children do...they don't perhaps realise the significance of it and what play does but I think through the sessions, families have become a lot more understanding of the importance of open-ended play and they've become a little bit more intrigued in what that means in terms of how they play at home…" (Staff member)*



MAGIC POTIONS

These are VERY popular with our Play Packers who absolutely LOVE dreaming up all sorts of magic!

Gather together some magical ingredients from your home or garden:

- flowers/petals
- leaves
- grass
- food colouring
- shampoo/bubble bath
- foam soap (if you have any)
- fairy liquid
- sparkles (e.g. glitter or out of date sprinkles)
- water
- berries
- twigs
- potpourri

Mix together in jam jars, bowls, buckets, empty candle jars, saucepans etc.

Boom! Imagination and creativity, a little experimenting, a dash of sparkle, and a lot of magic!

Actiondeafyouth
Admin · 14 April at 14:01

ICE PLAY

Ice is a fabulous material to provide children with for exploration plus it's free and readily available. You can hide things in the ice such as:

- your child's favourite small world figures
- herbs
- flowers
- greenery
- nuts and bolts
- orange/lemon slices

Just about anything really! You can freeze items in ice cube trays, empty tubs (e.g. yoghurt pots, butter containers) or even muffin tins or silicone cupcake cakes. Even just give the kids a bag of ice cubes and see what they do with this ...

Provide children with tools for excavating and melting the ice - small hammers, chisels, salt water in spray bottles, pipettes and warm water, coloured water in all those empty hand soap dispensers you probably have in your recycling bin, even warm water in jugs/pots for pouring.

There is so much learning value in ice play for all ages - mathematical ideas, science, learning about properties, cause and effect, perseverance, problem solving and determination

Figure 5.9: Creative play ideas posted on LPG's social media pages

Play-based signing in-session and online: a shared language for play, story books, and nursery rhymes at home

Optional "Sign and Play" sessions are offered to parents within or alongside children's play sessions to share relevant signs and gestures which relate directly to the play content enjoyed by their deaf children. This is a unique and innovative model for sharing and teaching sign language not replicated in other BSL provision in NI. We describe this as a play-based and relational approach to learning language; building confidence and capacity within families to relate playfully to children with immediacy and relevancy regardless of signing fluency and attainment. The vignette (below left) describes how this works in practice.

Vignette: Integrating and embedding sign into play

"We'll prepare the play session and I'll prepare a powerpoint linked to a storybook - perhaps linked with winter - and find a nursery rhyme that will continue on the theme. So I'll get words and signs together for cold, winter, and shivering. We'll do games and activities that enforces this vocab. So the teaching is very relevant - then a story about a seal. They'll (play staff) use textures in the play for the children like rough, smooth, furry etc and I'll begin to teach that vocab (to the parents) as well…I'll upload on the seesaw app we have - anything that we've done in class and I'll record myself doing the nursery rhyme, doing the story so that they can have this as a resource when they go home." (BSL teacher)

Parents may have access to a range of time-limited sign language courses offered across a range of settings, for example, through other deaf organisations and further education institutions. Some of these courses are free at the point of delivery and others paid-for by participants.

However, these courses are not generally designed around the daily and playful language relating to young children and may focus on standardised curriculum content leading towards examinations. In addition, many accredited BSL courses attract a wide range of different learners.

Parents express the value and importance to them of learning non-accredited and play-based sign language at LPG play sessions to encourage parent-child play at home. This is not simply about communication but to facilitate meaningful and shared experiences between themselves and their children. Parents tell us that they prefer to learn alongside other parents who are *"in the same boat" (parent)* and *"share the same bond" (parent)* as them. Whilst nervous about their early attempts at signing playfully, parents appreciate the friendly and natural modelling and teaching from LPG staff. They also value observing and learning sign with Deaf professionals:

> *"It's good (smiling). I loved all the play that they (staff) set up and I was really impressed with the quality of all of that. It was for deaf children and the way they were, learning sign language, just having conversations with the staff as well cos we didn't know anyone who was deaf so it was the only organisation where we've met Deaf people. They're very encouraging at your attempts to sign whenever you try...badly!" (Parent)*

Parents (and children) are supported to learn new signs as part of their natural play, singing, nursery rhymes, and stories:

> *"It's important to cover the vocabulary but cover the vocab that the children are playing with that day… so the parents can build on it at home – not just words but play experiences… increases that bond." (Staff member)*

Following each play session, LPG staff load helpful content onto an app for parents and children to enjoy at home. This includes high quality videos of signed nursery rhymes, songs, and story books along with other play ideas and helpful information. Parents use and appreciate these resources:

> *"The online signed nursery rhymes are my child's favourite thing to watch and has helped to immerse them in sign complemented by sound." (Parent)*

Parents express increased confidence in offering integrated play and sign at home:

> *"I feel a lot more confident now in setting up play for (child). I love the themes that they would have and how all the activities were centred around the theme and helped build (sign) vocabulary and sensory play." (Parent)*

However, some of the parents we spoke to acknowledge that not all parents are positive about learning and using sign language with their deaf children. This is for a range of reasons we discuss later. Therefore, it is possible that the integrated use of sign and play may act as a barrier for some families to access the play sessions. We have no data from families who are not receptive to or positive about the use of sign language and play with deaf children.

Play in a pandemic

The year 2020 brought unprecedented and unexpected challenges worldwide with the coronavirus pandemic and health crisis. Over a short period of time and with little warning, face-to-face services were forced to rethink and adapt their delivery models. Coupled with this were the operational, staffing, and logistical challenges of continuing to offer services during lockdown and social-distancing regimes.

Parents tell us that LPG adapted quickly and creatively to provide remote input for the children:

> *"They have been amazing at adapting their services and continuing to provide an online service which benefits the whole family." (Parent)*

> *"They have been able to encourage us to interact at home through more sensory based play and signed stories in a way that would be normally accessed at the club." (Parent)*

However, parents also tell us how much their children miss their regular face-to-face play sessions, the play staff, and their deaf friends. Parents report their children asking regularly to return to their live play sessions.

A positive for LPG staff has been the confidence and skill of many of their families to provide play opportunities at home over the spring and summer of 2020:

> *"I think over the summer, especially with Covid and stuff, the service is obviously very different but you could see that loads of the families had adopted some of the resources that we've used in the groups, and had been replicating those at home and putting up photos of their kids. So they've been taking some of that knowledge basically from the groups and bringing it into their home." (Staff member)*

Whilst it is encouraging to see that many parents have been able to provide such opportunities at home, it is not clear if all of the deaf children who usually attend LPG were afforded these regularly during extended periods of lockdown and social distancing. Encouraging play in the family home is an explicit goal of LPG but cannot replace the professional, regular, and consistent play provision provided by a specialist deaf service.

The onset of the coronavirus pandemic has accelerated the service's provision of remote and online resources for families. These include a bag of play resources hand-delivered to children's homes by LPG staff, additional recorded videos and play ideas loaded daily onto the LPG social media account, live online sessions for children (and parents) to connect with their peers, and occasional socially-distanced play days in local parks. Many parents express appreciation for this provision which has become increasingly important during the months of restrictions placed on everyone during the pandemic.

Regular and live online Zoom sessions have been running for children throughout the pandemic. Parents find these sessions invaluable and tell us how excited their children get to re-connect with their deaf friends. Children give the online provision a 5-star rating and comment that they love to see their friends.

However, live online provision for deaf children is not straightforward and has limitations. Staff recognise these limitations:

> *"They do miss out on having it done remotely. It's very limited because you can only concentrate for a few minutes and the sessions are limited…We've got quite a few people out in rural areas so you can't guarantee the wifi signal. We are hoping to get classes going again - face to face is better. It isn't a deaf friendly way to do it over the internet. It's not 3-D, you get a flat screen with hands moving and it can be a little bit convoluted. You can't show the visual way as easily as in person." (Staff member)*

It is also harder to model and replicate the natural and multi-use of different communication modes using an online platform. Deaf children may struggle with the flow of communication on online platforms:

> *"But what does frustrate (child) is that staff sign and don't speak, this made things hard for (child) on Zoom sessions".*

Clearly, live online events are different to face-to-face play sessions in a specialist play space and may be challenging for deaf children and their parents to access for a range of reasons. However, parents and staff acknowledge that the online sessions are *"better than nothing." (Staff member)*

"Playbox": reaching more families with deaf children

The LPG service has plans for a home-based play provision ("Playbox") which was in development prior to the pandemic. This provision would see the play staff visiting homes with a box of play resources and supporting parents to facilitate non-directive child-led play with their deaf children.

Going forwards, it would be helpful for the service to explore a combination of physical play resources (such as Playbox), face-to-face support, and online support and mentoring to mitigate delivery challenges. Sending resources by post and offering online parental input would also enable the service to expand its reach to families with deaf children who are geographically remote from the service's HQ in Belfast. In addition, the sales of such a play box and support package to the families of deaf children directly, or to the services that support them outside of NI, may offer a useful additional revenue stream.

This chapter has examined the role and importance of play for deaf children and outlined the need for, and role, of LPG in providing a professional and specialist deaf play service. The chapter has also detailed the support and resources designed to encourage parents to play with their deaf child, and given examples of how far the parents of deaf children feel able to provide child-led and non-directive play in their own home. Chapter headline messages are detailed below.

The following chapter examines how far the relationships between deaf children and their parents are impacted through the provision at LPG. In particular, it assesses how far the parent-child relationship is changed through increased communication and playful interaction.

Chapter 5: Headline messages

- The universal play session provision at LPG is at the heart of this service for deaf children and their families.
- The play provision at LPG is unique and innovative; it is not replicated in any other provision in NI.
- The play sessions are seen as essential to promote deaf children's holistic development, wellbeing, and mental health.
- Children's right to play is enshrined in UNICEF and UNCRC conventions.
- Play for deaf children needs to be carefully curated and adapted to ensure full access, enjoyment, and benefit.
- LPG play sessions are meticulously planned to meet the needs of deaf children.
- Staff provide high quality play provision to international playwork principles and standards.
- Parents, staff, and children tell us how important it is to them to have a deaf-only space.

- Deaf children need deaf-only and deaf-on-deaf child professional play provision for complex reasons including reducing their sense of “otherness”.
- Children tell us that they love being with their deaf friends who are “just like me”.
- The play space at LPG is uniquely designed for the deaf child in ways that maximise engagement, communication, and playful learning.
- It is difficult to overstate how positive parents and children are about the play sessions at LPG.
- Parents tell us how much their children’s confidence has grown through the sessions, attributing this to the deaf-only setting,
- Parents express how their children develop real and meaningful friendships with their deaf peers at LPG.
- Parents value how the free play has given their children multiple ways to communicate and express themselves, including the normalisation of sign language.
- Very young children draw themselves with smiles and tell us that they are “happy” when they play at LPG.
- Older children (4-8 years) give the play sessions a 5-star rating in all areas.
- The provision of imaginative play, dressing up, and role-play is especially important for deaf children to play-out, practise, and prepare for real-life experiences in a hearing world.
- Much of the play at LPG uses safe real and everyday objects providing a rich and multi-sensory experience for deaf children.
- The play staff who facilitate the play sessions are unique adults in the deaf children’s lives.
- Deaf play staff model happy and playful Deaf adults to the children and their parents.
- Play staff are enthusiastic and passionate about their work and this is highly infectious for children and parents.
- Play staff model high quality child-led and child-focused play in ways that are non-threatening and non-judgemental for parents.
- Play staff and the wider team facilitate the transference of non-directive play skills and playful learning into the family home.
- This transference is achieved through a combination of simple modelling to build parental confidence and skill, and the provision of practical play ideas and resources.
- Parents tell us that their perceptions of play have changed since attending LPG sessions.
- Parents place increased importance on free, imaginative, and messy play for their children at home.
- Parents tell us that they now feel empowered and confident to offer play and playful learning opportunities to their children at home.
- LPG staff post regular play ideas on the service’s social media account to support parents to provide creative play at home.
- Optional “Sign and Play” sessions are offered to parents within or alongside children’s play sessions to share relevant signs and gestures which relate directly to the play content enjoyed by their children. We describe this as a play-based and relational approach to language acquisition.

- This builds confidence and capacity within parents to communicate with immediacy and relevancy regardless of signing fluency and attainment.
- This is a ground-breaking model supported by the provision of online resources and recorded signing demonstrations to help parents enjoy increased child-centred interaction at home.
- Parents tell us that they prefer to learn child-relevant sign language with other parents who are “in the same boat” as them. Bringing the parents of deaf children together in this way fosters a powerful bond and supportive network.
- Not all parents of deaf children may be positive about learning sign language, and it is possible that the integrated use of play and sign language may act as a barrier for some families to access the play sessions.
- The year 2020 brought unprecedented challenges worldwide with the coronavirus pandemic and health crisis.
- LPG adapted quickly and creatively to provide remote input for the children who usually attend the play sessions.
- LPG provided live online sessions for children to meet up with their play session friends and enjoy activities together.
- However, online provision for deaf children may not be particularly deaf-friendly.
- Attempts to replicate free-flowing and multiple communication methods on a 2-D screen are hampered by the online format.
- LPG provide regular posts with suggestions for play at home using resources found in many homes.
- LPG hand-delivered a bag of play resources to family homes to encourage playful learning at home during the pandemic.
- Many parents have been able to provide play and play-based learning for their deaf children at home. However, it is unclear if all the deaf children who usually attend the LPG play provision were afforded these opportunities.
- Home-based play is an explicit goal of the LPG service but cannot replace or replicate the professional, regular, and consistent play provision of a specialist deaf service.
- Families with deaf children are spread widely across NI and plans for an outreach play service to reach these families (“Playbox”) have been put on hold owing to the pandemic.
- Playbox may include a box of play resources sent to families, live visits from a play ranger to demonstrate and support parents to play with their deaf children, and remote follow-up and support.
- Going forwards, it may be helpful for LPG to develop the Playbox provision to reach families whose location makes it challenging for them to access play sessions.

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06 Changes to parent-child relationships

This chapter examines the impacts of the LPG service on parent-child relationships. It tracks the parents' journey from diagnosis towards the focus on child-centred communication and interaction fostered and facilitated by LPG. Direct and indirect impacts on the parent-child relationship are considered throughout with particular emphasis on communication and interaction.

The chapter is divided thematically as follows:

- Dealing with the impact of a deaf diagnosis.
- Normalising deafness through powerful Deaf role models.
- Shifting the emphasis from "fixing" deafness to child-centred communication.
- Enhancing the parent-child relationship through communication and interaction.
- Chapter headline messages.

Dealing with the impact of a deaf diagnosis

Most parents we spoke to had found receiving their child's deaf diagnosis difficult and unexpected. Most of the children had been diagnosed as babies or toddlers although a few received a later diagnosis.

One parent describes the feeling of a hearing parent receiving a deaf diagnosis for their child as being *"like a rabbit in the headlights"*. Another describes the first year following their child's diagnosis as *"a blur"*. However, LPG gave this parent the encouragement to do the "normal" things needed to build a healthy bond with their deaf baby:

> *"I think because of all the support - don't do anything differently, sing, chat and sign, to be honest it was all a bit of a blur that first year because there were appointments all the time, constantly feeling like you are going to appointments and that has a bit of an impact." (Parent)*

Staff acknowledge that parents are often in shock following a deaf diagnosis:

> *"You're often dealing with a family that's a bit shocked, because they've just had a baby that's diagnosed deaf and they've never come across a deaf person before in their lives…A family who comes with a tiny baby who's just been diagnosed has a mountain of questions and it's really important that we can speak with them." (Staff member)*

One parent describes feelings of loss and even grief:

> *"It's hard to hear, that your child hasn't heard anything you said to them that first month. (Child) hadn't heard anything, and you think they have, and they haven't and that's difficult to process, kind of grief almost, it was hard, it is hard." (Parent)*

Another parent says that their immediate reaction to their child's diagnosis was to go to the *"worst case scenario"* until they attended LPG's Messy Munchkins group for 2-4s:

> *"You find out your child's deaf, you think (Child) has no hope of communication, you go to the worst case scenario, and then you interact with something like Messy Munchkins and there aren't really any barriers, not really the barriers we thought there were going to be." (Parent)*

ToDs recognise the impact of diagnosis on parents and how LPG staff can go some way to mitigate this:

> *"Diagnosis, it's the biggest thing in the world, the most awful thing that could have happened to them, they don't know where to go. It is heart-breaking for them and they need to grieve but I think that (LPG) help them see that it's something to celebrate. Having deaf staff is a huge benefit 'cos parents can see all the things that deaf adults can do." (ToD)*

The role of staff, and in particular the Deaf staff at LPG, is multi-layered in helping families come to terms with this usually unexpected diagnosis and all the fears and questions that come with it. Parents tell us how LPG staff offer reassurance to hearing parents that being deaf is *"not the end of the world"*. As simple as this may sound, Deaf staff are uniquely placed to reassure parents. Not only can staff empathise with parents, they also embody and model a positive representation of a Deaf adult. Staff members are likely to be the first Deaf adults hearing parents have encountered. Parents can literally see the evidence standing in front of them that Deaf adults lead fulfilled and purposeful lives. Deaf staff embody hope for parents overwhelmed by worries for their children's futures in ways that are challenging for hearing professionals to emulate:

> *"I think the best thing is meeting other people, deaf children and parents as well as Deaf adults. It is such a great opportunity for peer support from other parents and for my child to meet other deaf children and have Deaf role models. It is great to have the opportunity to meet and communicate with Deaf adults who I wouldn't know otherwise." (Parent)*

Additionally, the Deaf and hearing staff at LPG are skilled in dealing with parental fears, worries, questions, and emotions. They achieve this largely through the development of natural and supportive relationships with children and families over time. Most of the parents we spoke to value the long-term, consistent, and regular support they receive through LPG:

> "*Whenever your child is first diagnosed...it's pretty much a clinical decision, you're told your child is deaf...someone will be in touch with you, a teacher of the deaf. They give advice and you get the NDCS number, and off you go. That's kind of it. And NDCS they are fantastic, they've got a place too because they can give you lots of information...but then after that, it's something on the ground, you need something all the time, maybe not every family feels like this but we definitely need somewhere we can go that we can engage every week…where we can build up support. I need somewhere for (child's) future if you know what I mean, (child's) own friends." (Parent)*

"I think for hearing parents to see deaf adults as being empowered individuals who embrace their deafness and who are so enthusiastic about working with children, I think it just really bolsters them up." (ToD)

This long-term regular support that builds over time is different from the other services on offer to deaf children and their families in NI. One parent tells us about both a lack of provision generally and a lack of coherence in service provision for deaf children:

> *"There wasn't really anything from the government or the national health. So, you've got a deaf child but you're meant to do what, just nothing?? To be*

> *fair, the audiology and the implant centre have been amazing but that doesn't work for every child and I remember being quite surprised that you had to organise things yourself really. And charities have to step into that breach." (Parent)*

Parents report that the LPG staff are accepting of their feelings and help them feel less frightened about the future for their deaf child:

> *"Just so nice - a complete embracing of the situation and giving you the tools to sort of navigate through everything that was going on, so yeah, I really remember before going to ADY just that complete emotional turmoil - what on earth is life going to be like for (Child)? And then going there and thinking, well normal, well not normal because I do think deaf people have it harder in a hearing world, but just feeling (Child's) going to be fine, like it is all going to be fine. And I don't need to be worried or anxious." (Parent)*

Parents are still aware that their children will face great challenges as deaf people in a hearing-oriented world but are more positive. One ToD describes this as parents being "bolstered" by LPG staff:

> *"I think for hearing parents to see Deaf adults as being empowered individuals who embrace their deafness and who are so enthusiastic about working with children, I think it just really bolsters them up." (ToD)*

One challenge for LPG is that there is currently no formalised referral route to the service for families who receive a deaf diagnosis for their baby or child. Referrals from hospital audiologists generally go to ToDs who support the family to access the appropriate services. Whilst we spoke to several ToDs who actively refer families to LPG, it was acknowledged that there is no formal agreement or referral process in place. Our parents' survey revealed that 24% of parents had received information through their child's ToD. Most parents (36%) had received a recommendation for the service through other parents as we can see from Table 6.1 below.

A formalised referral route from point-of-diagnosis to LPG is highly desirable. Whilst not all families with deaf children may feel that LPG is right for them, it is important that parents are able to make an informed choice about all the provision available.

An additional challenge to the LPG service may be its branding and marketing messaging. The LPG service is currently the early year's provision within ADY. However, we notice that the parents and children refer to ADY as the service. ADY has a strong brand identity for the provision of youth services for older children and teenagers. There is a need for a clearer focus on the provision of an early years' service in addition to youth services through a strengthening of the LPG brand. This includes a comprehensive review of the materials currently available in the public domain on the ADY website.

