

# **The Impact of Attending a Teenage Social Group for Young People who are Deaf and are in a Mainstream Education Setting**

A study submitted in partial fulfilment of the requirements for the degree of Master of Arts of the University of Hertfordshire.

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## **Contents**

<b>List of Tables .....</b>	<b>5</b>
<b>List of Figures .....</b>	<b>6</b>
<b>Abbreviations .....</b>	<b>7</b>
Notes: .....	8
<b>Acknowledgements .....</b>	<b>9</b>
<b>Abstract .....</b>	<b>10</b>
<b>1. Introduction .....</b>	<b>11</b>
1.1 Background.....	11
1.2 Research Aims .....	11
1.3 Academic Rationale .....	12
1.3.1 The National Context .....	12
1.3.2 The Local Context .....	13
<b>2. Literature Review .....</b>	<b>15</b>
2.1 Literature Review Methodology .....	15
2.2 Inclusion .....	16
2.3 Social-Emotional Well-being and Development.....	18
2.3.1 Supporting the General Social-Emotional Well-being and Development of CYP .....	18
2.3.2 Social-Emotional Well-being and Development of CYP-D within Mainstream Settings .....	19
2.4 Participation in Social Activities .....	21
2.4.1 Participation in Social Activities of CYP .....	21
2.4.2 Participation in Social Activities of CYP-D .....	22
2.5 Impact of COVID-19.....	23
2.6 Key Findings from the Literature Review .....	24
2.7 Justification for the Current Study .....	25
<b>3. Methodology .....</b>	<b>26</b>
3.1 Methodology Introduction.....	26
3.2 Research Questions .....	26
3.3 Research Approach .....	27
3.4 Ethics .....	29
3.5 Design.....	30
3.6 Data Collection.....	32

3.6.1 Phase 1: Questionnaire	32
3.6.2 Phase 2: Semi-Structured Interviews	33
3.7 Participants	34
3.7.1 Background of the Participants	34
3.8 Data Analysis	37
3.9 Reflexivity	37
3.10 Validity of Data	38
4. Results	39
4.1 Engagement	40
4.1.1 CYP-D Engagement in the TSG	40
4.1.2 Continuity of Engagement	41
4.2 Significance of an Absence of d/Deaf Peer Group	43
4.3 Influence of the Covid-19 Pandemic on CYP-D Socially	48
4.4 Emotional Impact of Attending the TSG	53
4.5 Communication Considerations	55
4.6 Impression of the Activities	57
4.6.1 Reactions to the Activities	57
4.7 Summary of Results	59
5. Discussion	61
5.1 Impact of Attending a TSG	62
5.1.1 Impact of Attending a TSG – Benefits	62
5.1.2 Impact of Attending a TSG – Balance	63
5.1.3 Impact of Attending a TSG – Parental View	64
5.2 Change in Emotional State from Attending One TSG	65
5.3 Communication Strengths and Weaknesses	65
5.4 Limitations	67
5.5 Recommendations	68
5.5.1 Recommendations for QToDs	68
5.5.2 Recommendations for Future Study	69
6. Conclusion	70
References	72
Appendices	84
Appendix 1 – Ethical Permission	84
Appendix II – EC3 Consent Form for Adult Participants	86

<b>Appendix III - EC4 Parental Consent Form for Child Participant.....</b>	<b>88</b>
<b>Appendix IV - EC4 – Age-appropriate Informed Consent to be Completed by Child Participant.....</b>	<b>91</b>
<b>Appendix V - EC6 Participant Information Sheet.....</b>	<b>93</b>
<b>Appendix VI – Risk Assessment .....</b>	<b>98</b>
<b>Appendix VII – Questionnaire .....</b>	<b>99</b>
<b>Appendix VIII – Semi-structured Interview Schedule – Pupil Questions .....</b>	<b>102</b>
<b>Appendix IX – Semi-structured Interview Schedule – Parent Questions .....</b>	<b>105</b>
<b>Appendix X – Initial Coding Map.....</b>	<b>107</b>

## List of Tables

<i>Table 3.7.1a Data on the make-up of the CYP-D who attended the TSG .....</i>	<i>35</i>
<i>Table 3.7.1b Anonymised information on the CYP-D who attended the TSG – with key .....</i>	<i>36</i>
<i>Table 4.1.2a Interview extract demonstrating Pupil D’s answer to whether he was able to build relationships .....</i>	<i>42</i>
<i>Table 4.1.2b Interview extract demonstrating Pupil A’s Mum’s concerns that contact details were not exchanged .....</i>	<i>42</i>
<i>Table 4.1.2c Interview extract demonstrating Pupil A’s Mum acknowledging the challenges of exchanging contact details .....</i>	<i>42</i>
<i>Table 4.1.2d Interview extracts demonstrating the desire for more TSGs for continuity of relationship building .....</i>	<i>43</i>
<i>Table 4.2a Comparison of interview extracts from Pupil A and Pupil D about the TSG in relation to their CYP-D peers .....</i>	<i>44</i>
<i>Table 4.2b Comparison of interview extracts from Pupil A and Pupil D about their peers from their mainstream schools.....</i>	<i>45</i>
<i>Table 4.2c Interview extract demonstrating Pupil D’s negative self-image in relation to his Deafness/hearing equipment.....</i>	<i>46</i>
<i>Table 4.2d Interview extracts demonstrating the views of the other CYP-D that attended the TSG.....</i>	<i>47</i>
<i>Table 4.3a Checkbox Matrix showing the interviewees views on the impact of the Covid-19 pandemic on the CYP-D .....</i>	<i>49</i>
<i>Table 4.3b Interview extract demonstrating Pupil I’s Mum’s initial feelings about Covid-19 impact on Pupil I.....</i>	<i>50</i>
<i>Table 4.3c Interview extract demonstrating Pupil I’s Mum’s change of feelings about Covid-19 impact on Pupil I.....</i>	<i>50</i>
<i>Table 4.3d Interview extract demonstrating Pupil I’s Mum’s feelings on socialising.....</i>	<i>52</i>
<i>Table 4.4a Questionnaire responses of CYP-D about their emotions before and after the TSG.....</i>	<i>54</i>
<i>Table 4.5a Interview responses of CYP-D about their communication .....</i>	<i>55</i>
<i>Table 4.5b Interview extract demonstrating how the adult scaffolding developed into independent interaction.....</i>	<i>56</i>

<b>Table 4.6.1a Interview extract demonstrating the positives Pupil E found from interacting with his peers .....</b>	<b>59</b>
<b>Table 4.6.1b Interview extracts demonstrating the positives of playing games in a social situation.....</b>	<b>59</b>

## **List of Figures**

<b>Figure 4.1.1a Bar Chart to show reasons the CYP-D chose to attend – with key .</b>	<b>41</b>
<b>Figure 4.3a Pie Chart to show Covid-19 social impact on CYP-D .....</b>	<b>51</b>
<b>Figure 4.3b Pie Chart to show how the CYP-D found the Lockdowns.....</b>	<b>52</b>
<b>Figure 4.6.1a Bar Chart to show what the CYP-D liked about the TSG – with key</b>	<b>57</b>
<b>Figure 4.6.1b Bar Chart to show the CYP-D’s favourite activity of the TSG.....</b>	<b>58</b>

## **Abbreviations**

APD	Auditory Processing Disorder
BAHI	Bone Anchored Hearing Instrument
BATOD	British Association of Teachers of Deaf Children and Young People
BERA	British Educational Research Association
BSL	British Sign Language
CI(s)	Cochlear Implant(s)
CODA	Child of Deaf Adults
CRIDE	Consortium for Research in Deaf Education
CYP	Children and Young People
CYP-D	Children and Young People who are Deaf
CYP-TH	Children and Young People who have 'typical hearing'
DfE	Department for Education
EAL	English as an Additional Language
EHCP	Education and Health Care Plan
FSM	Free School Meals
GDPR	General Data Protection Regulation
HA(s)	Hearing Aid(s)
HL	Hearing Loss
HST	Hearing Support Team
LA	Local Authority
NDCS	National Deaf Children's Society
NHS	National Health Service
NHSP	Newborn Hearing Screening Programme
ONS	Office for National Statistics
PHE	Public Health England
PWS	Personal Wireless System
QToD	Qualified Teacher of Deaf Children and Young People
SALT	Speech and Language Therapist
SEND	Special Educational Needs and Disabilities
SENDCo	Special Educational Needs and Disabilities Coordinator

SEND COP	Special Educational Needs and Disability Code of Practice
SES	Socio-Economic Status
SNHL	Sensorineural Hearing Loss
TSG(s)	Teenage Social Group(s)
UNESCO	United Nations Educational, Scientific and Cultural Organization

Notes:

1. In this research d/Deaf covers any form of Hearing Loss (HL) or level of deafness. It also includes other hearing difficulties, as there were participants that had misophonia, hyperacusis and APD.
2. Anonymity: anyone involved in this research is not referred to by name in order to protect their identity. No additional personal details are used, beyond the scope of requirement for this research and using their he/she pronoun.



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## **Abstract**

The purpose of this research was to establish the impact of Teenage Social Groups (TSGs) on the emotions of the Children and Young People who are d/Deaf (CYP-D). In addition, it ascertains the effect of a TSG on the CYP-D's social and communication skills. This was carried out with CYP-D who are of secondary school age and within mainstream school settings, where they have predominantly 'typically hearing' peers.

This dissertation investigates this through the collection of qualitative data post-TSG, through the means of questionnaires and interviews, as an action research approach. nVivo was utilised to code the data provided by the interviews.

Analysis of the findings of this research produced the conclusion that attendance of a TSG generally had a positive social-emotional outcome for the CYP-D. Communicatively, however, the CYP-D felt that they responded in a similar manner at the TSG to how they would with their 'typically hearing' peers. One theme that runs throughout is the importance of providing the CYP-D with a 'voice' through which they can assert their own ownership over the TSGs, whether this is through oral feedback or a more formal manner, such as has been utilised in this dissertation. Engagement was variable, however providing the CYP-D with a 'voice' is one potential way to improve this engagement.

Additional research on the impact of multiple consecutive TSGs would be beneficial for developing a clearer understanding of the effect of they have on CYP-D socially, emotionally, and communicatively.

# **1. Introduction**

## **1.1 Background**

Children and young people who are d/Deaf (CYP-D) live in a world that has a mixed populace; however, it is one that is overwhelmingly a 'hearing world', with approximately 11 million people in the UK having a Hearing Loss (HL) according to government figures (Central Digital and Data Office, 2017; Rashbrook & Perkins, 2019) out of a population of approximately 67.1 million (ONS, 2022), indicating that only about 16% of the total population is d/Deaf or around one in six (Rashbrook & Perkins, 2019). Children and young people who have 'typical hearing' (CYP-TH) make up the majority of mainstream school pupils, with only 30,962 CYP-D in mainstream settings (BATOD, 2021) out of over eight million pupils in mainstream education in total (UK Government, 2022). This is actually far fewer than one in six, making them an even greater minority in their learning environment.

## **1.2 Research Aims**

This research will question whether attendance of a Teenage Social Group (TSG) benefits or hinders CYP-D, who are in a predominantly hearing environment, socially, emotionally and with regards to their communication development. If there are benefits to attending a TSG, this research will investigate how they can be maximized, and if there are challenges, this research will examine how they can be limited.

## **1.3 Academic Rationale**

### **1.3.1 The National Context**

Many developments have taken place in d/Deaf education in recent years, such as earlier identification of permanent childhood HL through the Newborn Hearing Screening Program (NHSP). This began being applied nationally in 2006 (NDCS, 2016), therefore, earlier access to support was provided (NHS, 2021; PHE, 2022) and earlier implementation of technology. As a result, more CYP-D have assimilated with the 'hearing world', particularly as 90% of CYP-D have parents with typical hearing (Richardson, 2014). Consequently, more parents send their CYP-D to mainstream schools, nationally this stands at 78% (BATOD, 2021). Disabilities are protected characteristics through legislation which states that 'reasonable adjustments' must be made to ensure that those with a disability are not discriminated against or disadvantaged (Equality Act, 2010).

Consortium for Research in Deaf Education (CRIDE) reports that six percent of CYP-D are currently within Resource Provisions in mainstream schools (BATOD, 2021). This is reliable as representative data due to the nature of its national collection and the large scope it covers, gaining a 99% return rate from Local Authorities (LAs) within England. Additionally, the National Deaf Children's Society (NDCS) reports that Resource Provisions and Specialist Deaf Schools are closing nationally, with 21% closing since 2014 (NDCS, 2019). For the aforementioned reasons, less parents are opting to send their CYP-D to them.

Meanwhile, CYP-D are living in a post-COVID-19 global pandemic context where there were lockdowns and school closures, so children and young people (CYP) have felt isolated and their mental health has suffered (Wright et al., 2021). There is an abundance of research available that investigates the inclusion of CYP-D in mainstream schools, but not necessarily the impact of homogenous d/Deaf social groups specifically. Therefore, it is worth investigating whether having access to

other d/Deaf peers in a social environment would benefit them socially, emotionally, and communicatively.

Despite this, there cannot be a universal approach to CYP-D because there is a variation in their needs, within every facet of their lives. While they may all have deafness in common, they remain a diverse, and in many ways heterogeneous, group who must be considered holistically (Hartman et al., 2019). Accordingly, there is no such thing as a 'typical' CYP-D. Although a commonality, in addition to being d/Deaf, is the language development of CYP-D who use spoken language. 88% of CYP-D in the UK use spoken language (BATOD, 2021) however CYP-D may miss out on incidental learning and overhearing, which is problematic when the vast majority of vocabulary is acquired by this means (Quigley, 2018). This means that many CYP-D start an educational setting with a vocabulary gap, potentially making it harder for them to assimilate with their 'typically hearing' peers, historically meaning that CYP-D were a marginalised group within society (Richardson, 2014).

### **1.3.2 The Local Context**

In the LA in which this research is taking place, no CYP-D are within Resource Provisions, due to closures. However, one CYP-D from the TSG, briefly attended a specialist setting outside of the LA and has also been temporarily home-schooled. It is essential to consider the difference in experience this brings to CYP-D. As the CYP-D are predominantly within mainstream settings, they do not necessarily have many d/Deaf peers, consequently the Hearing Support Team (HST) applied for, and received, funding to carry out TSGs. The TSG funding came from Ovingdean Hall Foundation, who have consented to, but not financially supported, this research. The resulting recommendations from this research will be shared with the HST and Ovingdean Hall Foundation.

This study will consider the impact of a TSG and whether it has a positive social-emotional influence on the CYP-D that choose to attend. Although the TSG is

homogenous in the fact that all attendees are d/Deaf, their level of HL and associated hearing equipment varies, as does their academic ability and whether they have Special Educational Needs and Disabilities (SEND) and/or English as an Additional Language (EAL) or any language delay.

## **2. Literature Review**

This research intends to enhance existing literature associated with CYP-D in mainstream educational settings, by exploring the view of CYP-D and their families on the impact that attending a TSG has on them socially, emotionally, and communicatively. It will establish whether this group of CYP-D are having their social-emotional and communication needs met, especially during and since the COVID-19 pandemic and the associated school closures. The study endeavours to ascertain whether the implementation of TSGs is good practice for Qualified Teachers of Deaf Children and Young People (QToDs) to ensure that CYP-D feel supported.

Similar groups have been held in Finland, where CYP-D are isolated in terms of small schools that are spaced far apart making them feel as though they are the only CYP-D. These groups had positive outcomes in reducing CYP-D's sense of isolation (Lasanen et al., 2019). These findings provide an additional rationale for exploring if the CYP-D within the researcher's LA will find this same benefit in a post-COVID-19 isolated environment.

### **2.1 Literature Review Methodology**

In sourcing the appropriate literature for the literature review, online searches were conducted utilising the University's online library, PubMed and Research Gate. Furthermore, additional online sources, such as British Association of Teachers of Deaf Children and Young People (BATOD) and NDCS, further reading recommended by fellow researchers and texts/books already in the researcher's possession, were also considered for relevance.

A significant limitation to consider is that much of the literature comes from other countries, where contributing factors may vary from the UK. Using BATOD,

NDCS and UK Government statistics determined the reliability of the information in a UK context.

The research was considered in relation to the following empirical themes (Biggam, 2021):

- Inclusion
- Social-Emotional Well-being and Development
- Participation in Social Activities
- Impact of Covid-19

## **2.2 Inclusion**

Inclusion has been topical in mainstream education for a long time, with the 'Salamanca statement' guidelines referring to it as a human right (UNESCO, 1994). All CYP should be supported so they have the ability to accomplish their targets and reach their aspirations for when they are adults within wider society. Thus, it is an obligation of those working within education to ensure reasonable adjustments are made to enable CYP to do so, whatever their academic ability, and regardless of whether they have SEND (UNESCO, 1994; Equality Act, 2010; DfE, 2015). The Department for Education (DfE) stipulates that schools should not only ensure that CYP with SEND are able to achieve academically but that they 'lead happy and fulfilled lives' (DfE, 2015: 11). Those within the TSG who require an Education and Health Care Plan (EHCP) should be supported socially and emotionally as well as academically (DfE, 2015). As a national, statutory document it is essential for the stipulations of the Special Educational Needs and Disability Code of Practice (SEND COP) to be adhered to, however the social-emotional aspects of any CYP can be subjective and therefore may be missed if there is no specific diagnosis relating to those needs. It is important that all staff that work in education are aware of the nature of these needs so that they do not get overlooked, but QToDs also share accountability for this within their role.



Jarvis (2002) suggests that QToDs should be guiding and training mainstream school staff in how to best adapt the teaching and learning and how to assist the CYP-D in forming confident exchanges of communication, although this assertion was based on a case study of just one CYP-D.

Iantaffi et al. (2003) found that having d/Deaf peers in a school setting can improve CYP-D's confidence and can also create an environment that is more d/Deaf aware, both in terms of the CYP-TH and the staff. Furthermore, the project found that even in the environment of a Resource Provision, CYP-D need to be educated in positive inclusion strategies to manage communication and social circumstances, as well as the CYP-TH being taught to be d/Deaf aware. This was a relatively small-scale project including 83 pupils, 61 who were CYP-D and 22 who were CYP-TH, however it covered a breadth of year groups, Years 7-9, a mixture of heritage, together with a variety of communication methods and utilised both interviews and a focus group to get a variety of responses to show a true cross section and provide validity in the outcomes.

