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Family-Centred Early Intervention and Other Social Supports for Families with Children who are Deaf or Hard of Hearing: A Critical Review

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by

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Family-Centred Early Intervention and Other Social Supports for Families with Children who are Deaf or Hard of Hearing: A Critical Review

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Abstract

The deaf and hard-of-hearing communities have been commonly misrepresented, and their voices omitted within research. Thus, this critical scoping review begins with a literature review to capture the life experiences of deaf/hard-of-hearing children and their hearing caregivers/parents. I will dismantle the concept of audism, and particularly the trauma experienced within the community. The overall aim is to fill the knowledge gap regarding comprehensive, child-centred social services and interventions that offer holistic assistance, specifically considering families' intersecting identities (e.g., socioeconomic status and race). This review will examine thirteen scholarly articles that highlight twelve different social services through an intersectional lens. Doing so will uncover whether current programs provide adequate support to deaf/hard-of-hearing children, regardless of their culture or family status. Important conclusions note that although there is an increased focus on programing that build on family's strengths- such as family centred early intervention- there is a clear implementation gap in the widespread availability of holistic programs for deaf/hard-of-hearing children. This review also notes that families from higher socioeconomic statues are more likely to have access to more support than those from marginalized communities. It is considered how the programs' effects on families might be amplified through widespread implementation. Along with highlighting some study limitations, this review offers some ideas for additional research.

Keywords: deaf and hard-of-hearing children, hearing loss, family-centred early intervention, social supports, intervention programs, strength-based programs

Introduction

Brief Overview

One in five people are affected by hearing loss globally, according to the World Health Organization (World Health Organization, n.d.). Hearing loss affects people of all cultures, ages, and socioeconomic backgrounds and impacts families and communities connected to the individual with hearing loss. Remembering that hearing loss is a spectrum with a wide range of experiences is crucial. The range of different hearing levels will be represented by the terms "deaf" and "hard of hearing." The primary population for the study will be deaf or hard-of-hearing children (from newborns to age 12) born to hearing parents or caregivers.

Deafhood refers to the process that deaf children, adults, and families undergo to comprehend and understand who they are and how they fit into the world (Hauser et al., 2010). Nevertheless, the attitudes, interests, and values in deaf culture are often influenced by how 'norms' in society perceive deaf infants, children, and adults (Hauser et al., 2010). It is crucial to consider that hard-of-hearing children's experiences within and outside their homes will undeniably impact their life quality and social interactions.

Looking through some of the existing studies on this subject, there is much research on the trauma that deaf children experience. Social interactions, mental health, depression, anxiety, self-image, and confidence are a few of these factors that have been noted by both families and children to be negatively impacted (Hauser et al., 2010; Young, 2018). Some of these experiences stem from the misunderstandings surrounding being deaf and the preconceptions attached to this community. Since other children, community caregivers, and family members often uphold these misunderstandings, several studies also noted experiences of bullying for hard-of-hearing children (Weiner et al., 2013).

Audism & Communication Aids

As historically oppressed communities are more likely to experience social inequality, the deaf community is also affected by societal oppression. Hard-of-hearing individuals may experience direct and indirect forms of discrimination stemming from exclusionary and audistic structures, policies, and procedures (Young, 2018). Audism is the ingrained conviction that members of the deaf community have an "imperfect" body and are “inferior,” “undesired,” and in need of "repair" (Hauser et al., 2010). Audism, unfortunately, is frequently present in societal norms and is often embodied in therapies (Hauser et al., 2010). In that case, social support interventions undeniably become problematic and dehumanizing, primarily if aimed at “fixing” deaf individuals to be more “useful” people in society. Audism also affects how we subconsciously are engrained to think about those who are deaf or have a disability, especially when we are not critical of the perceptions we uphold. This thinking is also extended to when caregivers of hard-of-hearing children treat deafness as a medical condition and use language like “glad it was caught early” (Young, 2018).