Our data indicate that other small groups of deaf children and their parents may benefit from accessing the specialist Deaf service at LPG. These groups may find engaging in suitable services particularly difficult. Additional referral routes may need to be considered to include the deaf children of refugees being settled in NI as part of the Home Office Resettlement Programme, children with multiple and complex needs where deafness is a secondary diagnosis, and onward referrals from the Child and Adolescent Mental Health Service (CAMHS) for deaf children requiring specialist play therapy. External packages of funding may need to be negotiated and secured for these specialist referrals into the LPG service.

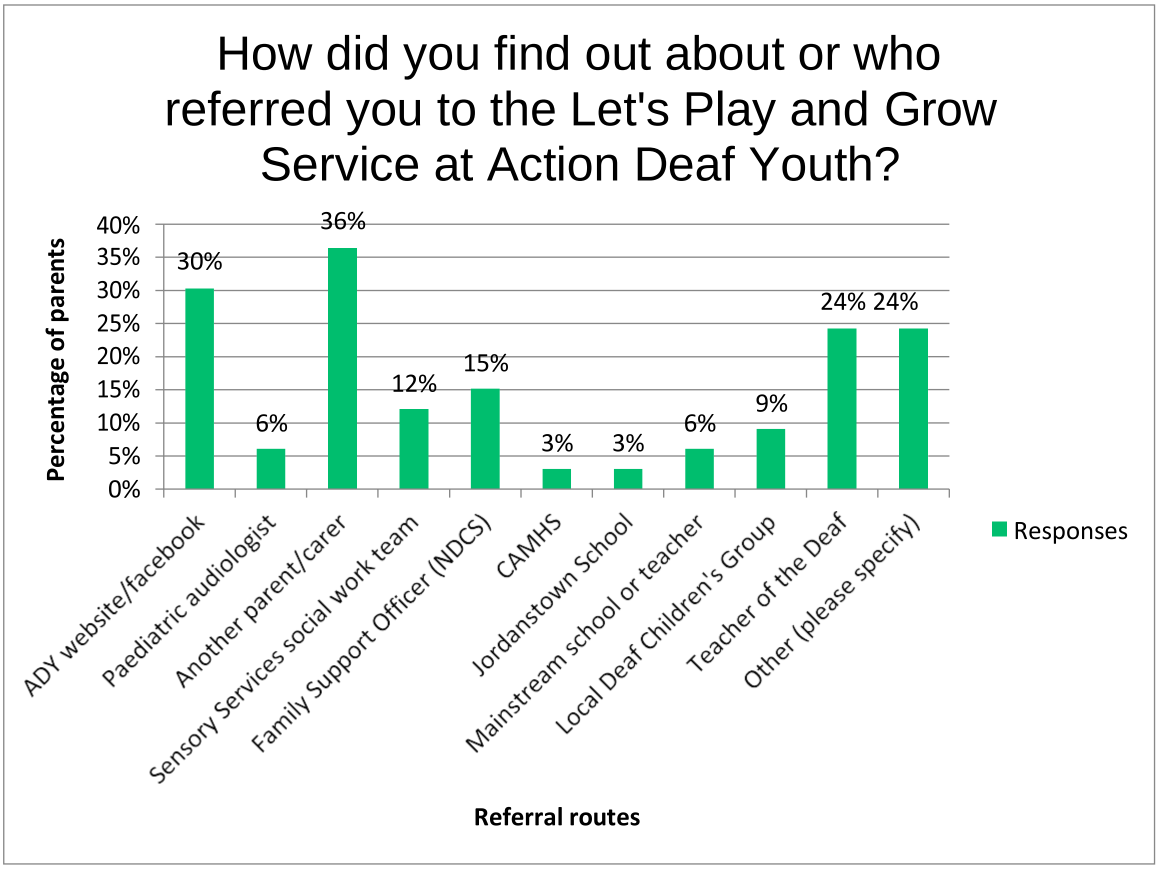

Table 6.1: Referral routes for families with deaf children into LPG

Normalising deafness through powerful Deaf role models

Most parents express their worries and trepidation at being thrust into the Deaf world through having a deaf child. In line with the general statistics on the prevalence of deafness in the wider population, most deaf children at LPG have hearing parents. One parent describes the experience of accessing the service for the first time:

> *"I needed to go and learn and meet other Deaf people and ADY was amazing for that. Sounds stupid now, but at first, I think it was so emotional, you're thinking is (Child) going to have friends? Is (Child) going to be able to work? Is (Child) going to get married if they want to? What's life going to be like? Then you go there and for me at that early stage it was more for me as a parent getting some reassurance. I met the staff that were working there at the time…I remember coming away thinking everything's going to be absolutely fine (laughs). I don't need to worry, this is all going to be fine. Just relief was what I came away feeling." (Parent)*

"I can see the deaf child through the eyes of myself as a deaf child and what I came through as a deaf child." (Staff member)

Parents' perceptions of the Deaf adult role models available to them and their children at LPG are extremely positive. As discussed earlier in the chapter, these role models are initially reassuring for parents worried about the future of their deaf child(ren). Parents can ask questions within the context of a warm professional relationship with LPG staff. Parents sometimes consider these questions silly or even rude, but they place a high value on being able to ask them at all. This ongoing access to Deaf adults is a strength of the LPG service enabling parents to build up knowledge and understanding of their deaf children's experiences and needs as they change over time.

LPG staff give parents insight into what it is like to be a deaf child growing up in a hearing world. They may share some of their own experiences or share more general information. Importantly, this gives parents a view into the Deaf world through a Deaf lens:

> *"Hearing people, with the best will in the world, can't have the same empathy. Deaf people can talk about their experience, so a Deaf adult like in LPG will give (parents) a real-life answer to a real-life experience and the parent might say, "oh I never thought of it like that. My child's gonna experience a similar thing to you in later years." (Staff member)*

As we describe in the previous chapter on the power of play, Deaf and hearing staff role models serve an important function as a bridge between the hearing and Deaf worlds. They symbolise and model fluent multi-modal communication to families including sign language, speech, lip-reading, gesturing, expressive facial and body language, touching and pointing, and some hearing technology. Families see the ease and fluency of communication, comprehension, and understanding that is possible. They also observe staff modelling the physical adjustments that Deaf adults need hearing people to make to ensure effective communication. They see this between staff members and between staff members and their children. This is likely to be the first environment where hearing parents and deaf children see multi-modal communication normalised. We return to the use of multi-modal communication later in this chapter when we examine how increases in communication support the parent-child relationship.

"If you lost the deaf majority in the staff, you would lose that awesomeness!!" (Parent)

Clearly, the staff team at LPG play an important symbolic and modelling role for hearing parents and their deaf children who attend LPG. The service exemplifies a child-centric desire for the deaf child to be able to move easily between the Deaf and hearing worlds without risking a sense of alienation or isolation from either or both. This careful balance needs to be maintained to ensure that the staff team continues to model all, or a good range, of the communication modalities available for deaf children. This includes hearing workers who model effective and natural interaction with deaf children and Deaf staff members. Hearing staff also model a growing fluency in sign language as a second language for hearing parents. The symbolic role is important for parents but is most potent for the deaf children. LPG is a place where the deaf child identifies themselves as small-d deaf and potentially big-D Deaf. We return to deaf children's identity later in the evaluation.

Regarding other types of representation, we observe that there are currently no Deaf or hearing workers identifying as male in the staff team. However, the recruitment of staff generally has been a challenge to the project since its inception. This challenge is likely to continue given the small pool of potential workers available. It may be that the LPG service can consider apprenticeships and in-service training and upskilling to develop a well-balanced and majority Deaf team.

Shifting the emphasis from "fixing" deafness to child-centred communication

During the research, a complex communication issue was raised which goes far beyond preferred modes of communication. Parents express confusion and guilt over how best to proceed following an early deaf diagnosis for their child. Should they try to "fix" the deafness through intervention and technology? Parents tell us about the ongoing challenges of navigating a hearing world which wants to “cure” their children’s deafness and make them speak. The vignette (below left) illustrates these challenges.

Vignette: Square pegs into round holes: child-centred communication

“We've had a ToD say will you try not signing with (Child) for the summer. And we've been like, we are not going to do that. We've had professionals say, well don't you want (Child) to speak? Don't you want them to fit into the hearing world. And we've been like, we want a happy child, a mentally healthy happy child. You cannot make a square peg fit in a round hole. (Child) will be what (Child) will be. We want (Child) to be happy. We can't force (Child). They'll never fit into the hearing world like a hearing person could. (Child) is not a hearing person.” (Parent)

These parental views likely illustrate the challenges to families in reconciling a medical view of deafness, as a deficit, compared with a strengths-based cultural view of Deaf identity and belonging. One ToD we spoke with reflects:

“Looking at the whole process, everywhere else, it's about making a deaf child fit into a hearing world as best as possible, and I get that and there is a role for that but then I also think there's a space very much needed I think for children to accept that they are deaf…” (ToD)

One parent describes how being at LPG “normalises deafness” for their child. This has helped and supported the whole family to adopt a family culture from the very beginning which has been “not to make it a big deal”. However, part of not making deafness “a big deal” for this family has been their considerable effort to embrace multiple ways of communicating, learn BSL, explore Deaf culture, learn how deaf children learn, provide play at home based on the LPG model, respect their child's decisions to sign/not sign, to speak/not speak, to wear/not wear hearing aids. Considerable energy, resourcing, and support is needed for families to create an inclusive, positive, and strengths-based family culture. LPG is seen as a fundamental part of this support.

Most parents we spoke to are keen to maximise their child’s access to language and communication. They may look to implant or hearing aid technology, speech acquisition, sign language, and lip-reading, for example. Many parents tell us that they know their child will make their own decisions in the future about their preferred languages and communication modes:

> *“I think for me it was really important that (Child) has access to everything, so we have gone for cochlear implants and that has worked for (Child) in terms of developing speech but (Child) is always going to be deaf. There are times (Child) doesn't want to wear the cochlear implants or times when, like when (Child’s) in the bath or if we go to the sea. You know (Child) can't wear cochlear implants and it’s really important for me to be able to communicate using sign language then. I also want (Child) to grow up choosing to be part of the Deaf community and having the tools to be a fully functioning member of the Deaf community. I really want (Child) to learn sign language albeit it's going to be (Child’s) decision.” (Parent)*

In our view, LPG provides a potential space for parents to reconcile acceptance of a child’s deafness *and* wanting to maximise their language and potential. We have no data suggesting that this space is available in any other service. Indeed, one parent notes never having met a health professional in the services attended by their deaf child who could sign or who are Deaf themselves. This included the staff at the cochlear implant centre. This parent described this as a *"real problem"*. They notice that hearing staff tend to mistake their child's levels of understanding because of deaf children's ability to read visual and behavioural cues and mannerisms. Confusion around the difference between speech and the acquisition of language may still be prevalent even amongst professionals.

We do not have data from any families who have not at least partially-embraced a multi-modal approach to language and communication with their deaf child. For example, we do not know if families decide not to access the play provision and other services on offer at LPG because of the modelling of this approach. We do know that both parents and staff at LPG consider the service accessible to non-signing parents:

> *"(Staff) are so welcoming and supportive. They make it so easy - I prefer to sign with the staff but those parents who don't sign, they have lots of ways to make it easy…" (Parents)*
>
> *"(LPG) has quite a nice balance. When we first went, we had no real sign…Just talking to other parents and stuff, they might say they don't really want to learn sign language, but I don't want my child to miss out. There is always someone that's hearing in the room as well so it's just, they've got the balance - I just don't think they could make it any better...oh, I'm getting emotional!" (Parent)*
>
> *"I felt very comfortable, I didn't feel like a newbie, I wasn't treated like a newbie, it was very welcoming and accommodating. Even understanding that I don't sign." (Parent)*

In our view, the confusion over whether to learn sign or not reflects cultural and identity differences between the hearing and Deaf worlds, and the emphasis of the hearing world on speech. There are evidently difficult and sensitive issues which need addressing to avoid the compromise of children's outcomes. Very young deaf children are having decisions made for them by largely-hearing parents receiving sometimes mixed and confusing advice.

Historically, whether to use sign language or not has often been couched in political terms. In other words, sign language has potentially symbolised the mismatch between the conceptualisation of deafness by the hearing and Deaf worlds. However, as we shall see later in this chapter, there is an emergent scientific evidence-base supporting language and not (just) speech acquisition for deaf children which includes early exposure to sign language.

Enhancing the parent-child relationship through communication and interaction

Developing meaningful communication is identified as critical to the parent-child relationship by all the parents we spoke to. Parents are keen to find ways of communicating with their deaf children. Many hearing parents have accessed signing courses through further education colleges or other charities. However, the content of these courses is largely irrelevant when it comes to the everyday language they need to communicate with their very young children:

> *"I just remember the sign language classes with (Staff member) particularly, they were brilliant because they were also tailored to babies. I did a course with the National Deaf Children's Society, who are a good charity, but I did my level 1 course and it was all about, you know, asking how to get to a cafe, useless when it came to communicating with a baby! Whereas with LPG it was all about getting nappies changed, getting milk ready, so in the same way you would chat to a hearing baby they would give you the signs to do that with*

> *sign language or with nursery rhymes. They are brilliant at nursery rhymes and stories - they do that all the time so that was really important." (Parent)*

Another parent had attended a BSL course offered through a different charity:

> *"It was good and I got my level 1 but it wasn't tailored to children really and I think that the problem with funding is that (these courses) are crammed into short periods of time. You just want to learn. Exams mean that courses are short…that might be how the funding works. I did my level 2 with LPG and that was brilliant because you're going every week, you're practising on a regular basis and that helps you remember." (Parent)*

For this parent, much of the BSL provision on offer to parents outside LPG is exam- and funding-oriented. Learning and practising is challenging because the course delivery is short-term making it harder to integrate learning into everyday life.

As we saw in Chapter 3, when the LPG project began in 2016, it was not planned to offer sign language teaching and support to parents. However, over time, staff realised that parents wanted to know child-friendly signs to use with their children. This developed organically into the provision of "Sign and Play" sessions running within or alongside the children's play sessions. The content of "Sign and Play" is linked to the play themes and activities of the week. For example, part of the playroom may be set up as a vet clinic with the children enjoying playing with associated props (toy animals, medical kits, ear syringes, examination table, bandages) and the literacy activity (story, rhymes) will also be linked through a large-scale group book. Parents in the next-door room will learn sign related to the vet theme along with how to sign the nursery rhymes and story book. Parents can then enjoy and extend both the playful activities and the linked communication at home. This represents a playful and natural way to integrate sign into family life and improve parent-child interaction:

> *"Because it's all part of play, it should be a very normal part of children's development, where they can sing together, read together, and it's just a rich language. They can benefit so much from just having bedtime stories signed to them. It's part of that bonding process. It's just a really really good introduction to sign language for the child." (Staff member)*

"Sign and Play" sessions are responsive to and flexible around individual family needs. The BSL teacher identifies signs and gestures to facilitate communication even before the family begins to learn sign language:

> *"So, parents come to me and ask for advice…I would think back to my personal experience of what it was like growing up and then I can share some of that experience with them. Talk about how to communicate at home, talk about communication limitations that the family have with the deaf child. And then I can get a better understanding of what gestures that perhaps could be useful to start with before the family can actually sign." (BSL Teacher)*

In this way, the early signs acquired by parents have a relevant and immediate practical application. As such, the sessions are less formal than other BSL provision and focus on improving parent-child communication:

> *"The BSL is fun…It's a safe environment in which to practise it, they feel safe to use it. I think when they go to classes, they are more formal. LPG provides a more relaxed approach to learning BSL to have fun with. It's aimed for the children and parents." (Staff member)*

Before this provision, parents had no access to play-based sign language provision in NI and there was more emphasis on children learning to speak. However, the informal sign language modelled at LPG has helped parents to see:

> *"BSL as a recognised language with an emphasis on learning to be bi-lingual. Parents are seeing how BSL helps reduce frustration for deaf children, helps language development and parents are much more open to learning BSL. I think LPG help that quite a lot." (ToD)*

Following the successful addition of "Sign and Play" within or alongside children's play sessions, LPG have moved on to offer BSL qualification courses for parents. The curriculum is tailored for the needs of deaf children and comfort breaks allow for networking with other parents in similar circumstances:

> *"We still cover all the important parts of the curriculum but other courses would do a lot more general stuff. There are many different reasons why people would go to learn BSL at college or whatever - at ADY all the parents are in the same boat. A bond, chatting through break times they will talk about things to help each other - peer support." (BSL teacher)*

Our parental survey asked parents to rate the BSL provision at LPG. Survey results are shown in Table 6.2 below:

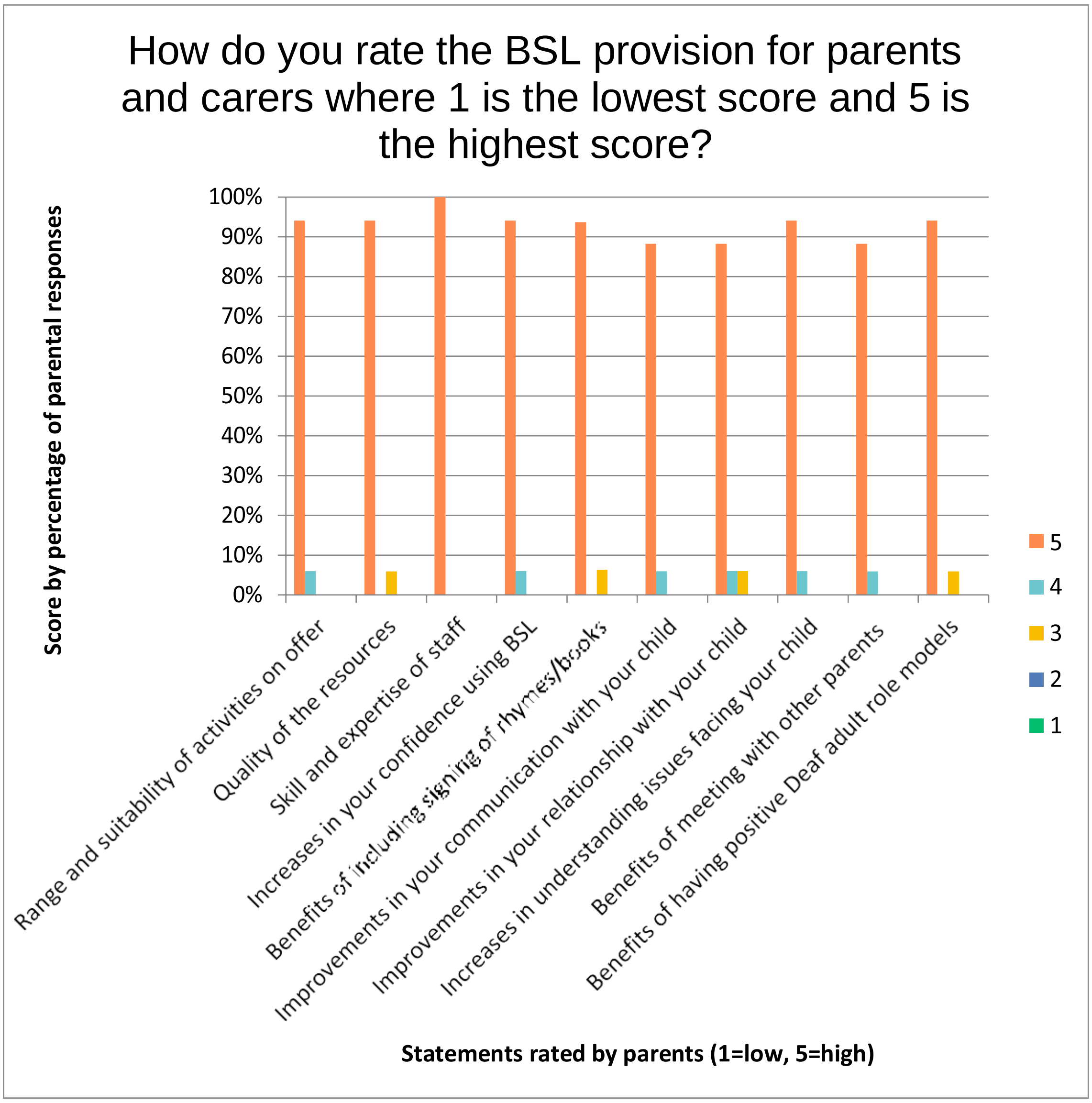

Table 6.2: Parental scoring of BSL provision at LPG

Parental scoring of the BSL provision at LPG is high and can be broken down as follows:

- 94% of parents rate the range of activities on offer as 5 and 6% as 4.
- 94% of parents rate the BSL resources as 5 and 6% as 4.
- 100% of parents rate the skill and expertise of staff as 5.
- 94% of parents rate their increases in confidence at 5 and 6% as 4.
- 94% of parents rate the benefits of including nursery rhymes/books as 5, and 6% as 4.
- 88% of parents rate improvements in communication with their child as 5, and 12% as 4.
- 88% of parents rate improvements in their relationship with their child as 5, and 12% as 4.
- 94% of parents rate increases in understanding of issues facing their child as 5, and 6% as 4.
- 88% of parents rate benefits of meeting with other parents as 5, and 12% as 4.
- 94% of parents rate the importance of having Deaf role models as 5, and 6% as 4.

