



Mainstreaming of deaf education in Ireland

1. What is the study's background?

This study was the subject of a PhD thesis (2011) by Elizabeth S. Mathews of the Geography Department and the National Institute for Regional and Spatial Analysis, National University of Ireland, Maynooth, with funding from the Office of the Minister for Children and Youth Affairs (now the Department of Children and Youth Affairs) under the National Children's Research Scholarship Programme.¹

2. What is the study's purpose?

This research had a number of empirical, methodological and theoretical aims and objectives. Empirically, this research aimed to contribute to knowledge on mainstreaming of deaf education on a national level. In accomplishing this aim, it had three significant objectives:

- » to establish the current policy regarding mainstreaming;
- » to identify the current practice of mainstreaming;
- » to contextualise both policy and practice of mainstreaming in the larger frame of literature regarding both the history of deaf education and contemporary international best practice.

In terms of methodology, this research aimed to explore the use of transformative-emancipatory research epistemology, in particular the possibility of a Freirean approach to participatory research.

Following from that, it aimed to contribute to theory, in particular on geographies of power. The research process was concerned with the power relations between the Deaf Community, hearing professionals, parents and children, and how those relations were played out in the mainstream education system. As a result, all conclusions drawn were subject to a post-structuralist/feminist interpretation with regard to the history of deaf education, contemporary debates in the field and the various interpretations of deafness. Specifically, the research was interested in how medical or social models of d/Deafness² were manifested in the interviews. Particular attention was given to the dynamics of power involved, especially how various modes of power were used to maintain a hegemonic medical model of deafness.

3. How was the study undertaken?

There were 3 distinct groups of research participants:

- » parents of D/HH children (n = 21);
- » professionals working in the area of deaf education (n = 22, comprising 7 teachers in units for the deaf in mainstream schools, 5 teachers in mainstream schools, 2 resource teachers in mainstream schools, 2 Principals in mainstream schools, 1 Special Needs Assistant, 1 Irish Sign Language tutor, and 4 other professionals working in service provision and research in deaf education);
- » D/HH children (n = 8 children, interviewed in 4 group interviews).

¹ The views expressed in this report are those of the author and not necessarily those of the Department of Children and Youth Affairs.

² The different forms of 'deaf' and 'Deaf' signify the difference between a medical model of audiological deafness (small d) and a social model of cultural Deafness (capital D). There is difficulty in distinguishing between the two in the case of children, who may not yet be part of the Deaf Community, or when referring to deafness historically. Allowing for this difficulty, throughout the present research, the term D/HH was used to signify people identifying as deaf or hard of hearing, either audilogically or culturally. The (capital D) Deaf label was used solely in relation to the Deaf Community when it can be identified as a cultural community with a shared Sign Language.

A mixture of conventional research methods was used both to source research participants (snowball sampling) and to gather data (interviews, questionnaires, observation). Interviews with parents, children, teachers and other professionals were conducted to create a more informed picture of the mainstreaming experience from multiple viewpoints. Interviews with children were conducted in pairs or threes. For children who used Irish Sign Language (ISL), the interview was video-recorded and transcribed. For younger children who had difficulties with language delay, picture drawing was used to 'talk' about school. Furthermore, many participants were interviewed twice to capture how the experience of mainstreaming may have changed over time.

4. What are the key findings?

4.1 There are many serious delays to services for D/HH children and their families

Early intervention is critical for D/HH children, in particular for language acquisition. Delayed or inappropriate intervention can negatively impact language acquisition, literacy and later academic attainment. Parents reported several delays in the system that prevented early intervention from being implemented in a timely fashion. Some of these delays included:

- » **Delays to identifying deafness:** Since Ireland does not yet have Universal Newborn Hearing Screening, there can be lengthy delays in identifying deafness in young infants. The average age of receiving a measured diagnosis of deafness among the children in this research was over 19 months.
- » **Delays to speech and language therapy:** Nearly all parents reported lengthy delays in receiving speech and language therapy, and complained that when such therapy was made available, it was sporadic and with inconsistent staffing.
- » **Delays in audiology services:** Aside from identifying hearing loss, parents also reported general delays in obtaining audiology appointments for check-ups and many talked about the delays in repairing broken hearing aids.