For deaf and hard-of-hearing individuals, various communication aids are available, including sign language, cochlear implants, and hearing aids. Many studies and firsthand accounts demonstrate how whatever aid is utilized shapes a child’s social interactions and life experiences. These impacts are something parents must navigate to understand the support that best fits their child’s needs. Research notes that technological aids may improve speech results and language development, which may benefit social interactions (Aanondsen et al., 2023). However, sign language may help develop deaf identity and culture and is described as signed storytelling (Aanondsen et al., 2023; Sutton-Spence, 2010). Sign language may further create a community aspect that may change how deaf individuals are viewed, specifically beyond a disability perspective (Aanondsen et al., 2023).

As parents navigate through understanding different hearing supports available, several factors go into play in this decision. One major factor is how societal pressures construct and embed power within languages, as seen with the value placed on spoken/written languages over signed languages (Young, 2018). In other words, there is the subconscious belief and pressure to “normalize” a deaf child by providing auditory aids to avoid any discrimination. Even if parents do not uphold this belief, it is hard to navigate, as it is a thought that is undeniably embedded within our society.

Study Objectives and Research Questions

Since deaf perspectives have often been overlooked, minimized, and misrepresented in research, the community's distinct voices and experiences must be highlighted (Holcomb, 2010). Considering this, my research aims to pinpoint the gaps in the family interventions and social supports accessible to families raising hard-of-hearing children, as well as how a family's socioeconomic status, cultural background, and family background may limit their access to these resources due to societal barriers. Considering the long-term implications and ways practices can continue within the family even after early intervention may also be helpful. Furthermore, research shows that 91.5% of hard-of-hearing children are born into hearing families (Luckner & Velaski, 2004). This statistic is essential as this analysis continues, as interventions and supports must also focus on training hearing parents to create safe spaces and support within their homes and daily lives.

In summary, this study aims to implement an intersectional approach to consider the accessibility and availability of social support services, including early interventions, for families with children who are deaf or hard of hearing. This critical approach and lens are also helpful in further presenting and reflecting on the family experiences, using this as a foundation for evaluating the available programs. This research also brings a more critical analysis and

review of the programs to discuss further and highlight the injustices and inequities the community faces. The study aims to build upon, empower and highlight how families advocate for their children and navigate the system gaps. As a result of the substantial research on this community, primarily focusing on the perspectives of hearing parents of deaf children, many recommendations have been made that highlight different themes in the research regarding necessary support. These themes will guide the analytical and debriefing process.

As such, the overall guiding research question is: What are the gaps and impacts of family-centred early intervention and other social supports for families with deaf or hard-of-hearing children?

Ultimately, it is noted that how the current support programs are structured impacts deaf people, particularly in how well they empower and support families holistically and recognize the barriers some may face. Since we as human beings are so complex, and no deaf children or families will have the exact needs or identities, this study emphasizes the need for policies that ensure all deaf and hard-of-hearing children are cared for and heard. This study places significance on implementing holistic programs.

Positionality

Before proceeding with this research, I must approach it critically and reflectively. This approach is especially significant because, despite some cultural immersion and taking courses on deaf culture, I am neither an expert nor belong to the community. So, my research will be guided by the goal of understanding the gaps and needs for social support by incorporating the voices and experiences of deaf children and their families. In doing so, I hope to prevent additional oppression in the community. Instead, I want to stand in solidarity with the community, highlighting their strengths, capabilities, and ways in which they have been unfairly treated through systemic barriers.

Literature Review

Trauma Experiences within the Hard of Hearing Community

Deaf individuals face a twofold experience: the biological experience of hearing loss and the sociocultural experiences from various interactions with people and systems (Hauser et al., 2010). These experiences can affect a child's life quality and development and present needs that must be navigated with family, caregivers, and professional support. According to Batten et al. (2014), social interactions and relationships depend on children's socio-emotional development. However, as further noted by Gillespie et al. (2023), deaf children are twice as likely to develop socio-emotional difficulties, partly because of adverse childhood experiences. It is expected that during the pandemic, there was a marked decline in the well-being of deaf children and their families, because of the increased sense of isolation (Gillespie et al., 2023; Wang et al., 2023).

The stress of raising a child with hearing loss can be an additional contributing factor to adverse childhood experiences (Park & Yoon, 2018; Sebald, 2008). Abuse is observed to be more common in children with disabilities, frequently because of insufficient interventions, support, and other socioeconomic issues (Sebald, 2008). In particular, abuse is more likely to be increased when children are experiencing profound hearing loss and do not share communication methods with parents (i.e., cochlear implants/hearing aids; Sebald, 2008; Hauser et al., 2010).