These ratings show the value and perceived impacts of the BSL provision from a parental perspective. They indicate that BSL provision has become a key element of the LPG service for parents as it has grown and developed over the life of the service. However, this provision reflects the skill of the single BSL teacher in developing curricula content and resources which are tailored to deaf children’s needs. It is vital that the focus on the young deaf child is maintained through all BSL provision in LPG.

Some parents decide not to learn sign if their children communicate in other ways at home. However, all the parents we spoke to recognise the value of sign language and are supportive of their child’s exposure to it during the play sessions at LPG. Parents recognise that if their deaf child accesses sign language at a young age then they have a choice to continue with this as they get older. Children’s natural access to sign language through play is not replicated in any other service:

> *“And a lot of families do come to us because they need support because in NI there's not really a massive push for children to learn sign language. Parents come across barriers in other professionals, professional people that they would meet and not being encouraged to sign.” (Staff member)*

Parents, staff, and ToDs tell us that there is a shift underway in NI towards an acceptance of sign language as a valuable and even essential language for deaf children and their families. LPG potentially has a role in sharing the latest research evidence available with parents and professionals to encourage an open-minded approach to sign language. Recent peer-reviewed academic papers including a World Health Organisation briefing, state that the acquisition of language, not just speech, for deaf children is essential (Murray et al., 2019). This briefing cites the benefits for deaf children of natural sign language including the reduction and avoidance of language deprivation. LPG may be nervous of this role over concerns regarding a Deaf organisation appearing to take a “political” stance on learning sign language. However, sharing the neutral evidence-base and taking a political stance are not the same thing. LPG may consider publishing a newsletter or parent/professional research briefing on a semi-regular basis as part of their outreach activities to parents and other professional services.

Parents tell us that it is not sign language per se which supports their relationship with their deaf children but the meaningful communication and interaction that sign facilitates. This meaningful communication is identified by parents as essential to the types of experiences which can be enjoyed by parent and child together:

> *“Sign has completely improved our relationship - it impacts on the experiences you can have - We can go in the water - "get those cochlear implants off!" and I know we can communicate*

> *in sign…freedom! Also, impacts on levels of frustration for (child). (Child) had been trying to say the word "sausage" and I just had no idea what (Child) was saying because the speech wasn't clear at all. Eventually (Child) did the sign for it and it was like amazing. Undoubtably (Child) knows they're being understood and that helps them in terms of their development and desire to interact. If (Child) can make themselves understood, (Child) is going to continue to want to make themselves understood and to persist. Really helpful." (Parent)*

This parent identifies that communication is key to their relationship but also to their child's desire and motivation to seek communication with others. Reducing levels of frustration in the deaf child is seen as key to their relational development going forwards.

LPG offers specific and helpful advice to parents from a deaf perspective and tailored to individual children. One parent describes this support as "invaluable":

> *"I now understand more about what they need, I didn't understand anything that they needed or wanted at all. Nothing at all. (Communication) between me and my children has changed a lot. I didn't understand them, I did not understand them at all." (Parent)*

Another parent tells us:

> *My relationship with my kids is not really perfect, but it is much better than before. That is the difference. But much much better than before." (Parent)*

Through gradual conversations with LPG staff, one parent began to realise that their efforts to prepare their child for the week ahead – advice given to them by another service – were raising anxiety levels in the child. This parent realises:

> *"…that we were overdoing the planning and letting (Child) know what was going to happen - we realised we built it up too much - then when it came to the event, (Child) couldn't cope. We have learned to quieten this down. We realised we were over-compensating." (Parent)*

"My relationship with my kids is not really perfect but it is much better than before. That is the difference. But much much better than before." (Parent)

Looking at the common elements in these examples, parents at LPG are given space to reflect on their feelings and actions over time, and how these may impact their child. Advice and support to help parents with their child's challenging or worrying behaviour is not generalised parenting advice but clear bespoke deaf-centred strategies designed to support the parent-child relationship and reduce frustration in the deaf child.

Parents told us that they found watching the staff, and how they interacted with deaf children, helpful in understanding how to adapt their own behaviour with their children. One parent describe simple things such as making sure that adult and child faces are at the same level as having a big impact on their own understanding. These modelled interactions encouraged this parent to get "back to basics" and learn new ways to interact with their own child. ToDs see the modelling at LPG as empowering for parents:

> *"Parents pick up models of communication, they learn that from a Deaf adult, how to interact with a deaf child. They copy maybe, they do it at home. They pick up a lot from ADY and then use the models at home to develop the child's communication skills and the parent-*

> *child interaction…So when they learn to support language development I think you see how they get more empowered and are more confident in their abilities to interact with their child." (ToD)*

Vignette: Reduction in family conflict through increased communication and interaction

"A wee child of two has been coming from day one. First time they arrived, no communication really whatsoever. (Child's) communicating was to scream and shout and throw a tantrum, that was it. The parent couldn't sign and was very anxious, very stressed, very frustrated. (Parent) was trying to talk to the child, would sit behind the child…we saw this isn't working. The parent didn't know and had no awareness of what to do. If the child was doing something they shouldn't have been doing, (parent) would just grab the child and just say stop. Quite aggressive and the child would retaliate. Parent was trying to communicate but didn't know how to… didn't have any kind of tools up their sleeve to try to regulate the situation.

Through sign language (parent) began to be able to communicate, even just through the nursery rhymes we did, able to do that. Four years later the parent-child relationship is just gorgeous now, beautiful. All that grabbing and shouting in the face has all stopped and that's probably one of the most significant examples that we've seen over the 4 years." (Staff member)

Improvements in the parent-child relationship have resulted in a reduction in family conflict for many parents. They attribute this to increased communication skills and improved understanding of deaf children's needs gained at LPG. The vignette (right) shows how this combination is effective in bringing transformative change to the parent-child relationship.

Other parents describe an increase in compassion and empathy for their deaf child as being the key to the reduction of family conflict. Without the new knowledge gained at LPG:

> *"Family life would have been a lot harder. There would have been more confliction. More you have to do this, whereas there is an alternative way. You're still learning if you think you're playing. But now I know. Whereas before I used to very much make (Child) sit down and write…'We are not getting up until you're finished...we have to get through this'… whereas ADY have taught us an alternative way to do it, a more cohesive and more compassionate way to do things. It's benefitted family life a lot, there's a lot less conflict and a lot more fun." (Parent)*

As parental confidence and empathy grows, staff notice parents becoming the "champion" of their deaf child. These new champions are tuned into their deaf child's needs and over time begin to tune in to the other parent champions in their child's LPG group:

> *"I think also a lot of parents become more assertive and champion the cause of their deaf child you know. Asking for what they need rather than sitting back and doing what they're told from hearing professionals. I mean what I've seen when the parents come to the sessions and meet each other, they love to chat. They will talk about statementing for school, what about the child's education, you're a bit further down the road than me, help me with what to do, so they use their peers, the other parents, in a really informative way and I think that's really helpful for the*

> *parents and also for the parent-child bond. For the parents to have that knowledge from other parents." (Staff member)*

The parents we spoke to are reflective about their deaf child and see the world from their child's viewpoint. Parents describe having a special bond with their deaf child, as one parent puts it:

> *I feel for me there is a bond there that I wouldn't have otherwise (smiling). There are just those times when we can have those conversations which no one else is privy to that feels special..." (Parent)*

This chapter has examined the ways in which increased communication and interaction has impacted on the quality of the parent-child relationship. Long-term support is needed for parents to make the journey from their deaf child's diagnosis to feeling empowered as their champion. The need to enable meaningful communication and shared experiences between parent and child is central to this journey. Chapter headline messages are outlined below.

In the following chapter, we move on to examine the impacts of the LPG service provision on the deaf children who attend. We look at a range of impact domains including child confidence, self-expression, social skills, literacy skills, and identity.

Chapter 6: Headline messages

- Hearing parents find receiving a deaf diagnosis for their child difficult and often overwhelming.
- A deaf diagnosis may undermine parental confidence and capacity to build an early bond with their child for a range of reasons including worries about how to interact "normally" with a deaf baby.
- Parents may consciously or unconsciously enter a period of "grieving" following a deaf diagnosis for their child and need a specialist safe and ongoing space to be reassured and supported.
- The role of staff at LPG – and particularly Deaf staff – is multi-layered in helping parents come to terms with a deaf diagnosis and all the fears and questions that come with it.
- Deaf LPG staff embody hope for parents, most of whom have not met a Deaf adult before.
- LPG support children and families through the development of natural and supportive relationships which grow over time.
- Parents tell us there is no other regular and ongoing support for deaf children and their families in NI.
- ToDs value the LPG service as a place where hearing parents can encounter Deaf adults who embrace their deafness and are enthusiastic about working with them and their deaf children.
- Currently there is no formalised referral route from point-of-diagnosis to the LPG service.
- The current LPG brand may need to be strengthened within ADY in terms of its early years' remit.
- It is difficult to overstate parents' positive perceptions of the Deaf adult role models available to them and their children at LPG.
- Parents value being able to ask a Deaf adult the questions that are troubling them about their child's deafness.

- LPG staff give hearing parents insight into what it is like to be a deaf child in a hearing world. This would not be replicated in a hearing service.
- Deaf and hearing staff symbolise and model multi-modal communication to deaf children and their parents.
- The service exemplifies a child-centric desire for the deaf child to be able to move between the Deaf and hearing worlds without alienation or isolation from either or both.
- Our data show that recruiting suitable staff to work in the service has been a challenge.
- Parents tell us of the ongoing challenges of reconciling a medical view of deafness as a deficit with a strengths-based cultural view of Deaf identity.
- LPG serves to normalise deafness for parents and children.
- LPG provides a potential space for parents to accept their children's deafness *and* want to maximise their language and potential. There is no other comparable space offering this to families.
- We do not have data from any families who have not at least partially embraced a multi-modal approach to language and communication with their deaf child.
- We do not know if any families decide not to access LPG because of the modelling of this approach.
- Meaningful parent-child communication is identified as critical by all the parents we spoke to.
- The provision of sign language teaching for parents at LPG, was initiated by the parents themselves who wanted to learn everyday play-based sign relevant to their children.
- Content is created for the resulting "Sign and Play" sessions which is related directly to the activities and vocabulary the children are enjoying in their play sessions at LPG.
- A fully-integrated approach to sign is adopted so that parents and children can transfer their interactions straight into the family home.
- Parents tell us that it is not sign language per se which supports their relationships with their deaf child but the meaningful communication and interaction that sign facilitates.
- Parents, staff, and ToDs tell us that there is a shift underway in NI towards sign language being viewed as a valuable and even essential language for deaf children. A recent WHO briefing states the need for deaf children to acquire language and not (just) speech.
- LPG gives parents a space in which to reflect on their feelings and actions over time, and how these may impact their child.
- Modelled interactions between staff and deaf children help parents to make adjustments to their own behaviour and approaches to enhance communication.
- Improvements in the parent-child relationship have resulted in a reduction in family conflict for many parents.
- Parents describe themselves as empathic and compassionate, and being more able to see the world through the eyes of their child.
- As parental empathy and confidence grows, LPG staff notice parents becoming the "champion" of their deaf child.

References

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07 The impact of play on deaf children

This chapter examines the impact of play on the deaf children who attend LPG play sessions. It looks at several domains including changes to children's self-expression, confidence, literacy skills, and social skills. It also looks at how the LPG service helps deaf children develop a sense of self and deaf identity.

The chapter is divided as follows:

- The impact of play on children's self-expression and confidence.
- Changes to children's literacy skills and enjoyment of nursery rhymes and story books.
- The importance of social skills for deaf children.
- Impacts of LPG play sessions on deaf children's identity.
- Chapter headline messages.

The impact of play on children's self-expression and confidence

As we have seen in earlier chapters, LPG provides high quality interactive play sessions for small groups of deaf children; Tiny Twinkles for 0-2 years, Messy Munchkins for 2-4 years, Super Stars for nursery-aged children, and Play Pack for school-aged children aged 4 to 8 years. These sessions are designed around the needs of deaf children and provide a language-rich immersive environment. Very young deaf children (and their parents) are exposed to natural and integrated sign language through playful interaction with staff, play, songs, nursery rhymes, and story books. Multi-modal communication and rich language are modelled by staff who are animated and enthusiastic.

The holistic approach to building language through play is powerful. Skilful staff weave language acquisition, understanding, and comprehension into sessions through careful planning. Children are not being "taught"; they are being "immersed" in deaf child-friendly play supported by friendly adults. Parents tell us how this impacts their children:

> *"Her ability to communicate is unbelievable - she's not being "taught" how to communicate at ADY, it's all happening through play, being around the staff and children, chatting and signing. So natural it's unbelievable." (Parent)*

Parents appreciate that the play setting at LPG is unique and offers their deaf children something not found in hearing settings:

> *"There's a difference between this and play outside of ADY. With ADY (Child's) attention is there, (Child) is completely captivated." (Parent)*

Parents recognise that play has a holistic effect on their children and accelerates their development generally:

> *"(Child's) development has come on massively. It was incredibly slow to begin with but even doctors and other health professionals are surprised by how quickly (Child) is developing currently." (Parent)*

Staff know the children well and spend considerable time reflecting on them and their individual feelings and needs. Children may be anxious or nervous at the beginning of sessions and play staff are sensitive to this:

> *"You get these quiet children coming and they are very shy at the start and you stand back and then over time they start to come out of themselves and get confident. Seeing that has a real impact and yeah, we stand back, and we get to observe. Who gets the chance to do that! Watching children play and seeing where they're going and what they're doing and working out what they enjoy so the next session you know what they're likely to do. Seeing all that is magical." (Staff member)*

We asked parents to score a number of statements on the impacts they have seen on their children as a result of attending LPG sessions. Statements regarding the impacts on deaf babies' and toddlers' confidence and self-expression are shown in Table 7.1 below.

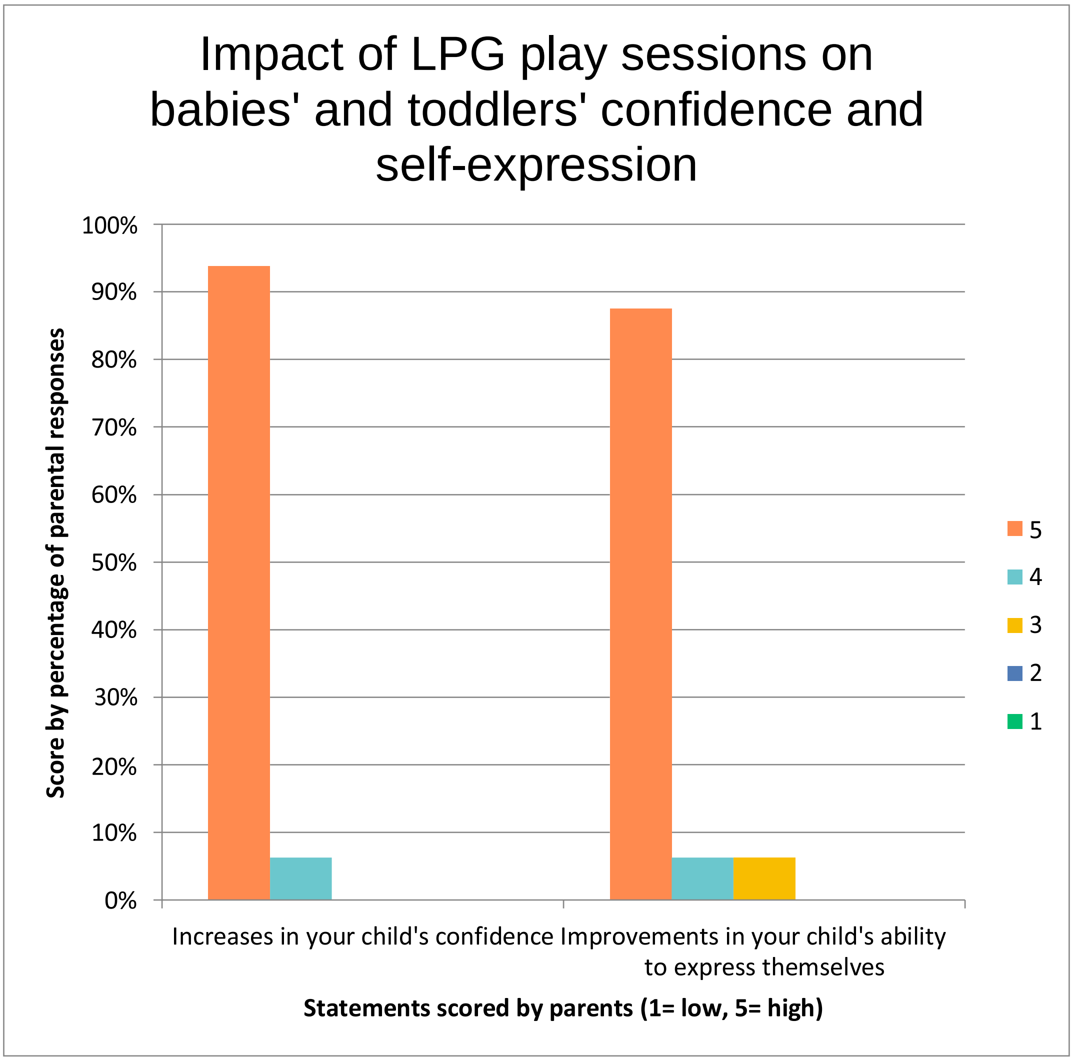

Table 7.1: Impact of LPG play sessions on babies' and toddlers' confidence and self-expression

Parental scoring on the impact of LPG sessions on their babies' and toddlers' confidence and self-expression is high and can be broken down as follows:

- 94% of parents score the increases seen in their babies' and toddlers' confidence as 5, and 6% as 4.
- 88% of parents score the increases seen in their babies' and toddlers' self-expression as 5, 4% as 4, and 4% as 3.