It is required for QToDs to support CYP-D in their social inclusion and listen to their views (DfE, 2018), which makes projects like TSGs more significant. Iantaffi, et al. (2003), recognised that it is important that QToDs provide emotional support without becoming too intrusive. Their research suggested that peer support and friendships are of high importance to CYP-D and therefore d/Deaf awareness within academic settings may assist in social inclusion, as will having CYP-D sit with their friends when in a classroom environment. The conclusion was that CYP-D were enthusiastic about engaging in examining their inclusion in education, which is a positive foundation for improvement going forward.

While the CYP-D involved in this present research may not necessarily have d/Deaf peers in their mainstream school settings, TSGs will provide them with a group of CYP-D peers as building blocks towards this inclusivity and improvement in their confidence.

## **2.3 Social-Emotional Well-being and Development**

### **2.3.1 Supporting the General Social-Emotional Well-being and Development of CYP**

It is the responsibility of teaching staff to ascertain the most suitable manner through which *all* CYP can learn across all subjects, but also to determine how to best support their emotional development. One way in which this is addressed is through the concept of 'Pupil Voice' that arose from the Cambridge Primary Review, which was directed and edited by Robin Alexander (2009). 'Pupil Voice' stipulated that CYP should have the skills to gain more ownership of their study, essentially generating more enthusiasm and engagement in their learning. This idea later became embedded in the SEND COP (DfE, 2015) through ensuring that CYP with SEND have an input and involvement in how they access their education. It was also reinforced in the SEND Review Green Paper (DfE, 2022), through the case studies included. It is important to note this is an advisory paper, so is a stimulus for discourse, rather than mandatory like the SEND COP.

Additionally, 'Pupil Voice' recognises that emotional well-being is intrinsically linked to a CYP's ability to learn (Alexander, 2009). It is a concept that persists in current education settings and further literature demonstrates certain advantages to providing CYP with a voice to enable relationship building with peers. One example of this is Canney & Byrne (2006), who examined the advantages of 'circle time' which effectively operates as a child-friendly discussion forum. Consideration must be made that their research was aimed at a wider age group than that of the TSGs, starting at only the age of eight years old and going up to eighteen, and only those specifically with intellectual disability. Their research found that it is helpful to facilitate communication between these peers to provide 'social skills training'.

Callanan (2006) expresses this form of dialogic learning as 'Testimony'. It is not a one-sided activity of adult to CYP, as the term implies, due to there being a

common impact; adults deliver the information, but the CYP must be engaged and active in their learning from it, developing new cognition, knowledge, and skills. It can be concluded that with the appropriate support, including social-emotional, CYP can begin to take control of their learning. However, Testimony is also not exclusively through discussion, it is more nuanced, involving signals in the conversation, which is why Canney & Byrne (2006) also recommend utilising physical activities in their circle times, so that the CYP involved can begin to have awareness of others.

To some extent, this current study is another way of imparting a 'voice' to the CYP-D who are involved, through which they can enlighten this study with how they can best be supported socially and emotionally.

### **2.3.2 Social-Emotional Well-being and Development of CYP-D within Mainstream Settings**

Many CYP-D encounter a variety of challenges that can affect their social-emotional well-being (Stevenson, et al., 2017; Wong, et al., 2017; Stevenson, et al., 2018; Furness, et al., 2019), although, it is important to note that deafness alone does not put CYP-D at increased risk of issues with their emotional well-being. Nonetheless, it can be the result of being d/Deaf in a 'hearing world' in which they need to assimilate that leads to issues with their emotional well-being (NDCS, 2013), of damage to the brain in some of the congenital causes of deafness or feeling excluded from certain educational or career possibilities (NHS, 2005).

Numerous researchers have asserted that CYP-D often feel socially isolated (Powers, 2001; Jarvis, 2002; Callanan, 2006; Law et al., 2007; Punch & Hyde, 2011; Engel-Yeger & Hamed-Daher, 2013; Lasanen et al., 2019; NDCS, 2020; Wright et al., 2021). There is a scarcity of research disputing this. Nunes et al. (2001) also assert that many CYP-D feel socially isolated within mainstream settings, their findings were based on a small-scale study of nine pupils across

two settings so are limited, nonetheless the data was triangulated to create greater opportunity for convergent results. Their research established that CYP-D are not rejected by their CYP-TH peers, but they may still feel excluded and therefore schools should be more proactive in helping CYP-TH develop more positive attitudes to CYP-D. Where this is not happening, QToDs have a responsibility to work with schools to ensure that they are inclusive and contributing to the well-being of CYP-D so that they feel a sense of community within their setting (DfE, 2018).

Whether a CYP-TH or CYP-D, the ability to communicate is indispensable in knowledge expansion, learning and growth, but without the necessary vocabulary a CYP may not achieve that (Quigley, 2018). Mainstream teachers, QToDs, Special Educational Needs Co-ordinators (SENDCos) and Speech and Language Therapists (SALTs) have a shared responsibility to reduce any vocabulary gap where it exists and identify any further speech and language areas that need supporting (DfE, 2015). Assisting in the improvement of their communication skills provides them with their 'voice' with which they can share their emotions, thus providing them with emotional literacy, and with a 'voice' for social scenarios too. Communication is fundamental for social inclusion (Jarvis, 2002).

It is essential to consider each CYP-D as an individual and this includes their level of HL and what hearing technology they utilise, whether Hearing Aids (HAs), Bone Anchored Hearing Instruments (BAHIs) or Cochlear Implants (CIs) or more, or none at all, as this may impact the method of approach a QToD might take for ensuring that the CYP-D they are working with are supported socially and emotionally. This could be through the use of additional technology, or the means by which they encourage social interaction. Freeman et al. (2017) performed two investigations that compared CYP-D who were CI-users with their peers who were CYP-TH. They scrutinised the impact that the clarity of the CYP's verbal articulation and their ability to communicate has on their social skills and emotional intelligence. The findings were that generally the CYP-TH scored higher than their CYP-D CI-using peers across all age groups that were studied.

It should be noted that although the results grouped the CI-users together, they were a heterogeneous group in their composition, aside from the nature of their deafness and their hearing technology. While this must be considered critically, as it is just one study, it can be deduced from this research that strong verbal articulation and communication skills are likely to have a substantial impact. Consequently, the CYP-D CI-users' ability to convey and manage their feelings or acquire knowledge to problem solve is influenced, resulting in possible loneliness or mental health issues. Confident verbal articulation and communication skills correlated with CYP who were more mature in their social-emotional development within this sample group.

Additionally, further research suggests that, if any communication gap has been closed prior to five-years-old, CYP-D can fall into 'typical' categories for their chronological age with regards to their psychosocial development and they are less like to face emotional difficulties later (Leigh et al., 2015). When this communication gap is not closed, CYP-D are more likely to encounter emotional and behavioural challenges, alongside feelings of isolation, as language is so integral to socialising (Easterbrooks, 2021). As incidental learning of language acquisition assists in social situations, with behaviour and with maturity (Vygotsky, 1978; Marschark et al., 2017), a TSG could provide opportunity for this experiential learning of social skills and interactions.

## **2.4 Participation in Social Activities**

### **2.4.1 Participation in Social Activities of CYP**

Participation, inclusion, and engagement in social activities are essential to CYP's development, health, and general well-being, as it is key to providing them with the skills that they will need as they progress through life (Law et al., 2007).

The statutory guidance of the SEND COP (DfE, 2015) acknowledges the importance of CYP having the ability to participate socially in their local community, alongside their learning and other leisure interests that schools offer (DfE, 2022).

#### **2.4.2 Participation in Social Activities of CYP-D**

CYP-D can face barriers to social inclusion and participation when they are within a mainstream setting with predominantly ‘typically hearing’ peers. These barriers can vary from challenges with starting or maintaining interpersonal communication and interaction, to feelings of loneliness and self-consciousness due to feeling different, or having social embarrassment (Edmondson & Howe, 2019). Wauters & Knoors (2008) emphasise that this is not the experience of *all* CYP-D, as some environments are more inclusive which has a beneficial effect on their behaviour and language skills, although what makes a setting more inclusive is not clearly defined in their research.

The NDCS noted in 2013 that ‘Government research suggests that 40% of deaf children experience mental health problems compared to 25% of other children’ (NDCS, 2013:5) and in more recent data shared that the figure has a variation from 11% to 63%, with much of the research finding that it has increased occurrence in CYP-D compared to CYP-TH (NDCS, 2020).

While participation in extracurricular activities has been found to improve the well-being and emotional state of CYP, attendance of CYP-D in out of school activities is low (Engel-Yeger & Hamed-Daher, 2013), due to facing the same barriers as within their educational settings. Deafness may not be the only barrier; socio-economic factors may also play a part. Additionally, it has been found that the greater the level of education of the parent, the greater the participation of the CYP-D (Engel-Yeger & Hamed-Daher, 2013). CRIDE does not report data on socio-economic status (SES), however the NDCS commissioned research into CYP-D being brought up in families with a low income (O’Neill et al., 2019) which

found that there is no single indicator for low income for CYP-D across the UK, but one that is recorded nationally is Free School Meals (FSM). In England 27% of CYP were eligible for FSM, which is comparable to the 16-37% of CYP-D across the UK. This means that more than a quarter of CYP-D within this research could also face this additional barrier to social inclusion. As the HST does not hold SES or FSM data as standard practice, it cannot be ascertained if this percentage is replicated within the attendees of the TSG.

## **2.5 Impact of COVID-19**

In 2020 the world entered a global pandemic that would have inevitable impact on CYP as schools closed and CYP were required to learn remotely (Lucas et al., 2020), unless they had parents that were key workers or were deemed 'vulnerable'. Guidance was provided by the DfE on how best to support CYP who were in a vulnerable position at this time. This initially included identification and then ensuring all was done to confirm their attendance to their educational setting, despite the pandemic, to reduce the impact on their mental health, in addition to gaining the educational benefits. Those with EHCPs and those who had allocated social workers were considered vulnerable (DfE, 2020). However, not all CYP-D fall into this category, so not all have had the support to physically attend their setting. Thus, a large cohort of CYP-D have had to learn in a remote and isolated fashion.

It was observed that QToDs and other professionals working with CYP-D found it particularly challenging during the time of the first national lockdown to liaise with and support the families for whom English is an Additional Language (EAL) thus meaning that the CYP-D with EAL may have felt more isolated due to the paucity of support they received (BATOD, 2020).

School is about more than academic learning, it is a key place for establishing social skills, with some pupils needing specific training in these skills (Canney &

Byrne, 2006; Durlak et al., 2011; Punch & Hyde, 2011). There is a dearth of literature disagreeing with this. Learning remotely through the COVID-19 school closures limited the ability to develop those social skills, particularly as technical expertise of the both the staff and the pupils played a role the accessibility of online socialising, thus hindering CYP age-appropriate social development (König, 2020).

## **2.6 Key Findings from the Literature Review**

CYP-D are often seen as a homogenous group since they share being d/Deaf as an important aspect of their identity, however it is also important to recognise the heterogenous aspects of their identities. CYP-D vary in their hearing technology, their academic ability, their SES and more.

While deafness alone does not increase the risk of social-emotional difficulties, it is a challenge for those who are d/Deaf to live within the 'hearing world' and remain unaffected emotionally by the difficulties that assimilating produces. Being d/Deaf isn't the only barrier that CYP-D face in social inclusion, however it is a considerable one, with other factors including SES and EAL.

Providing CYP-D with the vocabulary to be able to communicate their feelings, or to communicate in an appropriate way in social settings, is essential, and opportunities to practice these are likely to be beneficial. The SEND COP requires all schools, to be inclusive, and, while it is difficult to manage the social-emotional aspects of this as they can appear subjective, QToDs have a responsibility to support CYP-D in these areas.

Finally, the COVID-19 pandemic and associated school closures have led to further isolation of CYP-D.



## **2.7 Justification for the Current Study**

The TSG provides the CYP-D with an opportunity to return to 'normal' social life after the COVID-19 pandemic, as CYP-D should be considered high priority for support socially and emotionally (Wright et al., 2021). The study will ascertain if CYP-D feel less isolated by having a social group of peers who are also d/Deaf. The feedback from the CYP-D will give them a 'voice' and the TSGs can be adapted in manner through which they will most benefit.

The HST who will run the TSGs will treat the CYP-D as individuals, whilst also acknowledging, not ignoring, their deafness and the TSGs will be inclusive regardless of academic ability or SEND, in line with the SEND COP. They will provide the CYP-D with opportunities to practise social interaction and relationships in a safe space of their peers, but with appropriate adult scaffolding if needed.

Additionally, the TSGs are fully funded so that SES does not come into the equation for ability to participate.

### **3. Methodology**

#### **3.1 Methodology Introduction**

The intention of this research is to advise and improve professional practice (Burton et al., 2014), specifically QToDs when addressing the social-emotional needs of CYP-D.

This research will be segmented into the following areas:

- Effect on social-emotional well-being
- Influence on the CYP-D's ability to communicate effectively with their peers.

#### **3.2 Research Questions**

Cohen et al. (2017) suggest it is important to ask the right questions to investigate an area of research fully. As a result of the literature review, it was concluded that this research should aim to answer the following questions:

1. What is the social impact on CYP-D from attending a TSG with their d/Deaf peers?
2. Does a TSG assist CYP-D emotionally?
3. Are CYP-D able to communicate with their d/Deaf peers effectively at the TSG?
4. How does their communication at the TSG compare to how they communicate with their 'typically hearing' peers at school?

### **3.3 Research Approach**

Different research methods were considered, such as ethnographic research, theoretical sampling, narrative theory and action research (Bell & Waters, 2014). Ethnography requires observations of the CYP-D and was beyond the time limitations of this research. Theoretical sampling relies on making comparisons between different samples, which would not have been appropriate for this study. Meanwhile, narrative theory would provide the participants with the opportunity to share their own experiences of the TSG, however it would require the participant to lead the conversation in a less structured manner, which would not have been suitable for the participants involved. While each of these methods have their merits, the research method most suited to the requirements of this study was action research, which provides a broad scope for systematic inquiry (Cohen, et al., 2017)

Therefore, this research utilised an action research approach as per Cohen et al. (2017), where:

- A need has been identified – most CYP-D are in mainstream schools with no/limited d/Deaf peers. Research suggests this may have an impact on the CYP-D socially.
- A method to address this issue has been considered – through funding being sought for TSGs for CYP-D.

The next steps were to:

- Identify a list of features through which to judge whether the TSG will have been successful at helping the CYP-D socially, emotionally and communicatively.
- Carry out questionnaires/interviews following the completion of the initial TSG.

- Use these to compile results to evaluate and then adjust future TSGs accordingly.
- Draw conclusions against the original list of features/questions as to what the impact of the TSG is.

It is important to note that action research is generally cyclical, however in the timescale of this dissertation, there will not be opportunity for multiple cycles.

The use of questionnaires and interviews is a qualitative data collection, which can be used to extract themes within the responses (Patton, 2015). While questionnaires are predominantly utilised as qualitative data, they can also be considered quantitative data in the instances where closed questions or number scales are used for comparison purposes (Sreejesh et al., 2014).

It is appropriate to gather the subjective opinions of the CYP-D the TSGs affect, as this is not a subject matter that is easily quantified in research. The feedback of the CYP-D involved is the foremost data source, as the research will prioritise comprehending their experiences (Bell & Waters, 2014). Those opinions will then be utilised to enforce positive change, leading to developing a deeper understanding of the CYP-D's feelings on this matter. Therefore, the interpretive methodological approach should establish meaning to the evidence that is collected (Burton et al., 2014).

Although both individual interviews and focus groups are considered valuable forms of qualitative data collection, the approach of this research of employing individual interviews rather than focus groups was selected due to the fact that focus groups tend to be homogenous groups (Patton, 2015). It has already been established that the only homogenous aspect of the TSGs was the CYP-D's deafness, and there is even variation within that, therefore it was important for the research to treat them as individuals. Patton (2015) also demonstrated that focus groups can lead to a limitation in the number of questions that can be asked and can have an additional challenge of time restriction in how much each

member of the group is able to contribute. To an extent, individual interviews can be adapted to each interviewee.

### **3.4 Ethics**

This project has considered the ethical requirements of modern research and, acting in accordance with current legal and moral restrictions, ensured that all participants have been in a position to provide informed consent (Bell & Waters, 2014).

In line with BERA (2018) guidance, ethical permission (Appendix I) was obtained from the University of Hertfordshire. Permissions have been acquired from both the CYP-D and their parents/guardians and appropriate ethics forms for this research have been completed. This process included submission and acceptance of:

- EC3 (consent form for adult participant – Appendix II)
- EC4 (parental consent form for child participant – Appendix III)
- EC4 – age-appropriate informed consent (to be completed by CYP-D participant – Appendix IV)
- EC6 (Participant Information Sheet – Appendix V)

The COVID-19 pandemic meant that additional forms were required for the purposes of risk assessment (Appendix VI).

As per the stipulations of the University of Hertfordshire, as shown on the Participant Information Sheet (Appendix V), and in accordance with BERA (2018) guidelines and General Data Protection Regulations (GDPR – Article 29, 2016; O’Kane, 2017; Data Protection Act, 2018), all data has been saved on a password protected laptop which is stored securely. Hard copies of questionnaires, which were obtained as part of my usual job role were also kept in accordance with

GDPR law and the LA's policy. All data and recordings that were directly for use in the dissertation will be deleted once it has been completed and marked.

BERA guidelines state that it is important to 'consider the impact of... research on the lives and workloads of participants' (BERA, 2018: 20), as such, participants were given time options for interviews to suit them and a choice of two different locations for them to take place. This was so that they could fit into their daily lives with as little additional stress as possible, as it is important to consider the fact that the reactivity and responses of the participants can be impacted by aspects such as the location and the interviewer's approach (Patton, 2015). Furthermore, questions needed to be asked with sensitivity and using familiar language to also ensure that the interviewees felt comfortable (Cohen, et al., 2017).

A further ethical consideration is ensuring that the CYP-D involved retain their anonymity; it is integral that nothing included makes them identifiable. One way of mitigating this is to ensure they are not named, simply identified as 'Pupil' and a letter that does not relate to their name. Nothing should provide an insight as to what school they attend either.

Finally, permission was sought from those that have funded the TSGs, Ovingdean Hall Foundation, as they are also 'stakeholders' in the groups. The data belongs to the HST; however, Ovingdean Hall Foundation are also engaged in the process, therefore, all appropriate steps have been taken to ensure they are happy for the data to be used in this way.