4.2 Once intervention is provided, it is primarily based on the medical model of deafness and is used to prioritise spoken language acquisition

The fact that children are identified in clinics means that it is hearing, medical professionals – and not members of the Deaf Community – who steer the course of early intervention. As a result, services provided to families of D/HH children are predominantly medical in nature. They include fitting of hearing aids, cochlear implantation (where appropriate) and speech and language therapy. Services that would support a social model of deafness (e.g. Irish Sign Language instruction, introduction to Deaf adults) were rarely reported. Many parents had not been made aware of the availability of Irish Sign Language classes provided by the Department of Education and Skills, and several had stated that they were steered away from using Irish Sign Language in their encounters with medical and educational professionals.

Comments from parents highlight this issue:

- » *'I can't even remember if they [medical professionals] even asked me "Do you want Sign Language?" They just said, "We'll get him talking". – Mum of Chris (aged 9) and Ellen (aged 5)*
- » *'So they were recommending that we didn't teach Hazel Sign Language because Hazel would become reliant on sign, and where she was living in a hearing world, it was better that she develop her oral [speech] as much as possible'. – Mum of Hazel (aged 13)*
- » *'I think somebody told [my husband] at some stage, you know that they could get lazy using sign and that it can prohibit the speech coming'. – Mum of Mark (aged 2)*

4.3 Placement in mainstream schools is used to support spoken language development

While the reasons for choosing mainstream were complex and varied, many parents highlighted that it was an ideal environment to support the development of spoken language. In contrast, they often viewed placement in deaf education facilities as 'threatening' speech development. Marie's (aged 10) mother said: *'My main worry [with a unit for D/HH children] would be none of them are speaking properly. So how can they learn from each other?'* This was confirmed by

one of the child participants, Conor (aged 10), who referred to his using Irish Sign Language with his D/HH classmates as a bad habit:

Conor: *I always sign to John, when I shouldn't be.*

Researcher: *When you shouldn't be? Why should you not be?*

Conor: *Because I'm very ... I'm in a habit of that.*

Researcher: *You're in a habit of signing? And are you supposed to talk to them?*

Conor: *Yeah.*

Researcher: *Why are you supposed to talk to them?*

Conor: *To learn.*

Researcher: *So that you will learn?*

Conor: *So they will learn how to talk.*

Researcher: *Do they prefer when you sign? (Conor nodding) Yeah? Why do you think that is?*

Conor: *Because then it won't take longer, it just takes shorter.*

Comments from teachers show how the mainstream school is used to support spoken language:

- » *'My role was to develop his oral language'.*
– Henry's (aged 5) teacher
- » *'I would have done work as well as his speech therapist, like whatever she does on Friday I'll go back over it. I kind of do it for the week and then we send it home as well'.*
– Cormac's (aged 8) teacher

5. What are the conclusions?

The study reached two overall conclusions, as follows:

1. The mainstreaming of deaf education is guided by a hegemonic medical model of deafness.

Since identification and early intervention is typically provided in a clinical setting, it frequently follows a medical model of deafness. As a result, it prioritises remedying hearing loss through the provision of hearing aids or cochlear implantation, and the provision of speech and language therapy. This is accompanied by a negative discourse on Sign Language, which steers parents away from its use.

2. This hegemonic medical model is in contradiction to calls from the Deaf Community for a social interpretation of deafness and challenges the traditional avenues of resistance used by the Deaf Community in asserting a social model.

Members of the Deaf Community, rather than seeing their deafness as a disability to be remedied, view themselves as part of a linguistic and cultural minority. The central feature of this identity is the use of Irish Sign Language. Since 90% of D/HH children are born to hearing parents, the traditional site for these children to become part of the Deaf Community and to learn Irish Sign Language was in schools for the deaf. While these schools were frequently characterised by a medical model of deafness, focusing on rehabilitation through speech, they also acted as a site of resistance for D/HH children who came together and learned Irish Sign Language. Frequently, this passing of Irish Sign Language from one generation of D/HH children to another was done subversively.

In the wake of mainstreaming, D/HH children are now isolated from each other as they are placed in schools around the country. This prevents the congregation of D/HH into the traditional sites of resistance, i.e. schools for the deaf. As a result, there is frequently concern from the Deaf Community about the mainstreaming movement because it challenges their traditional site for transmitting cultural values. Rather than being viewed as a positive step in the inclusion of D/HH in their hearing communities, mainstreaming is viewed as eroding the Deaf Community.

6. What are the recommendations?

This section presents recommendations emerging from the study for both research and policy.

