An explorative study of the perspectives of professionals working with young deaf children and of their families prior to the transition of their children to full time early years and foundation stage educational placements

A study submitted in partial fulfilment of the requirements for the degree of Master of Science/Master of Arts at the University of Hertfordshire

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Abbreviations

CRIDE – Consortium for Research into Deaf Education

DfE – Department for Education

DfES – Department of Education and Skills

DoH – Department of Health

INSET – in-service training

NCTL – National College for Teaching and Leadership

PGDip – Postgraduate Diploma

PGCE – Postgraduate Certificate in Education

SEN – Special Educational Needs

SEND CoP - Special Educational Needs and Disability Code of Practice

ToD – Teacher of the Deaf

QS – Quality Standards for Sensory Support Services

Abstract

The transition process from home setting to education setting can be a stressful and anxious experience for both child and family. It is known that the success of transition can impact upon the child's future educational trajectory. This study aimed to explore the perspectives of professionals working with young deaf children and of their families prior to the transition of their children from home setting to full time early years and foundation stage educational placements.

A qualitative research method was adopted, using semi structured interviews to provide families and professionals with an opportunity to explain their experiences of the transition process in the early years. Five professionals (four Qualified ToDs and one specialist Speech and Language Therapist) and three families (each with a child who was below national school age and had a severe to profound bilateral sensorineural hearing loss) participated.

Each interview was recorded and transcribed verbatim and the researcher was able to draw out seven themes each from families and professionals and three joint themes between the two groups using thematic analysis.

The results showed that families and professionals had different priorities in terms of what they viewed to be most important during the transition process. Emotional support for both families and their deaf child carried the most weight in their responses, yet professionals generally considered practical issues to be of greater importance during the transition process. Emphasis of the role of the ToD acting as a key worker was considered to be most beneficial to families.

This research provides professionals an insight into families' perspectives of transition from home setting to education setting, of which there is very little current research.

1. Introduction

1.1. Definition of transition

King et al. (2005) defines a successful transition as a process of gradual adoption of new roles and modification of existing roles. Though this is in particular reference to transitions from school to adult roles for youths with disabilities, it is equally applicable to professionals, families and young deaf children who are transitioning from the home setting to full time educational settings. Teachers in mainstream settings are expected to implement high quality, differentiated teaching (DfE/DoH, 2015) that is specific to supporting children with a hearing loss, irrespective of their previous knowledge of deafness. As 78% of deaf children transition into a mainstream school (CRIDE, 2017) the likelihood of this is high. Parents are modifying their own role of primary caregiver to putting their faith in other professionals, such as a class teacher, which may leave them to feel they are an ‘outsider’ of their child’s education (Podvey, Hinojosa and Koenig, 2013). Finally, young children are adopting the role shift from being the focus of direct attention from their parents to being one of as many as thirty pupils in a classroom (Rimm-Kaufman and Pianta, 2000; DfE,2012).

Young children moving from the relative security of their home setting to a mainstream education setting experience multi-ecological changes to their learning environment (Wildenger and McIntyre, 2012). Such changes can be hard to adapt to, with approximately 50% of typically developing children experiencing difficulties during this transition process (Rimm-Kaufman and Pianta, 2000). Given that the manner in which a child starts formal schooling can have a major impact on their later academic success and social integration (Pianta and Kraft-Sayre, 2003), with typically developing children maintaining a constant academic trajectory throughout school life after a positive transition process (Belsky and MacKinnon, 1994), it is vitally important that appropriate, reasonable adjustments should be put in place for deaf children as outlined in the Equality Act, Chapter 2, sections 20 and 21 (2010).

Therefore, current research seeks to explore the perspectives of professionals working with young deaf children and of their families prior to the transition of their children to full time early years and foundation stage educational placements.

1.2. Outline of chapters

Chapter two is a literature review and focuses on the current, existing research around transition. As there is currently no published research specifically around transition of young deaf children from their home setting to formal education setting, the criteria for academic papers widened. This includes: ecological systems theory, professional, parent and child involvement and legislation and advice. Chapter Three will address the methodological approach employed by the researcher in this study and chapter four and five will explore and discuss the results critically. Chapter six draws conclusions and provides suggestions for future research.

2.1. Transition Models

2.2.1. Ecological Systems Theory

Rimm-Kaufman and Pianta (2000) postulates that transition into formal schooling is a developmental process and developed an ‘Ecological and Dynamic Model of Transition,’ building on the ecological systems work of Bronfennbrenner (1979, 1986).

Table 2.1. Ecological and Dynamic Model of Transition

Four Key Areas Identified
1. Child effects model: child characteristics
2. Direct effects model: i.e. social context
3. Indirect Model: i.e. interactions among the social contexts
4. Dynamic effects model: a combination of key areas 1-3

The Ecological and Dynamic Model of Transition highlights the relationships between stakeholders generated by social contexts as an integral process and in the view of Rimm-Kaufman and Pianta, they are fundamental for the success of a transition. The study showed that the ecology of school transition may have an influence on school performance trajectories and establish a pathway to positive outcomes. Furthermore, an unhealthy ecology was manifested through lack of communication and social support such as the relationships between school and parents. Consequently, a restricted communicative pathway, e.g. lack of social support and discontinuities in school could contribute to academic failure for the child.

This theory highlighted elements such as the teacher underestimating the value in communication with parents and parents having negative experiences of school themselves. This resulted in parent being reluctant to attend school meetings and their view being projected on the child and so influencing the child’s experience, which could contribute to a negative transition for the child. Rimm-Kaufman and Pianta suggest that family-school relationships should be the outcome not a by-product of the success of transition and should not be limited to the child’s transition, but also the quality of the family-school relationships.

Although this study was conducted in the US and was performed with families of typically developing children, many aspects of this model can be applied to a deaf child residing in the UK. Increased class sizes, different expectations of the child from teachers and more formalised teaching practices were also identified by Rimm-Kaufman and Pianta (2000) as potentially negative changes that occur during transitioning. However implementation of policy relating to the child and family, and child characteristics were seen to contribute to a smooth transition (Rimm-Kaufman and Pianta, 2000). Due to deafness being a low incidence disability (NatSIP, 2012; Mitchell and Karchmer, 2004), mainstream staff’s experience of working with children with a hearing loss may be limited and child characteristics must also include the severity of hearing loss, choice of communication mode and use of equipment, which may also have an impact on the ease of their transition. In this case, parents’ insight into their deaf child’s characteristics and support from trained professionals are imperative to forming a good relationship with the school and made from the onset to support transition.

There are specific limitations with this study. It was performed in 2000 and Early Years education frame work has been reformed since then (DfE, 2017). All research around transition needs to be contextually sensitive. There is no formalised transition policy in the UK, unlike that in the US (IDEIA, 2004) and the policy would need to withstand legislative, national and local authority agencies. In the UK, devolved power of this type varies across the nations. Moreover, although extensive research was performed examining the family-school relationship, the teacher-child relationship was not quantified; also, a longitudinal study could have examined the relationships in more depth. Relationships between parents and school are dependent upon the motivation of both parties which can change over time, and pre-existing relationships with teachers and older siblings may influence the transition of the younger, deaf child and impede the transition process through their teacher's lower or higher expectations of that child and family.

2.3. Current Academic Literature around Transition

There is limited existing literature concerning transitioning and professionals, young deaf children and their families, therefore it was necessary to include research related to other disabilities and later transitions in the child's life. Though deafness is a low incidence disability (NatSIP, 2012; Mitchell and Karchmer, 2004), there is a commonality of issues between all disabled children, particularly those who have additional needs other than deafness (CRIDE, 2017).

2.3.1. Parental Involvement

Daley, Munk, and Carlson, (2010) performed a study drawn from a national sample in the United States to describe transition practices for children with disabilities using data they obtained from kindergarten teachers. Their results showed a correlation between the district of residency and the distribution of services to support families in relation to a smooth transition.

The study showed that there was a strong link between the severity of a child's disability and the level of support they received during transition. The researchers originally hypothesised that the greater the severity of disability, the greater the parental involvement, however, the results reported the contrary, i.e. less parental involvement. In response to their results, researchers suggested that due to the complexity of disability, families may be more emotionally and financially drained and this may preclude their participation in classroom activities. They also suggested that the severity of the disability ensured that their child was 'on the radar' already and they did not need to be actively involved. For families with children with complex needs, i.e. where deafness is one of several needs, many specialist professionals will be involved and therefore families may assume that information regarding their child's needs will be shared and align themselves with this view.

It was also hypothesised that teachers would be more motivated to take additional steps to ensure their classroom environment was ready for the child, armed with the knowledge of the child's level of functioning. However, teachers fed back that transition was equitable, regardless of a child's disability. Though the study relied on teacher feedback, it must be taken into consideration that results are merely the participant's perception and other factors, such as desire to portray an equitable situation may have an impact on reliability.

Other limitations existed with this study. The prevalence of disability amongst participants included: 50% having a speech and language impairment, 18% having developmental delay, 10% having autism, 5% having a learning disability, 4% having a mental retardation or low incidence disability, and the remaining 9% having another impairment. Thus, participants who had a hearing loss were grouped together with 'mental retardation' and 'low incidence disability' such as a traumatic brain injury or visual impairment. This heterogeneous group will have wide, varying needs and therefore the parents within the group may have different attitudes towards transition.

Though Daley et al. (2010) found a lack of parental engagement during the transitions for disabled children, conversely, Podvey, Hinojosa and Koenig (2013) reported that family involvement underpins transitioning. They investigated the 'insider' status for families during transition from early intervention to preschool special education.

Table 2.2. Themes relating to transition

Themes
1. Transition is scary
2. Therapy is central to progress but not transition
3. Communication is key to comfort
Metatheme
4. Being an 'outsider'

The authors found that families are ‘outsiders’ not only because they were no longer direct recipients of services (Brown, 2009) but also because they were out of the loop with key professionals in the day-to-day provision of services for their children. One parent revealed that the teacher relayed “generalised, brief reports of the intervention provided by the Occupational Therapist and had yet to establish direct communication with them”. The parent who provided this feedback was selected from a convenience sample and had previously worked in an Early Intervention Centre. This would suggest that she is equipped with the necessary skills required to communicate with professionals and another factor must exist to contribute to the communication breakdown. For parents with deaf children, teachers must act as a conduit for the sharing of information of visits from professionals in schools, and it is reasonable to say that parents may feel frustrated at the lack of direct contact with a professional that they would have previously had during home visits, particularly as they would have previously had regular access to their ToD.