These challenges extend beyond pressures within the home; they are too exasperated in many social settings. Regarding education, parents experience an initial complex regarding the choice of sending their child to public schools versus private education (Park & Yoon, 2018; Tomasuolo et al., 2013). Much of the conversations surrounding this decision involve whether a child will have adequate support to follow the teacher's directions, adjust to the school, meet

academic expectations, and make friends (Park & Yoon, 2018). School social workers and staff must be trained to assist hard-of-hearing children and families beyond referrals to community resources (Esp, 2001). In addition, administrators, teachers, and support personnel are responsible for creating school cultures. Nevertheless, negative perceptions of differences in educational backgrounds and hearing levels increase incidences of bullying and peer violence for hard-of-hearing children (Park & Yoon, 2018; Weiner et al., 2013).

Even so, these unpleasant encounters are not exclusive to learning environments. One example is how interpreters are frequently used in formal or informal contexts to provide "proof" of inclusion (Hauser et al., 2010). This can be problematic when support and inclusion tools in place become a performative ‘check box’ instead of advocacy for deaf clients.

In terms of life quality, it is crucial to consider that hard-of-hearing children experience four times more mental health challenges, such as depression, anxiety, and behavioural disorders (Aanondsen et al., 2023; Batten et al., 2014). According to Aanondsen et al. (2023), research shows that those who are deaf or hard of hearing score lower on quality-of-life measures. To provide deaf children with appropriate and comprehensive support, there is a need for therapies, support groups, and other interventions to focus on these concerns.

Experiences of Caregivers with Deaf Children Navigating Trauma

Research indicates the significant challenges experienced by the deaf community, which also extends to families and caregivers. Caregivers are recognized as playing vital roles in their child(ren)'s lives yet undergo higher amounts of stress from parenting a child with hearing loss (Park & Yoon, 2018). Increased stress is due to the management of expectations to develop proficient communication and navigate decisions regarding their child’s life (Park & Yoon, 2018). Another cause for stress is the perceived adequacy of social support by professionals and the actual limitations of such (Park & Yoon, 2018). It is seen that even as

children grow up, parents continually face diverse and frustrating tasks and long-term difficulties relating to their children's well-being (Park & Yoon, 2018). Understanding how stress impacts families is essential to encouraging healthy development and providing their deaf child with ongoing support. Furthermore, parental stress can potentially disrupt children's health, cognitive abilities, socioemotional development, and academic performance (Park & Yoon, 2018).

The effects of raising a child with hearing loss are also extended to the relationships within the home and between siblings. Communication challenges can increase insecure relationships between hearing parents and deaf children (Park & Yoon, 2018; Hauser et al., 2010). In addition, parents may initially find it challenging to impart their cultures and customs to their deaf or hard-of-hearing children (Young, 2018). Studies also indicate that hearing children experience disappointment when their deaf sibling receives greater attention from their caregivers, which further increases stress on parents as they adjust to new family dynamics (Park & Yoon, 2018). However, it is noteworthy to acknowledge some positive findings in family dynamics. For example, deaf children's hearing siblings are said to experience an "enrichment of life" from increased social skills, maturity, and empathy for others, particularly those with disabilities (Tattersall & Young, 2023).

It is also important to note the role that patriarchy, a concept ingrained within society and in many cultures, plays in family dynamics. For some, pressure is explicitly placed on mothers to take on a caregiving role for their child(ren). This pressure can inevitably result in burnout and alienation from other family members due to the belief that mothers can only provide the best care for their children (Marie et al., 2023; Park & Yoon, 2018). According to Park and Yoon (2018), mothers often feel like family mediators, needing to strengthen the bonds between their deaf children and other family members. Through a critical perspective, we can understand that this lack of paternal support is often due to societal narratives

surrounding the role of a father and a “man” in family dynamics. Nevertheless, studies note that this lack of support for their hard-of-hearing children affects overall child development and their ability to build secure relationships (Dirks & Szarkowski, 2022).