Statements regarding the impacts on nursery-and school-aged children's confidence and self-expression are shown in Table 7.2 below:

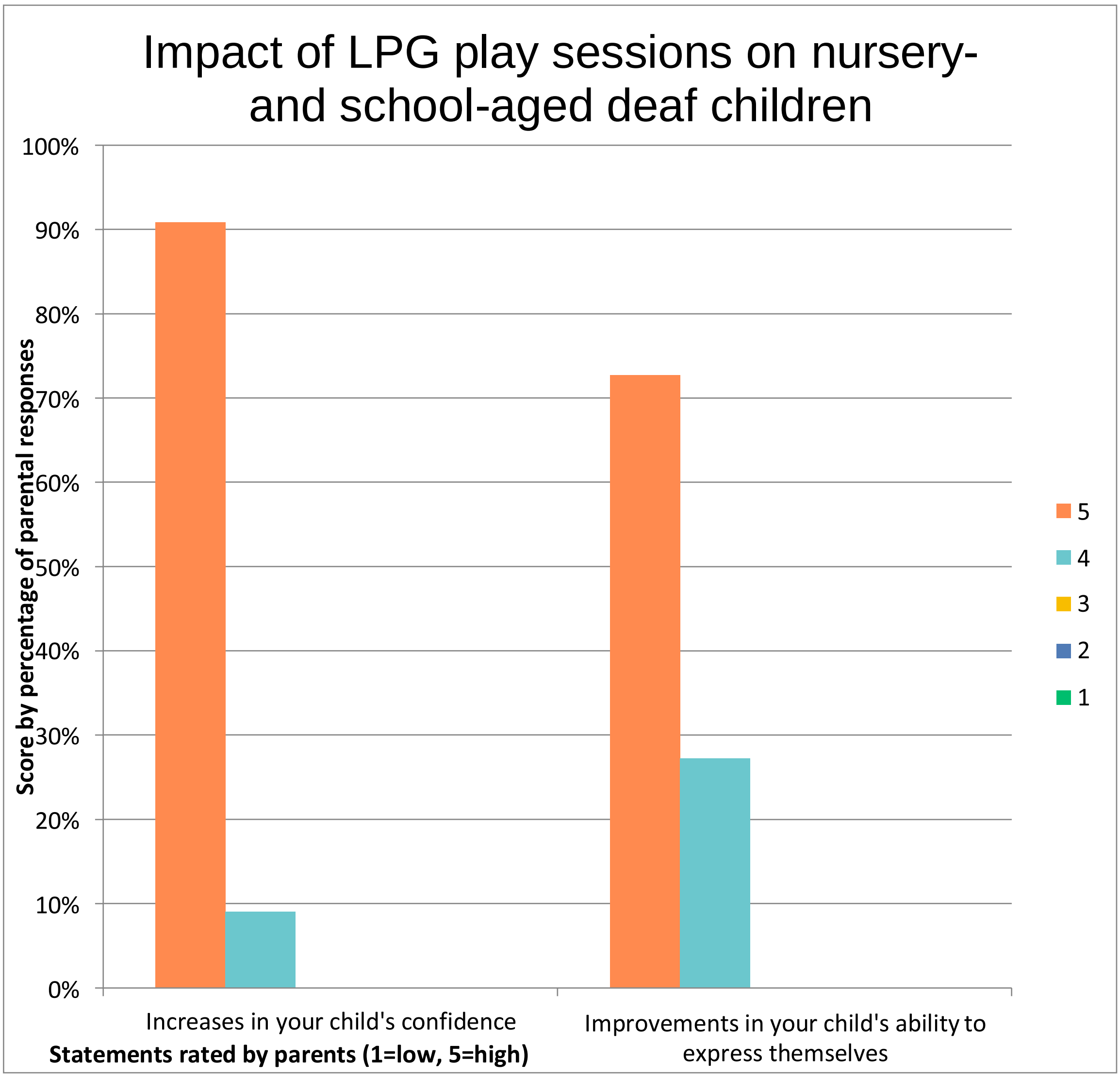

Table 7.2: Impact of LPG play sessions on nursery- and school-aged children's confidence and self-expression

Parental scoring on the impact of LPG sessions on their nursery- and school-aged children's confidence and self-expression is high and can be broken down as follows:

- 91% of parents score the increases in their children's confidence as 5, and 9% as 4.
- 73% of parents score the increases seen in their children's self-expression as 5, and 27% as 4.

Parents tell us that their children "flourish" and "blossom" through the play sessions. Children become more confident and independent, and older children move from attending the sessions with their parent(s) to wanting to attend alone. One ToD explains the impact on one of their pupils:

"It's magical, honestly, to see a child just going in quiet and withdrawn, and that wee being turning into a confident outgoing child. Magical." (Staff member)

"I think of one pupil of mine who loves going to ADY and the parent said that (Child) just runs in and leaves them behind. That just shows (Child's) love of the place! Very independent child and ADY have helped that a lot. The parent loves to see (Child) so happy. Lovely for parents to see that, to see that their child is happy. Such a good environment for them." (ToD)

Play staff tell us how important this growing confidence and independence is for deaf children to be able to navigate their way through the Deaf and hearing worlds:

> *"The play also helps them with their confidence and self-esteem because they are going to grow up moving between the deaf and the hearing worlds you know, and it helps them to not be so isolated. It's magical, honestly, to see a child just going in quiet and withdrawn, and that wee being turning into a confident outgoing child. Magical." (Staff member)*

Through our star survey, children tell us that their confidence levels have increased since attending the LPG sessions. Confidence levels increase by a minimum of one star in all cases. One child coloured in 1 star (1=not very confident at all) to show their confidence levels before attending the sessions, and 5 stars (5=super confident) to show their confidence levels after attending the sessions. The vignette (right) illustrates these changes.

Parents are pleased (and sometimes concerned) to see non-traditional toys available for their children to play with at LPG. Banging nails into wood with small hammers, building dens out of creative materials and car tyres, are just two examples of this adventurous and non-traditional play. LPG are keen to build risk and adventure into the activities they offer. Risk is seen as important for children who may have experienced many medical interventions and who may be wearing hearing technology. Parents recognise that they have a tendency to *"wrap (my) child in cotton wool"*. They value the opportunity for risks to be taken in a managed way and have noticed their children becoming more confident as a result. Fears around the safety of hearing technology worn by children is well-managed. Staff notice children's increasing confidence to take risks:

> *"You can see them testing the boundaries a wee bit as the weeks go on and taking risks you know. We might see a child who is afraid to put their hand in the paint because they're not supposed to get dirty. Then they see other kids doing it and get stuck in, sometimes we'll take it to the extreme and put paint everywhere and that's a big risk for some kids. In school, you don't get your uniform dirty, whereas here it's fine. In the games they play and how those progress and develop, you can see them taking little risks. Trying new things or using old things in different ways, you can see the progression." (Staff member)*

Vignette: Building confidence to communicate through integrated play and sign

"We had a little (child) start late, quite a shy child, lacked confidence - I had a chat with the (parent) and asked how (Child) was getting on - said that their confidence has really come on that (Child) really looks forward to coming to the group and is more confident now in signing. (Child) will sign at home and with their hearing friends, it's just something that (Child) didn't really do before which I thought was really significant." (Play staff member)

Along with increased levels of confidence and resilience, deaf children are developing self-advocacy skills. Parents recognise that their deaf children are asking for what they need, asking more questions, and expressing more opinions. Whilst some parents we spoke to joke about how assertive their children are becoming, they associate this with resilience and self-advocacy.

Vignette: Learning to regulate difficult feelings in play sessions

"There's one child who would keep themselves to themselves and play more on their own more than interact in the group. But sometimes when (Child) tries to join in and it doesn't go the way they expect, it has in the past ended up in them becoming really upset. But over time, we've explored different strategies, let's go to the cosy area and read a book, or play cards or small-world play, and it doesn't need to be very long, 5 minutes, then they can just reintegrate back into the group and continue on with the session.

I notice that now, rather than kind of lash out, (Child) will come and say "can we go read a book, can we go over there". You know that what they are trying to say is "it's getting a bit much, I need time out". That is quite significant…a really positive development. (Child) is learning to communicate emotions in a different way - self-soothing, developing coping strategies". (Play staff member)

In addition to gaining confidence, parents reflect that it is essential for their children to be able to express their emotions meaningfully. They recognise that a lack of language and/or communication skills can lead to their children feeling frustrated and angry.

One parent explains:

"Deaf children need more understanding of different ways to express emotions. Everything's not sad and happy. There's confused and embarrassed and all of those things and it's OK to feel these things and talk about these things." (Parent)

Part of LPG's role is helping children to express their feelings through play and through the interactions they share with other deaf children in the group. Many deaf children will experience considerable difficulties in making themselves understood and managing difficult feelings. As children gain confidence in language, it reduces frustration. Emotions that would previously have spilled out in unhealthy and unhelpful ways, can be felt and expressed:

"So, it was very difficult and (Child's) sign understanding wasn't that clear and (Child) would have got really frustrated with not being able to communicate. (Child) would have banged their head off the floor or off the wall. That was really hard but sign has cured that." (Parent)

LPG encourages parents and children to learn and use sophisticated language to express feelings and emotions. Staff share with parents how to link words to give context and meaning:

"We might have shied away from using words we thought (Child) didn't understand so would have kept it basic. We've learnt to use vocab and sign, use them together. We weren't sure that (Child) would understand - so we'd use – 'Oh, I feel really elated and happy', so (Child) links the two things together. To not be afraid to use new vocab with stories and stuff, always bringing up new words and ways to express - that's come from ADY. I'm confident that I am able to do it and do it in a way that (Child) will get it." (Parent)

Children learn more than words and signs to express themselves; they also learn coping strategies for when they struggle. The vignette (above left) explains how one child learns to express and re-direct their struggles and frustrations when engaging with their peers.

Staff notice that over time the children become assertive in their communication of how they want the play staff to help them with their play:

> *"They very much lead the play!!! I'm thinking of a few in particular!! You know we put the resources out and they'll kinda draw us into it and they'll tell us what they are doing and what our role is in that!! They'll divi out the tasks and the roles and all that sort of stuff and you can see them taking it in turns, kind of working out, OK I'm doing this, you can do that, they definitely lead the play!!" (Staff member)*

Changes in children's literacy skills and enjoyment of nursery rhymes and story books

Vignette: Fostering a love of books

"(Child) sits there with books and says 'I'm reading' - they know the story off by heart. And then they'll sit with the book and tell themself the story as if reading! (Child) loves the nursery thymes and sing and sign. We do storytime at bedtime - ADY would do the sessions with nursery rhymes or stories and they've been putting loads of things online so that's been brilliant so we love those as well. Although (Child) may not sign when talking, (Child) does for the nursery rhymes. Because it's much more visual (at ADY), in other settings there is a reliance on hearing and sound whereas at ADY there isn't that - it's all through the visual and (Child's) much more interested and retains it much more." (Parent)

Parents understand the importance of their deaf children's early engagement with nursery rhymes and story books. However, some parents are at a loss to know how to facilitate this for their deaf child and may even consider such activities as "futile". For many parents, it has been the practical advice shared in LPG play sessions that has transformed the ways in which they facilitate this engagement in literacy:

> *"Before I would have just shown (Child) the pictures because I felt reading was futile, now I understand that the bond of reading together is much more important and we engage more with each other when reading books. I also know to face (Child) when reading books so they can see my lips moving and I can sign for animals, etc. (Child's) speech development has started to improve and they have excellent intonation copied from me. (Child) uses expressions to communicate how they are feeling." (Parent)*

Most of the parents we spoke to, describe how they have needed to learn new ways to share books with their deaf child. LPG have modelled and supported this:

> *"It's actually really difficult to read a book to your deaf child on your lap whilst signing and maintaining eye contact! ADY gave us the skills and confidence of how to manage this seemingly simple task. Using bigger books that could be stood up or leant against something so that your hands were free." (Parent)*

Parents appreciate the presence of skilled staff at LPG who model and share the importance of language for deaf children:

> *"Deaf children need to be learning as early as possible - comprehension, understanding, words - because it's not just language, it's being able to read and enjoy books and reading – it's the way staff teach it - they model how to share books with deaf children to hearing parents - ADY teach so many strategies - reading in front of a mirror, using big books, etc." (Parent)*

Parents share that LPG places an important emphasis on enjoying books and fostering a love of books, pictures, stories, and reading. The vignette (above right) describes how one child now enjoys books and nursery rhymes. One parent expresses how their child's love of books and reading has significantly reduced their fears about educational outcomes for their child:

> *"(Child) LOVES books and reading. That kills loads of your worries! If your child is reading, we'll be OK." (Parent)*

Parents explain the importance of relevant sign language vocabulary to help parents and children enjoy literacy-based activities together. As we discuss in earlier chapters, LPG facilitate signed nursery rhymes and stories in the play sessions and provide follow-up signing videos for parents and children to enjoy at home. Parents and children learn child-friendly vocabulary rooted in these literacy activities. This is different from learning sign language through a conventional BSL course.

Vignette: Interactive story times for deaf children

"Storytime is interactive as well, not just that the book is being signed or read to them, we use props and stuff. Jack and the beanstalk, they'll each have a pot of magic beans or whatever just wee different things so they can be tactile and use them throughout the story. We'll ask, what do you think happens next? and the children get really engaged in it and quite excitable with their answers and stuff. You know that really engaging in it on a different level than if they were just kinda being read to". (Play staff member)

Parents tell us the value of learning sign relating to stories rather than general signing content:

"You never go to a BSL course at an FE college and they teach you about unicorns and fairies and going to the beach with your bucket and spade!" (Parent)

Bringing books and stories to life is seen as one of the benefits of an emphasis on visual language at LPG. The vignette (left) illustrates how this works in practice. Stories come to life with expression, gestures, energy, sign language, and interactive props:

"For deaf children, they do love that visual element don't they, it's creating a picture for them. So often in schools and in families people go with the words, the words and the words. When you create a picture in sign language it brings another element to it. For kids who aren't deaf, they get all that from the intonation, but for kids who are deaf we want them to get drawn into this magical world and they get that with a visual story time. And they get the magic of stories and books and that's what we want for them." (Staff member)

The impact of this interactive and creative approach to story time with deaf children begins to transform children's perception of what "story time" means or entails:

> *"At the beginning the kids were reluctant to leave what they were playing with to come and pay attention to the story time, maybe the association of story time with being read to without getting a full experience? But as time goes on, you notice them engaging more, they'll quite willingly come and sit down and grab a pillow. And they are the ones asking questions or shouting out, shifting forwards to get close to the book, yeah, that happens and that's really nice to see. You can see that they're really enjoying it." (Staff member)*

Staff observe the content of story times being integrated into the children's free play:

> *“You can see them sometimes acting out scenarios from the books, you know, in the next session. We've read The Gruffalo one week then they might play gruffalo next week imaginatively, so you can see that they are really taking it in.” (Staff member)*

When asked to tell us about their favourite book, one child sent us the picture below (Figure 7.1)

Figure 7.1: My favourite book “The Gruffalo”

ToDs tell us that they see a love of books and reading developing in the deaf children who attend LPG:

> *“Even during lockdown I've been able to really enjoy reading with one of the children. They are really into the book, all of the kids that are there (LPG) have a love of books, so if it’s come from that or been helped by that, it's a good thing.” (ToD)*

Another ToD tells us about the differences in children they notice:

> *“A couple of children who don't go to ADY will just flick through books and not appear engaged. The three who go to ADY would sit with me, have the book down and point and look at me to help with sign, there's more eye contact, more co-operation, they want me to give them the signs. The ones who go to ADY are more impressive!” (ToD)*

Vignette: Encouraging parents to be expressive and creative

“We had one parent come and ask...do we have to act? Is BSL about acting - I said it’s not acting but it’s visual...imagine a class of hearing children, they listen to your words and build up a mental picture in their minds. For a deaf child you can’t do that, doesn't hear the words, so when you open a story book pictures are the first things they'll look at.

The parent said ‘but how do I read that story, how do I cover all the words and vocabulary?’ I tried to encourage her to be visual, to act the story out, the gruffalo, the teeth and the claws so that the child would be absorbed in the actual visual thing happening in front of them. So, the child can look and see the story come to life. So they can think, what's gonna happen next and get really engrossed in the story.

The hearing child will be the same but they will be listening to the intonation in your voice listening to all the pauses or whatever, the deaf child is waiting for the actions, waiting for the signs, waiting for the visual clues. So much more fun at bedtime!!” (BSL teacher)

Parents feel inspired by the story time activities at LPG and copy these ideas at home. Parents also tell us that they are more conscious of the story books they provide at home for their children, and often get the books they have seen modelled at LPG. Parents do not always find it easy to facilitate interactive and visual story-telling for their children as the vignette (right) illustrates. However, parents benefit from explanations from LPG staff about how deaf children learn and how this differs from hearing children.

In our survey, parents were asked to score increases in the child's engagement with literacy activities (where 1=low, 5=high). Scoring is positive and shown below:

- 88% of parents of children attending the babies and toddler groups score these increases as 5, and 12% as 4.
- 64% of parents of children attending the nursery- and school-aged groups score these increases as 5, 27% as 4, and 9% as 3.

Vignette: Changes in children's friendships

"Their friendships become more normal, they do fight which is normal. They argue, that's normal, that's healthy. Quite often even fighting with their brothers and sisters. It's strange if they don't. They need an opportunity to disagree, fall out, make friends and how to manage all the emotions that come with that. I have seen a definite improvement in relationships because a lot of our play sessions they will fight, and they'll say 'oh she took that from me and that's mine, it's my turn', that's all normal and we want to see that 'cos that's normal child development.

Whereas before everybody was playing nicely and keeping themselves aloof. That's not reality, not real friendship, too "surfacey" and now we can see more real friendship development. They're finding their own little groups, they search out who they've made friends with, who they like to play with, who they feel on a par with, who they are comfortable with and that's what we want to see. Even with our 2-3 year olds, we are beginning to see that happening." (Staff member)

The importance of social skills for deaf children

The play sessions at LPG offer deaf children the opportunity to interact with their deaf peers and develop social skills.

Play staff tell us that many of the deaf children who attend the play sessions struggle at first with key skills such as turn-taking, sharing, negotiating games with other children, and learning to compromise:

"I can give you an example of a child who would have always have been sort of difficult, they used to jump in on what the other kids were doing and would interrupt and want everything for themself…At the end of our sessions we always have a time when we go through every child and talk about and reflect as a team on how we can work with each child. This particular child who was always jumping in and interrupting the other children is now starting to settle and actually other children are happy to play with them. Before they didn't want to play with (Child) but now they do. So that's a big change in someone like that." (Staff member)

When children are struggling with social skills, the play staff sometimes introduce a few group games to encourage turn-taking and teamwork. However, the aim is to return quickly to free play and gently help the children to work things out together. As children attend more sessions, play staff observe changes in the children's ability to play co-operatively:

> *"You can just see them learning how to take turns, how to share, how to compromise and negotiate. 'I'll use this for this game and you can have it for the next game'...their social skills are really strong. I see them developing week on week." (Staff member)*

Staff observe that the nature and depth of friendships change as children's social skills improve. The vignette (above left) explains how friendships become less "surfacey".

ToDs explain their view that sometimes deaf children's social skills are hampered by a "sympathy vote". In other words, a deaf child in a hearing environment may not be expected to follow the same social rules as hearing children. In LPG sessions, however, staff actively encourage deaf children to engage in learning about how to relate to others. Another benefit of encouraging children to think about others, is the development of empathy and theory of mind. One ToD has noticed changes in two of the deaf children they teach outside of LPG:

> *"At ADY they're with their deaf peers and learning how to share and take turns and that's really important. I've noticed it with many of my children, especially two of them, their sharing has improved a lot. And their theory of mind as well, empathy, to understand how other people feel...At ADY a child will snatch, and staff will say 'that's not kind'. In a hearing situation, it doesn't get explained, that doesn't help with their theory of mind or empathy skills." (ToD)*

Parents are clear that a specialist play service for deaf children is essential for individual deaf children to thrive in the context of deaf-to-deaf child relationships:

> *"This was my priority in attending the session. I really want (Child) to build meaningful relationships with other children who experience the same challenges. It is of paramount importance to me that (Child) can nurture these friendships, and this is the only charity offering this facility from my research." (Parent)*

Impacts of LPG play sessions on deaf children's identity

Issues of Deaf identity and Deaf culture are complex and may be challenging for hearing parents to engage with. One parent describes their concern that their deaf child might be "stuck between two worlds". Another parent describes a situation they had heard about whereby a deaf teenager with proficient technology-assisted hearing and clear speech appeared to be functioning well in mainstream education. However, it was later discovered that this teenager was eating lunch in the school toilets. Although, the full reasons behind this teenager's lunchtime experiences were unknown, the parent could see the potential for their own child and other deaf children to struggle to "fit in" in the future. This parent expresses a strong desire for their child to identify as Deaf and feel a strong sense of belonging to the wider Deaf community.

This parent feels that LPG represents this community for their child – not only a provision for learning and communication but a place of cultural identity and belonging:

> *"They are doing this for the little ones, trying to fill in all the gaps - identity, communication, and learning - so that deaf children meet their full potential whatever that might be." (Parent)*

ToDs agree and see LPG as a protective factor in helping deaf children to develop a sense of identity:

> *"The two or three children I work with that go to ADY, they are confident, super confident and very sociable and I think ADY have helped towards that. I also think that for them to mix with deaf peers…they know that they are not different, that there are other children like*

> *them. Helps their self-esteem because many children in NI who aren't exposed to deaf life, that can lead to an identity crisis." (ToD)*

This ToD goes on to tell us that they work with children who have not had access to a service like LPG and by the age of 16 or 17 still do not acknowledge that they are deaf. The children who attend LPG, however, already have a sense of their identity:

> "*The children at ADY are fine with it, 'I'm deaf and that's me!' They are still very young but I am really impressed with that confidence and self-assurance and hope it continues through secondary education." (ToD)*

Parents echo the sense of identification that their children feel and show with the deaf children and adults at LPG:

> *"(Child) runs in with a big smile on their face. (Child) feels really part of it if you know what I mean and has an understanding of what the Deaf community is. What it is for (Child) at the minute because that will be really important as (Child) gets older. The Deaf community gives a real sense of strength and (Child's) deaf identity has improved. If we had just stuck with mainstream, never interacting with deaf children, what kind of deaf identity would (Child) have? Whereas (Child) is quite proud of being deaf." (Parent)*

"The children at ADY are fine with it, 'I'm deaf and that's me!'" (ToD)

> *"I'll be talking to (Child) about 'when you were born, and they told us you were deaf' and (Child) will be excited – it's magical! That might change but I think ADY have just given (Child) a real strength, to see Deaf adults, to see deaf kids, and find (Child's) deaf identity." (Parent)*

Strengthening the deaf child's deaf identity has benefits for parents too. One ToD gives an example of a parent whose initial fears and anxieties have given way to pride in her child's deaf identity:

> *"I have one parent who now is proud their child is deaf, goes to sign classes at ADY, has a sense of pride. The parent is really proud and learns about deaf culture. It's really nice to see that it isn't a problem. It isn't a problem. (Parent) sees that too…OK , it's not a big deal, just need to equip the child and know how to best support them, to be empowered. I think that's what ADY does so well." (ToD)*

Many parents express a desire for their children to go "all the way through ADY" from the early years to the youth provision. They identify the service as a constant in their lives as their children grow up. They appreciate the quality of the relationships that are built between staff and families, deaf children and their peers, and families with other families in similar circumstances. As one parent succinctly tells us:

> *It's not just a yearly meeting, you know, or a few leaflets. It's very much being part of a family, and they have been essential in our lives." (Parent)*

This chapter has examined the impacts of play and the LPG service on deaf children's confidence, self-expression, and social skills. It has shown how play is a holistic experience and process for children and provides a context in which children flourish. Children gain in confidence and find their voices (spoken and signed) to express themselves meaningfully. Staff have high expectations and aspirations for deaf children and actively facilitate the acquisition of social skills between deaf peers.