In the United Sates, if parents were not part of the implementation of therapy, legislation requires them to be part of the planning stage of the therapy programme in order to ensure they are fully aware of the support their child is receiving and safeguard their involvement in the child’s future educational setting (IDIEA, 2004). Podvey et al (2013) believe that when there is an absence of direct parent participation this induces anxiety and thus by informing families about agency expectations, this should reassure them during the transition period when new systems are implemented.

Other issues identified by Podvey et al. (2013) included: inconsistent involvement of parents for IEPs; not being provided with fully informed choices such as out of district placements and setting goals; and parental input not being sought from professionals. This led to further anxiety around transition. Interestingly, it was concluded that parental involvement in schools by nature is very different as they do not have the opportunity to develop relationships with professionals in schools compared to Early Intervention.

Though these parental views provide great insight, there are some limitations to this study. The participants were part of a convenience sample of six families. Though this was to provide a depth of perspectives to the participant pool, this limits generalisability. All families involved consisted of married parents and therefore no insight into single parent families was provided who may have additional struggles due to lack of support from a spouse. All were Caucasian and all were from middle class families with English as a first language. This homogenous sample group provides an in depth insight into the struggles families who fit this profile may experience, but as this is not typical of the population, other factor should be considered and generalisation should be treated with caution.

Bias may also play a part in this study. Three of the participants were late to be referred to the service at three years old; therefore the breadth of feedback they provided may not represent the service that is offered, due to the length of working relationship. Equally, participants who have a longer standing relationship with professionals may be sensitive to any negative feedback having an impact on their working relationship.

Finally, it was highlighted that teachers should be a designated conduit through which important information should be provided to parents, much the same as part of the key worker role of a ToD (NCTL, 2014). However, as teachers were not invited to participate in this study, the reliability of feedback must be questioned and therefore the opportunity for triangulation of data is limited.

2.3.2. Child Involvement

McIntyre et al (2010) performed a study on 86 typically developing children who had recently transitioned to kindergarten to assess their socio behavioural outcomes. Their study showed that kindergarten preparation showed a correlation between teacher reported problem behaviour and teacher and student relationships. Children who attended a pre-Kindergarten had more positive relationships with their teacher than those who hadn’t and highlighted the benefits of preparation for children before attending school, particularly those with socio-behavioural concerns. Within the UK, there has been a mass effort in ensuring that children are able to enrol in Nursery, and free Nursery places are available for children aged 2 to 4 years old as part of a government initiative. It was also found that transition provides opportunity for Early Intervention Professionals to partner with families to foster success for incoming students. This research identifies how teacher and family relationships play a part in a child's transition into school. There is currently no comparable research with young deaf pupils, but it is informative in also highlighting the importance of visiting future settings in advance for families and children to develop a relationship that is pre-existing to starting school to allow the child to familiarise faces and ensure that the child is well prepared.

There is much to gain from this research, however there are limitations. The data collection method involved parents being asked in retrospect of the transition activities they participated in, but it did not describe the full range of activities that were offered to them. Participants that were selected were not a representative sample, as all disabled children or those with additional needs were excluded from the study. Finally, it is also important to note that parental involvement in transition activities is not a unique indicator of socio-behavioural outcomes and therefore it is important to consider other contributory factors around transition. Stevenson et al., (2015) (2010) argue that socio behavioural difficulties are more prevalent amongst deaf children than hearing children and attribute this to reduced receptive language levels and increased difficulty in understanding others. Therefore, there is a strong possibility that deaf children's behaviour could hinder their transition from home setting to school setting without the appropriate intervention.

2.3.3. Professional Involvement

While the previously considered studies consider the transition from early intervention, they are not specific to deafness. The studies below focus on deafness and transition taking into consideration professionals’ perspectives.

Curle et al. (2017) investigated the transition from Early Intervention to school for children who are deaf, including policies, procedures and guidelines to analyse what hinders or facilitates a smooth transition from administrators’ perspectives. The study identified 5 key areas in facilitating the transition process and 6 areas that hindered the transition process.

Table 2.3. Identified areas of facilitating and hindering transition

5 areas were identified as facilitating the transition process
1. Inter-agency communication and document exchange
2. Observations of the child pre entering school
3. Child and parent meeting the school community
4. Provision of information to support parents
5. Designated key person to facilitate the transition
6 areas that hindered the transition process for administrators
1. Lack of communication amongst stakeholders.
2. Not enough time for adequate preparation
3. Stakeholders lack of knowledge of deafness
4. Lack of human and financial resources
5. Limited education placements for deaf children
6. Lack of information about schools

This study is consistent with the findings of Rimm-Kaufman and Pianta (2000), however, Curle et al. (2017) expanded on their theory, by suggesting there is a larger focus on hearing level, communication choice and amplification choice. As identified in their Ecological and Dynamic Model of Transition, relationships between all stakeholders are key to successful transitions and these relationships are either hindering or facilitating the transition process overall. Rimm-Kaufman and Pianta (2000) present that transition provides an opportunity for a deepened relationship between stakeholders to exist. Equally, Curle et. al (2017) found that infrequent interactions posed greater conflict and disagreements between all stakeholders which ultimately have a negative impact on transition.

Curle et al. (2017) also identified that a key facilitator should be appointed in order to ensure that transition is effective, smooth and that key information is disseminated amongst professionals. In the UK, a ToD can take on the role of ‘key worker’ (NCTL, 2014). However, this may prove to be difficult in practice, depending on the structure of Early Intervention Services and their working capacity. Alternatively, this role can fulfilled by a health, social or community professional (Early Support, 2013). The fact that the role of a key worker is not clearly allocated can lead to no professional taking responsibility for it and may have an impact on practise and should be investigated further.

Other findings that influenced the transition process included preparation in advance of a child attending the school and identification of a role shift in family centred intervention to child centred intervention as seen in previous studies. Ultimately, Curle et al. (2017) arrived at the conclusion that a combination of these factors subsequently contribute to a smooth transition and that families may need more support during this time.

Cawthon et al. (2014) analysed professional preparedness and perspectives on transition for individuals who are deaf. A large study of 1,345 professionals was undertaken, including those from health, social and education roles. Each professional supplied their perspectives of their own levels of preparedness when working with deaf individuals during transition from high school to post-secondary and described the effectiveness of the transition process. Results were drawn from three main sections:

- Demographics
- Individual Education Plan process (IEP)
- Professional Preparedness

Overall, Cawthon et al. (2014) evidenced that professionals are faced with the challenge of developing skills specific to deaf children’s needs in order to ensure a smooth transition. They reported that professional’s length of experience played a role in how confident they felt during the IEP process to prepare for transition and all felt that this planning was beneficial to the young person and that conversely, lack of planning was detrimental to the student. Demographics had a direct link with professional preparedness in this study, specifically years of experience. This is a concern, as currently in the United Kingdom 57% of ToDs are over the age of 50 and approaching retirement age in the next 10 years. As a result, there will be a sudden influx of inexperienced colleagues (CRIDE, 2017). This may make it more difficult for the parents to have a fully informed choice if they are being supported by an inexperienced ToD, which may ultimately make the transition experience harder for them. There are limitations to this study. It is based in the US therefore American professionals may have a different approach to transition; there is a risk of over-generalisation due to a range of professionals contributing to the survey (i.e not limited to ToDs); and though the study is based on deaf individuals, it focuses on transition from school to post-secondary education. Therefore while general themes can be drawn from this research, it is not specific to deaf children in the early years.

2.4. What does UK legislation say specifically about transitioning?

2.4.1. Equality Act 2010

The intention of the Equality Act of 2010 is to strengthen the protection of those who may be vulnerable to discrimination in the work place and wider society (Equality Act, 2010). Therefore this includes all children diagnosed with a hearing loss (with an Educational Heath Care Plan or otherwise) and includes all education providers (including independent schools). There are two key areas that are directly applicable to young, deaf children transitioning to a new education provision. When preparing deaf children for their transition, according to the Equality Act (2010) this should be in anticipation of their transition to school. Therefore, it is essential that advice is provided before the child transitions, in order for the school to make reasonable adjustments before the child attends. This may include: school visits with the family; training; joint professional meetings; and preparing the deaf child for new changes, such as change to school uniform (e.g. wearing a blazer or tie), looking through the school prospectus and investigating extra-curricular activities. Education providers must make ‘reasonable adjustments’ including ‘provisions, criteria and practices, auxiliary aids and services and physical features.’ This statement is phrased to encompass all needs that the child may have in order to have full access to the curriculum in line with their peers. However, the difficulty lies in what is determined as being ‘reasonable’. This may include: adopting suggested differentiated, teaching strategies specific to a deaf pupil; positioning of a deaf pupil in the classroom; accepting deaf awareness training; and ensuring all necessary equipment, such as radio aids are employed and consistently used across all staff and having headphones that are compatible with hearing aids available in ICT suits.

Though families can be made aware of this, many factors exist that may impact their ability or desire to challenge a school’s failure to make reasonable adjustments. Firstly, the positive relationship with a school may break down. Parents can be affected by their previous experience of schools (Rimm-Kaufman and Pianta, 2000) and they may have a fear this will affect the relationship the child has with their teacher. Secondly, the wording of the Act is purposely vague to encompass a range of disabilities and provisions, and because it is not deaf specific, schools may choose to deem what adjustments are deemed ‘reasonable’ in a way that prohibits parents from making effective complaints.

When a child with an educational healthcare plan is seeking a school, the Local Authority will approach schools and ask them if they can meet the needs of the child, however if a child has a low incidence disability, such as deafness (NatSIP, 2012; Mitchell and Karchmer, 2004), they may have had no experience of supporting a child and not understand the provisions that need to be made. In these situations, the role of the ToD should be respected in challenging inappropriate provision choices and lack of provision by schools. There is no research to inform how effective or common this is and should be explored further.

2.4.2. SEND Code of Practice, 2015

The purpose of the SEND CoP (2015) is to eliminate discrimination and promote equality for children and young people from birth to 25. It encompasses the requirements of the Equality Act (2010), Children and Families Act (2014) and the Special Educational Needs and Disability Regulations (2014). Therefore, when considering the transition from home setting to full time education, this key piece of legislation is instrumental in ensuring that children receive the same provision to access education as their peers. There are four areas that are related to transition that provide emphasis on what should be a typical experience for a child or young person.