1. Recommendations for research

- » A large-scale, quantitative, nationwide census of deaf education is needed to establish demographic information on educational placement, as well as educational, psychological and social measures.
- » Further research exploring D/HH children's accounts of their experience in mainstream must also be addressed.
- » As well as young D/HH in general, there are specific cohorts in need of further research: D/HH children of D/HH parents; D/HH children from families where English is a second language or may not be spoken within the home at all; and D/HH children who have multiple disabilities.
- » Since all research is subject to the constant changing conditions of both policy and practice, this research must be contextualised through the socio-political and economic conditions within which it was gathered. In particular, the fieldwork stage of the present research took place during the late phase of the 'boom' years, with some of the later interviews being conducted as the economic downturn began. As a result, the full impact of the economic recession in the Republic of Ireland is not represented in the accounts within the present study (with the exception of one or two parents).
- » Subsequent cuts to special education resources, in particular the scaling back of Special Needs Assistants, may indeed have changed the situation that many of the parents in this research are facing. The continued recruitment embargo in the Health Service Executive will also have an impact, in particular on audiology and speech and language therapy services, both of which were already under-resourced. Such impacts should be examined with regard to deaf education.
- » In spite of the economic recession, there are a number of positive developments in the pipeline for deaf education in Ireland. Most significantly, the Catholic Institute for Deaf People is planning the development of a 'Deaf Village', to be located in Cabra. This will concentrate service provision and see the establishment of a Deaf Education Centre. The impact of this development on mainstreaming of deaf education will also warrant examination.

2. Recommendations for policy

- » This research shows that lack of early identification and intervention programmes, difficulties in availing of fundamental services within mainstream classrooms, and the continued ambiguity about the role of Irish Sign Language in the education of D/HH children all combine to produce a confusing and difficult path for parents and their children. There is a grave need for policy change in this area and to situate the Irish system within the context of international best practice.
- » Universal Newborn Hearing Screening should be implemented and rolled out without further delay. Upon identification, parents should be presented with a nationally standardised information pack (also made available online), detailing all of the services available to their child and contact details for those services.
- » Early intervention in language acquisition should begin immediately and should follow a bilingual model, introducing the child to *both* speech and Irish Sign Language (ISL) in a consistent and equal manner. As part of this process, the advice that ISL is detrimental to intellectual, spoken language or literacy development, as is given at present by several professional sectors, must be halted and examined as a matter of urgency.
- » In terms of education policy, continuity of choice must be fostered by actively promoting the units and schools for D/HH children as viable options for those children where mainstreaming is not a feasible and/or desirable option. The role of the Special Needs Assistant (SNA) in deaf education must be re-examined, in particular in cases where Deaf SNAs are employed as quasi-interpreters in the classroom and provide full access to the D/HH child to the curriculum.
- » An Irish Association for Teachers of the Deaf should be established to allow for more formalised communication between teachers nationally, who are often quite isolated from others in their field. Deaf Community clubs and organisations are encouraged to examine the role of the Deaf Community in supporting hearing parents with D/HH children and look into the possibility of providing a specific outlet for these parents facilitated by their existing organisations. Leading organisations, such as the Irish Deaf Society, may consider drawing up a parent liaison policy to accomplish this goal.

7. What are the benefits of the study?

The benefits of this research arise from the fact that it has addressed the almost total absence of research on deaf education in the Republic of Ireland by creating a snapshot of the situation in the wake of mainstreaming. Research on deaf education in Ireland has to date been confined to a small number of works chronicling the history of deaf education. The contemporary situation has not received an extensive overview since the 1972 report by the Department of Education. The findings presented in the present research begin to address this lacuna by examining the policy of mainstreaming through legislation analysis and comparing this to practice as illustrated qualitatively through interviews with parents, D/HH children and professionals, and quantitatively through survey data from units within mainstream schools.

As well as this addition to national literature on deaf education, the study also broadens the scope of international literature in this field by framing the situation of deaf education in an explicitly theoretical way, exposing the ideologies of mainstreaming. While a great deal of literature exists on deaf education internationally, research in the field is overwhelmingly quantitative and empirical in nature. It rarely engages with the ideological and theoretical aspects of pedagogy and education. To counteract this, the present research sought to examine the implications that mainstreaming has for the tensions between medical and social models of d/Deafness, which have traditionally shifted during periods of educational reform.



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