The chapter has also examined the changes to children's engagement with literacy and development of literacy skills. Staff model the sharing of interactive and enjoyable literacy activities such as nursery rhymes and sharing story books. Parents learn new techniques for sharing books with deaf children and transfer their knowledge into the family home. Children demonstrate an increased engagement in literacy activities. Perhaps most importantly, a love of reading and books is fostered in deaf children.

Finally, this chapter has established the importance of identity for deaf children and their parents to avoid children becoming "stuck between two worlds". Children live in both the Deaf and hearing worlds but acknowledge their deafness. The deaf-only environment at LPG allows children to acknowledge their deafness and know that they are not alone in a hearing world. LPG nurtures a sense of belonging and "family" through its services. Children and parents are proud to belong to this family which represents the Deaf community to them. Chapter headline messages are outlined below.

The next chapter looks at the therapeutic play provision at LPG and its impacts for deaf children and their parents. This includes an examination of the effects of therapeutic play and play therapy on individual and small groups of deaf children; and the impacts of parent-child relationship support on parents and the parent-child relationship.

Chapter 7: Headline messages

- Play sessions at LPG provide a language-rich immersive environment in which children's (and parents') communication skills can flourish.
- Staff weave language acquisition, understanding, and comprehension into sessions through careful planning.
- Children are not "taught"; they are immersed in natural, language-rich, and deaf child-friendly play supported by friendly adults.
- Parents recognise that the play sessions at LPG have a holistic effect on their children which accelerates their development generally.
- 94% of parents score increases in their babies' and toddlers' confidence as 5, and 6% as 4 (where 1=low and 5=high).
- 88% of parents score the increases seen in their babies' and toddlers' self-expression as 5, 4% as 4, and 4% as 3 (where 1=low and 5=high).
- 91% of parents score the increases in their children's confidence as 5, and 9% as 4 (where 1=low and 5=high).
- 73% of parents score the increases in their children's self-expression as 5, and 27% as 4 (where 1=low and 5=high).
- Children tell us that their confidence levels have increased through playing at LPG.
- Parents recognise that they may have a tendency to "wrap their deaf child in cotton wool".
- Play at LPG actively encourages children to take risks and become more resilient.
- As children develop confidence, they also show signs of advocating for themselves.
- Parents recognise that deaf children need to express themselves meaningfully in order to reduce frustration and anger.
- Deaf children need rich emotional language in order to manage their sometimes difficult feelings.

- In addition to acquiring language at LPG, deaf children learn strategies for managing their feelings during play sessions with support from staff.
- Parents recognise the importance of their deaf child's early engagement with nursery rhymes and story books but may feel at a loss to know how to facilitate this.
- Staff have a key role in sharing with parents how to adapt literacy activities to the needs of their deaf children.
- Parents appreciate the simple ways that LPG staff show them how to replicate literacy activities at home.
- Parents value the emphasis that LPG places on fostering an early love of books and stories.
- Children show interest and enjoyment when parents share books, stories, and nursery rhymes at home.
- Interactive and creative story times are modelled at LPG with use of props, puppets, and other creative elements.
- Children are responsive to this interactive and animated approach to story-telling and become increasingly involved in asking questions, giving their suggestions for what happens next, and asking staff to show them the signs relating to the story.
- Interactive story times transform a book into a language-rich visual experience for deaf children.
- LPG provision positively impacts deaf children's sense of identity.
- Mixing with their deaf peers at LPG in a deaf-only space is seen as a protective factor in the development of a positive deaf identity.
- The deaf-only environment at LPG allows children to acknowledge their deafness and know that they are not alone in a hearing world.
- LPG nurtures a sense of belonging and "family" through its services.
- Children and parents are proud to belong to this family which represents the Deaf community to them.
- We have no data from families who do not have a positive view of their child's deaf identity.
- Many parents express a desire for their children to go "all the way through ADY"; they identify the charity as a constant in their lives as their children grow up.
- Many parents tell us that belonging to the LPG service is like belonging to a family.

08 Specialist therapeutic provision for deaf children and their parents

In addition to the universal group play provision at LPG, specialist in-service therapeutic provision for deaf children and their parents is available for families who meet certain criteria. This provision includes therapeutic play, play therapy, group play therapy, and parent-child relationship support.

This chapter details this provision and the impacts of its various therapeutic strands on deaf children, parents, and the parent-child relationship. In particular, it examines the impact of this provision on emotional, psychological, and behavioural issues:

- Therapeutic play and play therapy
    - Characteristics of play therapy cases referred to LPG
    - Play therapy outcomes: quantitative measures
    - Play therapy outcomes: what parents, children, LPG staff, and ToDs tell us
    - Case study vignette
- Group play therapy
    - Group play therapy outcomes
    - Case study vignette
- Play and attachment support for the parent-child relationship
    - Parent-child relationship outcomes
    - Case study vignette
- Chapter headline messages

Therapeutic play and play therapy

Therapeutic play and play therapy are play-based child-centred forms of therapy for children experiencing a range of challenges which compromise their emotional and psychological wellbeing. These approaches are primarily used to help children aged from 3-12+ years to explore their feelings and emotions through play.

Therapeutic play is a basic form of play therapy practised by post-graduate certificate level practitioners and generally suitable for children with low to moderate needs. Play therapy is suitable for children with moderate and high levels of need and is practised by post-graduate diploma and masters level practitioners. A play therapist can also offer play therapy to groups of children with similar presenting concerns or needs.

These therapies normally take place in a safe and comfortable playroom, where only a few rules are agreed with the child. The playroom is attractive and welcoming to the child and contains a wide range of toys, craft materials, everyday objects suitable for play, creative resources, dressing up, messy play, instruments, puppets, and the like. This creates a unique space for the child to enjoy free expression in a contained space. It allows the therapist to observe the child's choices, decisions, and play style. The goal is to help children learn to express themselves in healthier ways; to explore their sometimes difficult feelings in a safe place; develop empathy and insights; and discover new and more positive ways to solve problems. Figure 8.1 shows the play therapy room at LPG.

The parent plays an important role in play therapy for children. The therapist conducts an initial intake interview with the parent and collects information about the child. This includes completing validated questionnaires to help guide the therapist and monitor the child's progress. Additional meetings may take place between the therapist and parent throughout the course of the child's therapy and when the therapy comes to an end.

Play therapy is well-suited to the unique developmental needs of young children, who often express themselves better through play activities than through verbal communication. It is especially well-suited, therefore, to the needs of deaf children whose language and communication may be challenged. The therapist offers play and other creative activities to the child and observes how they use these to express thoughts and feelings that are not expressed in words. There are two approaches to play therapy; non-directive and directive. Non-directive play therapy is based on the principle that children can resolve their own issues given the right conditions and the freedom to play with limited instruction and interference. Directive play therapy utilises more input and structure from the therapist to help speed up results. Play therapists may use both approaches, depending on the needs of the child and the length of intervention planned or available.

These therapies have been shown to be an effective and low-risk approach to supporting children's psychological and emotional health (Lin and Bratton, 2015). Importantly, improvements in worrying or difficult child behaviours are generally seen outside the playroom in home and educational settings (Thomas, 2011).

The LPG service has one Deaf play therapist qualified to post-graduate diploma level. This therapist offers support for deaf children with low, medium, and high levels of need. Non-directive play therapy is offered to all individual children, and more directive play therapy to small groups of children.

For ease, this chapter will now use the term play therapy to include the therapeutic play and play therapy offered through LPG.

Children attend play therapy sessions at LPG in a special playroom located in ADY's HQ in Belfast (see figure 8.1 below). Teachers, parents, social workers, and more latterly CAMHS practitioners, refer children for play therapy. Parents complete an intake interview with the play therapist, providing background information and details of the children's presenting concerns, and complete pre-therapy validated questionnaires which are then scored by the play therapist. An initial block of 12 sessions is offered with scope to review progress and extend provision in further 12-week blocks.

The play therapy service at LPG operates at approximately 0.2 full time equivalent (FTE). The play therapist's previous and current caseload is slightly heavier than the average play therapist FTE of 16 cases per week. The current play therapist has a dual-role within the service and is employed as a salaried full-time project co-ordinator. This means that the current play therapy service is provided at a substantially reduced cost. The real cost of play therapy provision would be £50-70 per hour or £6400-£9000 for 0.2 FTE (Play Therapy UK, 2015).

Figure 8.1: The LPG play therapy room

Characteristics of play therapy cases at LPG

Between 2017 and October 2020, the LPG play therapist has seen a total of:

- 10 children for individual play therapy – completed
- 4 children for individual play therapy – ongoing and new referrals
- 2 children in 1 play therapy group

The following table illustrates the characteristics of the individual play therapy cases accepted up to September 2020:

Play therapy case characteristics	**Case data**
Age range of children attending	5-9 years
Average age of children attending	6 years
Range of presenting concerns	Poor attention and concentration, hyperactivity, lack of social skills, low self-confidence, ASD, angry outbursts, sensory processing issues, bullying, controlling behaviours, aggression, separation anxiety
Commonly occurring concerns	Aggression, angry outbursts
Range of length of play therapy intervention	6-79
Average length of play therapy intervention (not including outlier case)	16.8 sessions

Table 8.1: Characteristics of play therapy cases accepted at LPG

Our examination of play therapy case data was followed by extensive interviews with the play therapist and parents. These data reveal that children are referred for play therapy for a range of concerns including anxiety, bullying, concentration issues, hyperactivity, and aggression. However, in all cases the child's deafness is an underlying issue. For example, the aggression that the child may be manifesting may be symptomatic of their frustration with communicating with others and making themselves understood.

Another common underlying issue is child attachment and the reasons for this may include the effects of a deaf diagnosis on the early parent-child relationship:

> *"The child attachment issue is a big one and that really becomes obvious as the child goes through play therapy…my thinking is possibly that's because there are so many deaf children who are born in hearing families that, of course, whenever the diagnosis of deafness is made the family's in shock…They have to go through a process of grieving because they didn't expect to have a deaf child. So that can affect the attachment issue at an early stage, in the early stage of the baby's life. It's not the parents' fault if that happens, it's just because they are going through the process of accepting a diagnosis and everything that comes with that." (Play therapist)*

A strength of the play therapy provision at LPG is its emphasis on early intervention. The average age of children attending is 6 years. Percentages in improvements following play therapy have been shown to drop with age - 80% improvement at age 6, 71% improvement at age 12 (Thomas, 2011).

We would recommend that the LPG service aims to offer play therapy even earlier – from age 3+ - to optimise positive outcomes for deaf children who may be experiencing a particular set of challenges in their formative years.

Play therapy outcomes: quantitative measures

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) is widely used to assess children's emotional and behavioural difficulties and the extent to which these are of concern to their parents, teachers, and themselves. It is relatively short, easily administered, and can be completed multiple times across an intervention to measure progress. In addition, the data generated can be compared with scores for a normative population (see Meltzer et al., 2000).

The SDQ requires responses to a total of 25 statements in relation to the child. The scale covers five domains. Four of these capture difficulties in the child's behaviour and relationships; emotional symptoms or difficulties, conduct problems, hyperactivity, and peer problems. The fifth domain captures the positive attributes and strengths of the child; the prosocial score. The four difficulties scores are added together to make a total score with a maximum of 40. The prosocial score has a maximum of 10 and is reported separately from the difficulties score.

In our opinion, a limitation of SDQs scores is their inherent bias towards clinical assessment of externalising or "acting out" behaviours in children. In other words, children may score low across all domains but have concerning internalising behaviours. For example, a deaf child may be quiet, anxious, and struggle with communicating their feelings, yet they will score low in the difficulty measures of the SDQ. This may mean that some of the deaf children's SDQ scores used in the outcomes analysis in this chapter may mask more serious levels of difficulty and need.

The average pre- and post SDQ scores for the children receiving a play therapy intervention at LPG show improvements, illustrated below in table 8.2 below:

Differences in average total SDQ scores:	
Pre- therapy	19.5
Post-therapy	11.1

Table 8.2: Differences in average total SDQ scores pre-and post-therapy

This represents a reduction in the difficulties experienced by deaf children and reported by their parents pre- and post-play therapy.

However, this is still above the national average of a total post-therapy SDQ score of 8.4 for children aged 5-15 years. National norms are drawn from interviews with the parents of a representative sample of 10,298 pupils aged 5-15 (see Meltzer et al., 2000). The average number of play sessions attended at LPG is 16.8 (see table above). The average number of play therapy sessions attended by children generally is 15.4 (Thomas, 2011). This may indicate that deaf children require additional sessions to see their total SDQ scores reach a normative level. It is likely that deaf children have particular emotional and psychological difficulties which require longer play therapy intervention and/or additional rounds of play therapy as they move through childhood and adolescence.

Total difficulty SDQ scores are grouped into four clinical categories: close to average, slightly raised, high, and very high. These categories are indicative of the levels of difficulties experienced by the child in the four difficulty domains. The following table shows the numbers of deaf children in each clinical category BEFORE and AFTER attending LPG play therapy sessions[1]:

Number of children across clinical categories	Close to average	Slightly raised	High	Very high
Number of children in each category **BEFORE** play therapy	0	1	2	4
Number of children in each category **AFTER** play therapy	4	1	1	1

Table 8.3: Frequency of SDQ clinical scores before and after play therapy

As before, we can see an improvement in total scores post-therapy. A small number of children remain of concern.

The SDQ pro-social skills domain scores represents the changes seen in the positive attributes of the child pre- and post-play therapy. An increase in score indicates progression in pro-social skills, and a

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[1] Please note that not all of the play therapy cases have post-therapy data available.

decrease in score indicates regression. An improvement can be seen in the average pro-social scores of the deaf children attending play therapy at LPG in table 8.4:

Differences in average pro-social skill scores:	
Pre- therapy	4.9
Post-therapy	7.5

Table 8.4: Differences in average pro-social skills pre- and post-play therapy

This indicates that deaf children are developing their social skills and understanding of social norms through play therapy.

The following table shows the numbers of children and their pro-social clinical scores BEFORE and AFTER play therapy intervention.

Numbers of children by pro-social score range	**1-2** (Low score)	**3-4**	**5-6**	**7-8**	**9-10** (High score)
Numbers of children **BEFORE** play therapy	1	1	3	2	0
Numbers of children **AFTER** play therapy	0	0	2	4	1

Table 8.5: Frequency of SDQ pro-social scores before and after play therapy

A normative pro-social score is 8-10 and the above table shows that most of the children who have received play therapy with LPG are in the 7-10 range post-therapy. A few children remain outside the normative banding but all of the children have made improvements in their pro-social skills. This may be of particular significance for a deaf child whose social skills and peer relationships may be hampered by language and communication challenges.

In addition to the SDQ pre- and post-play therapy outcomes used to measure efficacy over the length of the play therapy intervention, we asked parents and children to complete survey questions rating the play provision at LPG. We asked parents to score a number of statements on a Likert scale from 1 to 5 where 1 is a low score and 5 is a high score. Table 8.6 below represents the parents' responses to these statements as percentages.

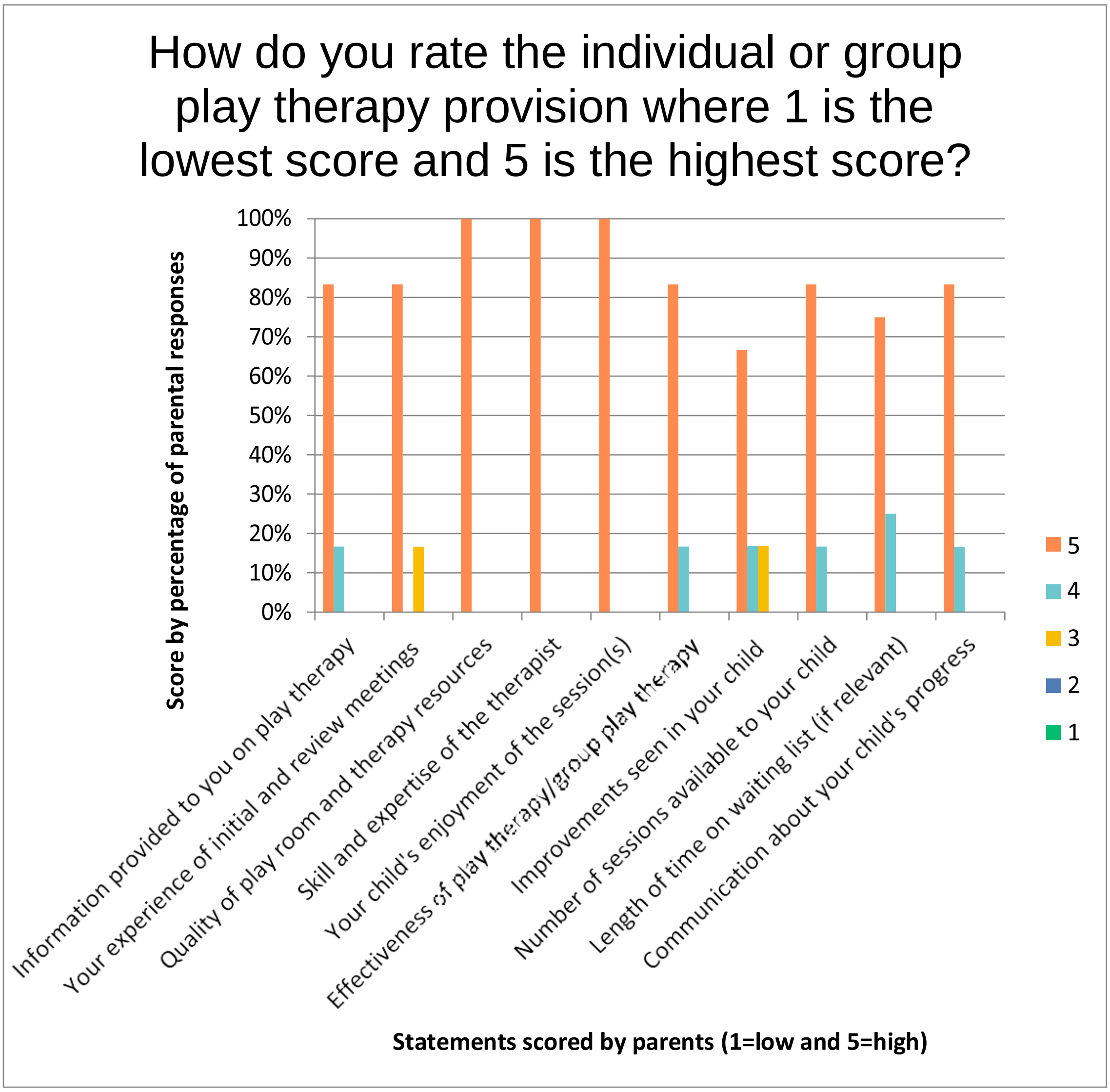

Table 8.6: Parent ratings of play therapy provision at LPG

The table shows high parental scoring on all aspects of the LPG play therapy service. The table statement ratings can be broken down as follows:

- 83% of parents score information provided to parents before play therapy commences as 5, and 17% as 4.
- 83% of parents score experiences of initial and review meetings as 5, and 17% as 3.
- 100% of parents score the quality of the play room and play therapy resources as 5.
- 100% of parents score the skill and expertise of the play therapist as 5.
- 100% of parents score the child’s enjoyment of the play therapy session as 5.
- 83% of parents score the effectiveness of play therapy (or group play therapy) as 5, and 17% as 4.
- 66% of parents score improvements seen in the child as 5, 17% as 4, and 17% as 3.
- 83% of parents score the number of play therapy sessions available to the child as 5, and 17% as 4.
- 83% of parents score communication about the child’s progress in play therapy as 5, and 17% as 4.