Table 2.4 Special Educational Needs and Disabilities Code of Practice, 2015

Areas that relate to Transition	
Publish information about arrangements of inclusion: SEN CoP: 2.1, 2.3 Local Offer 4.39; 4.62: publish about alternative educational settings and provisions, whether provided by the local authority or outside it.	This includes an admission policy of any SEN children and the steps they have taken to prevent discrimination and any arrangements that they make for an inclusive educational environment in the form of an accessibility plan. When relating this to transition, parents and professionals should be able to access what the pre-existing provisions are within prospective schools that support an inclusive educational environment for their child. By being equipped with this information, parents can make informed choices with their children about what is a suitable placement and prepare themselves with relevant questions they may have before visiting a school.
Informed Choice SEN CoP 1.3 “Local authorities must ensure that children, their parents and young people are involved in discussions and decisions about their individual support and about local provision.” 2.5:Impartial Advice	It’s important that families are informed and know what they are entitled to and empower them to be able to ask for it themselves as their own advocates which is a central role as a teacher of the deaf. Ideally, parents should have a clear communicative pathway to be able to express any concerns and provide invaluable insight into the needs of their child and that the child has the opportunity to voice their own desires and concerns. Therefore, when applying this in a transition context, ideal practice may look like the family and deaf child having a meeting with the SENCo alongside other professionals involved, including their teacher of the deaf, to discuss if the prospective school is appropriate for their child and their needs.

Identify, support and include SEN children alongside their peers SEN CoP: 5.47 – Transition planning	In order for parents and young people to get a picture of what a typical day looks like in the school, families need to be made aware of what ‘inclusion’ looks like in schools. For example, when applying this specifically to transition, parents and children may ask questions such as; are they being withdrawn from classes to receive additional support? Is the support alongside peers on the same academic level? Are there other deaf children at the school and how can the school support relationships? To quote 5:47 (DfE/ DoH, 2015) “support should include planning and preparing for transition before a child attends a new setting” detailing the support to be “information should be shared by the current setting with the receiving setting or school” which should be agreed by the parents.
Assess, Plan, Do, Review SEN CoP:6.	By following the Assess, Plan, Do, Review Format the SEND CoP safeguards children in receiving ‘high quality, differentiated teaching’. This may mean ensuring that each teacher that is in contact with that child is aware of their needs, deaf awareness and that the teaching is differentiated and bespoke to that pupil. ‘High quality’ may call into question if a Newly Qualified Teacher is teaching this child, and what additional support can be provided to protect the rights of the pupil.

2.4.3. Quality Standards for Support Services in England, 2016

Quality Standards for Support Services in England specifically identify the need to “ensure that children and young people with sensory impairment get a good start to their formal education [and] are well prepared for the next stage of their education” (QSD4). It is also stressed that Sensory Support Services ensure that the future educational setting “has a clear understanding of the learners’ needs and how to ensure a successful transition”(QSB4iii) and it is the role of the service to improve “the capacity of education establishments to meet the needs of children and young people with sensory impairment” (QSB4iv). It is not a piece of legislation but it is guidance document that is widely recognised by Local Authority services across England.

2.5. Justification of Study

Current research suggests that the attainment gap between deaf children and their hearing peers is widening as years progress in mainstream education (CRIDE, 2017; NatSIP KIP Tracking 2016) and a good start to formal education is essential (NCTL, 2015; DfE/NatSIP 2016). Schulting et al. (2005) suggested a successful transition from home to kindergarten setting was related to positive academic outcomes, yet the transitional phase has not been widely researched.

Families and deaf children experience a range of ecological changes during the transition phase (Rimm-Kaufman and Pianta, 2000) including; the comfort and familiarity of home setting to new educational setting, encountering different styles of communication when interacting with professionals, while also being aware of their deaf child's needs and feeling confident that he/she is being fully supported by them (Podvey et al., 2013; McIntyre et al. 2010, Wildenger and McIntyre, 2012).

Additionally, The Quality Standards for Support Services in England propose the role of the ToD is to support families with young deaf children to gain a good start to their formal education (QS D4) and ensure that the future setting is adequately prepared to meet their needs (QS B4ii), in anticipation of their transition (Equality Act, 2010).

It is the researcher's view that the primary transition process needs to be explored, from home setting to first educational setting and how this relates to families and informs professional practice. Curle et al. (2017) states:

> *"Future research should examine the effectiveness of transition practices for D/HH children from the perspective of other stakeholders…[and] future research could investigate ways to align EI or preschool and elementary curricula to help students, parents and teachers navigate the transition to school."*

3. Methodology

3.1. Introduction

The purpose of this study is to explore the perspectives of professionals working with young deaf children and of their families prior to the transition of their children from home setting to full time early years and foundation stage educational placements.

Qualitative methodology was employed to ensure data collected was meaningful and provided participants the opportunity to express their feelings and experiences. This approach ensures that the responses given by the participants are an insightful, first person account. Equally, it provides the researcher with flexibility to explore what is most meaningful according to the participants, rather than what is decided to be pertinent by the researcher, deigned in a list of pre-set, closed questions (Silverman, 2005; Willig, 2001).

3.2. Participants:

Participants were selected by an opportunity sample. They are families who are supported directly by the researcher’s service and therefore findings may be less generalisable to a national population of families of deaf children or professionals supporting deaf children as a whole. Despite this, the group of participants had a good working relationship with the researcher and were keen to contribute to the study, providing in-depth responses.

3.2.1. Group 1 Parent Participants:

Group 1 consisted of 3 families who were receiving support from a qualified ToD, employed by a sensory support service in a metropolitan borough of a major city in the United Kingdom. The children of these families had to have a diagnosis of a sensorineural hearing loss that ranged from moderate to profound and reside in the borough offered by the sensory support service. They needed to be currently due to undergo the transition process from home setting to full time educational setting during the academic year of 2018-2019.

All children of these families were aged between 20 to 48 months. This age group was selected as in the particular borough, full time Nursery places are offered from 30 months. The researcher specifically chose these participants as parents of children with a commonality of hearing loss, age and stage in education that would provide consistency for thematic analysis. Children with temporary, conductive losses, such as glue ear and unilateral losses were discounted from the sample as the researcher believed that this would provide anomalies in the small sample and skew results.

It is important to note that this sample is not representative of the population as a whole but is a critical analysis of the practise of the time within that specific area of the UK. In particular, the participants in this sample are not necessarily typical of the national deaf population but were taken from the researcher’s caseload. As this study is based around transition in the Early Years, parents have more direct contact with the ToD at this age. It is the opinion of the researcher that this generates a deeper relationship between professional and family and will provide more honest answers of more depth. Contrary to this, as the researcher is the ToD working with their child, they may feel less comfortable about expressing negative comments. Participants were all from a similar socioeconomic background, also providing consistency of the convenience sample.

3.2.1.1. Communication

All Group 1 participants had a communicative level of English, however for two of the families, English is an additional language. One of the families communicate with their child using British Sign Language as a primary mode of communication, all others were oral/aural communicators. No interpreter was used during the interviews. The ability of the families for whom English was not their 1st language was a barrier during the interviews as they found it difficult to express their views at times, though they declined an interpreter. In order to assist with this, the researcher provided a written interview guide alongside asking questions. Despite this, questions were often asked to be repeated or rephrased by the recipients. This has an impact on the efficacy of the results obtained.

Table 3.1 Child Characteristics

No.	Child of Participant	Gender	Age	Age at diagnosis of hearing loss	Age at Amplification	Type of Amplification	Level of Hearing Loss	Birth Order
1	Participant A	F	20 months	3 weeks	5 weeks	Bilateral OTE Hearing Aids	Bilateral profound sensorineural hearing loss	4th of 4 children
2	Participant B	F	48 months	36 months	38 months	Bilateral OTE Hearing Aids	Bilateral Severe to profound sensorineural hearing loss	1st of 2 children
3	Participant C	M	33 months	29 months	30 months	Bilateral OTE Hearing Aids	Bilateral severe to profound sensorineural hearing loss	3rd of 3 children

Table 3.2 Group 1 Parent Participant Information

Participant	Gender	Home Language	First Experience of Transition	Education	Experience of Deafness	Experience of Transition
Participant A	F	Bengali	No	Secondary Education	3 of the 4 children in the family have a hearing loss.	This parent has experienced two of her children transitioning to a specialist school for the deaf and for a special educational needs school respectively. She also has experience of transition of her eldest child, who is not deaf, to a local, mainstream school.

Participant B	F	Arabic	Yes	Secondary Education	This family had no experience of deafness pre their child being diagnosed.	None
Participant C	F	English	No	Secondary Education	This family had no experience of deafness pre their child being diagnosed.	This parent has had the experience of her two older children who do not have a hearing loss transitioning to local, mainstream schools.

3.2.2. Group 2- Professional Participants:

Group 2 participants consisted of professionals who work directly with families of deaf children and have had previous experience of working with families and deaf children who have a hearing impairment. The table below summaries their data:

Table 3.3 Group 2 Professional Participant Information

Participant	Gender	Professional Background	Education	Years and Detail of Work Experience
Participant D	F	Specialist Speech and Language Therapist for Hearing Impaired Children	Bachelor's Degree in Psychology Post Graduate Master's in Speech and Language Therapy Post Graduate Diploma for Advanced Practice of working with children with a hearing impairment	22 years' experience of working as a Speech and Language Therapist 17 years of working with deaf children
Participant E	F	Deaf Teacher of the Deaf	Bachelor's Degree Post Graduate Certificate in Education In possession of the Mandatory Qualification as a Teacher of the Deaf (NCTL, 2015; DfE, 2015)	6 years' experience of working in mainstream education 2.5 years' experience of working in deaf education

Participant F	F	Teacher of the Deaf	Bachelor's Degree Post Graduate Certificate in Education PGDip Dyslexia Assessment In possession of the Mandatory Qualification as a Teacher of the Deaf (NCTL, 2015; DfE, 2015)	21 years' experience of working in mainstream education, 4 years' experience as a Specialist Teacher for Cognition and Learning, 3 years' experience working in deaf education
Participant G	F	Teacher of the Deaf	Bachelor's Degree Post Graduate Certificate in Education In possession of the Mandatory Qualification as a Teacher of the Deaf (NCTL, 2015; DfE, 2015)	2 years' experience working in mainstream education, 9 years' experience working in deaf education

3.3. Procedure

Three of five families approached on the researchers caseload agreed to participate in the study. Information including parent's education level and socioeconomic background was also collected (Hindman et al., 2012; Jeynes, 2003, 2005; Lee and Burkham, 2002), as research has shown that these are contributing factors for educational success and therefore may be relevant to transition.

The researcher decided that the semi-structured interviews should take place in the home setting, similar to a home visit format, and organised at the family's own convenience. The intention behind this was to make participants feel relaxed and forthcoming, particularly as the interview questions may cause emotions to surface when considering the future of their child (Rimm-Kaufman, 2000).

The semi-structured interviews with professionals were carried out in the workplace or in a quiet working room.

The interview guides were developed with the researcher's tutor and the researcher as per guidance from the "Ethics" approval committee of the University of Hertfordshire (see Appendices 3-4) and shared with the participants one week before the interviews commenced. Ethical consent was obtained before the interview (Cohen et al, 2011; Bell, 2010).