### **3.5 Design**

This research was undertaken as a small-scale impact analysis. Initially a 'baseline' needed to be assessed to ascertain the feelings of the CYP-D involved. It is essential that any transformation that occurs, following the inception of the

initial TSG, is tracked through the questionnaires and interviews to establish any influence the TSG has made (Burton et al., 2014). Originally the intention was for the baseline to be taken through 'pre' questionnaires, however the colleagues within the HST were concerned that it may put potential participants off attending the TSG if they thought it would be onerous with lots of questions. Instead, in the questionnaire at the end of the event (Appendix VII), the question was asked of how they felt before the event as well as after, and likewise, similar questions are asked in the interview with the CYP-D (Appendix VIII). This decision still provided the baseline required, just in an alternative fashion, and meant that it had immediacy (Patton, 2015), on the condition the participants completed it as soon as they left the TSG. In addition, it was decided to approach the lack of a 'pre' questionnaire by carrying out multiple interviews, to get a wider range of in-depth views on how the CYP-D felt before the 'intervention' of the TSG. It is essential to acknowledge that there may be bias by not carrying out 'pre' questionnaires, as the questions about how the CYP-D felt before the TSG may have a different perspective, due to being views on their feelings in the past and the fact that the event has already happened and therefore their views may have changed.

There is a risk when undertaking qualitative research, of preconceived ideas influencing the research approach. Ergo, it is essential to take relevant safeguards to avoid bias. Triangulating the data collected is one method. This utilises numerous types of data sources to re-examine and investigate the results. This is advantageous in a small-scale research project, where there is a restricted timescale, yet convincing responses are required (Bell & Waters, 2014). At the end of the TSG there was a simple questionnaire for all attendees, then, in the following weeks, interviews were carried out with some of the participants, herein lies the aforementioned triangulation. In addition, further data triangulation occurred in the interviewing of parents as well as the CYP-D.

It is imperative to consider that the results of this research will be limited to the context of the single TSG held in this instance, and further restricted by the fact that it is a qualitative and interpretive research form. However, the extraction of themes (Patton, 2015), will assist in analysing these results.

## **3.6 Data Collection**

### **3.6.1 Phase 1: Questionnaire**

The decision was made to produce the questionnaires on paper to send home with the CYP-D at the end of the TSG. Experience has found paper forms provide better responses because often the HST do not get much feedback when emails featuring surveys/questionnaires are sent. Postal surveys typically elicit a ten percent better response rate than online ones (Holtom et al, 2022). However, it is important to acknowledge that a potential challenge is that a paper response then requires the CYP-D/their parents to actually send them back, so the HST's practice is to provide them with stamped self-addressed envelopes in order to negate this possible obstacle and increase the chance of a greater response rate.

The questionnaire, or 'satisfaction survey', as it is referred to within the HST (Appendix VII) was designed to gather qualitative data. It was ensured that the questions were written in an age-appropriate, accessible fashion with a variety of different styles of questions, tick boxes, yes/no questions, scales with smiley/sad faces to represent the feelings of the CYP-D, alongside spaces to write comments. Patton (2015) stipulates that access should be an important consideration in the method chosen for data collection, thus, for any CYP-D who have low literacy levels and may therefore struggle to complete the forms independently, the option was offered for a HST staff member to assist. All participants had free-will to partake in every aspect of the TSG, including the questionnaires and interviews and consents were gained, as per ethics submission (BERA, 2018). There is evidence that following up on requests for replies can maximise response rates (Sahlqvist et al., 2011), therefore, reminders were sent via email and phone calls were made, as was offering the provision of additional forms. While the follow up contact and sending of additional forms impacts on the ability of the response to remain anonymous to the researcher, participants authentic responses were of greater importance (BERA, 2018).



Brevity was important with the questionnaire, in order not to lose the participants attention, with the aim being that it should take them no more than five to ten minutes to complete, as there tends to be a greater response to brief questionnaires (Sahlqvist et al., 2011). Keeping the questionnaires and interviews shorter also took consideration of reducing any impact that this extra activity has on the lives of the participants (BERA, 2018). Including the popular 'Likert-type' scale questions, to measure attitudes and feelings within a range of responses, ensures that, in addition to brevity, the questionnaire is kept simple and clear (Likert, 1932; Hodge & Gillespie, 2007; Cohen, et al., 2017).

### **3.6.2 Phase 2: Semi-Structured Interviews**

Interviews were performed to add an additional layer of data collection to use in triangulation with the questionnaires, providing deeper understanding and greater engagement in discussion than questionnaires alone (Atkins & Wallace, 2012). As interviews are a more personalised experience, there is opportunity for answers to be elaborated on if the interviewer and interviewee feel confident to do so.

Interviews with the CYP-D and their parents were carried out in person using semi-structured interview schedules (Appendices VIII and IX) which were pre-planned as is good practice and is also a requirement for the ethics paperwork. The interviews took place in the CYP-D's homes, as they were provided with a choice of the HST office or home, to ensure the CYP-D felt comfortable in their interviews (Cohen, et al., 2017). Covid-19 restrictions did not affect the ability to do this in person, however in case that were to change again, the Covid-19 risk assessment (Appendix VI) would have been adhered to, as would any restrictions put in place by the government.

As a HST consisting of QTODs it is essential that we 'recognise the rights and expectations of the parents/carers of deaf learners and know how to involve them in raising their children's achievement and improving their well-being... [and]

liaise effectively and work in partnership with the parents/carers of deaf learners' (DfE, 2018: 25), in accordance with the mandatory specifications. This is why parental feedback was integral to this study.

### **3.7 Participants**

CYP-D were selected through the HST's caseload based on their attendance at a mainstream setting and their age. The invitees were all CYP-D between Years 7-11 (age 11-16). There were no limitations set around level of deafness or type of aiding affecting whether they could be included in the invitation. Initially the TSG was offered to pupils at selected schools, but eventually it was extended to all CYP-D in mainstream schools in Years 7-11 within the LA.

There were 12 positive responses to the invitation to the TSG, however 11 CYP-D attended the TSG on the day due to the sickness of one child. The 11 CYP-D were all provided with the questionnaire, with nine respondents by the end of the timescale allowed. In addition, five of the CYP-D and five of the parents also provided interviews.

#### **3.7.1 Background of the Participants**

The 11 participants at the TSG represent a true assortment of the composition of the pupils in the caseload, with an age range from Year 7 – Year 10, a variety of different hearing levels and additional needs, some having aiding and others not, and some having EAL – Table 3.7.1a provides an overview.

<b><u>INFORMATION ABOUT THE ATTENDEES OF</u></b> <b><u>TSG</u></b>		<b><u>NUMBER OUT</u></b> <b><u>OF 11 CYP-D</u></b>	<b><u>ADDITIONAL</u></b> <b><u>INFORMATION</u></b>
Gender of the Attendees	MALES	6	
	FEMALES	5	
Year Groups of the Attendees	YEAR 7	3	2 Male, 1 Female
	YEAR 8	4	1 Male, 3 Female
	YEAR 9	3	2 Males, 1 Female
	YEAR 10	1	Male
Type of Aiding of the Attendees	HAs	7	4 Male, 3 Female
	CI's	1	Male
	White Noise Generators	1	Female
	Unaided	2	1 Male, 1 Female
Additional Needs of the Attendees	EAL	5	
	SEND	2	Plus 1 being assessed
Additional Equipment		6	All 6 use Personal Wireless Systems in school, but not socially

***Table 3.7.1a Data on the make-up of the CYP-D who attended the TSG***

As has been previously stated, this is a heterogenous group, aside from the fact that they are all d/Deaf and in mainstream education settings. This means that they were each attending the group with unique perspectives and differing life experiences. Table 3.7.1b provides a more detailed breakdown of information on each CYP-D that attended the TSG.

<b>Key for Table 3.7.1b</b>	
Green	CYP-D who provided both questionnaires and interviews. All CYP-D that attended the TSG, and their parents, were offered this opportunity and these were the five that opted to participate.
Yellow	CYP-D who provided just questionnaires.
Red	CYP-D who attended but did not provide any feedback and were not included in any of the results. They have only been included in Table 3.7.1b in order to demonstrate the full composition of the attendees of the TSG.

<u>NAME</u>	<u>AGE</u>	<u>YEAR</u>	<u>M/F</u>	<u>HEARING LOSS</u>	<u>TYPE OF HEARING DEVICE</u>	<u>NOTES</u>	<u>EAL / SEND / SALT</u>
PUPIL A	11	7	M	AUDITORY PROCESSING DISORDER (APD)	N/A	Newly diagnosed with APD. Trialled Roger Focus but did not want to continue with it.	Currently being assessed.
PUPIL B	12	8	F	BILATERAL MILD SENSORINEURAL HEARING LOSS (SNHL)	UNAIDED	UNAIDED	
PUPIL C	14	10	M	BILATERAL SEVERE SNHL	HA	School out of area but lives in our area	Has EHCP
PUPIL D	13	9	M	BILATERAL MODERATE SNHL	HA	Returned Inspiro as didn't want it	EAL
PUPIL E	11	7	M	BILATERAL PROFOUND SNHL	CI	Uses a Roger Inspiro	EAL
PUPIL F	12	8	F	BILATERAL MODERATE SNHL	HA	Uses an Edu-Mic	
PUPIL G	12	8	F	BILATERAL MILD PERMANENT CONDUCTIVE HL	HA	Uses an Edu-Mic	
PUPIL H	12	8	M	BILATERAL MODERATE / SEVERE SLOPING SNHL	HA	Uses a Roger Pen	EAL – Moved to the UK at the end of the Covid-19 Pandemic
PUPIL I	11	7	F	BILATERAL MILD – SEVERE SLOPING SNHL	HA	Not wearing HAS at home. Uses a Roger Pen	EAL – Moved to the UK at the end of the Covid-19 Pandemic
PUPIL J	13	9	F	HYPERACUSIS, MISOPHONIA AND APD.	WHITE NOISE GENERATORS	Uses a Roger Inspiro	SEND, EHCP applied for – Being assessed for autism and dyslexia
PUPIL K	12	9	M	BILATERAL MILD SNHL	HA (LEFT)		EAL and ADHD

**Table 3.7.1b Anonymised information on the CYP-D who attended the TSG – with key**

### **3.8 Data Analysis**

Qualitative research commonly utilises the computer software nVivo to assist in the analysis of the data that has been collected (Leech & Onwuegbuzie, 2011). For this research, nVivo has been utilised to code and analyse any results that come from the interviews, which were recorded and stored in accordance with the ethics consent that was obtained.

The primary themes that were drawn out through nVivo were:

- Peer Group
- Hearing Support and Challenges
- Engagement
- Emotional Impact
- Covid-19 Impact
- Communication
- Activities

Through this coding process additional sub-themes were extracted (Appendix X – Initial Coding Map).

NVivo assisted in the ability to code multiple categories in a short space of time (Leech & Onwuegbuzie, 2011).

### **3.9 Reflexivity**

It is imperative to acknowledge the possibility of unconscious bias when carrying out research. In the instance of this dissertation, the researcher is personally invested in wanting the TSGs to be a success due to the nature of the job role as a QToD and the amount of time that has been invested in the setting up of the initial TSGs. Interviews are also known to be a technique that is at high risk of

being subject to bias due to their subjective nature, it is therefore important to consciously eliminate bias and endeavour to consider the findings as constructively and objectively as possible (Bell & Waters, 2014)

The additional risks for bias are that the CYP-D involved know their interviewer and as such may be keen to please their QToD. Actions have been taken to avoid sampling bias (BERA, 2018) on the part of the researcher, by the CYP-D volunteering their time, rather than being selected for it.

### **3.10 Validity of Data**

In order to secure the trustworthiness of the questionnaires, CYP-D were provided with the opportunity to carry them out independently and encouraged to be honest in the answers that they provide.

With the aim of ensuring the validity of the interviews, transcripts of questions were created (Appendices VIII & IX) with the intention of being referred to when executing the interviews. Relevant quotes from these findings are included in the results section of the dissertation. In the interviews leading questions were avoided, to endeavour to produce truthful and open responses (Bell & Waters, 2014). Answers from the interviews were cross-referenced with the answers from the questionnaires to form a clearer picture of the feelings of the CYP-D involved, rather than using solely one method, this triangulation provides increased validity to the findings (Atkins & Wallace, 2012).

## **4. Results**

This study aims to ascertain the impact of attending a TSG with d/Deaf peers, through the process of gathering the perspectives of the CYP-D who attended, in addition to their parents. This results section will present the key findings, with regards to the social-emotional and communication impact, from the questionnaires that the CYP-D were provided with immediately after the event and semi-structured interviews that were carried out latterly. The following questions were explored:

1. What is the social impact on CYP-D from attending a TSG with their d/Deaf peers?
2. Does a TSG assist CYP-D emotionally?
3. Are CYP-D able to communicate with their d/Deaf peers effectively at the TSG?
4. How does their communication at the TSG compare to how they communicate with their 'typically hearing' peers at school?

The findings are broken down into the following sub-sections:

- Engagement
- Significance of an absence of d/Deaf peer group
- Influence of Covid-19 Pandemic on CYP-D socially
- Emotional impact of attending the TSG
- Communication considerations
- Impression of the activities

## **4.1 Engagement**

### **4.1.1 CYP-D Engagement in the TSG**

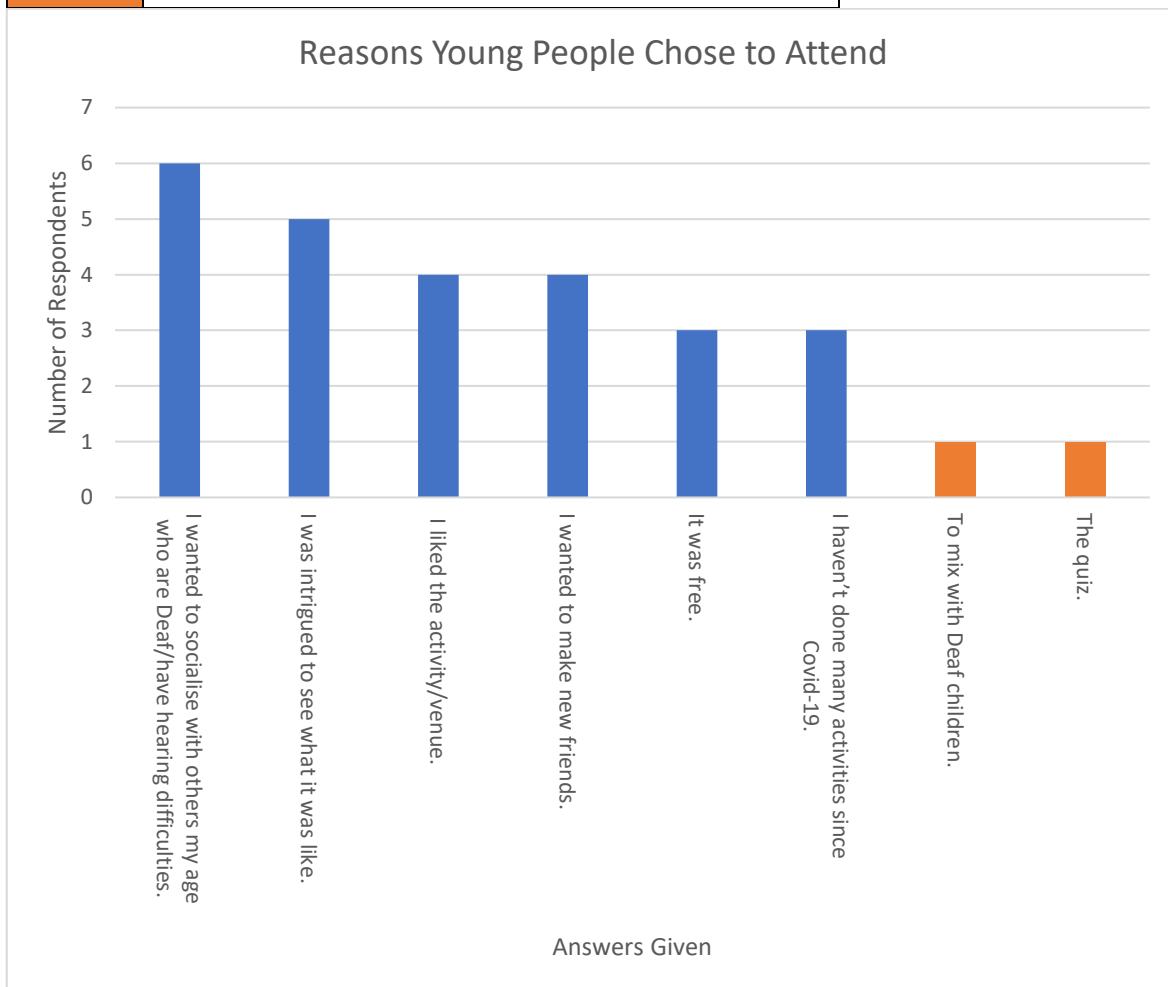
When organising the TSG, the HST discovered that engaging CYP-D and their families in the activities was the initial challenge, with only seven responses out of 22 on the initial attempt at sending out invites, then 15 responses to 55 invitations when the invites were proffered to a wider group. From a research perspective a low response rate can be concerning, however it is the quality of the responses that is most relevant (Holtom et al., 2022).

It is necessary to consider the engagement of the CYP-D in the event itself, in order to understand why they attended the TSG and to establish if they gained any benefit from attendance. A noteworthy finding was that, of the nine CYP-D that responded to the questionnaires, 100% stated that they enjoyed the evening overall and 100% would attend future TSGs. This suggests that all CYP-D must have found some benefit in attending if they enjoyed it and want to attend again.

The reasons CYP-D chose to attend the TSG were reflected in the questionnaire as choices from a closed set in which they were allowed to opt for more than one answer, as summarised in Figure 4.1.1a. The majority attended because they wanted to socialise with others who were d/Deaf (67%) and were intrigued what it would be like (56%). In addition to the closed set there was an 'other' option, for respondents to provide additional answer information.



<b>Key for Figure 4.1.1a</b>	
<b>Blue</b>	Answers selected from the closed set of questions.
<b>Orange</b>	Answers provided by the CYP-D under the option of 'other'.