Children’s star survey responses show us how they feel about the play therapy on offer and how it has helped them. They were asked to colour in stars with 1 star representing a low score, and 5 stars representing a high score. Children give the play therapist, and the play therapy room and resources a 5-star rating. They also give a 5-star rating to how much they enjoy the play therapy sessions.

An additional series of star ratings gave children the opportunity to tell us about the difference they think play therapy has made to them. By colouring in the stars, children show a rating for how play therapy has helped them with things that make them angry, worried, frightened, and upset. Children rate this impact as 4 to 5-stars across all domains.

Play therapy outcomes; what parents, children, LPG staff, and ToDs tell us

In addition to quantitative play therapy data, which mask the individual journeys of children through therapy, we asked parents, staff, and children to tell us about their experiences of the play therapy on offer at LPG. We also asked some external ToDs, who teach some of the children who attend play therapy at LPG, what differences they had seen in them following therapy.

“(Play therapist) is lovely, makes me smile. (Play therapist) is my friend”. (Child)

One parent describes how their child was *“violent and aggressive*” prior to attending play therapy. They attribute this to the child’s frustration and nervousness around communication. This parent is reflective about how play therapy helps the child to find new ways to deal with their pent-up emotions.

Another parent tells us:

> *“My (child) loves attending play therapy. Their behaviour problems and frustration has settled from when they started attending play therapy. (Therapist) is amazing…and I am so thankful”. (Parent)*

The play therapist explains that this reduction in negative emotions reflects all the play therapy cases seen at LPG:

> *“The most significant thing is that children learn to regulate their emotions. That's the biggest thing I see. We can see that they develop the strategies and knowledge and understanding as to how to perhaps manage their aggression.” (Play therapist)*

The therapist goes on to explain how the strengthening of emotional regulation has other positive impacts on children:

> *“The people who are referring usually tell me that there's a massive change in the child in terms of calming behaviour, they can calm themselves, they can self-regulate, they can concentrate better, especially in school if the child had been particularly unruly in school they usually learn to self-regulate.” (Play therapist)*

One of the children added a comment to their star survey commenting that play therapy had helped them *“to be calm”*.

In addition to improvements in “acting-out” behaviours, self-regulation skills and calming strategies, play therapy intervention appears to help children with internalising behaviours such as self-confidence, problem-solving, and building relationships with their peers:

> *“They are usually more confident to ask for what they need as a result of the sessions, less anxiety and certainly I have seen better problem-solving, more independence, much more able to solve issues themselves and their play becomes more natural, more normal. They can participate in a range of different play experiences; they can work together with other children better. They can build a better rapport with other people. I can usually see that developing through the sessions.” (Play therapist)*

Vignette: Impact of play therapy

“(Child’s) resilience to cope with how their peers respond to them has improved. When (Child) was younger they would have gone off, they love other kids, love to communicate and loves adults as well as kids, (Child) would have gone off talking…didn’t initially realise that communication was an issue…That was fine...but when (Child) would go up to kids and start talking to them and they would just look down and turn round and walk away. (Child’s) eyes would fall, when their eyes dropped you know that their confidence has gone. So, it was heart-breaking for (Child) and for us you know, and it was affecting their confidence and how (Child) saw themself. So then after the play therapy (Child) will now be confident and approach it in a different way. It's improved a lot, it's great.” (Parent)

This improvement in child confidence and resilience is illustrated in one parent’s words in the vignette (left). This child experiences great hurt and reduction of confidence as the hearing children they approach walk away. Play therapy is cited as the means through which this child regains their confidence.

One of the ToDs working with some of the deaf children outside of LPG has seen a difference in those children who have attended play therapy at the service:

“We've seen a huge difference in these children at the end of play therapy. We've had children who had concentration difficulties, behavioural difficulties, attachment difficulties with parents. Attending ADY with (therapist) helped them make progress in respect of that - it's been great.” (ToD)

Another ToD also working with children who have attended play therapy at LPG tells us:

“I had two little ones who were referred to ADY at the same time because all they did in my class was hit each other. All day, every day, fighting the whole time and one would start it and then the other would get going. So, they both attended ADY with their parents and went through play therapy which helped to regulate it so much. ADY really helped them, and helped their parents see what was setting them off and what was the best way to deal with it, and trying to deal with issues before it got to the flash point…if you met those children now you would not believe it.” (ToD)

The above quotation illustrates benefits for parents in addition to those for children. Throughout play therapy, parents have the opportunity to develop their own relationship with the play therapist and gain insights into their children’s behaviours. Whilst the therapist is unable to share the confidential detail of the children’s play therapy sessions, they are able to share overarching and indicative themes in the children’s play. Together, the play therapist and parent may be able to reflect on the child’s behaviour outside the play room and how to respond to this in ways which are empowering for parents.

Parents tell us that it is important to them, and their children, that the therapeutic play service offered through LPG is a specialist Deaf service. This is for a number of reasons: firstly, parents want their child to be seen by a Deaf therapist. Parents feel that this normalises the sessions for the child and gives a positive role-model for them to relate to. Secondly, parents feel that the Deaf therapist has a better understanding of their children and what it is like to be deaf in a hearing world. Children also indicate with 5 stars how much importance they place on having a Deaf play therapist.

The play therapist agrees that whilst hearing therapists may be able to offer play therapy, it is preferable for them to have access to a Deaf play therapist:

> *"For our children to have a Deaf play therapist, it kind of gives them a bit of identification, gives them more empowerment, you know." (Play therapist)*

However, before attending the play therapy service with their child, some parents are nervous of how they will communicate with a Deaf therapist. Their initial worries prove to be short-lived but may indicate a barrier to some hearing parents accessing a Deaf play therapy service for their child(ren). An additional barrier may be the lack of Deaf play therapists in NI. To our knowledge, the current play therapist is the only qualified Deaf Play Therapist in NI.

Group play therapy

Group play therapy is offered to small groups of children at LPG and to date one group of two children has been held. The onset of the coronavirus pandemic has made it impossible to continue the group offer at the time of writing this evaluation report.

Children are offered group play therapy where their needs are moderate and where it is felt that children with similar presenting concerns will benefit from therapy alongside and with their peers. A set number of sessions is offered to the group and the content is usually more directive than individual play therapy sessions.

Group play therapy is advantageous for a number of reasons; children build close relationships with the therapist and their peers within the group; the therapist can plan directive therapeutic activities to help the children process their feelings within a gentle structure; group therapy is usually considerably shorter in length than individual therapy; the parents of children in group therapy may be able to form friendships and a support network; and group therapy is a cost-effective model.

The play therapy group run at LPG was designed for children aged 5–6 years with a SDQ score under 17 (moderate need). The group had a theme of "Aladdin's Magical Carpet" and took place over six sessional hours. The group aimed to; promote key skills for developing and maintaining appropriate peer relationships; promote socialisation with peers; and provide opportunity to develop self-esteem and confidence within a small group environment. In addition, the group play therapy was offered locally to the children in a community venue. This is likely to have made the provision more accessible to the families.

Group play therapy outcomes

Children's pre- and post-therapy SDQ scores were examined. Table 8.7 shows changes in the four difficulty domains and the total SDQ difficulties score. Average scores only are shown to mask individual scores in such a small sample:

SDQ domain scores pre- and post-therapy	**Pre-therapy**	**Post-therapy**
Emotional	2	2
Conduct	4.5	2.5
Hyperactivity	6	3
Peer	4.5	1.5
TOTAL	**17**	**9**

Table 8.7: Average SDQ scores pre- and post-group therapy

Improvements in children's conduct, hyperactivity, and peer difficulties are clear. All three domains indicate areas of concern pre-therapy and are now scoring close to average. Children's scores in the emotional domain remain close to average pre- and post-therapy indicating no concern. Importantly, children's total difficulties scores have moved two clinical categories from the high clinical category to the close to average clinical category.

Children's pro-social scores have also moved two clinical categories from the very high clinical level to the close to average clinical level. These changes are shown in table 8.8 below. Please note that an increase in pro-social scores indicates progression and a decrease represents regression:

Differences in average pro-social skill scores:	
Pre- therapy	4
Post-therapy	8

Table 8.8: Differences in children's pro-social SDQ scores pre- and post-group therapy

The outcomes of the single group play therapy intervention at LPG are promising and indicate the potential efficacy of such an approach. The vignette below illustrates the impacts of group play therapy from the parental viewpoint.

Not least of all, the group play therapy vignette shows how the parents of children attending play therapy gain emotional support from each other whilst in the waiting room.

We would recommend that LPG explores offering more group play therapy opportunities going forwards given their advantages, especially for children whose needs are low to moderate. This may free up additional capacity for individual play therapy work for those children with moderate and very high levels of need. However, in practice this may prove challenging given the ongoing effects of the coronavirus pandemic, the geographical spread of deaf children across NI, and the pressures on families balancing the needs of their deaf child alongside their hearing siblings. However, it is a model worth exploring further.

Play and attachment support for the parent-child relationship

Play and attachment support for the parent-child relationship refers to a number of available approaches to share therapeutic play skills directly with parents to improve the quality of their relationships and interactions with their children.

Two evidence-based approaches or programmes have been adopted by LPG; Toddler Bonding (for parents and very young children to attend together) and Parent-Child Attachment Play (for parents of children aged 3+ to attend alone). Both are play and attachment approaches focused on improving the quality of the parent-child relationship, reducing parental stress, and improving emotional wellbeing in parent and child. This relational approach is different from traditional parenting courses which are often behavioural in focus.

Vignette: Group play therapy

"(Therapist) is amazing and did group play therapy…(Child) has a lot of sensory processing issues, sensory processing disorder or possibly autism…(Child's) really confident, really is but would sometimes decide not to speak, just to sign, things like that and play therapy was brilliant.

(Child) was doing it with one other child and they developed a really strong bond…Both deaf, it was great.

The mummies sat outside and just nattered and cried on each other's shoulders! (laughs)." (Parent)

The early parent-child relationship between a deaf baby and their parent may be affected in profound ways by the child's deaf diagnosis:

> *"I think it's really part of the process that the parents are going through in terms of their own emotional journey but perhaps that can block the attachment because the parents are probably thinking, how do I do this? What do I do? How am I going to cope? They are faced with so many decisions really early in the child's life. How's this child going to communicate? Do they wear hearing aids? Do they have a cochlear implant? All these things are massive decisions for the parents to have to make. So their time can very much be spent on all these other issues instead of baby first, my baby, baby's born, I need to attach with the baby first, all of those natural things that may happen if you didn't have all the peripheral stuff going on." (Staff member)*

Parents who receive a deaf diagnosis for their child may also feel disempowered and unable to trust their own judgement about how to care for, and raise, their deaf child:

> *"And I think for a lot of parents, they are scared of perhaps making their own decision. I don't know how to raise this child, I don't know what to do. Instead of just going with the natural mother-baby attachment they're scared of doing the wrong thing, all this worry and anxiety with them. So that's why that attachment is so crucial, so important." (Staff member)*

Toddler Bonding is a short-term group for parents and toddlers to attend together with a focus on strengthening the parent-child relationship through play and an attachment-based mechanism known in the academic literature as reflective functioning (Slade, 2005). A series of playful rhymes, songs, baby strokes, interactive games, activities, stress management techniques, relaxation, and "mini-bites" of developmental information about toddlers are enjoyed over a series of weekly sessions.

Vignette: Play and attachment support for the parent-child relationship

We had a wee one where parent and child just didn't connect, there was a lot of fighting all the time, frustration on both sides… At the beginning there was nothing, no structures, no routines at home. ADY was able to help the parent put structure in place and routines, and help them both work together using a lot of play together. ADY oversaw that and showed (parent) how to play with the child, showed the child how to play with parent. It was step-by-step, they went through it all and they came out the end. Parent and child have a great relationship now. They're so much stronger now, the relationship. Discipline, behaviour models and just being ok with their emotional needs as well, rather than just being frustrated or (the parent) yelling or child yelling. They've learned to speak about their frustrations and how to cope with their emotions." (ToD)

Parent-Child Attachment Play (PCAP) aims to build confidence and skills in parents, through a strengths-based model, so that they can facilitate a weekly therapeutic play time with their child(ren) in their own home. Parents learn three basic skills with the PCAP practitioner; child-oriented play, containment, and Head, Heart, Hands (reflective functioning). They practise these with the practitioner until they feel confident facilitating a short weekly "You and Me" playtime with their child at home. The practitioner continues to support the parent with the weekly play session at home with their child. When the parent feels confident and able to continue the sessions, the practitioner moves to offering remote support. Eventually, the parent is signed off by the practitioner to continue offering playtimes or a similar one-to-one activity with their child as part of ongoing family life.

Parent-child relationship support outcomes

Parents tell us they have found the parent-child relationship support offered at LPG invaluable:

"I really learnt a lot on the toddler bonding course. I think sometimes parenting can be overwhelming and you can't see the wood for the trees but this course really brought us back to basics and reminds you that really simple things cement the bond between you and your child. It was also tailored to Deaf children so was very useful in that regard." (Parent)

In the vignette (left), a ToD describes the impact of parent-child relationship support on a parent and child they work with outside of the LPG service.

One ToD describes the parent-child relationship support as going "above and beyond" in terms of the support offered to families. They also comment on the benefit of having individual play therapy over extended periods, group play therapy, and parent-child relationship support, all available within one service, as key to LPG's flexibility in finding what works best for deaf children and their families:

> *"ADY offers what's right for the child, not, OK you have a 6-week course or a 12-week course, sorry, we can't do anything else for you, they go above and beyond and if something's not working they'll try something else or bring someone else in or try a different activity - I really do love ADY!" (ToD)*

This chapter has outlined the various strands of additional and therapeutic support available to children attending the universal play provision at LPG, and their parents. Headline messages for this chapter are outlined below.

Whilst small in size, this therapeutic provision is unique and innovative showing positive impact and benefits for deaf children and their parents. Our view is that the specialist deaf therapeutic support provision is essential to maintaining the strong and holistic sense of Deaf identity at LPG that parents and deaf children value. This "in-house" provision reduces individual deaf children's repeated experience of difference and "otherness" across the many hearing services that they and their families are required to navigate in a hearing-oriented world.

Chapter 8: Headline messages

- Play therapy is a deaf-friendly, child-centred, and low-risk approach to supporting deaf children's emotional and psychological wellbeing.
- The current model of therapeutic provision within LPG is provided from within the existing team's expertise. This is cost-effective; an equivalent external provision using play therapist national pay scales would cost £50-70 per hour or £6400-£9000 per annum (0.2 FTE).
- The range of presenting concerns for deaf children's referrals into the provision include poor attention and concentration, hyperactivity, lack of social skills, ASD, angry outbursts, sensory processing issues, bullying, controlling behaviours, aggression, and separation anxiety.
- In all cases, the child's deafness is an underlying and aggravating factor.
- The average age of the deaf children currently accessing play therapy provision at LPG is 6 years.
- Early intervention is essential to maximise the deaf child's outcomes as percentages in improvements for children drop with age.
- Pre-play therapy the average SDQ score of the children is 19.5 which falls into the "very high" category of clinical need.
- Post-play therapy the average SDQ score of the children is 11.1 which falls into the "slightly raised" category of clinical need.
- The average length of individual play therapy cases in the LPG service is 16.8 sessions.
- Additional and/or extended periods of play therapy may need to be available to deaf children to bring their scores within the "close to average" category of clinical need.
- Children's social skills SDQ scores show a marked improvement post-play therapy.
- Parents, children, and staff are positive about the play therapy service on offer at LPG.
- 100% of parents give a rating of 5 to the quality of the provision, the playroom, the skills and expertise of the play therapist, and the child's enjoyment of the sessions (1=low score, 5=high score).
- The effectiveness of play therapy is rated 5 by 83% of parents, and 4 by 17% of parents.
- Children give a 5-star rating to the play therapist, the play room, the play therapy resources, and their enjoyment of the sessions.
- Children give a 4- and 5-star rating for how much they feel play therapy has helped them with things that make them angry, worried, frightened, and upset.
- ToDs, working with children in settings outside of the LPG service, have seen significant positive changes in children's behaviour following play therapy.
- The relationship between play therapist and parent is key to the success of play therapy.
- Some parents, new to the service, are nervous about how they will communicate with a deaf play therapist.
- Parents and children want to access play therapy through a specialist Deaf service.

- Parents feel that a Deaf play therapist normalises the sessions for their deaf children and provides a positive role model for them to relate to.
- Parents feel that a Deaf play therapist has a better understanding of their deaf children and what it is like for them to be deaf in a hearing world.
- Children give 5 stars to the importance of them having a Deaf play therapist.
- Group play therapy is a promising format for meeting the needs of children with low to moderate emotional and behavioural difficulties.
- Group therapy may be difficult to implement in practice given the geographical spread of deaf children across NI.
- Parent-child relationship support using evidence-based play and attachment shows promise and could be expanded.
- The flexible and multi-faceted therapeutic support offered through LPG ensures that provision for families is tailored to individual family needs.
- The therapeutic provision provided by LPG for deaf children and their parents is unique and innovative.
- Although small in size, this "in-house" provision reduces individual deaf children's repeated experience of difference and "otherness" across the many hearing services that they and their families are required to navigate in a hearing-oriented world.

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09 Conclusions and recommendations

This evaluation report began with highlighting the inequalities which exist between outcomes for deaf children and their hearing counterparts. These inequalities are evident from early in children's journeys through the education system. By the end of primary education, deaf children are falling well behind their hearing peers with only 50% of deaf children (without additional special educational needs) achieving the expected levels of academic progress compared to 91% of hearing children. By the age of 16, only 37.3% of deaf children achieve 5 GCSE passes compared to 69.2% of their hearing peers. Given, that deafness is not a learning disability, these figures are concerning. Clearly, early intervention is required focusing on the specific needs of deaf children and helping them to reach their full potential within a hearing-oriented education system.

> *"I just think the people at ADY are great, world-class, great people who want the best for you and really help you and really enjoy doing that. That is really obvious." (Parent)*

The LPG service was set up by ADY in 2016 to go some way to mitigate against the early disadvantage experienced by very young deaf children aged from 0-8 years in NI. The service uses a play-based approach to help young deaf children to build a strong foundation in early literacy, language-acquisition, communication, and deaf peer-to-peer interaction. Universal play provision for deaf children is split into developmental age groups and sits at the heart of LPG's provision. It is not a "pick 'n' mix" service. Instead, it offers regular play sessions to all families and then has complementary additional elements or activities tailored to individual child and family need. Importantly, wide age ranges of deaf children are not treated the same. Children can move through service provision at a pace which matches their developmental progress.

This evaluation was commissioned to undertake a detailed examination of the LPG service and its component parts. It has evaluated the impacts and effects of the various elements on deaf children and their parents. The evaluation has reported on four main themes in the preceding chapters; the power of play, changes to parent-child relationships, the impact of play on deaf children, and specialist therapeutic provision for deaf children and their parents. Detailed headline messages are provided at the end of the themed chapters to summarise the most important points and findings.

Our overall conclusions and recommendations are presented below:

- The universal play provision at LPG is unique and innovative and sits at the heart of the LPG provision.
- It is difficult to overstate parents' and children's positive experiences of the LPG service.
- Play sessions provide a language-rich environment in which children are "immersed" not "taught".
- Play sessions have a positive impact on children's language, communication, and interaction with their peers and parents.
- Importantly, the play provision fosters a love of books, reading, stories, and other literacy activities. We see this as a highly protective factor is helping even-up deaf children's educational outcomes when compared to their hearing peers.
- The quality of the play provision is high with excellent resourcing, skilful staff, and strong management.