The topic of transition had been discussed with the families for the past year, in keeping with the Researcher's Sensory Service policy (NatSIP/DfE (2016). This could have an impact on the quality of responses from the participants, as they will have been given time to process the implications of transition and already started to plan for such eventualities. During these conversations with families, the researcher discussed common elements related to transition (e.g. choice of school, transport, frequency of visits from ToD etc.) which also helped to formulate open ended interview questions.

3.4. Data Collection

Following ethical approval from the University of Hertfordshire, data was collected in the form of semi-structured interviews conducted by a qualified ToD. Each participant was provided with ethics participant information sheets EC4 and EC6 (Appendicies 3-4) were fully explained prior to the semi structured interview and written, informed consent was obtained (Cohen et al., Bell, 2010).

A semi-structured interview was chosen as the most appropriate method to extract information on the participant's current or retrospective view of transition for their child. Cohen et al. (2011) identifies the benefits of open-ended questioning, particularly when the answers are unprecedented, allowing the researcher to respond instinctively and probe when necessary to encourage participants to provide further information (Bell, 2010; Denscombe, 2014). A preliminary questionnaire was considered, however, online questionnaires have a number of disadvantages, such as providing participants with preconceived ideas of what the researcher is looking for, and also removes the opportunity of the researcher to pursue additional information provided by the participant who may have needed gentle encouragement (Denscombe, 2014; Wright, 2006).

The key advantage of conducting semi-structured interviews was to allow the interviewer to be able to gear questions reflexively in response to the answers provided by the participants that would be difficult to predict (Willig, 2001).

Engineered situations can hinder participants expressing their views fully (Rubin and Rubin, 2005) therefore parents with a pre-existing rapport with the researcher were approached. The researcher was their ToD, who had previously supported the family through early intervention. This provided families the opportunity to share experiences and thoughts that may be personal and potentially upsetting (Smith, 2003) with a person familiar to them. Denscombe (2014) suggests that in the absence of the researcher, responses can be less reliable. The interview was conducted in the home setting of each participant in order to ensure that they felt at ease. The participants were forthcoming and responsive and occasionally demonstrated feelings of distress, detected through body language, such as twisting of their hands, tone of voice, and glancing at their watch/phone/the door. These visual cues were able to support the interviewer in being able to detect things that would be lost in a written response (Bell, 2005) and respond instinctively, such as providing longer response times or moving on to the next question. Despite this being the most appropriate method, the researcher also needs to consider the ‘experimenter-expectancy effect’ (Thomas, 2013). It is suggested that interviewees can provide responses that are in line with what they believe the interviewer is expecting. This may have an effect on the responses given by the participants, as all have a close working relationship and are visited by their ToD once a week. In light of this, the open ended questions were chosen carefully to ensure that parents could give their honest answer.

Table 3.1 includes birth order as a characteristic of the child. This may also play a role in transition, as if this is the participant’s first or only child, they have no prior experience of this, however if this is the second or later child, parents have experience and are therefore more prepared Equally, parents’ educations were also considered to be a potential factor that could contribute to the process of transition, hence why this data was collected.

Two phases of data-collection would perhaps have produced a more robust data set, and offer a more accurate triangulation of findings (Denscombe, 2014). A preliminary questionnaire was considered to be distributed amongst professionals and families for their feedback on transition, however Bell (2010) suggests that questionnaires should be trialled, which, due to time constraints, was not possible. It must be noted, however, that the researcher was aware of the time requirement that interviews impose on both professionals and families (Gorrard, 2006) and adding an additional tier to the research could have affected the participants desire to participate in the study.

3.5. Data Analysis

Semi-structured interviews were recorded in accordance with ethical approval guidelines (Appendix 5) transcribed by the researcher. Thematic analysis was performed in three levels (Strauss and Corbin, 1990): open coding, axial coding, and selective coding. The researcher conducted open coding by breaking sentences and phrases into small parts and identifying relevant themes. In axial coding, these themes were analysed in more depth by comparing and contrasting any links found. Finally, in selective coding, over-arching ideas were selected and analysed. The researcher’s own perspectives, along with her university tutor’s, regulated confidence in the identified themes. Participants were provided with a summary of their responses to prevent any researcher bias and to clarify any ambiguity.

3.6. Reflexivity

In support of Willig (2001) and Nightingale & Cromby (1999), the following is in acknowledgment of the researcher’s contribution to available research on perspectives of families of young deaf children prior to the transition of their children to full time early years and foundation stage educational placements. The researcher is a qualified ToD and has worked in education for the past eight years. She began her teaching career in a Special Educational Needs School for children with complex needs and has since worked in a Hearing Impairment Provision in a mainstream Primary School. She now works as a peripatetic ToD for a local authority in a metropolitan borough in a major city in the United Kingdom. As a peripatetic teacher, the researcher works with children and young people from the age of 0 months to 25 years old. Due to the frequency of visits to families in the home and educational settings in the early years, the researcher wanted to provide an opportunity to analyse the experiences of families and professionals during the transition process to provide insight into their first accounts and use this research to help inform and reflect upon current practise.

4. Results and Discussion of Results

This research aimed to examine and explore the perspectives of parents and professionals involved with the child's transition process from a home setting to a full time educational setting and to establish if there are common themes from a family-centred point of view. The data gathered was analysed and identified by the researcher using a thematic enquiry approach (Butler-Kisber, 2010). The following themes were compared and contrasted with the two distinct sets of results obtained from the families and professionals involved.

Analysis of the data derived from the semi-structured interviews was performed by the researcher and all the results depended on the researcher's analytical ability (Steinfield and Fulk, 1990). All efforts were made by the researcher to encourage in-depth narratives through semi-structured interviews with participants to enable the researcher to obtain results that did not carry any preconceived assumptions and so did not influence analysis (Scott, 2017; Butler-Krisber, 2010).

The results and discussion of results below are presented in two sections:

- Set 1 – Results from responses from families
- Set 2 – Results from responses from professionals

Table 4.1 Themes Raised by Families

Themes Identified by Families
Desired Support for their Deaf Child
Desired Support for Families
Barriers Faced During Transition
Metatheme: Future Aspirations for deaf children

The first two themes are aspirational goals families identified as being what they would consider ideal practice from ToDs during the period of transition from home to formal education setting. There were no significant differences between the overarching, three themes according to family demographics; e.g. socio economic status, number of deaf children in the family etc., however there were some discrepancies in the subthemes. Finally a metatheme was identified that was an outcome of the discussion around transition.

4.1. Set 1 – Themes Raised By Families

When families were asked what they believed would be most helpful for their deaf children during the transition process, their responses were analysed and the following subthemes were identified.

4.1.1. Desired Support for their Deaf Child

4.1.1.1. Having a familiar adult during the process of transition

Participant A and Participant C identified a key worker to support their child as being an ideal support.

Participant C suggested that there should be a familiar adult, for example his ToD, to be present in his new setting during the final stage of transition.

Table 4.1.1.– Participant Response

“Definitely people he knows to make transition easier, to reassure him”	- Participant C

This differed to the type of support suggested by Participant A, who identified the support of a key worker to inform other professionals, e.g. speech and language therapist, physician, audiologists of plans specifically about the decisions made during transition.

Table 4.1.2 – Participant Response

“A meeting was organised and this meant that every professional came together about all her needs and we could talk about the EHCP together and her future.”	- Participant A

It should be taken into consideration that the child of Participant A has significant medical needs in addition to her deafness (Table 3.1) and many professionals are involved in her Early Intervention. This factor indicates that the level of support required by the family differs from Participant C. Dissemination of information and collaborative working in advance of the transition was essential for the child of participant A, however from the perspective of Participant C, it seemed the physical presence of the ToD in the new setting would be sufficient. Young children transitioning from home to educational setting experience a dramatic change (Wildenger and McIntyre, 2012) and approximately 50% of children find this experience difficult (Rimm-Kaufman and Pianta, 2000). In the case of Participant C, a familiar adult could potentially ease this process by making the change seem less dramatically different. Additionally, if the child is able to associate this adult with positive experiences, they may feel more confident in the setting (Belsky and MacKinnon, 1994). Further analysis leads this researcher to believe that the role of the ToD was sufficient in the case of Participant C, however contribution outside the remit of deafness was required for supporting Participant A and therefore collaborative working with the relevant professionals is crucial with open communication between all stakeholders for a successful transitions (Curle et al., 2017; Rimm-Kaufman and Pianta, 2000).

Though Participant B did not identify this as a desired form of support, it does not mean that she does not see the value in this. Participant B had no previous experience of transition as her daughter is the eldest child (Table 3.2). Having a familiar adult to support families throughout transition could be fulfilled by their ToD in a key worker capacity (NCTL, 2014) and Participant B may not have acknowledged this during the interview.

4.1.1.2. Preparing a thorough handover for the new setting

Dissemination of information, such as during a handover, is the outcome of collaborative working as previously discussed. Participant C acknowledged that a handover from one setting to another was important to guarantee a smooth transition.

Table 4.1.3.– Participant Response

“Having someone do a hand over so he is going from one stage to another stage”	- Participant C

As deafness is a low incidence disability (NatSIP, 2012; Mitchell and Karchmer, 2004), it is important that the needs of the child are detailed explicitly. It is likely the new setting may be a mainstream school (CRIDE, 2017) and they may have not had experience of working with a deaf child before. Thus, a handover is crucial.

4.1.1.3 Trust in experienced professionals who understood their needs

The above alludes to the trust families put in specialist professionals, such as ToDs. Participant C identified the need for specialist support for her child when considering a new setting. When relaying her experience of pre-visiting a specialist provision in a mainstream school, Participant C commented the following;

Table 4.1.4.– Participant Response

"They are all trained and people who know what they are doing and draw the language out of him."	- Participant C

For Participant A, whose child's deafness is one of several complex needs, the professional's proficiency of using specialised equipment was prioritised:

Table 4.1.5.– Participant Responses

"Her special buggy, standing frame and a person to support her. She needs a special chair and she uses a standing frame. She needs a home standing frame and a school standing frame. She needs her hearing aids, and someone to check her hearing aids. This is the important thing, even when they are blocked with the stuff, the wax and they need to be checked every day. She needs someone who understands how to do these things."	- Participant A
"Before she goes, she needs someone to be trained to know that her chair is secure, and she needs a special training for her physical needs and her feeding. Because it's a deaf school, I'm not worried about her hearing needs, I worry about her physical needs and if she settles."	– Participant A

Participant A described her confidence in her child being supported for her deafness in the new setting that is a specialist school for the deaf, but still had anxiety around the specialist support she will receive for her other medical needs. This is particularly insightful and refutes the research performed by

Daley, Munk and Carlson (2010) who argue that parents of children with complex disabilities removed themselves from the transition process, however this parent has been an exception to this by being fully informed of her daughters needs and ensuring that she remains an active participant (McIntyre et al. 2007; 2010). Arguably, anxiety is not always a benchmark for parental involvement in transition, though Podvey et al. (2013) suggests parents who are less proactive during transition experience greater levels of anxiety, therefore further research is required to analyse the correlation and how this relates to children are deaf.