**Figure 4.1.1a Bar Chart to show reasons the CYP-D chose to attend – with key**

#### **4.1.2 Continuity of Engagement**

Through the interview process, it was ascertained what factors might have improved engagement for some CYP-D, including the opportunity to exchange contact details, as suggested by both Pupil A and Pupil A's Mum. However, this is in direct opposition to Pupil D's feeling on this matter who, when asked whether he was able to build relationships at the TSG stated:

Participant	Extract
Pupil D	<i>"At that time, I was friends [with another CYP-D present], but I like don't really know him or have his number or anything. I'm not going to ask for that... because he's not that close enough."</i>

**Table 4.1.2a Interview extract demonstrating Pupil D's answer to whether he was able to build relationships**

Whereas Pupil A's Mum felt that, as they had not exchanged contact details:

Participant	Extract
Pupil A's Mum	<i>"Maybe if there were to be another evening or another event, he might feel again a bit nervous because he hasn't spoken to them since."</i>

**Table 4.1.2b Interview extract demonstrating Pupil A's Mum's concerns that contact details were not exchanged**

She did acknowledge that additional challenges come with the exchanging of contact details with regards to logistic, safeguarding, and parental consent though, by adding later that they would have been better with:

Participant	Extract
Pupil A's Mum	<i>"...the swapping of contact details, if parents allowed it, you'd probably have to get parent permission I suppose."</i>

**Table 4.1.2c Interview extract demonstrating Pupil A's Mum acknowledging the challenges of exchanging contact details**

The ability to exchange contact details would not be made a compulsory part of a TSG, as pupils like Pupil D should never be made to feel uncomfortable and additionally there are safeguarding and GDPR considerations. However, it would be likely to assist with the continuation of the relationships they started to build at the first group and therefore the social impact of the TSG.

Ensuring that there are more TSGs so that the CYP-D are able to build on the relationships they initiated at the first TSG, was a recurring theme through the interviews with more events being requested repeatedly (Table 4.1.2d).

Participant	Extract
Pupil A	<i>"I now want to go to more because if people go to the same ones, I will now know people there."</i>
Pupil A's Mum	<i>"It would be nice if... they could keep in contact with each other, he seemed to get on with some of the other [CYP-D] there... just more regular events of the same kind..."</i>
Pupil D's Mum	<i>"It would be great if these things happen more often because... I'm sure he is [able to build relationships]..."</i>
Pupil E	<i>"...it helped me good because it taught me how to socialise and how to not be lonely... this [TSG] helped me make more friends... [to maximise this I want] more groups and more mixed groups and lot of socialising..."</i>
Pupil H	He felt able to build relationships and that the TSG was useful <i>"to go outside comfort zone... spend time with other people"</i> but could be better to <i>"keep in touch"</i> and he <i>"absolutely"</i> wants to attend again.
Pupil H's Dad	<i>"I mean that will be beneficial [if] it's not just a once off thing where, 'Oh, I'm going for this thing but I'm never going to see anyone again', because maybe he's connected with someone and the next time you see someone it's more, 'OK, I'm comfortable because I know you from another event'... He did say he took a liking to one guy, who he played a game with... the more sessional sessions, the more interaction they have with each other on a on a regular basis, the more inclined they are to hang out."</i>
Pupil I's Mum	<i>"Better with more continuity [of the TSGs]... I don't feel that there's any [other] forum or any place for them to... interact with their peers... It's that initial interaction is about meeting new people, forging relationships, but the subsequent interactions are more about common experiences, how do you deal with challenges together? You know, like those kinds of things. That's really what they would benefit from."</i>

**Table 4.1.2d Interview extracts demonstrating the desire for more TSGs for continuity of relationship building**

## **4.2 Significance of an Absence of d/Deaf Peer Group**

The majority, six out of nine respondents, attended because they wanted to socialise with others who are d/Deaf (Figure 4.1.1a), with a further CYP-D adding that they wanted to 'mix with Deaf children' under 'other'.

Considering Pupil A and Pupil D, as two case studies who gave opposing answers on this, provides a greater overview. Pupil A stated that he wanted to socialise with others who are d/Deaf, whereas Pupil D did not indicate this. Table 3.7.1b shows that Pupil A was only recently diagnosed with APD and is unaided, while Pupil D has bilateral HAs for his Moderate SNHL, demonstrating that they both came to the group with potentially significantly differing experiences in relation to their hearing and aiding. They both had contrasting opinions about the TSG in relation to their CYP-D peers, with Pupil A's comments a general reflection of the rest of the respondents and Pupil D being a lone voice:

Pupil A	Pupil D
<i>"[The TSG] makes people, if they are not very sure about their hearing, feel a bit more sure about their hearing because they know other people are like them."</i>	<i>"I don't want to be with other d/Deaf people because it's just feels a bit embarrassing."</i>
<i>"It made me feel a bit more comfortable knowing that there was more people who can hear but have a little bit of hearing trouble..."</i>	<i>"I knew it'd be a bit cringe just hanging out with them [other CYP-D]."</i>
<i>"[I learnt that] it doesn't matter who you are or what your disability is."</i>	When I clarified whether he would still come again if he feels embarrassed around d/Deaf people: <i>"Yeah. It would be more and more normalised, if I come more."</i>
<i>"Other people around me [at the TSG] looked nervous too..."</i>	<i>"One or two people are like similar to me... If I didn't meet that one guy, I probably wouldn't come to the next one... One or two people I met that made the evening good... I just don't feel like I'm the same type of person as them, except that one or two guys."</i>
<i>"I felt nervous going in because I thought I wasn't going to know anyone and I was going to not have any friends..."</i>	Felt shy before attending the evening.
<i>"The nerves settled because, like, the friends I made had the same interests as me and the games that we played had my interests and their interests."</i>	

**Table 4.2a Comparison of interview extracts from Pupil A and Pupil D about the TSG in relation to their CYP-D peers**

This is in comparison to how they mentioned their relationships and interactions with their peers from their mainstream schools (Table 4.2b). This is representative

of how all respondents spoke positively about their friendships, socialising, and communication in school.

Pupil A	Pupil D
<i>"None of my friends have hearing difficulties, they all hear normally and well."</i>	<i>"They don't have any, like, issues in terms of, like, hearing..."</i>
<i>"[I communicated at the TSG] a bit different because I probably know my friends at school well so I can talk to them... because I know what they like and what to chat about."</i>	<i>"Communicated much differently... In school I chat like a normal person, but like I didn't really want chat there because you know they didn't... I just didn't feel like it." [A bit of shyness]</i>
<i>"I started to build friendships [at the TSG] but probably not a full friendship like I would at school."</i>	<i>"As a friend, like, we can talk to each other more... It's just like be more free around them, I could be like more of myself around them"</i>
	Talking about HAs in social situations: <i>"Last time I went to a movie I wore them... so I can hear the stuff in the movie but... Let's say I was chatting to my friends... having a McDonald's or something like that. I probably wouldn't wear them but like it's like half and half. I'll say most of the time, I probably wear them."</i>
	When asked why he wouldn't wear HAs in McDonalds: <i>"I wouldn't say I wouldn't need them but when I take my hearing aids off, I feel, like, more into society and stuff like that... I look less different to other people."</i>

**Table 4.2b Comparison of interview extracts from Pupil A and Pupil D about their peers from their mainstream schools**

This shows that Pupil D has strong negative feelings about his d/Deaf identity using language like 'embarrassing' and 'cringe' and stating that he would remove his HAs in McDonalds when with his CYP-TH peers so he would 'look less different'. It was also discussed with Pupil D's Mum about how strongly he rejected the idea of a Personal Wireless System (PWS):

Participant	Extract
Pupil D's Mum	<i>"I was really encouraging him to allow the school to use that device [PWS]... he's still against that. He thinks that... embarrasses him."</i>

**Table 4.2c Interview extract demonstrating Pupil D's negative self-image in relation to his Deafness/hearing equipment**

While he may recognise that the equipment assists him with his hearing, he is still currently struggling with being seen to be 'different' and HAs and a PWS are visible differences. There is a common theme across his answers about him wanting to feel more a part of 'society' and by that he indicates he means assimilation with those who have 'typical hearing'. This lack of acceptance of his d/Deaf identity impacted his answers and is why he was the sole contrasting voice.

On the other hand, Pupil A is embracing learning as much as possible about his hearing difficulties and was extremely positive about being around others with that in common.

Both boys feel that their friendships and relationships with their peers at school are better, although they have only met the CYP-D at the TSG once and did not maintain contact since.

The evidence is too limited from one TSG to fully ascertain the significance of the absence of a d/Deaf peer group, leaving it open to interpretation at this stage, as to whether Pupil D is having negative self-image due to the absence of such a group historically. However, it is positive to observe that Pupil D does still intend to attend future TSGs and, most importantly, thought he would become less embarrassed around CYP-D peers if he attends more TSGs, and it becomes 'normalised'.

The general consensus of the other CYP-D interviewed was more in line with the views of Pupil A, than those of Pupil D, as shown in Table 4.2d.

	Views on Interactions at the TSG	Views Related to their own Deafness
<b>Pupil E</b>	<ul style="list-style-type: none"> <li>- "I [got] to feel comfortable there and I [got] to meet new people and know about their likes and dislikes."</li> <li>- "It helped me [to have others around me who were d/Deaf]"</li> <li>- The TSG "benefit me because I realised I can socialise with people and be comfortable around people and know how to socialise with people."</li> <li>- "It's useful for having these kids to do [the TSG] because they can make friends and they might have trouble time making friends at school. So, it would be good if you had them go joining together. They will feel special, if there's someone [d/Deaf] like them, they'll feel comfortable to be communicating."</li> </ul>	<ul style="list-style-type: none"> <li>- "I don't have any friends that are d/Deaf, but I have friends that make me feel comfortable... They'll never make me feel negative or uncomfortable or sad. If anything affects my hearing, so I don't feel sad about my hearing, just because I'm the only one with the hearing aids, it does not make me feel like it's a disability. It's just ability."</li> <li>- "From my perspective, I don't think a disability [like deafness] affects you. It's just ability that makes you feel powerful, like when you're you feel like you're special. It's something that makes you special. Not... it's not a disability for me."</li> </ul>
<b>Pupil H</b>	<ul style="list-style-type: none"> <li>- "I think I communicated better [at the TSG], like a little bit... Because I just felt like we have much more common and it's easier to talk."</li> </ul>	<ul style="list-style-type: none"> <li>- "I was like, oh, there's only d/Deaf children here. I was very interested, so I met up with them and they have become friends."</li> </ul>
<b>Pupil I</b>	<ul style="list-style-type: none"> <li>- "All the kids were like nice, friendly... I was actually like really excited to meet people like me... you got to know a lot of each other."</li> </ul>	<ul style="list-style-type: none"> <li>- TSG was worth it "Because, like, it made me feel more like included, you know."</li> </ul>

**Table 4.2d Interview extracts demonstrating the views of the other CYP-D that attended the TSG**

While the interviewees in Table 4.2d do not all refer to the absence of a d/Deaf peer group in their school, it draws out themes of the positives they took from being at the TSG with others who are d/Deaf such as:

- Inclusion
- Feeling comfortable around their peers
- Good communication.

### **4.3 Influence of the Covid-19 Pandemic on CYP-D Socially**

The impact of Covid-19 pandemic on the CYP-D's ability to socialise was explored through the use of interviews. This was important to include as the Covid-19 lockdowns were one of the original reasons that the HST decided to run the TSG. It also assists in providing a baseline for where the CYP-D were socially before the TSG.

The views on Covid-19's impact in the interviews were very varied, which is demonstrated through the checkbox matrix (Table 4.3a). Note that the parents each explained their view on the impact on their own child, not on themselves.

It was interesting to see that the views of Pupil A and his Mum consistently aligned, as did Pupil E and his Dad and Pupil H and his Dad. Whereas Pupil D and his Mum were not always in agreement on their views on the impact of the Covid-19 pandemic, neither were Pupil I and her Mum. This may also have affected how they viewed the TSG.

<b>View on Covid-19 Impact</b>	<b>Whose View it Aligned with</b>									
	<b>Pupil A</b>	<b>Pupil A's Mum</b>	<b>Pupil D</b>	<b>Pupil D's Mum</b>	<b>Pupil E</b>	<b>Pupil E's Dad</b>	<b>Pupil H</b>	<b>Pupil H's Dad</b>	<b>Pupil I</b>	<b>Pupil I's Mum</b>
<b>Covid-19 Social Impact</b>										
Yes, there was a social impact – but it didn't last long, then felt comfortable with friends again.	X	X	X		X	X				
No impact, comfortable with friends straight after.				X			X	X	X	
More of an academic impact than a social one.				X						



<b>Virtual Socialising</b>										
Socialised virtually during the lockdowns	X	X					X	X		X
Did not socialise with friends virtually during the lockdowns, only for school and some family.			X	X	X	X			X	
<b>How the CYP-D found the Lockdowns</b>										
Bored during lockdown – missed face to face interactions.			X						X	
Not bothered by lockdowns because they played outdoors, played games, watched TV, etc.				X						
Didn't mind not doing much and being at home							X	X		X
<b>Socialising now since Covid-19</b>										
Socialising back to normal now.	X	X	X		X	X	X	X	X	X
Easier to socialise after Covid-19.			X	X						X

**Table 4.3a Checkbox Matrix showing the interviewees views on the impact of the Covid-19 pandemic on the CYP-D**

Pupil I's Mum was the only one that did not provide a clear answer to the social impact of Covid-19, as she stated that Pupil I is:

Participant	Extract
Pupil I's Mum	<i>"naturally a more introverted child so... going to school was always a challenge... So strangely, she enjoyed COVID in that she liked being at home, she liked being in her space. And she works very well independently... It suited her to the point that when she had to go back to school, she didn't enjoy it and she wanted to be at home."</i>

**Table 4.3b Interview extract demonstrating Pupil I's Mum's initial feelings about Covid-19 impact on Pupil I**

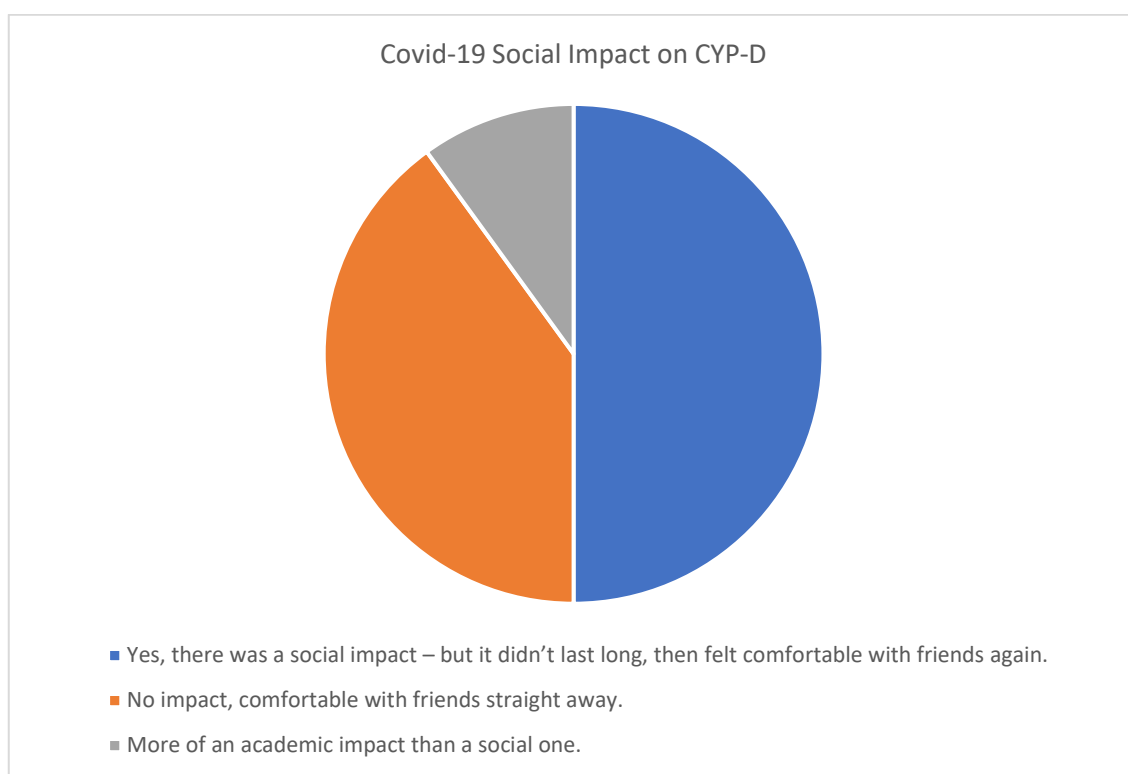
However, in contradiction she also shared that she thinks Pupil I:

Participant	Extract
Pupil I's Mum	<i>"did miss the social interaction... I think she did miss that time with her friends because there wasn't space for that... There wasn't space to celebrate birthdays, there wasn't space for the physical activity as well, you know. I mean that forges a lot of bonding with kids."</i>

**Table 4.3c Interview extract demonstrating Pupil I's Mum's change of feelings about Covid-19 impact on Pupil I**

Consequently, Pupil I's Mum recognised both the positives and negatives of the impact of Covid-19 on her daughter socially and realised that in her individual case there was not a simple answer; there is ambiguity and variations in each CYP and how they settled into the incredibly complex and unusual situation they found themselves in.

Nevertheless, the majority felt that socialising is back to normal now (nine out of ten interviewees). Nine out of ten interviewees also felt there was limited impact from Covid-19, with four of those even feeling that there was no impact. One parent believed that there was more of an academic impact than a social one (Figure 4.3a).

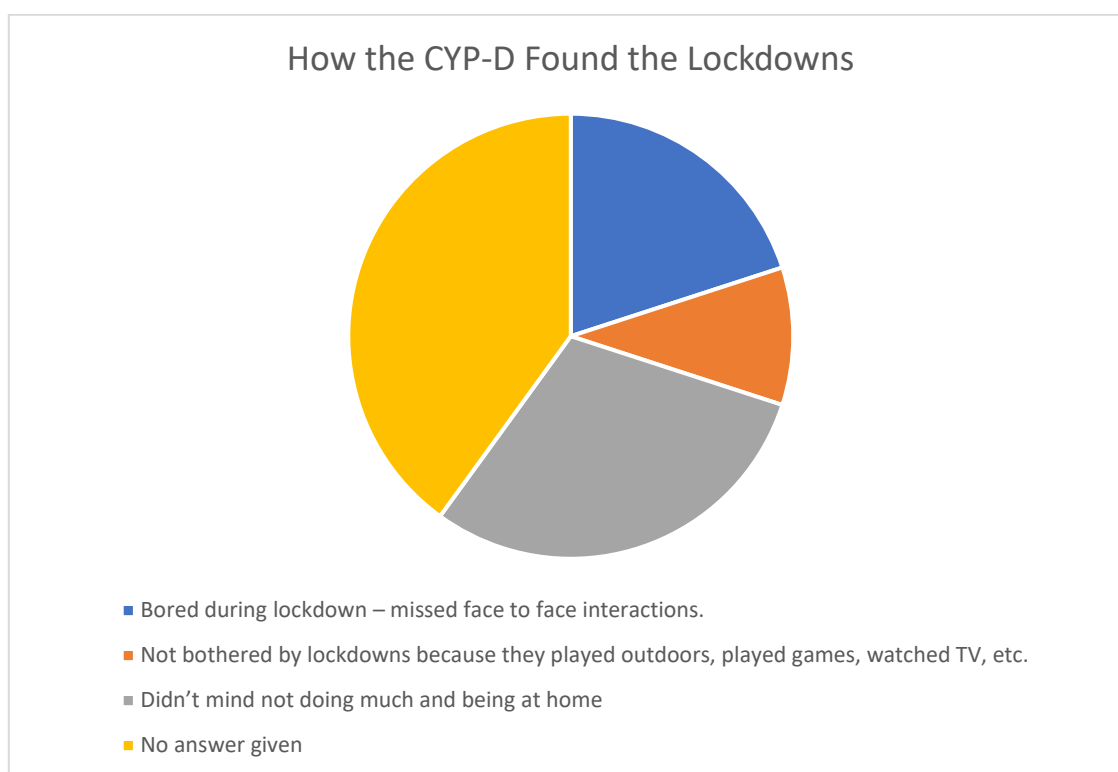


**Figure 4.3a Pie Chart to show Covid-19 social impact on CYP-D**

Opinions were mixed on how they found the lockdowns, with Pupil D's mum believing that Pupil D was not bothered by the lockdowns because he kept busy with activities, while he found it boring, as did Pupil I. Meanwhile, Pupil I's Mum thought she did not mind being at home, while Pupil H and his dad were in agreement that he did not mind being at home.