- LPG’s excellence is defined by the staff who manage and staff it. This is one of the service’s greatest strengths but also represents a vulnerability if key staff were to leave.
- We recommend that a proportion of the play staff team be upskilled through professional playwork and other relevant qualifications to protect the service from staff recruitment and retention challenges in the future.
- We do not recommend expanding aspects of the service as potential revenue-earning streams unless the early years’ focus and staff specialisms can be protected.
- It is essential to provide and maintain this service within its deaf setting for many reasons including the importance of reducing deaf children’s sense of difference and “otherness” which is present in most of the other services they access.
- Importantly, the children tell us that ADY/LPG is *“their place”*; a place of belonging and family where they meet and play with children *“just like me”. (Child)*
- The commitment to a “deaf-child only” policy is essential in our view. However, we recommend that internal and external public relations avenues to present this rationale to families and professionals are strengthened.
- The presence of a largely-Deaf adult staff team is powerful in normalising deafness and reassuring anxious parents about their children’s future prospects.
- Deaf adult staff act as a bridge for hearing parents to help their deaf children access the Deaf community and Deaf world.
- Parents accessing the LPG service for the first time may worry about how they will communicate with a largely-Deaf staff team. This may deter some families from approaching the service. We recommend that this fear is specifically addressed in the literature or information provided to hearing parents about the service together with how these fears are resolved.
- Staff normalise sign language and provide a model of multi-modal language and communication. This includes hearing staff who model their growing fluency in sign language as a second language to hearing parents.
- All staff model to parents how to communicate and interact with deaf children and the importance of this modelling is established throughout this evaluation.
- We recommend that internal and external public relations avenues to communicate LPG’s child-centric approach to maximising deaf children’s access to language and not (just) speech be strengthened. We understand that these issues are generally avoided because of their perceived political association with the different perceptions of deafness between the hearing and Deaf worlds. We would like to see this issue removed from the political arena and to sit in evidence-based health policy advice.
- We do not have any data from families who have not at least partially-embraced sign language as a first language for their children, even if their own knowledge of sign is limited. We are concerned that this might mean that other families are not accessing the services on offer at LPG because they have a negative view of sign or have had conflicting or confusing advice from hearing professionals about sign language. This relates to our point above.
- Hearing parents generally find receiving a deaf diagnosis for their baby or child difficult. At present there is no formalised referral route from point-of-diagnosis to the services on offer at LPG. We recommend that a formal referral process be established and that relationships with ToDs are strengthened.
- Additional referral routes may need to be considered to include the deaf children of refugees being settled in NI as part of the Home Office Resettlement Programme, children with multiple and complex needs where deafness is a secondary diagnosis, and onward referrals from the Child and Adolescent Mental Health Service (CAMHS) for deaf children requiring specialist play therapy. External packages of funding may need to be negotiated and secured for these specialist referrals into the LPG service.

- Multi-media materials to showcase the service to other professionals and parents considering which support services to access, would be helpful. Materials currently available on the ADY website require review. A short film about the service may be valuable in helping to provide an overview of the service and its component parts.
- The current LPG brand needs to be strengthened within the overall ADY identity to make clear the charity's provision of an early years' service for 0-8 years in addition to youth provision. This may include looking at how the HQ building signage presents itself to families with young children.
- A strength of the LPG association with the ADY identity is the ability for families to see a clear pathway of provision for their deaf children right through childhood and adolescence.

> *"ADY have been wonderful. We couldn't be without them. I want to thank them from the bottom of my heart for all they have done." (Parent)*

Photo: Messy play at LPG

Action Deaf Youth

Let's Play and Grow Service

Independent Evaluation: Family Summary

Debi Maskell-Graham and Leona Tucker

October 2020

Action Deaf Youth
Let's Play and Grow!
COMMUNITY FUND
2017 Ni4kids FAMILY AWARDS Winner
Families First AWARDS FINALIST

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We would like to thank the parents, children, staff, and Teachers of the Deaf (ToD) who gave so much of their time and input into the independent evaluation of Let's Play and Grow. Your views, opinions, and insights helped us to understand the early years' services on offer and how they impact the deaf children who attend them. The evaluation took place over the period June to October 2020 when we were all experiencing the impact of the coronavirus pandemic. We are especially grateful for your support during such challenging times.

This family summary is part of the independent evaluation report commissioned by Action Deaf Youth in June 2020. The overall evaluation was tasked with investigating the impact of the Let's Play and Grow service offered to families with deaf children aged 0-8 years from 2016 to 2020. This document summarises the main findings of the evaluation. The Let's Play and Grow service received funding from the Big Lottery Community Fund in 2016 for a period of five years.

The report authors are independent researchers based in the UK.

Family Summary

Background

The Let's Play and Grow (LPG) service was set up by Action Deaf Youth (ADY) in 2016 for young deaf children aged from 0-8 years in Northern Ireland (NI). ADY received funding from the Big Lottery Community Fund from 2016-2021 for this specialist early years' provision bringing play-based approaches to child and family support under one roof. LPG's overarching goal was to help very young deaf children and their families get the best start possible and avoid deaf children falling behind their hearing peers. In 2020, an independent evaluation of the LPG service was commissioned by ADY, the findings of which are detailed in the full evaluation report and summarised for families here. We include some of wonderful drawings sent to the research team as part of the children's research pack.

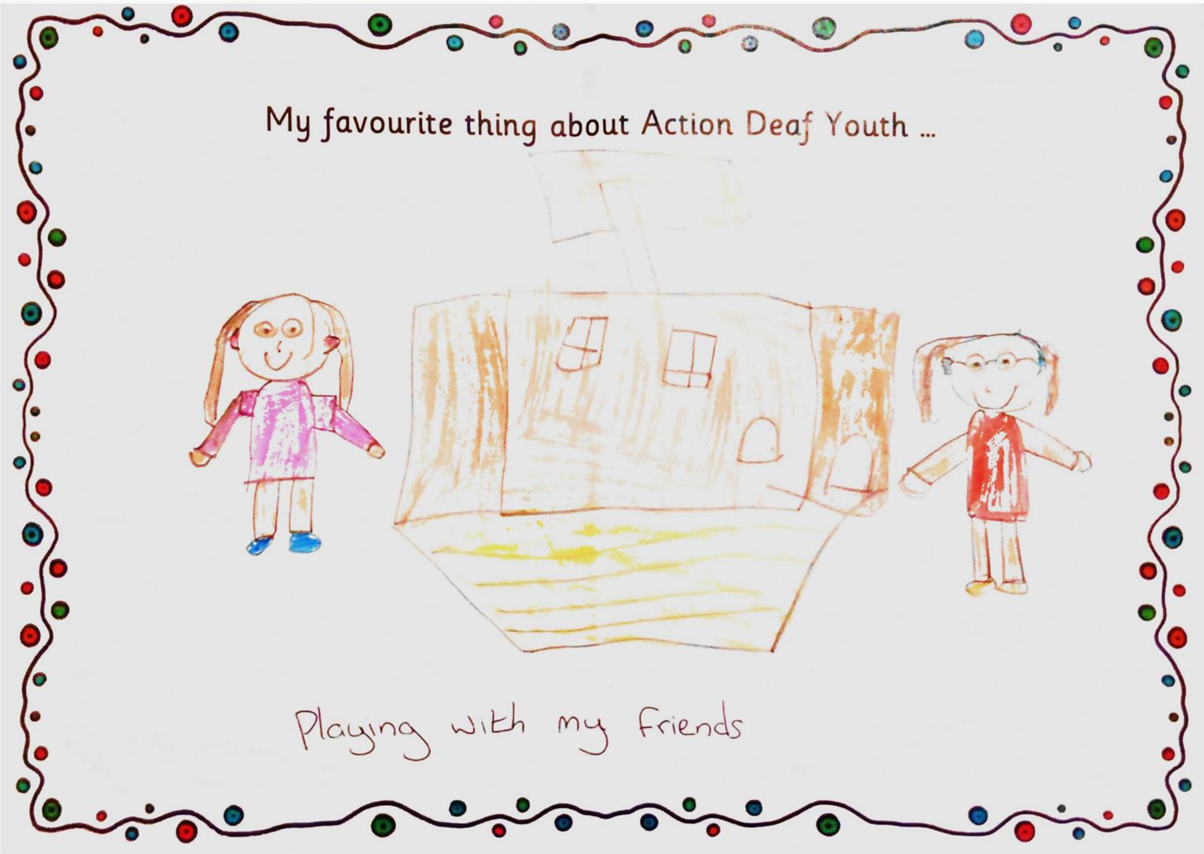


Figure 1: Playing pirates with my friends at Let's Play and Grow

The LPG service uses a play-based approach to help young deaf children to build a strong foundation in early literacy, language-acquisition, communication, and deaf peer-to-peer interaction. Universal play provision for deaf children sits at the heart of LPG provision and is split into developmental age groups (0-2 years, 2-4 years, nursery-aged children, and school-aged children up to 8 years). It is not a "pick 'n' mix" service. Instead, it offers regular play sessions to all families with complementary additional elements or activities which are tailored to individual child and family needs. Importantly, wide age ranges of deaf children are not treated the same. Children can move through service provision at a pace which matches their developmental progress. Within this one specialist hub, access to additional and complementary services is straightforward for families. This is a strength of a specialist Deaf service operating within a Deaf charity. It brings specialist deaf early years' provisions together under one roof to offer long-term and ongoing support (see figure 2). This long-term regular support that builds over time is different from the other services on offer to deaf children and their families in NI. This "one-stop" early years' model may have an unintended consequence for families with deaf children who are spread across a wide geographical area. However, satellite service elements are offered to families to reduce barriers to access caused by travel distances.

Figure 2: Let's Play and Grow: Integrated early years' services for deaf children and their families

In addition to universal group play provision, LPG offers "Sign and Play" sessions for parents which run within or alongside children's play sessions; online resources of signed nursery rhymes and stories for parents and deaf children to enjoy together at home; play therapy for individual children and small groups who meet certain criteria; parent-child relationship support for individual parents and small groups of parents meeting certain criteria; British Sign Language (BSL) courses for parents; and holiday "Sign Camps" for deaf children and their hearing siblings.

Additionally, LPG are in the early stages of developing a home-based play resource ("Playbox") for families with deaf children aged 0-8 years who are unable to access the children's play sessions.

The LPG staff team is mostly Deaf, with experience, specialist training, and qualifications in teaching, playwork, play therapy, BSL, parent-child attachment play, social work, safeguarding, Paediatric First Aid, sensory strategies to develop resilience, and supporting deaf children's literacy development. All staff team members sign using BSL including hearing workers who have had access to specialist BSL training and support. The project is supported by an expert panel of external advisors.

The core offer: group play sessions for deaf-children only

The group play sessions at LPG offer broad and varied play opportunities for deaf children with an emphasis on real-life imaginative play, dressing-up, and role-play. These types of play are particularly helpful for deaf children to be able to play out, practise, and process, real-life experiences to equip them to navigate their way through the hearing world with more assurance. The kinaesthetic, embodied, and highly visual playing out of daily experiences playfully prepare the deaf child in meaningful and experiential ways. Importantly, the deaf child experiences their own agency and control in this non-directive way. Added to this, are the sophisticated ways LPG integrate sensory play into their sessions. Developing the children's tactile sensitivity, fine and gross motor skills, and sensory processing capacity are woven into naturalistic play opportunities in thoughtful and well-managed ways.

Parents whose children attend play sessions repeatedly tell us how important they are for them and their deaf children. Children LOVE the play sessions and drew pictures to show us how they feel

Figure 3: Being with other deaf children makes me feel…

about them (see figure 3 and 4). We can see lots of smiles! (Please note that we covered up some of the children's names on the drawings because we promised families that their contributions would remain anonymous).

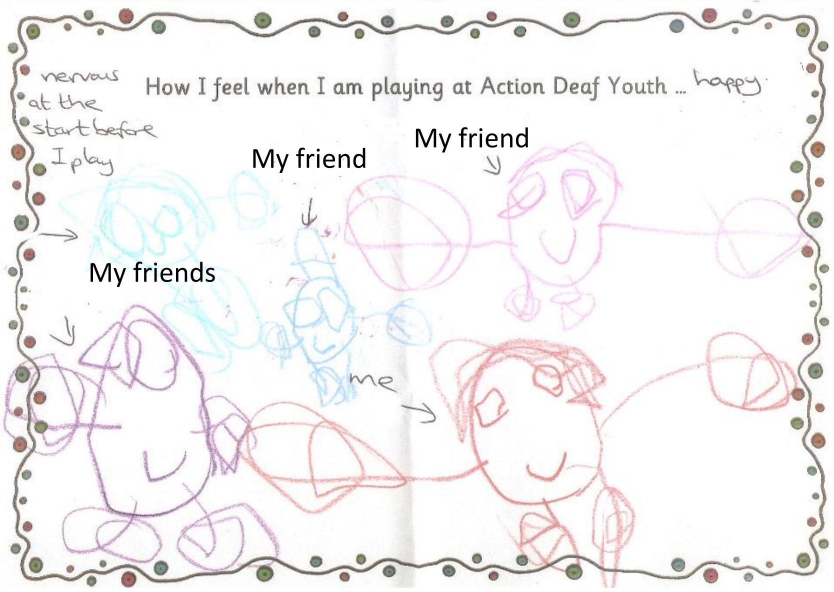


Figure 4: How I feel when I am playing…

Parents explain the unique nature of the provision at LPG and tell us that there is no equivalent service in NI. Staff provide high quality play provision to international play work principles and standards. Groups are intentionally small and limited to deaf children only. Children tells us that being with other deaf children makes them feel "just like me" (See figure 5). Parents, staff, and deaf children tell us that it is important to have this deaf-only and deaf-on-deaf child space. Families are supportive of this approach and understand its importance.

However, an unintended consequence of the deaf child only approach may be a burden on some families regarding childcare for and leisure time with their other hearing children.

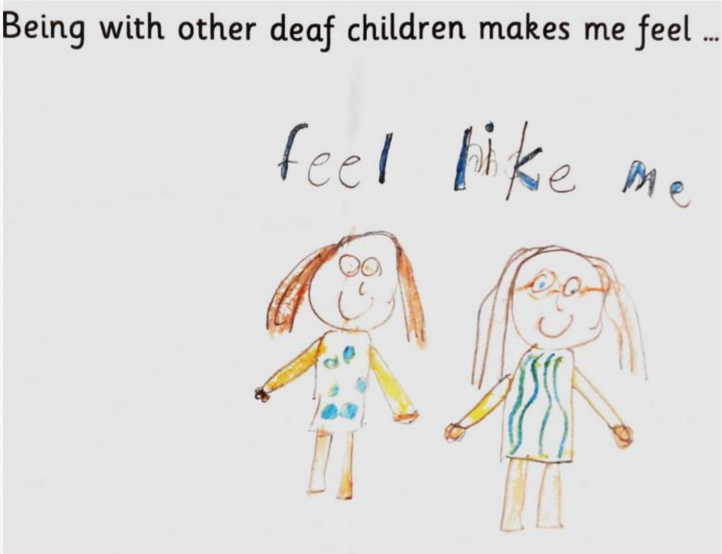


Figure 5: Being with other deaf children makes me feel like me

LPG play staff are unique adults in a deaf child's life and play a multi-faceted role. Firstly, they are a friendly adult, enthusiastic and excited to show children the playroom and help them play. This love of play is infectious for both children and parents. Secondly, the play staff team is largely Deaf and models happy and playful adults to the children and parents (see figures 6 and 7). The staff team uses multiple communication methods and language in naturalistic ways. This helps to normalise deafness and reassure parents who may be anxious about the future for their deaf child. Thirdly, the play staff serve to model high-quality child-led and child-focused play in ways that are non-threatening and non-judgemental for parents.

Figure 6: Play staff who are caring, smart, helpful, kind, lovely, playful, and nice

Finally, the play staff and wider team encourage the transference of non-directive play skills and playful learning into the family home. This is achieved through a combination of simple modelling to build parental confidence and skill, and the provision of practical play ideas and resources. Parents tell us how seeing the sessions at LPG has changed their perceptions of play and how they offer playful opportunities to their children at home.

Within and alongside children's play sessions, a qualified BSL teacher provides "Sign and Play" sessions for parents. These "Sign and Play" sessions were not part of the original LPG plan for activities offered. However, it became clear over time, that parents wanted to learn sign language that was child-friendly and related to everyday interactions with their deaf children. This was not available to parents through traditional BSL course settings. Tailored sessions reflect the content of the children's play with emphasis on nursery rhymes, songs, and stories/books. This is a unique and innovative model for sharing and teaching sign language not replicated in other BSL provision in NI. We describe this as a play-based and relational approach to learning language; building confidence and capacity within families to relate playfully to their child with immediacy and relevancy regardless of signing fluency and attainment. Parents express the value and importance to them of learning non-accredited and play-based sign language at LPG play sessions to encourage parent-child play at home. This is not simply about communication but to facilitate meaningful and shared experiences between themselves and their children.

Following each play (and "Sign and Play") session, LPG staff load helpful content onto an app for parents and children to enjoy at home. This includes high quality videos of signed nursery rhymes, songs, and story books along with other play ideas and helpful information. Parents use and appreciate these resources.

Regular and live online Zoom sessions have been running for children throughout the coronavirus pandemic of 2020. Parents find these sessions invaluable and tell us how excited their children get to re-connect with their deaf friends. However, live online provision for deaf children is not straightforward and has limitations. It is also harder to model and replicate the natural and multi-use of different communication modes using an online platform. Deaf children may struggle with the flow of communication.

The LPG service has plans for a home-based play provision ("Playbox") which was in development prior to the pandemic. This provision would see the play staff visiting homes with a box of play resources and supporting parents to facilitate non-directive child-led play with their deaf children. Going forwards, it would be helpful for the service to explore a combination of physical play resources (such as Playbox), face-to-face support, and online support and mentoring to alleviate delivery challenges.

One challenge for LPG is that there is currently no formalised referral route to the universal play service for families who receive a deaf diagnosis for their baby or child. A formalised referral route from point-of-diagnosis to LPG is highly desirable. Whilst not all families with deaf children may feel that LPG is right for them, it is important that parents are able to make an informed choice about all the provision available to them.

Our data indicate that other small groups of deaf children and their parents may benefit from accessing the specialist Deaf service at LPG. These groups include the deaf children of refugees being settled in NI as part of the Home Office Resettlement Programme, children with multiple and complex needs where deafness is a secondary diagnosis, and onward referrals from the Child and Adolescent Mental Health Service (CAMHS) for deaf children requiring specialist play therapy. External packages of funding may need to be negotiated and secured for these specialist referrals into the LPG service.

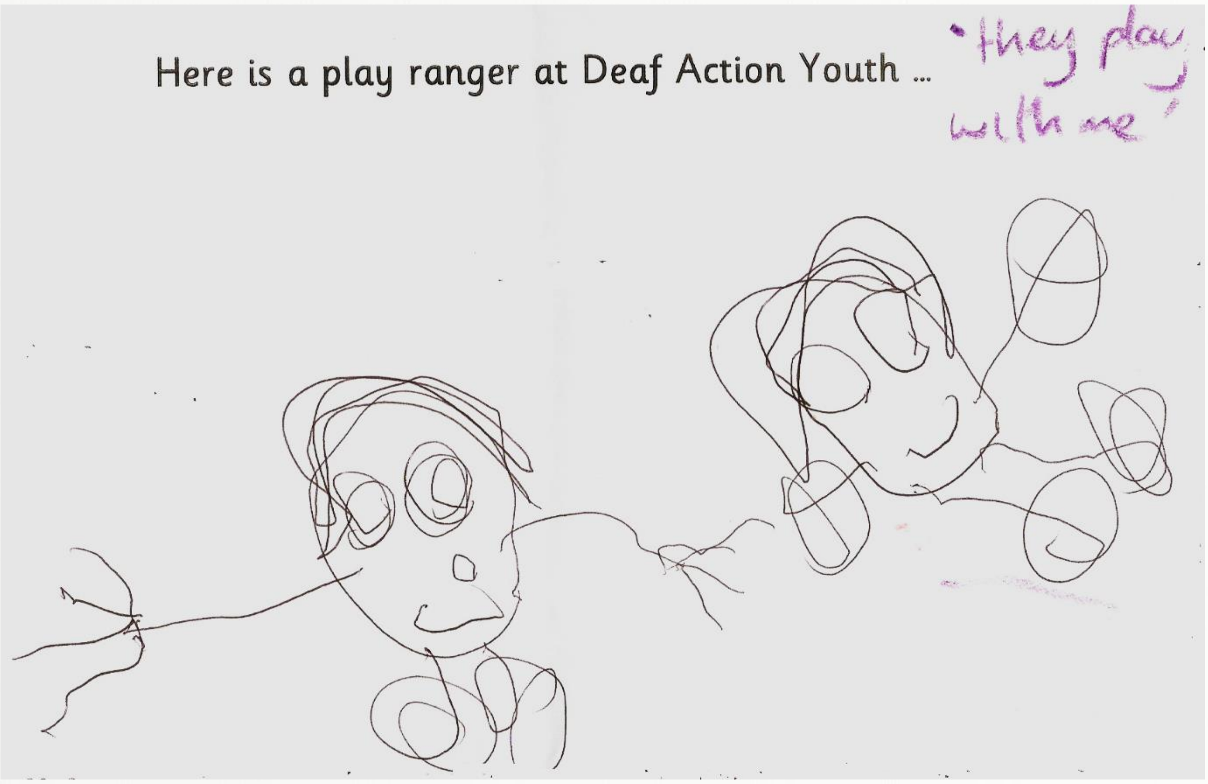


Figure 7: A play ranger playing with me!