4.1.1.4. Metatheme - Future Aspirations for deaf children

When families were describing their experiences of transition, they occasionally confused a question directly related to transition, i.e. the gradual adoption and modification of roles (King et al., 2005), with what they desire for their children in their new setting (See Appendix A). Though the following responses are not part of transition as a process, they should be considered alongside transition. This created the metatheme ‘Future Aspirations for deaf children’. Their responses are below:

4.1.1.4.1. Having access to deaf peers

All participants considered deaf peers when selecting a new setting:

Table 4.1.6.– Participant Responses

“He thinking when he in new school feel like comfortable and [there is] someone more like me, [he feels] more [at] home and everyone is playing and [he will] try to involve himself”	- Participant C
“My daughter can understand there are more children that are deaf.”	– Participant A
“We chose a provision because they have experience with deaf children, they have other deaf children with her. She feel more comfortable.”	- Participant B

Participant’s responses all centred around their deaf child’s social and emotional wellbeing, their deaf identity and inclusion. This is not something that was taken into consideration by the researcher, as being an essential component to transition, nor was it considered by the professionals who make up the participants of set 2 however the unanimous response indicates it is a factor that should be explored in greater detail by other researchers.

4.1.1.4.2. Having access to deaf role models

Deaf identity was further alluded to by Participant A, who said deaf role models also have a positive effect on the child's social and emotional wellbeing by being able to relate to the child in a way that hearing adults cannot.

Table 4.1.7.– Participant Response

"I really trust the [new] school because they look after the children. I had a daughter already at this school. She learnt from deaf people, deaf role models are so important because we don't understand how different it is for them than for us."	- Participant A

It could be suggested that deaf adults have a personal insight on the deaf child's experience of transitioning to a new setting which has been substantiated by the Deaf ToD's perspective (4.2.3). This parent was the only participant to mention this, yet this family had an older daughter who was deaf and attended this school. Therefore, by having previous experience of the process, this parent is perhaps able to have a more informed view, thanks to her retrospective experience. This is a longitudinal factor that is something that should be considered by professionals, and should be further explored in the future.

4.1.2. Desired Support for Families

Participants from Set 1 also provided responses that focused on their own needs and desired support during the transition period.

4.1.2.1. Being listened to

The role of the ToD is not only to support the individual deaf child, but extends to emotional support for the family.

Table 4.1.8.– Participant Responses

"But above all, being listened to. It doesn't matter	- Participant A

about the professionals, it's about having someone to listen to me and to talk to. This is the most important thing."	
"Thank you for listening to me I feel better when I talk and someone can understand me and how I feel."	- Participant B

It has been identified that parents viewed transition as scary and that communication is essential to a smooth transition (Podvey et al. 2013; Brown 2009), however this relates to professionals feeding back to families. These studies do not address the reciprocal communication of families' views being listened to and addressed, which this set of participants have agreed is a desired support system during the transition period.

4.1.2.2. Having insider knowledge of their child's needs

Participants were able to describe their child's needs in great detail and provided an insight that professionals would very likely miss. For example, Participant C was able to describe how her son's diet affects behaviour:

Table 4.1.9.– Participant Response

"But I know him, [for example when] I haven't given him enough warning, [his behaviour is difficult but when I do] the calmer he feels. Especially the diet as well. Before I knew he can't hear, but I knew certain foods made him go over the roof. [Now I know he doesn't like those foods but he couldn't communicate before]."	- Participant C

Participant A is the parent of a child with complex needs including medical and behavioural difficulties. As such, parents are able to understand their daughter's communication in a way other professionals may not be able to. For example, knowing her daughter's favourite toys can provide her with comfort in pre visits to her new school is information that is bespoke to a family member.

Table 4.1.10.– Participant Response

"I've been bringing toys from home when I go to any new schools, so she gets reassurance from her own toys. She's comforted."	- Participant A

Also, her motor skills are poor on the left side, so she is using approximations of British Sign Language. Her parents are able to act as interpreters for professionals who are unfamiliar to her, such as the staff in a new setting:

Table 4.1.11.– Participant Response

“For example, when my daughter she bangs her head people don’t understand and they don’t know. My [child’s name], she signing ‘Mummy’, ‘hello’, ‘good bye’, ‘Salam’, Other people ask me if she is signing and I tell them yes”	- Participant A

Participant A’s daughter also finds it difficult to interact with any unfamiliar adult and when forced to, will hold her breath which can cause seizures. The school that was selected by parents required an assessment before it formally offered a place, therefore by compiling videos of her, alongside her ToD, ‘outside’ professionals were able to see her true potential. ToDs can facilitate families in being able to impart this ‘insider’ knowledge that only parents and carers acquire and how this information can be insightful to new professionals working with them (4.2.1).

4.1.2.3. Having an informed choice to be able to make the right decision

Participants recognised there were gaps in their knowledge that were specific to education that they had no previous experience of and all agreed that knowledge is essential for making a fully informed choice about the most appropriate future setting:

Table 4.1.12.– Participant Responses

“I want to know when visiting schools, talking about questions that you might want to ask schools, things you want to know, more information about his learning styles and what he’ll be learning”	- Participant C
“You being around. Giving me the information and giving me options. You’re not forcing me to choose anything. This is the plan that we have [together].”	- Participant C
“Knowing my rights as a parent, knowing what is there for me.”	- Participant B

Parents did not want the professional to dictate a specific setting, instead, they wanted to be empowered to be able to make the decision themselves. This is an essential role of ToD to facilitate families with informed, unbiased information (Young et al., 2006; NCTL, 2014).

4.1.2.4. Siblings

Participant B has made the decision to send her child to a deaf provision in a mainstream school that is out of borough.

Table 4.1.13.– Participant Response

"Her sister will struggle with her being away. They fight but they also miss each other. School say they can take her [the sister] but Local Authority won't provide transport."	- Participant B

This decision was based primarily on the needs of her deaf child, however she was aware of the impact this had on the future education of her younger child and was faced with the possibility that they may attend different primary schools due to decisions about funding transport from the Local Authority. It is also worth considering if her deaf child was in a different birth order e.g. second child and her first attended a mainstream school, would this have an impact on her decision. This needs further research.

4.1.2.5. Arranging visits to the school in advance

All participants recognised the importance of visiting prospective settings in advance. This provided them with the opportunity to explore different options and assess what level of support was available and most suitable for their deaf child.

Table 4.1.14.– Participant Responses

"Go and visit different schools and see how they are. Trust your instincts. If you go you will feel happy. And not just looking at the deaf teaching, changing clothes, changing nappy, everything, if they are caring."	- Participant A
"I had knee surgery so my husband went before me and then I went. The teacher showed me how other children communicated. How my child would be with other deaf children and what she would do	- Participant B

with them. She was playing outside with them. I liked that."	
"Visit some schools. I know the mainstream schools but I've never had the experience of specialist schools. It is difficult for me to know if the quality of the teaching is the same, I think he needs to learn in a different way. I will know if the teacher works nicely with the children."	- Participant C

Interestingly, their concerns included teacher and child relationships. This is similar to McIntyre's et al. (2010) findings, who highlighted the need for positive relationships between teacher and child before attending formal schooling. They stated pre-emptive relationships between teacher and child had a direct impact on the ease of transition through the familiarisation of faces and ensured the child is well prepared before attending the school (Rimm-Kaufman and Pianta, 2000). Participant A mentions the caring quality required to teach her daughter, Participant B describes the relationships during play and Participant C discusses the mannerism the teacher has with the other children. This highlights the importance of a holistic approach to teaching children who are deaf and parents are perhaps mindful of their role as primary caregiver shifting to a teacher (King et al., 2005).

4.1.3. Barriers Faced By Parents during Transition

Participants also voiced specific concerns that they faced during transition. These are described below.

4.1.3.1. Concern for their child's behaviour

Participants all reported that they were concerned about their child's behaviour and how they would cope in their new educational setting.

Table 4.1.15.– Participant Response

"Support her with what she needs. How she is breath holding, she can stop these things. If she sees these people regularly, she knows the people."	- Participant A
"She has behaviour problems and then it's hard for school to know what she's capable of."	- Participant B
"His behaviour is difficult sometimes for no reason, he just snaps."	- Participant C

Behavioural difficulties are prevalent in many young deaf children (Stevenson et al., 2015) and are at risk of delayed cognitive and social development (Marschark and Wauters, (2011) and how a child starts formal schooling can have an effect on their social integration (Pianta and Kraft-Sayre, 2003), therefore this is a reasonable concern from parents.

4.1.3.3. Lack of knowledge, confidence and anxiety

Throughout the semi-structured interviews, parents would occasionally become nervous which was demonstrated by twisting their hands, rearranging their head scarf and fiddling with their sleeves and would follow this behaviour by divulging their feelings of lack of confidence or knowledge:

Table 4.1.16.– Participant Response

"Teacher of the deaf needs to get educational health care plan because the choice of my school is out of borough. It is more complicated. I can't do these things because I don't understand. Teacher of the deaf comes and tells me something that I don't know."	- Participant A

It is understandable to expect parents to have a lack of knowledge in a process they have little to no experience of, which in these cases, manifested into anxiety. For Participant A, her lack of knowledge of the Educational Health Care Plan process is her source of worry.

Table 4.1.17.– Participant Response

“English being another language for me – I don’t know the information and I worry that I’m missing something. I am glad that you are there. It’s hard to translate. I want the best for my children. You help me lots.”	- Participant B

Participant B felt her standard of English was not high enough, and was fearful that she would miss key pieces of information during important discussions. It is common practice for a translator to be offered during meetings, in the Borough this research was carried out, yet this parent refused this.

Based on professional experience, it is the researcher’s opinion these decisions vary on the individual but occasionally it can be due to pride and trust in the ToD.

This trust in the ToD is echoed in the response by Participant C:

Table 4.1.18.– Participant Response

“As a professional I’m sure they know better than me.”	- Participant C

It is the role of the ToD to provide all necessary information to enable families to make informed, unbiased decisions (NCTL, 2014). However, parents who lack confidence could tend to look for answers from their ToD. It was clear from the results that some of these parents appeared a little disempowered within the process.