Interestingly, this was an area of the interview that not everyone commented on, with four of the ten interviewees (Pupil A and Pupil A's Mum and Pupil E and Pupil E's Dad) not giving a clear answer on how they found the lockdowns.

Figure 4.3b shows that, of those that responded to this area of questioning within the interviews, most did not mind the lockdowns and either not doing much or being occupied with games, TV, etc.



**Figure 4.3b Pie Chart to show how the CYP-D found the Lockdowns**

The main way in which the families differed was in their approach to virtual socialising, with Pupil A and Pupil H using this social method, while Pupil D and Pupil E only used technology to support learning and keeping in touch with family, rather than fostering friendships. Interestingly, Pupil I and her Mum viewed her technology usage in different way.

Pupil I's Mum added that:

Participant	Extract
Pupil I's Mum	<i>"you just take [socialising] for granted... They [the CYP-D] haven't had their experience, so it's just become normal [to not do as much]"</i> .

**Table 4.3d Interview extract demonstrating Pupil I's Mum's feelings on socialising**

This demonstrates that life experiences can also influence how people viewed the things that happened within that period of time.

## **4.4 Emotional Impact of Attending the TSG**

Eight of the nine respondents to the questionnaire recorded an improvement in their emotional state based on a score of one to ten before and after the event, with one representing feeling low/sad/stressed and ten demonstrating being happy/excited/positive in a 'Likert-type' scale question. It is important to note that the one CYP-D who scored lower after the event was only one point lower and this was because she was feeling excited beforehand, so scored herself high, but did not want to go home after. This means that she too gave a positive reason for her emotions.

<i><b>On a scale of 1-10, how are/were you feeling, with 1 being feeling low/sad/stressed and 10 being happy/excited/positive?</b></i>	<i><b>Before you came tonight</b></i>	<i><b>Comment on why they gave that 'before' mark</b></i>	<i><b>After this evening's event</b></i>	<i><b>Comment on why they gave that 'after' mark</b></i>	<i><b>Change (positive difference unless stated)</b></i>
Pupil A	4	Nervous as I didn't know	8	I met new people	4
Pupil B	8	Enjoy going out to new things	10	Won the quiz with Amazon voucher	2
Pupil C	7	Nervous meeting new people	9	Games, food, seeing other CYP-D	2
Pupil D	3	I was a bit shy as I thought other people will be annoying	7	Because there were a few people I liked	4
Pupil E	5	No comment	8	Because I liked doing the quiz at the end for gift card	3
Pupil F	10	Because I was excited to meet new friends	9	Because I didn't want to go home	-1

Pupil G	5	Because I didn't know how it would go (good or bad)	9	Because I liked meeting new people and being with Pupil F	4
Pupil H	8	Excited and interested to see what the event was going to be like	10	I got to make new friends in an exciting, social environment and I won a prize	2
Pupil I	6	Scared but also excited. Didn't know anyone or have met anyone before	9	I won a voucher, I played games. It was really fun but I was sad when it ended	3

***Table 4.4a Questionnaire responses of CYP-D about their emotions before and after the TSG***

This shows that three respondents improved by two marks on their scale of one to ten before and after the event, while two CYP-D involved improved by three marks and a further three respondents improved by four marks. Pupil F was the only one to obtain a minus one score. There were no obvious patterns on how they scored their emotions relating to their gender, age, level/type of hearing loss, or whether they had EAL or SEND.

It is pertinent to recognise that the 'Likert-type' system of scoring out of ten is a subjective manner in which to score the CYP-D's emotions, as one person's seven out of ten may feel different to another's seven out of ten, for example. This was counteracted by providing the opportunity for the CYP-D to give comment on why they scored it the way they did (Hodge & Gillespie, 2007; Cohen, et al., 2017). This enabled the CYP-D to acknowledge different things that had an impact on that score, which is reflected in Pupil F's minus one change in score.

There is not a 'gold standard' by which to measure emotion, as it is such a variable and individual sensation, although it is recognised that the closer to an

experience that one judges their emotions, the more likely they are to be accurate (Mauss & Robinson, 2009), which is why the CYP-D were encouraged to fill in their questionnaires immediately, to ensure the accuracy of the results, within the subjective limitations.

## **4.5 Communication Considerations**

Communication considerations are particularly relevant when considering that five of the 11 attendees have EAL in addition to their HL (Table 3.7.1b). The views of how the CYP-D saw their own communication, both generally and in the context of the TSG, are included in Table 4.5a.

<b>Pupil</b>	<b>View on how they communicate generally</b>	<b>View on how they communicated at the TSG</b>
<b>Pupil A</b>	<i>"Quite easy because I'm good at socialising with people and making friends."</i>	<i>"Not too bad because they were all my age and I have a lot of friends my age too... so it wasn't too hard to communicate with them."</i>
<b>Pupil D</b>	<i>"In school I chat like a normal person... I [can] be more of myself around them"</i>	<i>Didn't find communicating with his peers good: "I just don't feel like I'm the same type of person as them, except that one or two guys... I didn't want to chat there." He elaborated that there was a bit of shyness, but later added "In the quiz, yes [I engaged with my peers]. Well, it was funny, we were just having arguments about what it would be [the answers]."</i>
<b>Pupil E</b>	<i>"At school it's like, when you're just talking with each other about work and talking about your likes and dislikes."</i>	<i>The TSG "helped communication for me, and it made me feel comfortable." I wanted to communicate with the other CYP-D "because I want to know them and I don't want them feel lonely, so I went ahead to talk to them and make them feel comfortable and do the quiz with them"</i>
<b>Pupil H</b>	<i>Communication at school: "It's easy. Uh. We just talk. It's like ohh, either play soccer or just talk."</i>	<i>Group was good for communication skills: "I didn't know them, so much more better."</i>
<b>Pupil I</b>	<i>When asked how she finds communicating with her friends at school: "Normal, but yeah... perfectly fine."</i>	<i>Communicating with other CYP-D in that environment "was good".</i>

**Table 4.5a Interview responses of CYP-D about their communication**

Most of the CYP-D found that, generally, communication at school is not an issue, using words like ‘easy’ and ‘normal’ to describe it. However, it is important to note that they also all viewed communicating in the group positively, other than Pupil D, who was previously demonstrated to have poor self-image with regards to his deafness. Although even Pupil D acknowledged that he became more comfortable communicatively as the TSG went on and by the quiz near the end he was engaging with his peers.

While Pupil I recognised that she was able to communicate effectively at the TSG, she also pointed out that she did not feel that the TSG made a difference to her communication skills, which was in direct opposition to Pupil E, who found that the TSG benefited him communicatively.

Adults at the group were able to guide the interactions and communication at times where it did not happen naturally between the CYP-D, who were mostly unknown to one another. One example of this was demonstrated in interview with Pupil E, who reflected on the fact that a group of boys were encouraged to play together by a QToD at the start. He felt that the initial adult scaffolding and encouragement:

Participant	Extract
Pupil E	<i>“made me feel comfortable and... [then] I was engaging about stuff and likes, dislikes, what we do, how old are we are... stuff like that and then we engaged with another guy... and we all played games with each other...”</i>

**Table 4.5b Interview extract demonstrating how the adult scaffolding developed into independent interaction**

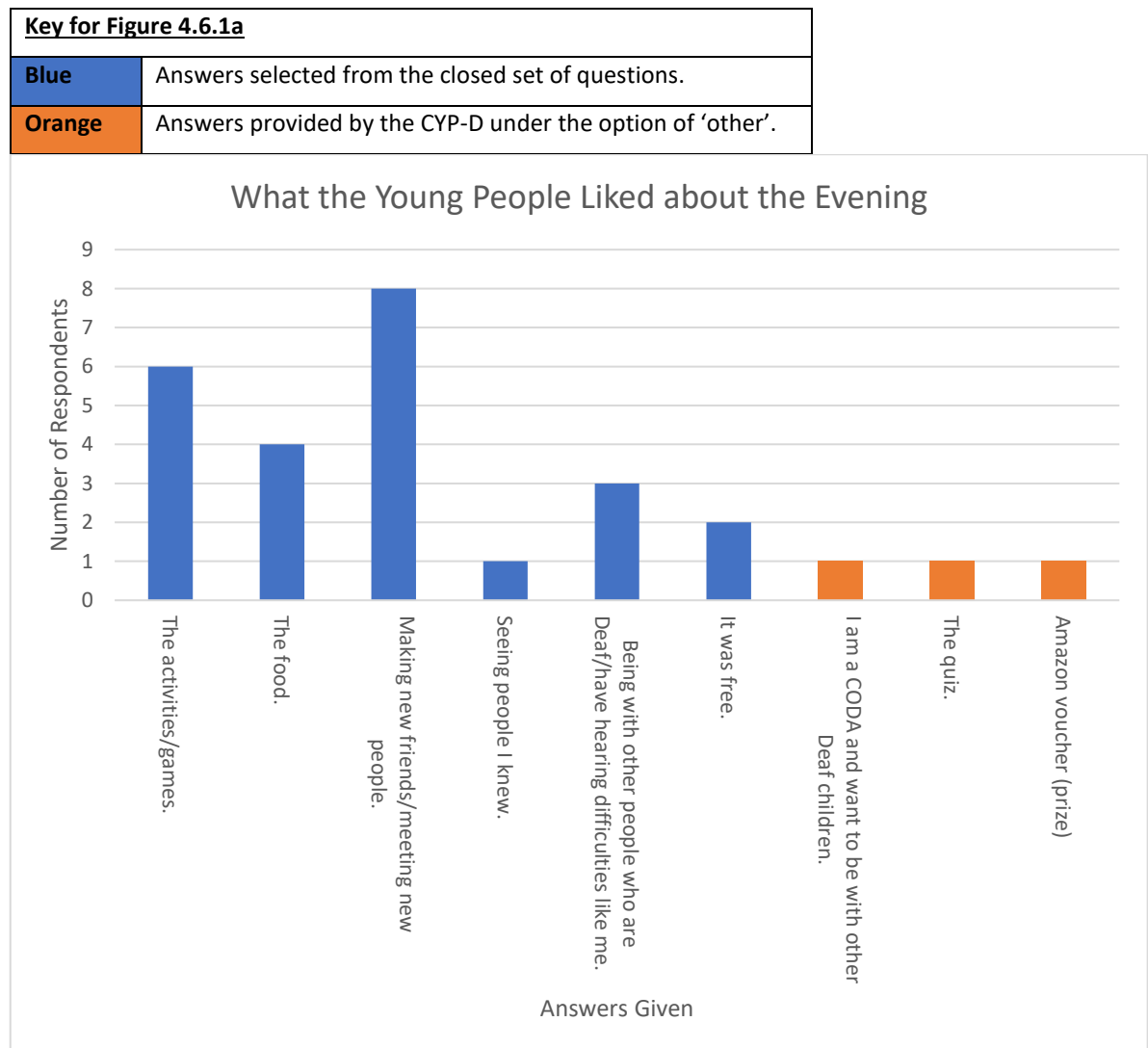
One final communication consideration was that in the questionnaire one CYP-D’s response to what would have made the TSG better was ‘more signing’. This shows that, while those interviewed felt positively about their communication, not all CYP-D did and there is improvement to be made for future TSGs.



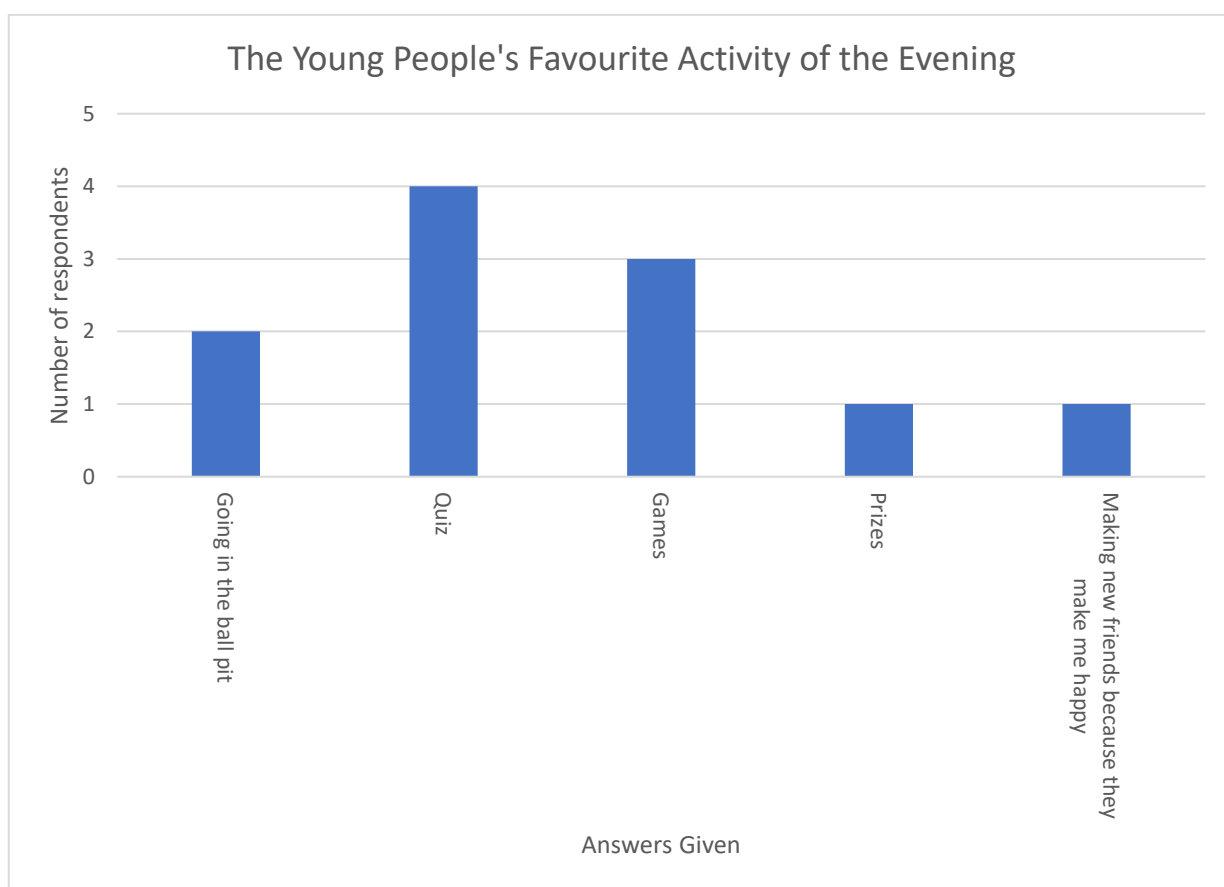
## **4.6 Impression of the Activities**

### **4.6.1 Reactions to the Activities**

The majority of respondents to the questionnaire, eight out of nine, or 89%, liked making new friends/meeting new people, while six out of nine, or 67%, enjoyed the activities/games. Of the activities, the most popular, with four of the nine respondents, or 44%, were the quiz, with three of the nine CYP-D, or 33%, choosing games as their favourite. Figures 4.6.1a and 4.6.1b provide visual representation of this, whilst also showing what other answers were obtained.



**Figure 4.6.1a Bar Chart to show what the CYP-D liked about the TSG – with key**



**Figure 4.6.1b Bar Chart to show the CYP-D's favourite activity of the TSG**

While this does not provide reasoning for their answers, it is relevant that from the shortlist provided 'making new friends/meeting new people' was the most popular answer, as that is the very nature and purpose of the TSGs and shows that the first TSG fulfilled its intended purpose. It also demonstrates that it had a positive social impact.

It is also pertinent to note that while 'making new friends/meeting new people' scored highly, 'being with other people who are Deaf/having hearing difficulties like me' was only selected by three respondents, with one further CYP-D responding that they are a 'CODA [Child of Deaf Adults] and want to be with other Deaf children' (Figure 4.6.1a). This was despite six of the attendees originally wanting to attend in order to 'socialise with others my age who are Deaf/have hearing difficulties' (Figure 4.1.1a), indicating that once they were there the deafness was no longer as important for all of them, just the socialising with new people.

In the questionnaire, the favourite activity question was formatted as an open one. This was to ensure that answers were not led by a choice the CYP-D had been provided with. The fact that a team activity, like the quiz was the top choice demonstrates that most of the CYP-D that attended liked it when they needed to work as a team and have social interaction with their fellow peers. This was supported by the answers provided in the interviews, such as Pupil E stating that:

Participant	Extract
Pupil E	<i>"I felt like a friendship with some people and a bit of teamwork there. During the quiz, I felt like I did teamwork with them, so I'm proud... I have learnt from this; teamwork is all that matters."</i>

**Table 4.6.1a Interview extract demonstrating the positives Pupil E found from interacting with his peers**

The games being the second most popular activity further validates this, as none of the games available to the CYP-D were single person games, so they enjoyed being thrust into situations that required connection and communication with their CYP-D peers, with the following interview responses supporting that:

Participant	Extract
Pupil A	<i>"The games that we played had my interests and their [the CYP-D peers'] interests."</i>
Pupil D's Mum	<i>"[With games] you would naturally get into conversation."</i>
Pupil E	<i>"We did some games to get to know each other... some of my peers [made] me feel comfortable playing games with me."</i>

**Table 4.6.1b Interview extracts demonstrating the positives of playing games in a social situation**

## **4.7 Summary of Results**

In summary, the findings demonstrate that most CYP-D initially chose to attend the TSG because they wanted to mix with others who are d/Deaf, however once in attendance, it was the making of new friends that became more important to

them, alongside the enjoyment of the activities provided. Furthermore, the results also displayed that engagement would improve if the CYP-D were provided with the opportunity for continuity of sessions, which was the intention of the HST prior to this research.