Another critical point in research is how family culture plays a role in understanding hearing loss and how it is navigated. According to Young (2018), hearing parents typically experience shock and grief upon discovering their child’s hearing loss, which reflects their interpretations of hearing loss. Western cultures are more likely to seek professional assistance, whereas other cultures report feeling pressure to "conceal" their children because asking for help could be interpreted as a "failure" (Park & Yoon, 2018). Furthermore, cultural perspectives influence how disabilities are understood. These perspectives can include parental neglect, shame, "karma" punishment, or parents' sins (Park & Yoon, 2018). Understanding these real emotions and the lived experiences of parents and children is crucial, particularly when assessing and developing the interventions offered to families with deaf children.

Financial strain also impacts access to available technologies and interventions. While some funding is available to assist with the cost of purchasing assistive hearing devices, parents must still pay for these devices out of pocket (Park & Yoon, 2018). In addition, hard-of-hearing children frequently benefit from outside professional assistance often not funded by the government, such as speech therapy, audiological treatment services, and private schooling (Park & Yoon, 2018). The lack of funding puts significant financial pressures and burdens on families. It implies that families with higher socioeconomic statuses can provide their kids with more significant support, which may impact their well-being compared to families with a lower socioeconomic status.

Consistent Support for Families with Hard-of-Hearing Children

Studies show that more than 95% of deaf people are born into families with little knowledge about how deaf people live and learn (Hauser et al., 2010), emphasizing the importance of providing relevant assistance for families. Several existing services available to hard-of-hearing families emphasize taking prompt action following a hearing loss diagnosis. In doing so, families are given the early option of communication aids (cochlear implant, hearing aid, or sign language) based on the severity of the child's hearing loss and other relevant circumstances (Sebald, 2008). Additional strategies (such as speech therapy, counselling, audiological treatment services, and private education) may be incorporated into a hard-of-hearing child's daily life; however, these are usually chosen by caregivers (Park & Yoon, 2018). There is still a greater need for medical practitioners to receive specialized training to holistically assist families in adjusting to the needs of their deaf children (Sebald, 2008).

Moreover, research indicates the importance of deaf children finding safe spaces to connect socially with others, especially with those who are also deaf. An instance of this is incorporating deaf clubs, where participants can lead various activities and events together (Page, 2011). Deaf clubs ultimately help develop deaf individuals' social identity and confidence and combat some of the audism mentality that influences society and, as a result, the isolation many experiences.

Family-Centred Early Intervention

Through family-centred early intervention in particular, there has been progress in recent years to meet some of the needs and better support families with deaf children. To see appropriate interventions in earlier childhood years, there has been a strong push for early intervention and hearing screening programs (Storbeck & Calvert-Evans, 2008). With family-centred therapy, interventions are grounded in practices conscious of cultural differences,

family choices, and differences (Moeller et al., 2013). These interventions allow for a holistic process and acknowledge the strengths of the participating families (Moeller et al., 2013) while also including extended family and community members to support the child (Dirks & Szarkowski, 2022). This practice may be valuable when working with hard-of-hearing children and their families, as professionals have often focused on pathology and family dysfunction instead of their strengths and resources (Luckner & Velaski, 2004).

Although evidence supports family-centred practices, there still seems to be an implementation gap (Garcia-Ventura et al., 2020). Practitioners noted limitations arose from delivering services supporting family participation, which may be navigated through additional training (García-Ventura et al., 2020). It is also noted that some challenges arise for families receiving these interventions, mainly in deciphering who should be involved and to what extent (Dirks & Szarkowski, 2022). These decisions, however, affect parental self-efficacy. Additionally, researchers suggest further research be conducted on how the impact of this intervention may differ based on whether families use auditory or visual aids (Dirks & Szarkowski, 2022). Ultimately, especially with the lack of comprehensive state-wide early intervention programs, even timely detection of hearing loss does not guarantee full access to interventions (Storbeck & Calvert-Evans, 2008). Hence, other factors need to be considered regarding the support offered to families.