It is the researcher’s opinion that ToDs need to be made aware of this during transition and monitor their tone of voice, intonation to ensure that the language they use is comprehensive and clear and no information is withheld when discussing placements.

Finally, Participant B brought the practicalities of attending a new school to light to the researcher, who had not considered these issues before, such as; preparing lunches, a uniform and morning routines:

Table 4.1.19.– Participant Response

“More information about the school to know what’s next – If she needs lunch? Do I pay for lunch? The time it’s going to take to put on her uniform, and how she’s going to get up earlier in the morning. If I prepare her lunch for her, I’ll have to prepare her sandwich for her. I have to make her lunch in the morning. I have another child so I have to look for her so I need to know what time this will take. Also, she’s a picky eater. She may not like the school lunches they provide.”-	- Participant B

These are issues that are not explicit to any professional, but are of upmost importance to parents and have a huge impact on their child attending school. Therefore, providing the necessary information and supporting parents about how to find out this information is crucial.

4.2. Set 2 - Themes Raised By Professionals

Professionals, who included 4 ToDs and 1 Specialist Speech and Language Therapist, participated in a semi-structured interview, relating their professional experiences to questions surrounding transition of children and their families in the Early Years (see Appendix ii for interview guide).

There was little discrepancy between the results provided by participants who were longer qualified in comparison to newly qualified. Cawthon et al. (2014) suggested that professionals' training and experience of working with the deaf population was a critical factor when supporting families during transition, however this did not translate to this study.

The data gathered has been analysed and the following themes were identified by the researcher using a thematic enquiry approach (Butler-Kisber, 2010).

Table 4.2. – Themes raised by professionals

Themes Raised by Professionals
Collaborative Working
Informed Choice
Support in Schools
Emotional Support for Families

4.2.1. Collaborative working

All participants of Set 2 referred to collaborative working with families and professionals during their semi structured interview. This included:

4.2.1.1. Collaborative Meetings

All professionals interviewed were involved in joint working with the school and the family during the transition period. Their roles often included performing a key worker role in arranging meetings with the new school to share information about the child alongside developing resources such as pupil passports, parent teacher meetings and 'Team Around the Child' meetings which included a wider range of professionals such as Occupational Therapists, Speech and Language Therapists. Podvey et al. (2013) proposed that parents should be involved in meetings from the very beginning to ensure information is shared and to eliminate families feeling of alienation during this difficult time. By ToDs organising a meeting, an open platform is available for sharing key information for families and professionals and ensure that all information is disseminated.

4.2.1.2. Collaborative Training

All interviewees described collaborative training e.g. involving professionals from different disciplines and parents, as ideal, however this was not always possible. Some professionals said that they asked parents for their contribution and though they were happy to contribute to information such as to handouts for INSET training, parents were reluctant to present any formal training. The specialist Speech and Language Therapist said that all training performed in Nursery were planned and delivered alongside a ToD. Two ToDs said they would consult with other professionals but were expected to deliver the training alone.

The importance of training in anticipation of the child attending school is outlined in the Equality Act (2010) and stresses the importance of it being in anticipation of the child's transition.

4.2.1.3. Developing a pupil passport

Developing a pupil profile with parents and then sharing this with the school was standard practice for all ToDs. They described families input as invaluable, particularly for the subtle nuances of their child's life that only a parent would know such as their likes and dislikes and triggers of their behaviours as seen in 4.2.2. This information that is contributed by families can empower them to acknowledge the importance of their voice (DfE/DoH, 2015) and builds their advocacy in supporting the child during transition.

4.2.1.4. Disseminating Information

One ToD reported that disseminating information is essential in the transition process; however there were some barriers that hindered the effectiveness:

Table4.2.1- Participant Response

"All our reports are sent via egress and you can look at how many people have looked at your report. Passing on information is difficult. Piecemeal – that's what is difficult."	- Participant G

By using software that enables the sender to detect if it has been viewed, the ToD can identify potential barriers of transition by using this technology. Once known, professionals can prompt the recipient to ensure that information is disseminated appropriately.

It was also reported by another ToD who said that her training was often to one or two members of staff, and she relied upon them to disseminate the information she had given them:

Table 4.2.2 – Participant Response

"During handover meetings I will provide the nursery with a language programme but I have no way of knowing if it will be enforced. I am also unable to know if the hand over information has been shared with the rest of the staff members and troubleshooting technology. The implications of this are that if for example the person who is responsible for that child is off sick and other staff members don't know how to attach a receiver to a hearing aid, that child will suffer for a week until the staff member returns or by chance I have scheduled a visit."	- Participant F

Schools have a requirement to remove barriers to learning to ensure children have full access to the curriculum (DfE/DoH, 2014), however there is no requirement for mainstream teachers to follow the advice of ToDs (Salter et al., 2017). This ToD illustrates the lack of accountability schools have in ensuring that information is relayed to all relevant professionals working with the child and creating a system for change when a staff member is absent. If this is the case, it could be suggested that this school is not meeting the needs of the child (DfE/DoH, 2014).

4.2.2. Informed Choice

The role of ToD includes assisting deaf learners and their families in "empowering them to make informed choices and to express their views about issues that affect them as individuals and collectively" (NCTL, 2014 p.25). Each professional said that this played a vital role in supporting families during transition. Equally families said that they felt dependent upon professionals and grateful for the information received. This is something that emerged in the semi structured interviews with professionals:

4.2.2.1. Pre visits of potential schools

Practice varied in regard to accompanying parents to visit potential schools. One ToD accompanied every family to every 'potential school' visit. Two ToDs said they accompanied parents who they felt were lacking in confidence and required a presence to be their advocate in asking questions. Another ToD said that she provided families with the appropriate questions and encouraged them to take a pupil passport of the child's needs, or if applicable, their educational health care plan, but did not attend these visits. It is worth investigating further what basis ToDs make this judgements and if some families would be disadvantaged if they were judged to be confident and therefore not require their ToD to accompany them.

<u>Table 4.2.3.</u> – Participants' Responses

"They also need to take into the child's personality and does this setting fit with the child's personality and does it fit with the family style and family values as well. I always recommend different places visited, look at different places online but don't rely on them and talk to the	- Participant D

SENCo and judge by the attitude. I have heard from parents, that though they go to a setting that is wonderful on paper, they walk away with not a very good feeling about their child's needs being supported. Even though on paper, the school is meant to be inclusive, that's it really."	
"It's not about taking over, but about being a support for them. Enabling them to make decisions. Because I'm Deaf myself, I can help them understand."	- Participant F

It is important to note that the Participants of Set 2 made no mention of children accompanying the pre visits. McIntyre et al. (2010) proposed that pre-existing teacher/child relationships improves the transition process, with the outcome of less socio behavioural concerns. As deaf children are more at risk of socio-behavioural problems than hearing children (Stevenson et al., (2015), it is pertinent to suggest that children should be present during these visits alongside parents and ToDs.

4.2.2.2. Family Characteristics

Professionals have collectively reported that family characteristics play a role in the decision in the school parents choose, particularly in terms of the education level of parents and the number of siblings and where they attend school. Also preconceived impressions of educational settings were influential in families' decision of where to send their deaf child:

Table 4.2.4. – Participants' Responses

"The parents that don't want their child to go to a deaf unit is usually because their past experiences has impacted their perception of them hugely."	- Participant E
"Hearing families require more support than deaf families. They don't have the same awareness of acoustics, Speech and Language Therapy, BSL levels, all questions they may not know how to ask."	- Participant G

By providing families with fully informed choices, they should be able to make the decision of which educational setting is suitable for their child, yet one ToD was troubled by one family insisting on a mainstream school, despite their child requiring a level of support that cannot be met at a local school:

Table 4.2.4 – Participant's Response

"Some families will refuse anything other than a mainstream school and though I want to maintain a positive relationship with the families, I also have to do what is right with for the child. I'll say to families, it seems like a battle with me, but these are the needs of your child, and if the support isn't in place now, they will require so much more later on in their education."	- Participant G

Participants from Set 2 suggested that part of providing families with an informed choice is giving families the options of what is offered in their borough and in some instances, part of that informed choice is in other boroughs such as deaf schools or provisions:

Table 4.2.5 – Participant's Response

"I would really encourage them to go and have a look at the different settings, not just one."	- Participant F

Young et al. (2006) argued that there are instances of professional services who do not make families fully aware of what is available for them. This also emerged in one interview:

Table 4.2.6 – Participant's Response

"We are reluctant to suggest families look out of the borough because they are often turned down unless there is sufficient evidence that the local mainstream schools really can't meet their needs. We know that as professionals, but the local schools don't get deafness, so they say they can. Then families are disappointed when they don't get a deaf unit when they want one. There isn't one in the borough so we have to use transport as a means to dissuade families"	- Participant E

For families to make a fully informed choice, ToDs are required to unbiased information, including all educational options available within and outside their borough (DfES, 2006; NCTL, 2014).

4.2.3. Providing Support in Schools

ToDs have a dual role of supporting families in the home and also in school settings and therefore an essential part of the role during the transition process is ensuring the school is fully aware of the child's needs and is fully trained.

4.2.3.1. Training schools

All participants of Set 2 reported that training in schools is an essential component of the transition process. Training included:

- Listening checks of amplification including Personal Hearing Instruments (hearing aids/cochlear implants) and Radio Aids
- Child specific training, i.e. sounds that the child will struggle to hear in accordance with their hearing loss, presenting school with their audiogram
- Deaf awareness training e.g. social and emotional strategies of ‘breaking into play’
- Signposting schools to resources –e.g. *“We refer them to the NDCS materials supporting achievement”* – Participant F

4.2.5. School’s acceptance of support

ToDs are increasingly employed under an advisory capacity (CRIDE, 2017) and as 78% of deaf children are educated in mainstream schools (CRIDE, 2017). The role of ToD is to sustain ‘raised achievement of children and young people who are deaf’ (NCTL, 2014, p.4) and supporting schools is critical.

4.2.5.1. Efficacy of training

Cawthon et al. (2014) outlined challenges of successful transition for deaf individuals to include restricted access to rigorous education, full communication modes and a general lack of professional expertise. Yet, all participants in Set 2 reported that schools are often reluctant to take up training, particularly in anticipation of the child starting their new setting, despite this being clearly outlined in the Equality Act (2010).