The research has also suggested that feelings on d/Deaf identity can impact the CYP-D reflections on the TSG, particularly as the CYP-D with the most negative self-image with regards to their d/Deafness had the most negative thoughts on the TSG and mixing with others who are d/Deaf.

Additionally, Covid-19 played a noteworthy role in how the CYP-D have socialised over the past few years and therefore how they approached the idea of the TSG, although the parents and the CYP-D were not always in agreement in their feelings on this.

Overall, they all believed attendance had a positive impact on the CYP-D socially and felt an improvement emotionally after attending just one TSG, although it was to varying degrees.

Finally, the CYP-D generally found that they communicated in a similar manner to how they would with their 'typically hearing' friends. This group does not tend to find communication a social barrier, so they were able to communicate effectively at the TSG.

## **5. Discussion**

This research intended to examine the social-emotional and communication impact of a TSG specifically for CYP-D within secondary mainstream education settings by addressing the following questions:

1. What is the social impact on CYP-D from attending a TSG with their d/Deaf peers?
2. Does a TSG assist CYP-D emotionally?
3. Are CYP-D able to communicate with their d/Deaf peers effectively at the TSG?
4. How does their communication at the TSG compare to how they communicate with their 'typically hearing' peers at school?

This section is to share the relevant outcomes that have been extracted from the qualitative results. Initially, the general and social benefits of the TSG will be discussed. Next, the change in the emotional state of the CYP-D will be considered. The third examination will be into how the CYP-D communicated. Finally, the limitations of the study and recommendations will be considered.

This research is relevant and important because partaking in such social activities, or groups, is recognised to be significant in the improvement of CYP's social skills, relationship building and overall mental health, as CYP can discover their needs and capabilities within these areas, before they enter the wider world (Law et al., 2009). It is necessary to investigate the full impact of the group, to ascertain whether to continue the TSGs and to encourage greater participation of CYP-D from the caseload, but also to consider 'Pupil Voice' (Alexander, 2009; DfE, 2015; DfE, 2022) in the development of future TSGs.

## **5.1 Impact of Attending a TSG**

### **5.1.1 Impact of Attending a TSG – Benefits**

The data indicated that the majority attended because they wanted to socialise with others who are d/Deaf (Figure 4.1a). Whilst this could be seen as a pertinent point, it is necessary to consider the wider picture. Six of the nine respondents finding that socialising with others who are d/Deaf is an important reason for attendance, does not mean that it is important to *all* CYP-D who would attend such a group. Punch & Hyde (2011) demonstrated that some CYP-D CI-users can be hesitant or unwilling to socialise with other CYP-D, especially if there is an absence of cultural association with their deafness. As their research was specific to CYP-D CI-users, it is relevant to consider that the form of aiding could have impacted on this feeling and not all CYP-D will feel the same.

Punch & Hyde (2011) also found that parents and teachers deem it beneficial for CYP-D to associate with other CYP-D. The TSG feedback supported these findings because the overall ratings from the group of respondents were positive.

Additionally, respondents to the TSG research felt that time with a d/Deaf peer group was a benefit of attendance. This was supported by further research which established that CYP, whether d/Deaf or ‘typically hearing’, desire interaction with others who have the same hearing-status as them (Wolters et al., 2012). They also felt happier after the event. This is in line with research demonstrating that CYP-D feel happier after they have spent time with their d/Deaf peers, in part because they feel less isolated (Lasanen et al., 2019), although this group of CYP-D did not claim to feel additional isolation, even in the context of the Covid-19 pandemic.

The CYP-D all claimed to enjoy their friendships at their mainstream schools with their ‘typically hearing’ friends but attending the group offered them an experience outside of school to have that same enjoyment but with a new group of d/Deaf

peers in a unfamiliar environment. They felt the TSG was an opportunity to develop their communication skills comfortably while socialising with these new people. Blom et al. (2014) theorised that CYP-D are better at making new friends online in the modern world than they are in person, due to the communication barriers that can get lifted by online methods. However, the adult-supported nature of the social environment in which the TSG took place would also have assisted in communication barriers being lifted and the CYP-D gaining benefit from this scaffolded social communication (Vygotsky, 1978). This presence of adult support at the TSG meant that the CYP-D received assistance with developing a sense of community and had reassurance and encouragement, which made the other benefits of the group possible (Lasanen et al., 2019). One aspect of the QToD role is facilitating the socialisation of CYP-D (NDCS, 2020) which, according to the feedback, was one of the things that the QToDs associated with the TSG did well.

### **5.1.2 Impact of Attending a TSG – Balance**

Pupil D believed it was ‘cringe’ and ‘embarrassing’ (Table 4.2a) to attend a group with other CYP-D and stated that when he was with his friends who are CYP-TH he would opt not to wear his HAs some of the time in order to assimilate into society (Table 4.2b). It is recognised that during the teenage years, social acceptance is of great consequence to CYP, but it can be more difficult for CYP-D than their CYP-TH peers, due to feeling dissimilar (Edmondson & Howe, 2019; NDCS, 2020). The aforementioned willingness, or unwillingness, to socialise with other CYP-D is influenced by the degree of acceptance of their deafness, in particular, their visible equipment or any communication challenges they may face. This ‘hearing aid effect’ concerns the shame of the CYP-D of their HA aesthetics and whether the CYP-TH they are surrounded by will be inclusive of them (Punch & Hyde, 2011).

There can be many factors involved that affect the impact of the group on the individuals who attended. For example, two of the CYP-D (Pupil H and Pupil I)

relocated into the area in late 2021, towards the end of the Covid-19 pandemic. They have found themselves in an entirely new environment, providing them with an additional set of challenges when compared to those of the rest of the TSG attendees. Wolters et al. (2012) assert that change, such as house move and/or school transition is likely to have considerably more of an emotional impact on CYP-D than it would on CYP-TH. Gender also impacts this with girls being more affected than boys. Guiding roles by teachers can minimise this (Wolters et al., 2012) and the HST staff fulfilled these roles within the TSG.

### **5.1.3 Impact of Attending a TSG – Parental View**

More parents of CYP-D are opting to send their children to mainstream schools. This means that these CYP-D are lacking interaction with their d/Deaf peers, as they are in a predominantly 'hearing' environment. Therefore, it is important to understand what benefits they believe can be taken from their CYP-D attending TSGs. As demonstrated in the results, this includes the CYP-D feeling less alone with their HL and developing communication skills by mixing with new people. This is supported by studies that have established that CYP-D develop greater self-belief and confidence through attendance of d/Deaf peer groups, as they begin to accept their d/Deaf identity when they are not the lone one with a hearing difficulty (Lasanen et al., 2019). It is important to note, however, that this finding was not universal, as Pupil D is not comfortable with his HL and carries a high level of self-consciousness, so did not assert all of the same benefits.

The parental view of the TSG was extremely positive, even more so than the CYP-D themselves, in terms of the emotional benefit they believed their children gained. They also felt positive that the HST is providing an opportunity to reduce that feeling of isolation through these groups and that their CYP-D are able to form friendships in an adult supported environment. Research has found that many parents are concerned about their CYP-D isolation due to their deafness, ergo, they feel concern about their child's emotional well-being (Punch & Hyde, 2011). They can feel separated from their child's feelings and emotions



surrounding their deafness, as they reach adolescence and are more likely to want to share their feelings with their peers (Lasanen et al., 2019). This meant that some of the parents interviewed felt heightened emotions and strong feelings about their CYP-D attending the group, with one mum stating that it gave her 'peace of mind' that her child was attending.

## **5.2 Change in Emotional State from Attending One TSG**

CYP-D may reach emotional maturity in line with their peers, but they may also fall behind their peers in terms of maturity if their communication skills are lacking (Leigh et al., 2015; Marschark et al., 2017). In addition, researchers have found that it is not uncommon for CYP-D to feel excluded in social situations if they are within mainstream schools (Lasanen et al., 2019; NDCS, 2020; Nunes et al., 2001). Some of the attendees of the TSG stated a wish not to be 'different' to their 'typically hearing' peers. However, the attendees, generally, had an improved emotional state after attending the TSG with other CYP-D (Table 4.4a), scoring themselves higher on the 'Likert-type' scale of one to ten after the event than they had before, with the exception of one CYP-D, who only scored lower due to being sad the event was over. The fact that they all considered their emotional state to have improved over the course of the one and a half hours they spent in the company of their d/Deaf peers is pertinent, however, it also leads to the question; if they felt an improvement after just one session, how much emotional benefit could they gain from a series of ongoing sessions?

## **5.3 Communication Strengths and Weaknesses**

It is widely acknowledged that communication challenges can delay the development of CYP's social skills and negatively impact how they conduct themselves, thus affecting their ability to form friendships (Freeman et al., 2017; Lasanen et al., 2019). CYP-D are more likely to face these challenges in

communication, however it is not as unequivocal as it used to be thanks to modern aiding technology (Lasanen et al., 2019) and the NHSP leading to earlier intervention (NHS, 2021; PHE, 2022). Most of the CYP-D who attended the TSG did not feel that they communicated significantly differently at the group than the manner in which they communicate with their peers in their mainstream school setting, as they are predominantly an oral/aural group. This may have varied if some of the CYP-D with SALT input and needs had attended.

The strengths in communication that the TSG provided were in the attendees' ability to communicate with unfamiliar people and specifically with d/Deaf peers. Communication skills are essential for CYP-D to feel socially included, but it can be further improved by the communication occurring with someone with a similar hearing status as them (Jarvis, 2002), which is what they were able to access within this group. So, while *how* they communicated may not have differed to when they were at their mainstream school settings, *who* they were communicating with did differ.

Communication and collaboration between CYP assist in their development of understanding and cooperation skills. This was demonstrated in research by Mercer (2008) which concentrated both on how educators communicate with CYP and how the CYP speak with their peers and it included a focus on the initial modelling of the adult, although this was based upon CYP-TH. Communication did not simply happen between CYP-D solely due to their deafness, however the TSG provided an opportunity for development of their communication skills, including building skills to repair communication breakdown. This is why when there were CYP-D alone or not communicating with one another at the TSG, the adults present engaged with them in order to provide them with the opportunity of that positive modelling as evidenced in 4.5 Communication Considerations. They then communicated, played and collaborated with one another throughout the session, corresponding with Piaget's socio-cognitive conflict theory, which demonstrated that CYP's cognitive growth was progressed through collaboration with their peers by connecting with others and involving them in their activities

(Rogoff, 1990; Garton, 2008; Perret-Clermont, 2022), thus their social and communication skills were developed through the TSG.

QToDs need to be aware that scenarios that involve social speaking and listening may cause apprehension in some CYP-D. QToDs have a statutory responsibility to ensure that CYP-D are mentally and emotionally well and have opportunities to develop positive self-esteem (DfE, 2018) so that they are prepared to learn and equipped to engage in the world beyond school. In such circumstances, it may be suitable to trial more informal groups, such as the TSG to assist the CYP-D in developing positive relationships and improve their self-esteem.

One communication weakness of the TSG on this occasion was that one CYP-D noted on their questionnaire that they would have preferred more British Sign Language (BSL). The reason for this is immediately apparent, based upon knowledge of the child, as they have been raised bilingual with both spoken English and BSL due to the severity of their HL and also being a CODA, so BSL has provided them with an additional form of communication within their wider family. The HST will, however, ensure that they are more aware that this child's express desire for more BSL at future events and offer them that opportunity if they wish to engage in it.

## **5.4 Limitations**

This is a small-scale study based upon one TSG, featuring 11 attendees, nine questionnaire respondents and ten interviewees, consisting of five parents and five CYP-D. As such, the selected qualitative data collection methods were utilised to obtain the most reliable data. Coding in nVivo was applied in order to gain additional understanding of the views of the TSG and provide further verification of the overarching views of the attendees and their parents. However, the data collection was restricted by the dates of the TSGs and only one occurred during the timescale of this research, thus meaning that only one TSG could be

reviewed. For further detail on that one group, both the use of questionnaires and interviews were included with the purpose of increasing the reliability of the results, by triangulating multiple forms of data for validation. (Bell & Waters, 2014). The respondents were also asked to provide their questionnaire responses as soon as possible after the TSG with the intention of increasing their accuracy due to the subjective nature of the matter of emotions (Mauss & Robinson, 2009).

Invitations were extended to Year 11s on the caseload, however none chose to attend, as such there is no data available to determine the impact of the TSG on pupils in their crucial and potentially stressful GCSE year.

Although the TSGs were externally funded by the Ovingdean Hall Foundation, there are no conflicts of interests, as this funding was in agreement with the LA involved and had no relation to the completion of this research. The Ovingdean Hall Foundation have had no direct involvement with this research, only with the LA and the TSGs themselves, aside from giving their consent to the TSGs being the subject of this research.

## **5.5 Recommendations**

### **5.5.1 Recommendations for QToDs**

Research shows that Social-Emotional Learning programs can have a positive impact on CYP (Durlak, et al., 2011). This dissertation has suggested that QToDs can further support the CYP-D in their care through the running of TSGs, as it was found to be beneficial to their emotional well-being in the current post-Covid-19 situation. TSGs should be facilitated by adults to ensure that the CYP-D feel comfortable to begin communication with one another. Additionally, they should include activities that enable the CYP-D to have natural communication, whilst

also having fun, so that they are able to engage in their environment and with those around them.

Furthermore, it is essential to provide a 'Pupil Voice' (Alexander, 2009) as is embedded within the SEND COP (DfE, 2015; DfE, 2022), to the CYP-D in attendance of such TSGs, by affording them the opportunity to give feedback after every group, so that they are fully engaged in the process.

### **5.5.2 Recommendations for Future Study**

Due to the timescale of this research, the generalisations that can be drawn from it are limited. Therefore, it would be recommended that future studies should investigate the impact of repeated attendance to TSGs. This would assist in understanding if multiple groups would provide the same outcome with regards to the social-emotional and communication needs of CYP-D. Moreover, it could explore whether repeated groups increase participation. A larger study could also widen the age group of attendees to include those within exam years to recognise what impact the groups have on those facing that additional pressure.

## **6. Conclusion**

This study has researched the social-emotional and communication impacts of attending a TSG for CYP-D in mainstream secondary education settings. It has indicated that the outcomes for the group were positive overall, as the attendees were able to see the benefits in attendance themselves through their self-analysis. One finding was that they felt a sense of inclusion within the TSG. An additional pertinent finding was that the emotional state of the CYP-D improved immediately after the group. Finally, the CYP-D generally felt that they communicated in a similar manner to how they communicate with their 'typically hearing' peers at school. This demonstrated that they felt comfortable around their d/Deaf peers, despite the fact that this was the first time most of them were meeting the others in the TSG.

The research has suggested that CYP-D benefit in a multitude of ways from attending at least one TSG, regardless of their gender, age (within the 11-15 age bracket), ethnicity, first language, level of hearing or type of aiding. These include benefitting from the opportunity to socialise in an enjoyable manner with other CYP-D, specifically new and unfamiliar people, and utilising and improving their communication skills. This was all whilst within an adult-supported 'safe' environment, with familiar adults able to ensure they felt comfortable. Participants initially had concerns about the groups, but ultimately the benefits of the TSG outweighed those anxieties. What is perhaps most noteworthy, is that the CYP-D were able to recognise and acknowledge those benefits themselves, when carrying out a questionnaire or an interview, thus improving the impact of those benefits through their engagement and acknowledgement in utilising their 'Pupil Voice' (Alexander, 2009).

Although attendance of one group cannot define the impact of long-term attendance categorically, a conclusion that can be drawn is that, if the CYP-D derived this much experience from the participation in one group, the benefits would be comprehensive in ongoing TSGs. This is something that could be

ascertained through potential future research. Regardless, this study has displayed that TSGs are one way that QToDs can fulfil their statutory duty to create 'environments that support the development of social interaction, emotional health and well-being of deaf learners' (DfE, 2018: 21).

## **References**

Alexander, R. (ed.), with Doddington, C., Gray, J., Hargreaves, L. & Kershner, R. (2009) *Children, their World, their Education: Final Report and Recommendations of the Cambridge Primary Review*. London: Routledge.

Atkins, L. & Wallace, S. (2012) *Qualitative Research in Education*. London, UK: SAGE Publications Ltd. Available at:  
<https://ebookcentral.proquest.com/lib/herts/reader.action?docID=1046513>  
[Accessed: 16.11.2022]

British Association of Teachers of Deaf Children and Young People (BATOD) (2020) *BATOD survey summary – Members’ views on how COVID-19 and the lockdown had been affecting education and children’s services*. Available at:  
<https://www.batod.org.uk/resource/batod-survey-summary-members-views-on-how-covid-19-and-the-lockdown-had-been-affecting-education-and-childrens-services/> [Accessed: 09.10.2022]

British Association of Teachers of Deaf Children and Young People (BATOD) (2021) *Consortium for Research in Deaf Education: CRIDE 2021 UK-Wide Summary*. Available at: <https://www.batod.org.uk/wp-content/uploads/2022/07/CRIDE-2021-UK-wide-summary-FINAL.pdf>  
[Accessed: 01.10.2022]

Bell, J. & Waters, S. (2014) *Doing Your Research Project: A Guide for First-time Researchers*, 6<sup>th</sup> edn, Available at:  
<https://ebookcentral.proquest.com/lib/herts/reader.action?docID=1910218>  
[Accessed: 16.11.2022]



Biggam, J. (2021) *Succeeding with Your Master's Dissertation: A step-by-step handbook*, McGraw-Hill Education. ProQuest Ebook Central. Available at: <http://ebookcentral.proquest.com/lib/herts/detail.action?docID=6888270> [Accessed: 11.06.2023]

Blom, H., Marschark, M., Vervloed, M.P.J. & Knoors, H. (2014) 'Finding Friends Online: Online Activities by Deaf Students and Their Well-Being' *PLoS ONE* 9(2). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3919758/pdf/pone.0088351.pdf> [Accessed: 04.03.2023]

British Educational Research Association (BERA) (2018) *Ethical guidelines for educational research*. Available at: [https://www.bera.ac.uk/wp-content/uploads/2018/06/BERA-Ethical-Guidelines-for-Educational-Research\\_4thEdn\\_2018.pdf](https://www.bera.ac.uk/wp-content/uploads/2018/06/BERA-Ethical-Guidelines-for-Educational-Research_4thEdn_2018.pdf) [Accessed: 23.10.2022]

Burton, N., Brundrett, M. & Jones, M. (2014) *Doing Your Education Research Project*, 2<sup>nd</sup> edn. London: Sage. Available at: <https://ebookcentral.proquest.com/lib/herts/reader.action?docID=5164558> [Accessed: 19.04.2023]

Callanan, M.A. (2006) 'Cognitive Development, Culture, and Conversation: Comments on Harris and Koenig's "Truth in Testimony: How Children Learn about Science and Religion"', *Child Development*, 77(3), pp. 525-530.