The role of specialist Deaf and hearing staff at LPG

The role of the staff, and in particular the Deaf staff at LPG, is multi-layered in helping families. This includes supporting parents to come to terms with an often-unexpected deaf diagnosis for their child(ren) and the fears and questions that come with it. Parents tell us how LPG staff offer reassurance to hearing parents that being deaf is *"not the end of the world"*. As simple as this may sound, Deaf staff are uniquely placed to reassure parents. Not only can staff empathise with parents, they also embody and model a positive representation of a Deaf adult. Staff members are likely to be the first Deaf adults hearing parents have encountered. Parents can literally see the evidence standing in front of them that Deaf adults lead fulfilled and purposeful lives. Deaf staff embody hope for parents overwhelmed by worries for their children's futures.

Clearly, the staff team at LPG play an important symbolic and modelling role for hearing parents and their deaf children. The service exemplifies a child-centric desire for the deaf child to be able to move easily between the Deaf and hearing worlds without risking a sense of alienation or isolation from either or both. This careful balance needs to be maintained to ensure that the staff team continues to model all, or a good range, of the communication modalities available for deaf children. This includes hearing workers who model effective and natural interaction with deaf children and Deaf staff members. Hearing staff also model a growing fluency in sign language as a second language for hearing parents. The symbolic roles played by staff are important for parents but are most potent for the deaf children. LPG is a place where the deaf child can begin to identify themselves as small-d deaf and potentially big-D Deaf (see figure 8).

Enhancing the parent-child relationship through communication and interaction

Most parents we spoke to are keen to maximise their child's access to language and communication. They may look to implant or hearing aid technology, speech acquisition, sign language, and lip-reading, for example. In our view, LPG provides a potential space for parents to reconcile acceptance of a child's deafness *and* wanting to maximise their language and potential. We have no data suggesting that this space is available in any other service. Indeed, one parent notes never having met a health professional in the services attended by their deaf child who could sign or who were Deaf themselves. Confusion around the difference between speech and the acquisition of language may still be prevalent even amongst professionals.

We do not have data from any families who have not at least partially-embraced a multi-modal approach to language and communication with their deaf child. For example, we do not know if families decide not to access the play provision and other services on offer at LPG because of the modelling of this approach. We do know that both parents and staff at LPG consider the service accessible to non-signing parents.

Developing meaningful communication is identified as critical to the parent-child relationships by all the parents we spoke to. Many hearing parents have accessed signing courses through further education colleges or other charities. However, the content of these courses is largely irrelevant when it comes to the everyday language they need to communicate with their very young children.

Following the successful addition of "Sign and Play" within or alongside children's play sessions, LPG have moved on to offer BSL qualification courses for parents. Our survey of parental views on the BSL provision at LPG shows that all parents have seen improvements in their relationship and communication with their children as a result of attending. Importantly, all parents show an increased understanding of the issues facing their deaf child.

Parents, staff, and Teachers of the Deaf (ToDs) tell us that there is a shift underway in NI towards an acceptance of sign language as a valuable and even essential language for deaf children and their families. LPG may have a role in sharing the latest research evidence available with parents and professionals to encourage an open-minded approach to sign language. Recent peer-reviewed academic papers including a World Health Organisation briefing, state that the acquisition of language, not just speech, for deaf children is essential (Murray, 2019). This briefing cites the benefits for deaf children of natural sign language including the reduction and avoidance of language deprivation. LPG may be nervous of this role over concerns regarding a Deaf organisation appearing to take a "political" stance on learning sign language. However, sharing the neutral evidence-base and taking a political stance are not the same thing.

Parents at LPG are given space to reflect on their feelings and actions over time, and how these may impact their child. Advice and support to help parents with their children's challenging or worrying behaviour is not generalised parenting advice but clear bespoke deaf-centred strategies designed to support the parent-child relationship and reduce frustration in the deaf child. Parents tell us that they find watching the staff, and how they interact with deaf children, helpful in understanding how to adapt their own behaviour with their children.

One parent describes simple things such as making sure that adult and child faces are at the same level as having a big impact on their own understanding.

Improvements in the parent-child relationship have resulted in a reduction in family conflict for many parents. They attribute this to increased communication skills and improved understanding of their deaf child's needs gained at LPG. Parents report their children showing decreased levels of frustration, aggression, and behaviours associated with hyperactivity.

As parental confidence and empathy grows, staff notice parents becoming the "champion" of their deaf child. These new champions are tuned into their deaf child's needs and over time begin to tune in to the other parent champions in their child's LPG group. The parents we spoke to are reflective about their deaf child and try hard to see the world from their child's viewpoint.

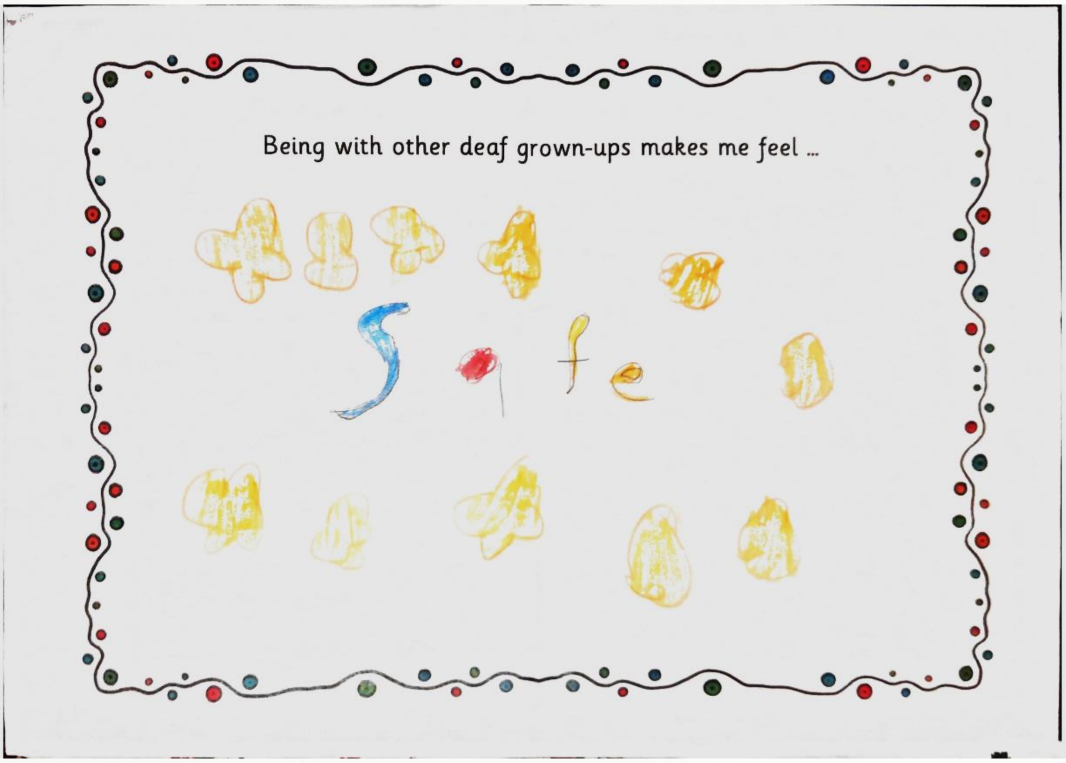


Figure 8: Being with other deaf grown-ups makes me feel…safe

The impacts of play on deaf children's self-expression, confidence, and literacy skills

The impact of LPG play sessions on children's self-expression and confidence is marked. All parents and older children report these increases when surveyed and interviewed. Along with increased levels of self-expression and confidence, deaf children are developing resilience and self-advocacy skills. Parents recognise that their deaf children are asking for what they need, asking more questions, and expressing more opinions.

Parents understand the importance of their deaf children's early engagement with nursery rhymes and story books. However, some parents are at a loss to know how to facilitate this for their deaf child and may even consider such activities as "futile". For many parents, it has been the practical advice shared in LPG play sessions that has transformed the ways in which they facilitate this engagement in literacy in the family home.

Parents explain the importance of relevant sign language vocabulary to help parents and children enjoy literacy-based activities together. Bringing books and stories to life is seen as one of the benefits of an emphasis on visual language at LPG. The impact of this interactive and creative approach to story time with deaf children begins to transform children's perception of what "story time" means or entails and they become enthusiastic about engaging with books (see figure 9). Parents feel inspired by the story time activities at LPG and copy these ideas at home. All parents surveyed report increases in their child's engagement with literacy activities through participation in LPG play sessions. However, parents do not always find it easy to facilitate interactive and visual story-telling for their children. Over time they benefit from explanations from LPG staff about how deaf children learn and how this differs from hearing children.

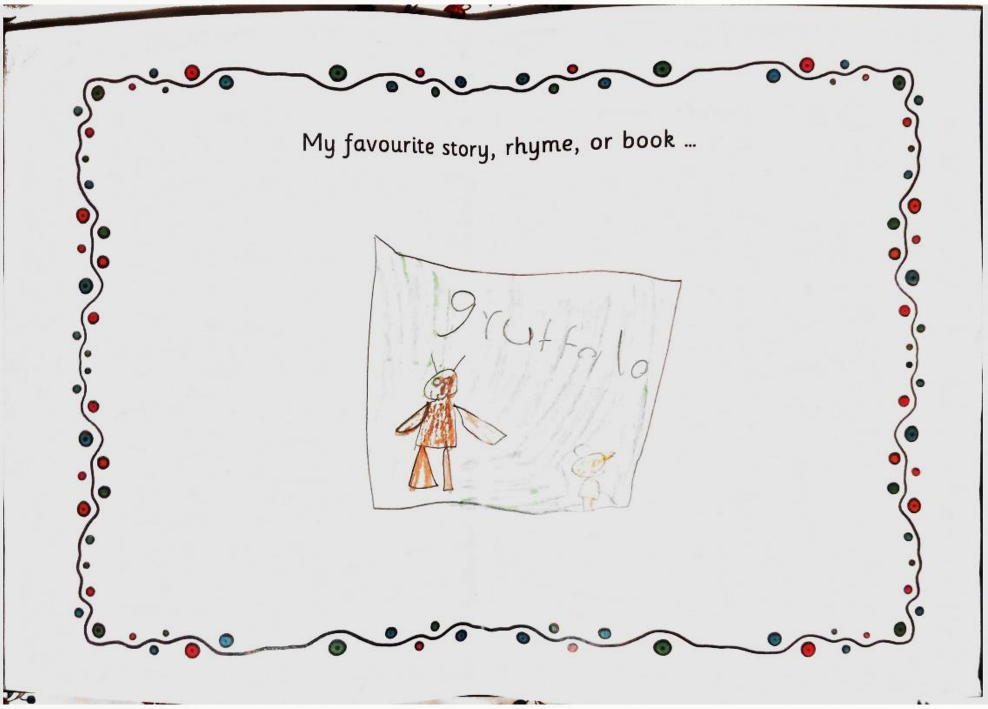


Figure 9: My favourite book …

Impacts of LPG play sessions on deaf children's identity

Parents are keen that their children feel able to navigate both the Deaf and hearing worlds. They feel that LPG represents the Deaf community for their children – not only a provision for learning and communication but a place of cultural identity and belonging. Many parents express a desire for their children to go "*all the way through ADY*"; from the early years to the youth provision. They identify the service as a desired constant in their lives as their children grow up. They appreciate the quality of the long-term relationships that are built between staff and families, deaf children and their peers, and families with other families in similar circumstances.

Therapeutic play and play therapy

Therapeutic play and play therapy are play-based child-centred forms of therapy for children experiencing a range of challenges which compromise their emotional and psychological wellbeing. This approach is primarily used to help children aged from 3-12+ years to explore their feelings and emotions through play. The LPG service has one Deaf play therapist qualified to post-graduate diploma level. This therapist offers support for deaf children with low, medium, and high levels of need. Non-directive play therapy is offered to all individual children, and more directive play therapy to small groups of children.

Children attend play therapy sessions at LPG in a special playroom located in ADY's HQ in Belfast (see figure 10). Teachers, parents, social workers, and more latterly CAMHS practitioners, refer children for play therapy. Parents complete an intake interview with the play therapist, providing background information and details of the children's presenting concerns, and complete pre-therapy validated questionnaires which are then scored by the play therapist. An initial block of 12 sessions is offered with scope to review progress and extend provision in further 12-week blocks. Post-therapy questionnaires at completed at the end of the intervention. Between 2017 and October 2020, the LPG play therapist has seen a total of 16 deaf children with an average intervention duration of 16.8 sessions.

Evaluation data reveal that children are referred to play therapy for a range of concerns including anxiety, bullying, concentration issues, hyperactivity, and aggression. However, in all cases the child's deafness is an underlying issue. For example, the aggression that the child may be manifesting is likely to be symptomatic of their frustration with communicating with others and making themselves understood.

A strength of the play therapy provision at LPG is its emphasis on early intervention. The average age of children attending is 6 years. Percentages in improvements following play therapy have been shown to drop with age - 80% improvement at age 6, 71% improvement at age 12 (Thomas, 2011).

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) is used by LPG to assess children's emotional and behavioural difficulties and the extent to which these are of concern. It also assesses the perception of children's strengths; the pro-social score. The data generated can be compared with scores for a normative population (see Meltzer et al., 2000).

The average pre-therapy SDQ difficulties score for the children accessing play therapy at LPG was 19.5, and the average post-therapy score was 11.1. This represents a reduction in the difficulties experienced by deaf children and reported by their parents post-play therapy. However, this is still above the national average of a total post-therapy SDQ score of 8.4 for children aged 5-15 years. This may indicate that deaf children require additional sessions to see their total SDQ scores reach a normative level. It is likely that deaf children have emotional and psychological difficulties which require longer play therapy intervention and/or additional rounds of play therapy as they move through childhood and adolescence.

The average pre-therapy pro-social (strengths) score for the children was 4.9 and had increased to 7.5 post-therapy. This indicates that deaf children are developing their social skills and understanding of social norms through play therapy. Most deaf children who receive play therapy at LPG fall within a normative score range post-therapy. This may be of particular significance for a deaf child whose social skills and peer relationships may be hampered by language and communication challenges.

In addition to the SDQ pre- and post-play therapy outcomes used to measure efficacy over the length of the play therapy intervention, we also surveyed and interviewed parents and children. All aspects of the play therapy provision are scored and rated highly. All parents report improvements in their children seen during and after therapy. In addition, interview data show other changes to children following play therapy including reductions in child aggression and violence; improvements in self-regulation skills and calming strategies; increasing confidence and problem-solving; and increasing capacity to build friendships with peers.

Figure 10: The play therapy room at LPG

Parents and children tell us that it is important to them that the therapeutic play service offered through LPG is a specialist Deaf service. Firstly, parents want their child to be seen by a Deaf therapist. Parents feel that this normalises the sessions for the child and gives a positive role-model for them to relate to. Secondly, parents feel that the Deaf therapist has a better understanding of their children and what it is like to be deaf in a hearing world.

In addition to individual play therapy, group play therapy is offered to small groups of children at LPG and to date one group of two children has been held. Improvements in children's conduct, hyperactivity, and peer difficulties are shown in SDQ data collected pre- and post-therapy. The group therapy model has advantages, especially for children whose needs are low to moderate. This may free up additional capacity for individual play therapy work for those children with moderate and high levels of need.

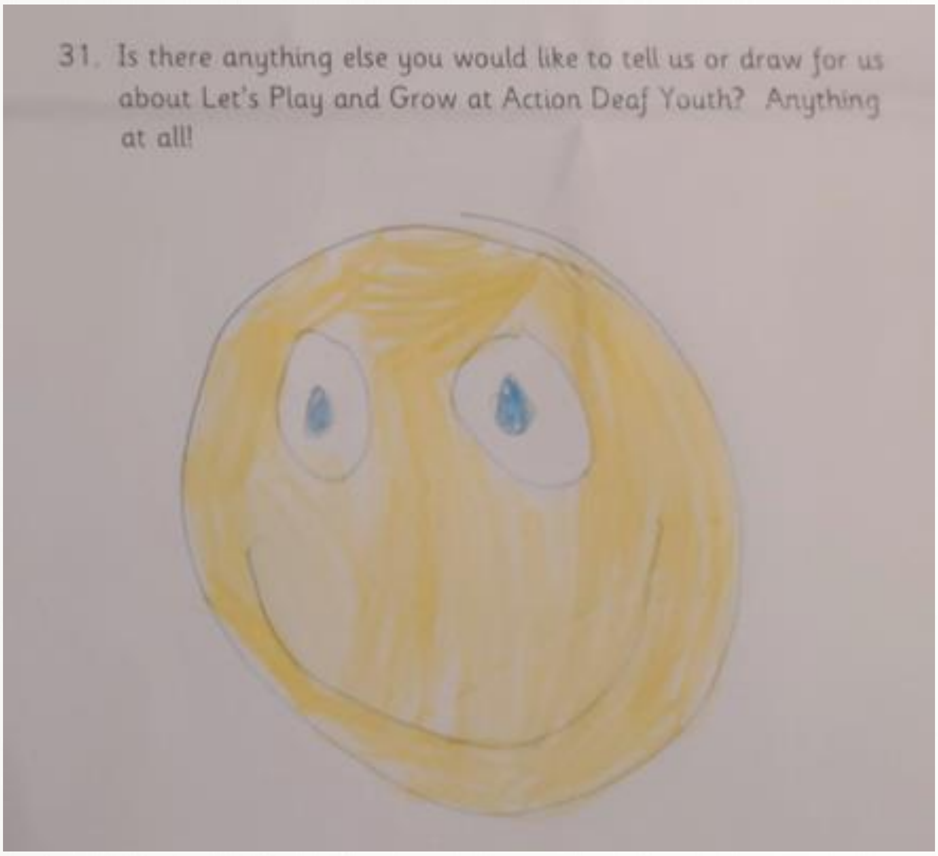
Conclusion

This summary has outlined the impacts of play and the LPG service on deaf children and their parents. It has detailed the innovative delivery model adopted by the service and explained the importance of a largely Deaf staff team in supporting hearing parents on a long-term and ongoing basis. Deaf children benefit from the service across all domains including improvements in self-confidence, self-expression, and social skills. The LPG service provides a holistic and playful experience for deaf children in which they flourish. Children find their voices (spoken and signed) to express themselves meaningfully and assertively. Staff have high expectations and aspirations for deaf children and actively facilitate the acquisition of communication and literacy skills. Parents feel supported and value the relationships they build with staff and other families with deaf children in similar circumstances and unchartered territory.

Relationships between parents and deaf children are strengthened through increased parental confidence, improved parent-child communication and interaction, reduction in parental stress and anxiety, and a reduction in conflict and frustration. Parents value learning child-centred signing to help them communicate with relevancy and meaning with their young children. Many go on to learn BSL through the accredited - and still child-focused - certificated courses offered at LPG.

Positive changes are seen in children's engagement with literacy and ongoing development of literacy skills. Staff model the sharing of interactive and enjoyable literacy activities such as nursery rhymes and story books. Parents learn new techniques for sharing books with deaf children and transfer their knowledge into the family home. Perhaps most importantly, a love of reading and books is fostered in deaf children.

Finally, this summary has outlined the role of LPG in establishing a sense of identity for deaf children and their parents to avoid children becoming "*stuck between two worlds*". Children live in both the Deaf and hearing worlds but acknowledge their deafness. The deaf-only environment at LPG allows children to know that they are not alone in a hearing world. LPG nurtures a sense of belonging and "family" through its services (see figure 11). Children and parents are proud to belong to this family which represents the Deaf community to them.



31. Is there anything else you would like to tell us or draw for us about Let's Play and Grow at Action Deaf Youth? Anything at all!

Figure 11: A big smiley face!

Quotes from parents and children:

“They've been wonderful. We couldn't be without them.”

“I just think the people are great, world-class, great people who want the best for you and really help you and really enjoy doing that. That is really obvious.”

“That's a huge thing, it's always felt that (Child’s name) is loved there. The leader's really happy to see and interact with (Child’s name)”.

“I want to thank them from the bottom of my heart for all they have done”.

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