Table 4.2.7 – Participant's Response

"The issue we have is that even though on our written protocol, we're happy to offer the child training once they have gone into the setting, it's very rarely taken up."	- Participant F

With schools knowing the importance of adhering to legislative rights of the child and families including the Equality Act (2010) and the SEND CoP (2015), and extensive research pointing to the effect deafness has on a child's education (Leigh, 2008; Archbold, 2010) this is a cause for concern. Ideal practice was defined by Participant G:

Table 4.2.8. – Participant's Response

"Training is staggered across the months of the child attending the school. We will discuss audiology levels, technology such as radio aids and teaching strategies before the child attends and then in September we discuss hearing aid management and listening checks when the child begins."	- Participant G

It raises the question of why schools are reluctant to participant and UK based research is required in this area. It could be suggested that the timing of the training could be an issue. In line with the legislative guidance, Curle et al. (2017) suggests that preparation in advance of a child attending the school contributes to a smooth transition, however if this is before the Autumn Term, schools may have the belief that the training they receive will not be retained over the summer holidays.

Professionals further elaborated on timing being a constraint for schools when accepting training. Participant D relayed her frustration at not being able to train the relevant professionals effectively:

Table 4.2.9 – Participant's Response

"Schools will ask you to condense a whole day's training with a workshop in, for example literacy, to a 45 minute session, grabbing staff's attention, it's not comparable that is squeezed in. I think LSAs working with deaf children is also variable. I think schools could be doing would be showing a more commitment to training."	- Participant D

Salter et al. (2017) looked at the collaboration of working practices of Teaching Assistances in mainstream deaf education and argued that though schools are required to meet the needs of the pupil to ensure full access to the curriculum (DfE and DfH, 2014) they are under no legal obligation to follow the advice of ToDs. In accordance with the Equality Act (2010), if families want to take a school to tribunal, it must be timely (in 6 months) and have evidence of the school not meeting the needs of their child. This could be an emotional experience for parents who may be feeling emotionally sensitive from the anxiety around their child's disability (Heath et al. 2016) and may be reluctant to pursue any action. They may also want to preserve a positive working with the school, with fear this may have an impact on the working relationship with the child, particularly if they had a negative experience of school as children (Rimm-Kaufman and Pianta, 2000).

Participant G suggested that ToDs need to empower families to be part of the training of schools as they are the expert regarding their child:

Table 4.2.10. – Participant's Response

"Families need to be confident in their audiology management. They are trained in their home over how to use the equipment and their medical side of hearing loss to be able to explain this to others. They have contact with the teachers at the door each day and they can also explain to teachers to be able to impart knowledge to others and be the advocate for their children"	- Participant G

Thus, professionals believe that families remain a central role in the delivery of training and are able to trouble shoot any issues that arise, using their expert knowledge combined with the daily contact they have with schools to assist with ensuring the needs of their child are met.

4.2.6. Reasonable adjustments

Participants also commented on their approach to assist schools to make reasonable adjustments in line with the Equality Act (2010) to ensure that the needs of the child is being met and to have full access to the curriculum (DfE and DfH, 2014).

Ideal practice included:

<u>Table 4.2.11</u> – Participant's Response

"purchasing equipment that the child needs such as treating rooms acoustically with sound absorbing materials e.g. fabric cushions, organising time for teachers to be available to talk to teachers when carrying out observations, ensuring the correct number of staff members are employed before the child starts and have attended training, ensuring the staff members that are employed are equipped with the necessary skills such as the correct communication skills – level of BSL"	- Participant G

However, the researcher also found that there were limitations, as Participant E suggests:

<u>Table 4.2.12.</u> – Participant's Response

"Some school buildings are only able to be adjusted so much. Schools in this area are all open, with classrooms in the forms of bays with curtains instead of walls. I don't know where you would begin to modify a school like that."	- Participant F

Schools are duty bound by legislation to ensure children have full access to the curriculum (DfE/DfH, 2014) and any barriers to their learning is removed. This includes any 'reasonable adjustments' in anticipation of arriving at their new setting as taken from the Equality Act (2010). The term 'reasonable adjustments' is deliberately vague to apply to variety of disabilities and demographics. However, this very lack of clarity also provides confusion. What may be a 'reasonable' adjustment for one school, such as fitting acoustic panelling in a classroom, may seem an 'unreasonable' expense in another. Further research is required in this area to determine what is 'reasonable' in anticipation of young children transitioning from home setting to formal education setting.

4.2.7. Counselling Families

It has already been identified that families find transition difficult (Rimm-Kaufman and Pianta, 2000; Daley et al, 2010; Podvey et al. 2013) and

Participants from Set 1 identified that there was a great need for counselling parents during this time:

Table 4.2.13 – Participants' Responses

"Parents feel anxious about the change in service- by preparing them early for change in service delivery by giving them written protocols, providing reassurance they're making the correct decision, and having frank discussions that may be painful help with transition"	- Participant D
"Taking the time to talk to families in a relaxed setting like in a workshop helps them to feel listened to and gain support from other parents who are going through the same things, pre visits for the child when a school has been decided, so parents feel reassured that the child is happy and secure in their new environment and also that their needs are being met, providing peer support, having regular communication with people who know the child, having clear expectations, preparing parents for knowing the needs of their child and know that it needs to continue at home, e.g. phonics that will be taught in nursey needs to continue to happen."	- Participant E
"Starting the journey and being aware that there will be problems and when one goes, another will probably pop up, but being resilient in being able to cope with it and know that their teacher of the deaf will support them."	– Participant G

Participants reported that by preparing parents not only for the change in services, but also for the change in their role as primary educator of their child this would help ease their anxiety. Podvey et al. (2013) suggests that families feel like an 'outsider' due to no longer being a direct recipient of intervention, which is in agreement with Participant D.

4.4. Limitations of the Study

The study performed is relatively small and therefore cannot be generalised. All participants were selected from an opportunity sample of families from the researcher's caseload. The study relies on feedback from families who have a long standing relationship with their ToD, which may have influenced their responses due to the view that it may have an impact on their working relationship. Conversely, the existing relationship between the families and their ToD may have led to participants offering more genuine responses, particularly due to the emotive nature of the topic. There is also consistency in the delivery of service to each family which allowed for more in-depth analysis and more reliable comparison of results.

Two of the participants had children who received a late diagnosis and one of the participants had a child with complex needs. Families may be more or less anxious about their child's hearing loss as a result and this could have had an impact on their feelings about transition.

4.5. Future Study

There has been very little research performed that investigates the perspectives of families of deaf children during transition in the early years and only limited research around professionals' perspectives, with Curle et al. (2017) focussing on administrator perspectives of transition for young deaf children. Future research suggestions have been made throughout this study; however it is the researcher's view that the theme of 'Informed Choice', in the context of transitioning, should be explored thoroughly. Finally, a longitudinal study around the effectiveness of transition with particular focus on behaviour and academic trajectory could also assist parents and professionals in the negotiation of transition in the Early Years.

5. Conclusion

This study has explored the perspectives of families of young deaf children and professionals who support them, during the transition process. Professionals valued insider knowledge provided by families. This was evidenced in the results by professionals commenting on the contribution families made to resources, such as pupil passports. However, one ToD reflected that she felt the need to challenge parents when they were making a decision regarding a setting she believed to be inappropriate for the child. Though ToDs are specialist teachers (NCTL, 2014) and have a qualified opinion, they must respect the decision of the families, even if they go against professional advice, as this is central to the SEN Code of Practice (2015).

Families occasionally confused their experiences of transition with outcomes of a successful transition thereby generating the metatheme '*future aspirations for deaf children*,'

It was found that ToDs withhold information, preventing families from making a fully informed choice. ToDs alluded to factors such as Local Authority pressures and professional opinion as reasons for this behaviour; however this defies the partnership model. This is a concern, particularly because of the trust families put in these professionals. More in-depth research is required in this area.

The study found that families can have a lack of confidence during the transition process and place a large element of trust in their ToD. This was matched by the professionals' responses, who acknowledged their role in providing emotional support to families. This trust also extended to expecting ToDs to provide and disseminate information to the future setting. This is something ToDs expressed as a challenge, partly in being able to ensure schools accepted support and that any advice they provided was consistently implemented. Acceptance of support in schools is something of a concern and should be further investigated.

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Appendix 1: Interview Guide for Families

Interview Guide for Families

Purpose of the Interview:

You have been asked and agreed to take part in this study that focuses on your perceptions of the transition process of your child from a home setting to a full time educational setting.

Procedure:

I will ask you five questions. The interview should last no longer than 45 minutes. Please feel free to add any information you think is important. We can stop the interview at any time.

Questions:

What support does your child need to make transition effective?

Have you selected a school for your child/ has a ToD supported you with this/how effective?

What do you think the TOD needs to put in place between now and September?

What does the school need to put in place between now and September?

What support would you like as a family during transition?

Appendix 2: Interview Guide for Professionals

Interview Guide for Professionals

Purpose of the Interview:

You have been asked and agreed to take part in this study that focuses on your perceptions of the transition process as part of your role of supporting families of young deaf children from a home setting to a full time educational setting.

Procedure:

I will ask you five questions. The interview should last no longer than 45 minutes. Please feel free to add any information you think is important. We can stop the interview at any time.

Questions:

What support do families need to make transition effective?

How do you support families to select an educational setting?

What do you think the TOD needs to put in place between now and September?

What does the school need to put in place between now and September?

What support do you think families need during transition?

Appendix 3: EC6: Participant Information Sheet

UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS
('ETHICS COMMITTEE')

FORM EC6: PARTICIPANT INFORMATION SHEET

1 Title of study

An explorative study of the perspectives of professionals working with young deaf children and of their families prior to the transition of their children to full time early years and foundation stage educational placements.

2 Introduction

You are being invited to take part in a study. Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part. The University's regulations governing the conduct of studies involving human participants can be accessed via this link:

http://sitem.herts.ac.uk/secreg/upr/RE01.htm

Thank you for reading this.

3 What is the purpose of this study?

The aim of the study is to examine and explore parents' and professionals involved with the child's perspectives of the transition process from a home setting to a full time educational setting and identify common themes.

The results of the study will attempt to identify and explore the issues and concerns of parents during the transition period from home setting to nursery/ nursery to primary school and establish if there are common themes from a family centred point of view and if these compare or contrast with the results obtained from professionals. As a result, this study will be used to support better-informed practice of teachers of the deaf.

4 Do I have to take part?

This is a voluntary piece of research therefore there is no obligation for you to take part.

5 Are there any age or other restrictions that may prevent me from participating?

To participate you must be an professional who has had direct experience with working with families and children aged 0-4 who has a diagnosed hearing loss and have been referred to the local Sensory Service and have experience of the transition process from home setting to full time educational setting.

6 **What will happen to me if I take part?**

You will take part in a short semi-structured interview which will take place in your place of work. The interview will be recorded and subsequently transcribed.

By agreeing to take part, your data will be anonymised and analysed using qualitative methods.

7 **What are the possible disadvantages, risks or side effects of taking part?**

You will need to provide a short period of time to engage in the semi-structured interview.

There are no anticipated risks or side effects of taking part in this study.