Canney, C. & Byrne, A. (2006) 'Evaluating circle time as a support to social skills development: Reflections on a journey in school-based research', *British Journal of Special Education*. 33(1) pp.19-24.

Central Digital & Data Office (2017) *Research and Analysis: Saleem: Profoundly Deaf User*. Available at: <https://www.gov.uk/government/publications/understanding-disabilities-and-impairments-user-profiles/saleem-profoundly-deaf-user> [Accessed: 02.10.2022]

Cohen, L., Manion, L., & Morrison, K. (2017), *Research Methods in Education, 8th edn*, London: Taylor & Francis Group.

*Data Protection Act 2018*. Available at:  
<https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted> [Accessed: 19.04.2023]

Department for Education (DfE) (2015) *Special Educational Needs and Disability Code of Practice: 0 to 25 years*. Available at: <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25> [Accessed: 03.10.2022]

Department for Education (DfE) (2018) *Specification for mandatory qualifications: For specialist teachers of children and young people who are deaf - For courses starting from September 2016*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/699087/Specification for mandatory teacher qualifications - hearing impairment.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699087/Specification_for_mandatory_teacher_qualifications_-_hearing_impairment.pdf) [Accessed: 08.10.2022]

Department for Education (DfE) (2020) *Guidance: Supporting vulnerable children and young people during the coronavirus (COVID-19) outbreak - actions for educational providers and other partners*. <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people> [Accessed: on 09.10.2022]

Department for Education (DfE) (2022) *SEND Review: Right support, right place, right time. Government consultation on the SEND and alternative provision system in England* (Green Paper – CP 643). Available at: <https://www.gov.uk/government/consultations/send-review-right-support-right-place-right-time> [Accessed: 22.03.2023]

Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D. & Schellinger, K.B. (2011) 'The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions'. *Child Development*, 82. pp. 405-432. Available at: <https://srcd-onlinelibrary-wiley-com.ezproxy.herts.ac.uk/doi/full/10.1111/j.1467-8624.2010.01564.x> [Accessed: 05.03.2023]

Easterbrooks, S.R. (2021) 'Current Research on the Acquisition of Language in Children Who Are Deaf and Hard of Hearing', *Language Learning in Children Who Are Deaf and Hard of Hearing*, 2nd edn New York: Oxford Academic. Available at: <https://academic.oup.com/book/39173/chapter/338639521#no-access-message#no-access-message>, [Accessed 19.04.2023]

Edmondson, S. & Howe, J. (2019) 'Exploring the social inclusion of deaf young people in mainstream schools, using their lived experience', *Educational Psychology in Practice*, 35:2, pp. 216-228.

Engel-Yeger, B. & Hamed-Daher, S. (2013) "Comparing participation in out of school activities between children with visual impairments, children with hearing impairments and typical peers"; *Research in Developmental Disabilities*, 34(10), pp. 3124-3132.

*European Commission/Data Protection: Guidelines on Transparency Under Regulation 2016 / 679 – Article 29 Data Protection Working Party*. European Union. Available at: <https://ec.europa.eu/newsroom/article29/items/622227> [Accessed: 16.11.2022]

Freeman, V., Pisoni, D.B., Kronenberger, W.G. & Castellanos, I. (2017) "Speech Intelligibility and Psychosocial Functioning in Deaf Children and Teens with Cochlear Implants", *Journal of deaf studies and deaf education*, 22(3). pp. 278-289.

Furness, E., Li, I.W., Patterson, L., Brennan-Jones, C.G., Eikelboom, R.H., Cross, D. & Fisher, C. (2019) 'A Qualitative Exploration of the Role and Needs of Classroom Teachers in Supporting the Mental Health and Well-Being of Deaf and Hard-of-Hearing Children', *Language, Speech, & Hearing Services in Schools*, 50(3), pp. 399-415. Available at: <https://link-gale-com.ezproxy.herts.ac.uk/apps/doc/A595353225/AONE?u=uniherts&sid=summon&xid=eb133a9f> [Accessed: 05.03.2023]

Garton, A. F. (2008) *Exploring Cognitive Development : The Child As Problem Solver*, Wiley. Available at: <https://ebookcentral.proquest.com/lib/herts/detail.action?docID=351131> [Accessed: 11.06.2023]

Hartman, M.C., Nicolarakis, O.D. & Wang, Y. (2019) *Language and Literacy: Issues and Considerations*. Education Sciences, 9(3), pp.180-200.

Hodge, D. R. & Gillespie, D.F. (2007) 'Phrase Completion Scales', *Journal of Social Service Research*, 33(4) pp. 1-12. Elsevier. Available at: [https://www.researchgate.net/publication/233208438\\_Phrase\\_Completion\\_Scales](https://www.researchgate.net/publication/233208438_Phrase_Completion_Scales) [Accessed:10.06.2023]

Holtom, B., Baruch, Y., Aguinis, H. & A Ballinger, G. (2022) 'Survey response rates: Trends and a validity assessment framework'. *Human Relations*, 75(8), pp. 1560–1584. Available at: <https://doi.org/10.1177/00187267211070769> [Accessed: 19.04.2023]

Iantaffi, A., Jarvis, J. & Sinka, I. (2003) 'Deaf pupils' views of inclusion in mainstream schools', *Deafness & Education International*, 5(3), pp. 144-156.

Jarvis, J. (2002) 'Exclusion by inclusion? Issues for deaf pupils and their mainstream teachers', *Education 3-13*, 30(2), pp. 47-51.

König, J., Jäger-Biela, D.J. & Glutsch, N. (2020) 'Adapting to online teaching during COVID-19 school closure: teacher education and teacher competence effects among early career teachers in Germany', *European journal of teacher education*, 43(4). pp.608-622. Available at: <https://doi.org/10.1080/02619768.2020.1809650> [Accessed: 09.10.2022]

Lasanen, M., Määttä, K. & Uusiautti, S. (2019) "I am not alone" - an ethnographic research on the peer support among northern-Finnish children with hearing loss', *Early Child Development and Care*, 189(7), pp. 1203-1218.

Law, M., Finkelman, S., Hurley, P., Rosenbaum, P.L., King, S., King, G. & Hanna, S. (2009) 'Participation of children with physical disabilities: Relationship with diagnosis, physical function, and demographic variables', *Scandinavian Journal of Occupational Therapy*. 11. pp. 156-162. Available at: [https://www.researchgate.net/publication/232042963\\_Participation\\_of\\_children\\_with\\_physical\\_disabilities\\_Relationship\\_with\\_diagnosis\\_physical\\_function\\_and\\_demographic\\_variables](https://www.researchgate.net/publication/232042963_Participation_of_children_with_physical_disabilities_Relationship_with_diagnosis_physical_function_and_demographic_variables) [Accessed: 01.03.2023]

Law, M., Petrenchik, T., King, G. & Hurley, P. (2007) "Perceived environmental barriers to recreational, community and school participation for children and youth with physical disabilities", *Archives of physical medicine and rehabilitation*, 88(12), pp. 1636 – 1642.

Leech, N.L. & Onwuegbuzie, A.J. (2011) 'Beyond constant comparison qualitative data analysis: Using NVivo'. *School Psychology Quarterly*, 26(1), 70–84. Available at: <https://doi-org.ezproxy.herts.ac.uk/10.1037/a0022711> [Accessed: 19.04.2023]

Leigh, G., Ching, T.Y.C., Crowe, K., Cupples, L., Marnane, V. & Seeto, M. (2015) 'Factors affecting psychosocial and motor development in 3-year-old children who are deaf or hard of hearing', *Journal of Deaf Studies and Deaf Education*, 20(4), pp. 331-342. Available at: <https://www-jstor-org.ezproxy.herts.ac.uk/stable/26172501?pq-origsite=summon> [Accessed: 05.03.2023]

Likert, R. (1932) 'A technique for the measurement of attitudes', *Archives of Psychology*, 22(140), pp. 5-55. Available at: <https://idoc.pub/documents/1932likerta-technique-for-the-measurement-of-attitudespdf-vlr0oozp3xlz> [Accessed: 10.06.2023]

Lucas, M., Nelson, J. & Sims, D. (2020) *Schools' response to Covid-19: Pupil engagement in remote learning*. Available at: <https://www.nfer.ac.uk/schools-responses-to-covid-19-pupil-engagement-in-remote-learning/> [Accessed: 09.10.2022]

Marschark, M., Kronenberger, W.G., Rosica, M., Borgna, G., Convertino, C., Durkin, A., Machmer, E. & Schmitz, K.L., (2017) 'Social Maturity and Executive Function Among Deaf Learners', *The Journal of Deaf Studies and Deaf Education*, 22(1), pp. 22–34. Available at: <https://academic-oup-com.ezproxy.herts.ac.uk/jdsde/article/22/1/22/2744727> [Accessed: 05.03.2023]

Mauss I.B. & Robinson M.D. (2009) 'Measures of emotion: A review', *Cognition and Emotion*. 23(2), pp. 209-237. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756702/> [Accessed: 14.05.2023]

Mercer, N. (2008) *The Guided Construction of Knowledge: Talk Amongst Teachers and Learners* 7<sup>th</sup> edn, Clevedon: Multilingual Matters.

National Deaf Children's Society (NDCS) (2013) *Campaign report: Mental health services for deaf children*, London: NDCS.

National Deaf Children's Society (NDCS) (2016) *Right from the start*. Available at:  
[https://www.ndcs.org.uk/media/1283/right from the start campaign report final.pdf#:~:text=In%202006%2C%20the%20newborn%20hearing%20screening,programme%20was%20fully%20rolled%20out%20across%20England.](https://www.ndcs.org.uk/media/1283/right%20from%20the%20start%20campaign%20report%20final.pdf#:~:text=In%202006%2C%20the%20newborn%20hearing%20screening,programme%20was%20fully%20rolled%20out%20across%20England.)  
[Accessed: 03.07.2022]

National Deaf Children's Society (NDCS) (2019) *Deaf children losing 10 specialist teaching units each year*. Available at: <https://www.ndcs.org.uk/about-us/news-and-media/latest-news/deaf-children-losing-10-specialist-teaching-units-each-year/> [Accessed: 15.06.2022]

National Deaf Children's Society (NDCS) (2020) *Emotional wellbeing in deaf children and young people, and their families; A literature review by the National Deaf Children's Society*. Available at:  
[https://www.ndcs.org.uk/media/6198/emotional wellbeing literature review 2020.pdf](https://www.ndcs.org.uk/media/6198/emotional_wellbeing_literature_review_2020.pdf) [Accessed: 09.10.2022]

National Health Service (NHS) (2005) *Department of Health & National Institute for Mental Health in England – Mental Health and Deafness: Towards Equity and Deafness*. Available at <https://signhealth.org.uk/wp-content/uploads/2020/10/Towards-Equity-and-Access.pdf> [Accessed: 02.04.2023]

National Health Service (NHS) (2021) *Newborn Hearing Screening*. Available at: <https://www.nhs.uk/conditions/baby/newborn-screening/hearing-test/>  
[Accessed: 03.07.2022]

Nunes, T., Pretzlik, U. & Olsson, J. (2001) 'Deaf children's social relationships in mainstream schools', *Deafness & Education International*, 3(3), pp. 123-136.

O'Kane, P. (2017) *GDPR – Fix It Fast: Apply GDPR to your Company in Ten Simple Steps*. London: Brentham House Publishing Company.

O'Neill, R., Bowie, J., Foulkes, H., Cameron, A., Meara, R. & Camedda, D. (2019) *Families living on a low income bringing up deaf children; Report to the National Deaf Children's Society*. Available at: [https://www.ssc.education.ed.ac.uk/research/tellingit/tellingit\\_final.pdf](https://www.ssc.education.ed.ac.uk/research/tellingit/tellingit_final.pdf) [Accessed: 09.10.2022]

Office for National Statistics (ONS) (2022) *Overview of the UK Population:2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/2020> [Accessed: 02.10.2022]

Patton, M. (2015) *Qualitative research and evaluation methods: integrating theory and practice*. 4th Ed. SAGE Publications. Available at: <https://r2.vlreader.com/Reader?ean=9781483301457> [Accessed 19.04.2023]

Perret-Clermont A. N. (2022) 'Socio-cognitive conflict'. In: Glăveanu V.P. (eds) *The Palgrave Encyclopedia of the Possible*. Palgrave Macmillan. Available at: <https://www.researchgate.net/search/Search.html?query=The+Palgrave+Encyclopedia+of+the+Possible&type=publication> [Accessed: 11.06.2023]

Powers, S. (2001) 'Investigating Good Practice in Supporting Deaf Pupils in Mainstream Schools', *Educational Review*, 53(2), pp. 181-189.

Public Health England (PHE) (2022) *Guidance – Hearing Loss*. Available at: <https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby/hearing-loss> [Accessed: 03.07.2022]

Punch, R. & Hyde, M. (2011). 'Social participation of children and adolescents with cochlear implants: A qualitative analysis of parent, teacher, and child interviews'. *Journal of Deaf Studies and Deaf Education*, 16(4), pp. 474–493. Available at: <https://academic.oup.com/jdsde/article/16/4/474/548933> [Accessed: 03.03.2023]



Quigley, A. (2018) *Closing the Vocabulary Gap*, Abingdon: Routledge.

Rashbrook, E. & Perkins, C. (2019) 'Health Matters: Hearing loss across the life course', *UK Health Security Agency*. Available at: <https://ukhsa.blog.gov.uk/2019/06/05/health-matters-hearing-loss-across-the-life-course/> [Accessed: 06.03.2023]

Richardson, K.J. (2014) 'Deaf culture: competencies and best practices. ' *The Nurse Practitioner*'. 39(5) pp. 20-28. Available at: [https://journals.lww.com/tnpj/Fulltext/2014/05000/Deaf\\_culture\\_Competencies\\_and\\_best\\_practices.6.aspx](https://journals.lww.com/tnpj/Fulltext/2014/05000/Deaf_culture_Competencies_and_best_practices.6.aspx) [Accessed: 10.05.2023]

Rogoff, B. (1990) *Apprenticeship in Thinking: Cognitive Development in Social Contexts*. New York: Oxford University Press.

Sahlqvist, S., Song, Y., Bull, F., Adams, E., Preston, J. & Ogilvie, D. (2011) 'Effect of questionnaire length, personalisation and reminder type on response rate to a complex postal survey: randomised controlled trial.' *BMC Medical Research Methodology*. 11(62). Available at: <https://www.ncbi-nlm-nih-gov.ezproxy.herts.ac.uk/pmc/articles/PMC3110121/> [Accessed: 16.11.2022]

Sreejesh, S., Mohapatra, S & Anusree, M.R, Dr. (2014) 'Questionnaire Design'. *Business Research Methods*. pp.143-159. Available at: [https://www.researchgate.net/publication/300010607\\_Questionnaire\\_Design](https://www.researchgate.net/publication/300010607_Questionnaire_Design) [Accessed: 19.04.2023]

Stevenson, J., Pimperton, H., Kreppner, J., Worsfold, S., Terlektsi, E. & Kennedy, C. (2017) 'Emotional and behaviour difficulties in teenagers with permanent childhood hearing loss', *International Journal of Pediatric Otorhinolaryngology*, vol. 101, pp. 186-195. Available at: <https://www-sciencedirect-com.ezproxy.herts.ac.uk/science/article/pii/S0165587617303440?via%3Dihub> [Accessed: 05.03.2023]

Stevenson, J., Pimperton, H., Kreppner, J., Worsfold, S., Terlektsi, E., Mahon, M. & Kennedy, C. (2018) 'Language and reading comprehension in middle childhood predicts emotional and behaviour difficulties in adolescence for those with permanent childhood hearing loss', *Journal of Child Psychology and Psychiatry*, 59(2), pp. 180-190. Available at: <https://acamh-onlinelibrary-wiley-com.ezproxy.herts.ac.uk/doi/pdf/10.1111/jcpp.12803> [Accessed: 05.03.2023]

*The Equality Act 2010. c.1.* Available at: <https://www.legislation.gov.uk/ukpga/2010/15/contents> [Accessed: 12.03.2023]

United Nations Educational, Scientific and Cultural Organization (UNESCO) (1994) 'The Salamanca Statement and Framework for Action on Special Needs Education'. Adopted by: *The World Conference on Special Needs Education: Access and Quality. Salamanca, Spain.* Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000098427> [Accessed: 19.04.2023]

UK Government (2022) Schools, Pupils and their Characteristics. Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics> [Accessed: 03.10.2022]

Vygotsky, L.S. (1978) *Mind in Society: The Development of Higher Mental Processes*. London: Harvard University Press.

Wauters, L. N. & Knoors, H. (2008) 'Social integration of deaf children in inclusive settings'. *Journal of Deaf Studies and Deaf Education*, 13(1), pp. 21-36. Available at: <https://academic.oup.com/jdsde/article/13/1/21/498014> [Accessed: 04.03.2023]

Wolters, N., Knoors, H., Cillessen, A.H.N. & Verhoeven, L. (2012) 'Impact of Peer and Teacher Relations on Deaf Early Adolescents' Well-Being: Comparisons before and after a Major School Transition.' *Journal of Deaf Studies and Deaf Education* 17(4) pp. 463–82. Available at: <https://www-jstor-org.ezproxy.herts.ac.uk/stable/26372304?pq-origsite=summon> [Accessed: 04.03.2023]

Wong, C.L., Ching, T.Y., Cupples, L., Button, L., Leigh, G., Marnane, V., Whitfield, J., Gunnourie, M. & Martin, L. (2017) 'Psychosocial development in 5-year-old children with hearing loss using hearing aids or cochlear implants'. *Trends in Hearing*. Available at: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5536374/pdf/10.1177\\_2331216517710373.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5536374/pdf/10.1177_2331216517710373.pdf) [Accessed: 05.03.2023]

Wright, B., Carrick, H., Garside, M., Hargate, R., Noon, I. & Eggleston, R. (2021) 'The Impact of Covid-19 on Deaf Children in the United Kingdom', *The International Journal on Mental Health and Deafness*, 5(1), pp. 26-36. Available at: <http://www.ijmhd.org/index.php/ijmhd/article/view/67> [Accessed: 03.07.2022]

## Appendices

### Appendix 1 – Ethical Permission



**SOCIAL SCIENCES, ARTS AND HUMANITIES ECDA**

#### **ETHICS APPROVAL NOTIFICATION**

**TO** Claire Breed  
**CC** Sarah Davis  
**FROM** Dr Ian Willcock, Social Sciences, Arts and Humanities ECDA Chair  
**DATE** 11/11/2022

---

Protocol number: **cSHE/PGT/CP/05738**

Title of study: The Impact that Attending a Teenage Social Group for Young People who are Deaf has on those in a Mainstream Education Setting

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:

**No additional workers named**

#### **Conditions of approval specific to your study:**

Ethics approval has been granted subject to the following conditions being seen and approved by the supervisor as addressed prior to recruitment and data collection:

- The Chair is happy to conditionally approve this subject to the supervisor having sight of a letter from the Headteacher giving specific permission for the school premises to be used for interviews with pupils and parents. The current letter does not do this.

#### **General conditions of approval:**

Ethics approval has been granted subject to the standard conditions below:

**Permissions:** 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.

**External communications:** 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.

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

**Submission:** Students must include this Approval Notification with their submission.  
**Validity:**

This approval is valid:

From: 11/11/2022

To: 01/05/2023

**Please note:**

**Failure to comply with the conditions of approval 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.

**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.**

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. 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.

**Failure to report adverse circumstance/s may be considered misconduct.**

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.

## **Appendix II – EC3 Consent Form for Adult Participants**

**UNIVERSITY OF HERTFORDSHIRE**

**ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS  
(‘ETHICS COMMITTEE’)**

**FORM EC3**

**CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS**

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 agree to take part in the study entitled The Impact that Attending a Teenage Social Group for Young People who are Deaf has on those in a Mainstream Education Setting

.....  
.....

(UH Protocol number ... cSHE/PGT/CP/05738 .....)

**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 my 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 to participate in it.

**2** I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.

**3** In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

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

**5** I understand that my participation in this study may reveal findings that could indicate that I may require medical advice. In that event, I will be informed and advised to consult my GP.

**6** 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.

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

**8** I agree to be interviewed at either my home or the Child Development Centre.

Signature of participant.....Date.....

Signature of (principal)

investigator.....Date.....

Name of (principal) investigator *CLAIRE BREED*

.....

## **Appendix III - EC4 Parental Consent Form for Child Participant**

**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 The Impact that Attending a Teenage Social Group for Young  
People who are Deaf has on those in a Mainstream Education Setting

.....  
(UH Protocol number ... cSHE/PGT/CP/05738 .....)

**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 he/she may withdraw from the study, and that I may withdraw my permission for him/her 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** In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

**4** 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.

**5** I understand that his/her participation in this study may reveal findings that could indicate that he/she may require medical advice. In that event, I will be informed and advised to consult a GP and I acknowledge that, following discussion, he/she may be required by the University to withdraw from the study. If, during the study, evidence comes to light that he/she may have a pre-existing 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.

**6** 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.

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

**8** 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.

**9** I agree to give consent for him/her to be interviewed at either home or the Child Development Centre.

Signature of person giving consent

.....Date.....

Relationship to participant

.....

Signature of (principal) investigator

.....Date.....

Name of (principal) investigator *CLAIRE BREED*

.....

## **Appendix IV - EC4 – Age-appropriate Informed Consent to be Completed by Child Participant**

### **Informed Consent for Teenagers/Young People**

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 to take part in the study entitled The Impact that Attending a Teenage Social Group for Young People who are Deaf has on those in a Mainstream Education Setting

.....

(UH Protocol number ... cSHE/PGT/CP/05738 .....)

**1** I confirm that I have had the research explained to me. I have been given details of my involvement.

**2** I have been assured that I may withdraw from the research at any time.

**3** I understand that voice, video or photo-recording will take place.

**4** I have been told how information about me will or may be used and I know it will be kept safe.

**5** I understand that if I need medical advice my parents will be informed and advised to consult a GP.

**6** I know that usual safeguarding rules will apply and the appropriate authorities will be told about anything concerning.

7 I have been told that I may at some time in the future be contacted again in connection with this research.

8 I agree to be interviewed at either home or the Child Development Centre.

Signature of participant

.....Date.....

Signature of (principal) investigator

.....Date.....

Name of (principal) investigator *CLAIRE BREED*

.....

## **Appendix V - 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**

The Impact that Attending a Teenage Social Group for Young People who are Deaf has on those in a Mainstream Education Setting

**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 regulation, UPR RE01, 'Studies Involving the Use of Human Participants' can be accessed via this link:

<https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs>

(after accessing this website, scroll down to Letter S where you will find the regulation)

Thank you for reading this.

**3 What is the purpose of this study?**

This study will focus on what impact attending a Teenage Social Group with their D/deaf peers has on those who are predominantly in a hearing environment when in their educational setting.

The research is intended to establish whether attendance benefits or hinders you emotionally and with regards to your communication development (and therefore potentially academically too)? It will investigate that if there are

benefits, how they can be maximized and if there are challenges, how they can be limited.

In addition, the research aims to recognise if there are some activities that are preferable for the Teenage Social Groups and if so, why?

This research will be broken down into the areas mentioned above:

- Effect on emotional well-being
- Influence on ability to communicate effectively with their peers.

The study aims to identify whether the Teenage Support Groups facilitate a positive change in the young people socially and emotionally. Furthermore, the service is interested in identifying whether particular activities support this more than others.

**4 Do I have to take part?**

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage without giving a reason. A decision to withdraw at any time, or a decision not to take part at all, will not affect any treatment/care that you may receive (should this be relevant).

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

Participants include Young People with a Hearing Loss who are in mainstream settings between Year 8 and Year 11. The level of hearing loss can vary, as the children/teenagers have not been grouped based on your level of hearing loss, but on your age group and your mainstream settings.

**6 How long will my part in the study take?**

If you decide to take part in this study, you will be involved in it for long enough to complete before and after feedback questions about the Teenage Social Group events.

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

By partaking in this research, the first thing to happen will be attendance to the first Teenage Social Group after the 'before' questionnaire. The next thing to happen will be the 'after' questionnaire. Selected participants will also be asked to participate in an interview. The questionnaires and interviews will then be analysed.

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

There are no disadvantages, risks or side effects of taking part in this research.

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

The possible benefits of taking part are that the Teenage Social Groups assist you socially and emotionally and thus also have a positive impact academically. Another possible benefit is that you get a say in what activities may be done in future. A further potential benefit is that it will assist the Hearing Support Team in finding other ways to support young people.

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

Any interview recordings will be stored anonymously and password protected. Questionnaires that have been completed electronically will also be password protected and any data that is provided on paper will be locked away. Completed consent forms will also be stored similarly.

At the end of the research, all of this data will be stored for the duration of the you being on the Hearing Support Team caseload.

**11 Audio-visual material**

The interviews will be recorded for the duration, with the intention being to record the voices of the interviewer and the interviewee, however anyone in close proximity to the room that it is being recorded in may also be included.

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

- The data collected will be stored electronically, in a password-protected environment, for the duration of the young person being on the Hearing Support Team caseload, after which time it will be destroyed under secure conditions;
- Any data collected that is a hard copy will be stored by the Hearing Support Team in a locked cupboard for the duration of the young person being on the Hearing Support Team caseload, after which time it will be destroyed under secure conditions;
- The data will be anonymised prior to being included in the research dissertation.

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

- The data collected may be re-used or subjected to further analysis as part of a future ethically-approved study; the data to be re-used will be anonymised.

**14 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 cSHE/PGT/CP/05738

**15 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 and, under such circumstances, you will be withdrawn from the study.

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

If you would like further information or would like to discuss any details personally, please get in touch with me, in writing, by phone or by email:

*Claire Breed*

*Hearing Support Team*

*Child Development Centre*

*Hill Rise*

*Kempston*

*Beds,*

*MK42 7EB*

*Tel: 01234 718122*

*Email: [claire.breed@bedford.gov.uk](mailto:claire.breed@bedford.gov.uk)*



**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 at the following address:**

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.**

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


**FORM EC5 – HARMS, HAZARDS AND RISKS:  
ASSESSMENT AND MITIGATION**

Name of applicant: Claire Breed

Date of assessment: 29/9/22

Title of Study/Activity: MA Deaf Education Studies – Research Dissertation

If you are required to complete and submit a School-specific risk assessment (in accordance with the requirements of the originating School), it is acceptable to make a cross-reference from that document to form EC5 in order not to have to repeat the information twice. The purpose of Form EC5 is to consider how a participant might react to the activities in the study and to indicate how you will manage such reactions; the Form also addresses the safety of the investigator and how any risks to the investigator will be managed.

Activity Description	1. IDENTIFY RISKS/HAZARDS	2. WHO COULD BE HARMED & HOW?	3. EVALUATE THE RISKS	4. ACTION NEEDED
Activities/tasks and associated hazards Describe the activities involved in the study and any associated risks/hazards, both physical and emotional, resulting from the study. Consider the risks to participants/the research team/members of the public.  In respect of any equipment to be used read manufacturer's instructions and note any hazards that arise, particularly from incorrect use.)	Who is at risk? e.g. participants, investigators, other people at the location, the owner / manager / workers at the location etc.	How could they be harmed? What sort of accident could occur, e.g. trips, slips, falls, lifting equipment etc, handling chemical substances, use of invasive procedures and correct disposal of equipment etc. What type of injury is likely? Could the study cause discomfort or distress of a mental or emotional character to participants and/or investigators? What is the nature of any discomfort or distress of a mental or emotional character that you might anticipate?	Are there any precautions currently in place to prevent the hazard or minimise adverse effects? Are there standard operating procedures or rules for the premises? Have there been agreed levels of supervision of the study? Will trained medical staff be present? Etc/	Are there any risks that are not controlled or not adequately controlled?  List the action that needs to be taken to reduce/manage the risks arising from your study for example, provision of medical support/aftercare, precautions to be put in place to avoid or minimise risk or adverse effects NOTE: medical or other aftercare and/or support must be made available for participants and/or investigator(s) who require it.
COVID-19 due to face-to-face nature of the interview – See Service Specific Risk Assessment Document attached - CB COVID-19 Service Specific Risk Assessment	Participants, investigator	Catching COVID-19	See Service Specific Risk Assessment Document attached - CB COVID-19 Service Specific Risk Assessment	See Service Specific Risk Assessment Document attached - CB COVID-19 Service Specific Risk Assessment
Signed by applicant: 		Dated: 03/10/22		

## Appendix VI – Risk Assessment

## **Appendix VII – Questionnaire**

### **Teenage Social Group Satisfaction Survey**

#### **How Are We Doing?**

We would welcome your comments and feedback.

Please could you take a few moments to help us improve our service?

Thank you.

1. I chose to attend today because (tick as many as apply):

- ☐ I wanted to socialise with others my age who are Deaf/have a hearing loss.
- ☐ I was intrigued to see what it was like. ☐ I liked the activity/venue.
- ☐ I wanted to make new friends. ☐ It was free.
- ☐ I haven't done many activities since Covid-19.
- ☐ Other (please write the reason) \_\_\_\_\_

2. Overall, have you enjoyed this evening?

- ☐ Yes ☐ No

3. What I liked about this evening (tick as many as apply):

- ☐ The activities/games. ☐ The food.
- ☐ Making new friends/meeting new people. ☐ Seeing people I knew.
- ☐ Being with other people who are Deaf/have a hearing loss like me.
- ☐ It was free.
- ☐ Other (please write what) \_\_\_\_\_

4. What I didn't like about this evening (tick as many as apply):

- |  |  |
|--|--|
| <input type="checkbox"/> The activities/games.           | <input type="checkbox"/> The food.       |
| <input type="checkbox"/> Too many people.                | <input type="checkbox"/> Too few people. |
| <input type="checkbox"/> Too noisy.                      |  |
| <input type="checkbox"/> Other (please write what) _____ |  |

5. Will you want to come to future events we put on?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6. What other events do you think we should do in future? (tick as many as apply):

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Pizza night at Pizza Hut                             | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Pizza making (and then eating them) at Pizza Express |                                  |
| <input type="checkbox"/> Coming back to Geek Retreat                          |                                  |
| <input type="checkbox"/> Other (please write your suggestions) _____          |                                  |

7. Which weekday evenings are usually easiest for you to attend?

---

8. On a scale of 1-10, how were you feeling before you came tonight, with 1 being feeling low/sad/stressed and 10 being happy/excited/positive? Please circle the appropriate number.

☹	1	2	3	4	5	6	7	8	9	10	😊
Feeling Low/ Sad/Stressed											Feeling Happy/ Excited/Positive

If you're happy to share, why were you feeling this way? \_\_\_\_\_

---

PTO

9. On a scale of 1-10, how are you feeling after this evening's event, with 1 being feeling low/sad/stressed and 10 being happy/excited/positive? Please circle the appropriate number.

☹ 1 2 3 4 5 6 7 8 9 10 ☺  
Feeling Low/ Sad/Stressed Feeling Happy/ Excited/Positive

Why do you think you are feeling this way now? \_\_\_\_\_

- 
10. Which was your favourite activity tonight and why?

- 
11. Is there anything you think we can do to make our Teenage Social Evenings better?

☐

No

☐

Yes - If yes, what? \_\_\_\_\_

12. Was the Geek Retreat a convenient venue?

☐

Yes

☐

No

13. Length of session

☐ Just right

☐ Too long

☐ Too short

- 
14. Any other comments? \_\_\_\_\_

---

Thank you.

## **Appendix VIII – Semi-structured Interview Schedule – Pupil Questions**

Starting the interview, with a little background information:

Can you tell me a little bit about your social group in your school setting? Are your friends mostly hearing or d/Deaf or a mixture?

What impact did Covid-19 and the extended periods of self-isolation that repeatedly occurred have on you socially?

In terms of your school friendships, what impact did the lockdowns have?

Thinking about social activities since the lockdowns:

Have you gone back to socialising since restrictions lifted?

Do you use technology to assist you when in social situation or only for school? (e.g. Hearing Aids, Personal Wireless Systems, etc)

Is the impact of the lockdown still affecting your friendships/social life?

Has it become harder or easier since restrictions lifted or has it just 'gone back to normal'?

Did you socialise virtually during the lockdowns, such as video calls?

Thinking about school:

What changes have you noticed at school?

Tell me about how school helps your friendships.

Were you able to feel comfortable around your school friends straight away?

Have school done anything to support your friendships?

What long term impact have you noticed about your school friendships?

1) What impact has the Teenage Social Group had on you?

Can you tell me about how you socialised at the group? Did you just speak to one or two of the young people or mix more?

Was this different to how you socialise at school? If so, how? Can you give me some examples?

How do you feel this impacted on the other young people around you in the group?

What do you think about the chosen activity?

Is there another activity you would have preferred? If yes, what is it and why would you have preferred it?

How did you find communicating with your peers in this environment?

2. Did you feel emotionally supported at the Teenage Social Group?

Whether by the adults in attendance from the Hearing Support Team or your peers?

Thinking about emotional impact:

What was your emotional state before the Teenage Support Group?

Did attending and making friendships/communicating with d/Deaf peers improve your emotional state?

Did attendance benefit or hinder you emotionally?

If there are benefits, how can we maximise them? If there are challenges, how can we limit them?

3. Were you able to communicate with your peers and friendship groups effectively in the Teenage Social Groups and how does this compare to how you communicate with your typically hearing peers at school?

Thinking about communication:

Were you engaging with your peers at the Teenage Support Group?

Were you able to build relationships?

What impact do you think this has had?

How do you find communicating with your peers at school? And how did you find it compared at the Teenage Support Group?

Did attendance benefit or hinder you with regards to your communication skills?

If yes, do you think it will help you at school too? Are the confidence/communication skills gained transferable to that setting? (If there were any)

If there are benefits, how can we maximise them? If there are challenges, how can we limit them?

Additional questions to end with:

Was the Teenage Support Group worth it for you? Why?

Do you think these groups are useful?

What have you learnt from this?

Can you give me an example?

Can you explain a little more?

Do you think we should continue the Teenage Support Groups?

What could have made them better?

Do you want to attend again?



## **Appendix IX – Semi-structured Interview Schedule – Parent Questions**

Starting the interview, with a little background information:

Can you tell me a little bit about your child's social group in their school setting? Are their friends mostly hearing or d/Deaf or a mixture?

What impact did Covid-19 and the extended periods of self-isolation that repeatedly occurred have on them socially in your opinion?

In terms of their school friendships, what impact did the lockdowns have?

Thinking about social activities since the lockdowns:

Have they gone back to socialising since restrictions lifted?

Do they use technology to assist them when in social situation or only for school? (e.g. Hearing Aids, Personal Wireless Systems, etc)

Is the impact of the lockdowns still affecting their friendships/social life?

Has it become harder or easier since restrictions lifted or has it just 'gone back to normal'?

Did they socialise virtually during the lockdowns, such as video calls?

Thinking about school:

What changes have you noticed in your child since they have been back at school?

Tell me about how school helps their friendships.

Do you think they felt comfortable around their school friends straight away?

Have school done anything to support their friendships that you are aware of?

What long term impact have you noticed about your child's school friendships?

2) What impact has the Teenage Social Group had on your child that you have observed?

Did they talk to you about how they socialised at the group? Do you know if they just spoke to one or two of the young people or mixed more?

Was this different to how you believe they socialise at school? If so, how? Can you give me some examples?

What do you think about the activity we chose for the attendees?

Is there another activity you think they would have preferred? If yes, what is it and why do you think they would have preferred it?

4. Do you feel that your child was emotionally supported at the Teenage Social Group?

Whether by the adults in attendance from the Hearing Support Team or their peers?

Thinking about emotional impact:

What was your child's emotional state before the Teenage Support Group?

Did attending and making friendships/communicating with d/Deaf peers improve their emotional state in your opinion?

Did attendance benefit or hinder your child emotionally?

If there are benefits, how can we maximise them? If there are challenges, how can we limit them?

5. Has your child talked to you about how they communicated with their peers and friendship groups in the Teenage Social Groups and how does this compare to how they communicate with their typically hearing peers at school?

Thinking about communication:

Has your child mentioned if they were able to build relationships?

What impact do you think this has had?

Additional questions to end with:

Was the Teenage Support Group worth it in your opinion? Why?

Do you think these groups are useful?

What have you learnt from this?

Can you give me an example?

Can you explain a little more?

Do you think we should continue the Teenage Support Groups?

What could have made them better?

Do you want your child to attend again?

## Appendix X – Initial Coding Map