8 **What are the possible benefits of taking part?**

By agreeing for your data to be used in the study, there is potential for teachers of the deaf to identify new and more effective ways of supporting families with young children with a hearing loss through the transition process. This will benefit both yourself and other professionals working in this field.

9 **How will my taking part in this study be kept confidential?**

All data, including recordings of the semi structured interviews will be stored anonymously using an identifier number in place of your name. All personal data that will be analysed will be issued with an identifier number in place of you and your child's name. The analysis of the data will be stored on a laptop with a security password. The laptop is kept in a secure locker. Only the researcher and the researcher's manager have access to this locker. Completed consent forms will be scanned and saved in the researcher's personal area on the service's electronic system.

10 **What will happen to the data collected within this study?**

10.1 The data collected will be analysed and stored electronically, on a password-protected laptop for the duration of the study and will then be destroyed under secure conditions. The laptop is stored in a secure locker to which only the researcher and the researcher's manager have access. Data will be deleted upon completion of the current study.

10.2 Data will be anonymised prior to storage.

11 **Will the data be required for use in further studies?**

No

12 **Who has reviewed this study?**

This study has been reviewed by:

The University of Hertfordshire Social Sciences, Arts and Humanities Ethics Committee with Delegated Authority

The UH protocol number is **cEDU/PGT/CP/03822**

13 **Factors that might put others at risk**

Please note that if, during the study, any medical conditions or non-medical circumstances such as unlawful activity become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities.

14 **Who can I contact if I have any questions?**

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar.

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.

Appendix 4: EC4: Consent Form for Studies Involving Human Participants

UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS
('ETHICS COMMITTEE')

FORM EC4
CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS
FOR USE WHERE THE PROPOSED PARTICIPANTS ARE MINORS, OR ARE OTHERWISE UNABLE TO GIVE INFORMED CONSENT ON THEIR OWN BEHALF

I, the undersigned *[please give your name here, in BLOCK CAPITALS]*

…………………………………………………………………………………………………
of *[please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address]*

…………………………………………………………………………………………………
hereby freely give approval for *[please give name of participant here, in BLOCK CAPITALS]*

....
to take part in the study entitled "An explorative study of the perspectives of professionals working with young deaf children and of their families prior to the transition of their children to full time early years and foundation stage educational placements."

....

(UH Protocol number **cEDU/PGT/CP/03822**)

1 I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of his/her involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent for him/her to participate in it.

2 I have been assured that I may withdraw from the study, and that I may withdraw my permission for my child's data to continue to be involved in the study, at any time without disadvantage to him/her or to myself, or having to give a reason.

3 I have been told how information relating to him/her (data obtained in the course of the study, and data provided by me, or by him/her, about him/herself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.

4 I understand that in the event that my participation in this study may reveal findings that could indicate that my child might require medical advice, I will be informed and advised to consult his/her GP. If, during the study, evidence comes to light that he/she may have a pre-existing medical medical condition that may put others at risk, I understand that the University will refer him/her to the appropriate authorities and that he/she will not be allowed to take any further part in the study.

5 I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

6 I have been told that I may at some time in the future be contacted again in connection with this or another study.

7 I declare that I am an appropriate person to give consent on his/her behalf, and that I am aware of my responsibility for protecting his/her interests.

Signature of person giving consent

…………………………………………………………….Date…………………………

Relationship to participant

....

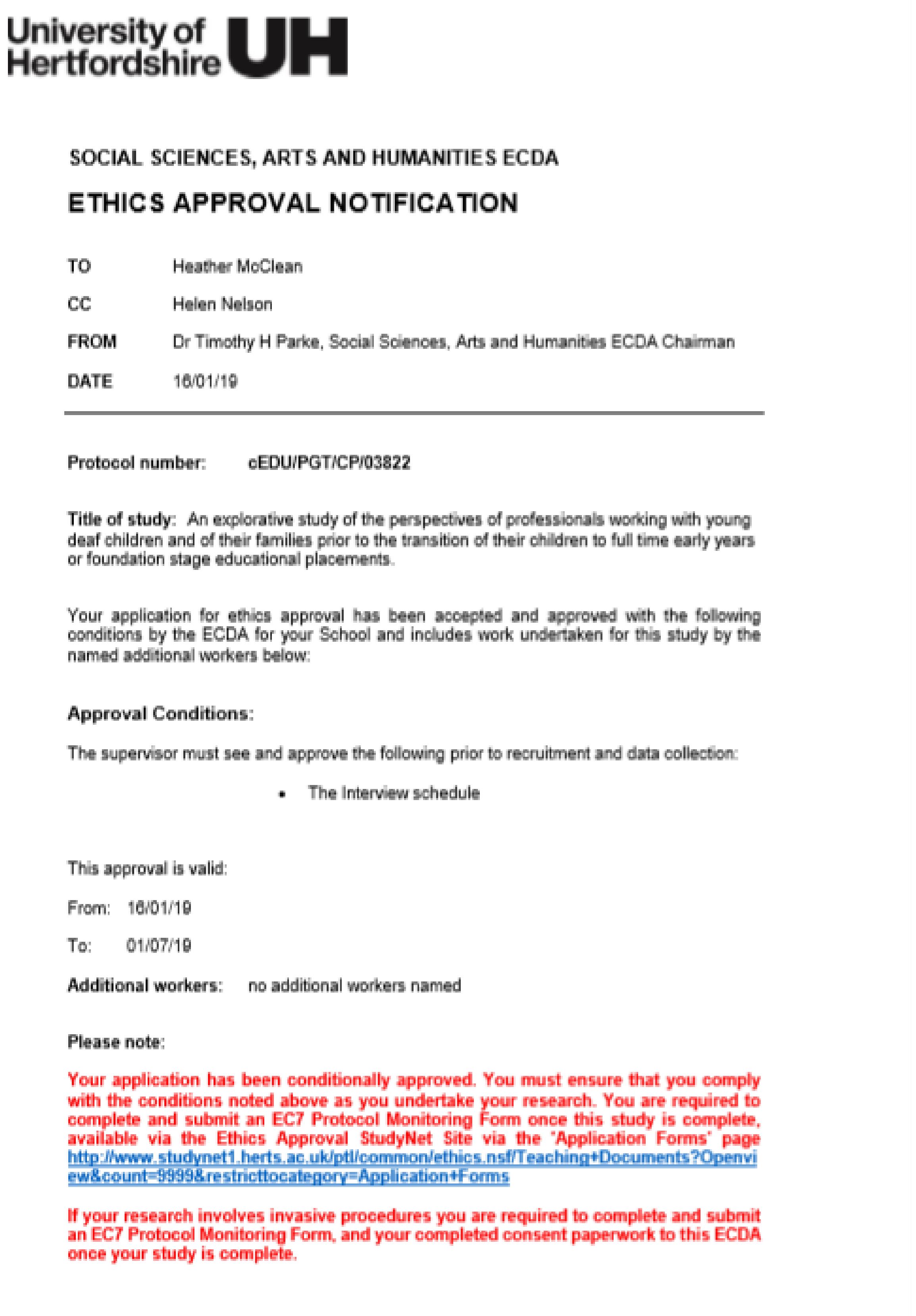
Signature of (principal) investigator

....Date………………………..

Name of (principal) investigator *[in BLOCK CAPITALS please]*

HEATHER MCCLEAN..

Appendix 5: Ethical Approval Notification



University of Hertfordshire UH

SOCIAL SCIENCES, ARTS AND HUMANITIES ECDA

ETHICS APPROVAL NOTIFICATION

TO Heather McClean

CC Helen Nelson

FROM Dr Timothy H Parke, Social Sciences, Arts and Humanities ECDA Chairman

DATE 16/01/19

Protocol number: cEDU/PGT/CP/03822

Title of study: An explorative study of the perspectives of professionals working with young deaf children and of their families prior to the transition of their children to full time early years or foundation stage educational placements.

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Approval Conditions:

The supervisor must see and approve the following prior to recruitment and data collection:

- The Interview schedule

This approval is valid:

From: 16/01/19

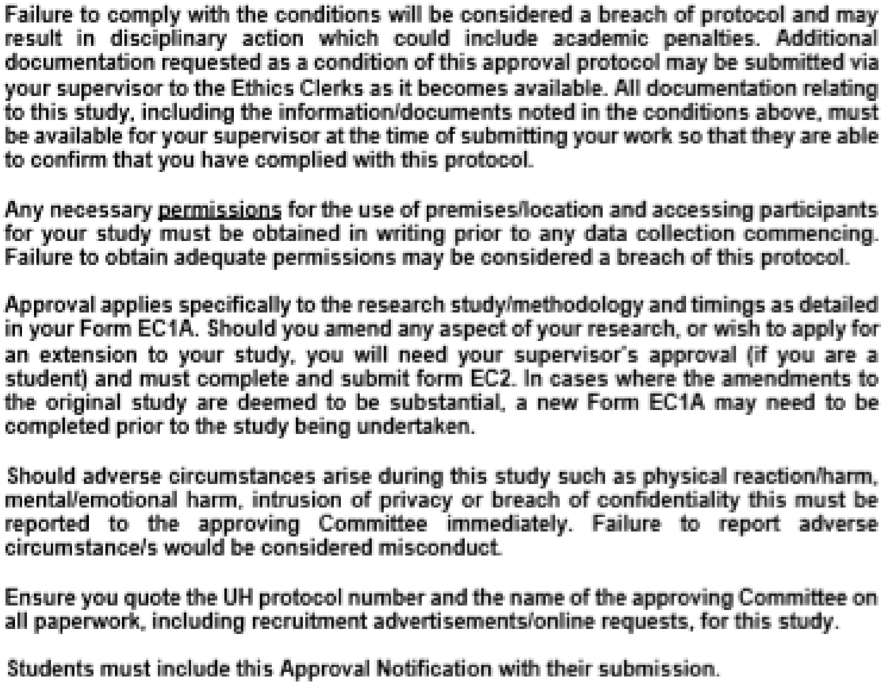
To: 01/07/19

Additional workers: no additional workers named

Please note:

Your application has been conditionally approved. You must ensure that you comply with the conditions noted above as you undertake your research. You are required to complete and submit an EC7 Protocol Monitoring Form once this study is complete, available via the Ethics Approval StudyNet Site via the 'Application Forms' page http://www.studynet1.herts.ac.uk/ptl/common/ethics.nsf/Teaching+Documents?Openview&count=9999&restricttocategory=Application+Forms

If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and your completed consent paperwork to this ECDA once your study is complete.



Failure to comply with the conditions will be considered a breach of protocol and may result in disciplinary action which could include academic penalties. Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval (if you are a student) and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Students must include this Approval Notification with their submission.