Voices of Caregivers with Hard-of-Hearing Children: Intervention Needs

There have been various themes in the research regarding required family support. Research indicated the need for more highly qualified and experienced professionals serving children with hearing loss. An example noted by caregivers was school social workers lacking adequate support in empathizing with family dynamics and serving as mediators between professionals and parents (Esp, 2001). Notably, parental preferences for special private schools

stem from a lack of skills and an individualized approach in mainstream education to supporting deaf children (whether this is because of time constraints, work pressures, or audism) (Park & Yoon, 2018; Hauser et al., 2010). However, this special education is only possible for some families due to socioeconomic factors. Families' voices display that the presence of “support” does not equate to receiving comprehensive support.

This point is further extended to the lack of emotional support for caregivers and the frustration of navigating the emotional aspects of hearing loss. Park and Yoon (2018) point out that many families—especially those who assumed their doctors were "experts"—expected them to support them with the psychological and emotions they were going through. The lack of medical support can lead to greater stress and anxiety because of the parents' perceived need to advocate for their children on their own (Park & Yoon, 2018).

To holistically support the hard-of-hearing child, it was mentioned that network building within families and incorporating strategies to include grandparents and extended family in treatment plans are needed (Jackson, 2011; Park & Yoon, 2018). Along with connecting deaf children with deaf mentors or role models, it is also recommended that parents be given more significant opportunities to interact with other parents of hard-of-hearing children (Park & Yoon, 2018; Hauser et al., 2010). However, as helpful as this might be, it is also important to note that no person can embody the fullness of what it means to be deaf because of our complexity as human beings (Hauser et al., 2010).

Being aware of how audism occurs in professional settings is also crucial. For instance, the frequency with which medical and speech-language pathologists counsel parents against instructing their children sign language was mentioned. The rationale behind this advice, which lacks empirical support, is that teaching a child sign language impedes their development and independence (Hauser et al., 2010). To move past these harmful and dehumanizing mindsets,

it is even more important for deaf children to establish connections with other members of the deaf community.

Research Gaps

Highlighting the limits of interventions is vital to recognize the research gaps. With a clear understanding of the families' vocal needs and distaste for their experiences with current interventions, my focus remained: What are the available holistic social supports, and what are the limitations? How do these supports heed the advice and experiences from families- or does the community continue to be overrepresented in research with no avail?

Even though some research hints at intersectionality, the data does not fully incorporate this lens. A few studies mentioned correlations between cultural values and the acceptance of disability (Park & Yoon, 2018) but failed to identify the systems or other factors involved. An intersectionality lens may take the research one step further and assist in understanding how more support is available for those with greater financial resources and the role that race plays in such. Research has also raised concerns about insufficient studies examining the available social support for families and how other variables, such as socioeconomic status and educational achievement, exacerbate this.

While family-centred early interventions could be an excellent place to start, research also shows gaps in this area. To develop strategies that better support children who are hard of hearing and their caregivers, it may be helpful to analyze this intervention critically through an intersectionality lens. Strategies include examining who has greater access to support and who may engage within family treatment. This intersectional lens could address the reason behind the apparent implementation gap that practitioners using this practice are reporting. Furthermore, studies revealed variations in family experiences according to the use of visual or auditory aids. For this reason, it is crucial to examine the data using an intersectionality lens

to determine which family members have more access to one type of aid than another. The assistance type used by families may impact the effectiveness of family-centred interventions, but this, too, needs more comprehensive research.

Theoretical Framework

Through this research paper, I will incorporate the theoretical framework of intersectionality, a theory rooted in central feminism. Intersectionality illuminates the various interacting factors that affect human lives and identifies how these different systemic factors reproduce conditions of inequality (Goethals et al., 2015). The framework attempts to capture these complex identities (race, cultural identity, socioeconomic status) while focusing on differences in life experiences among social groups (Goethals et al., 2015). Apart from examining the power dynamics inherent in societal structures, I am also curious about how such structures impact individuals' lives.

When examining this research and the current interventions, intersectionality is a crucial framework to uphold. While holistic interventions may be a developing field of study, the methods employed in research and the lens through which a community is understood matters. With audism present in society, individuals with hearing loss are often associated with having a “disability.” Goethals et al. (2015) brought attention to the fact that the term “disability” is frequently used as a catch-all and implies that all persons with disabilities go through similar experiences. Since the hard-of-hearing community- like all communities- is so diverse, it is incorrect to approach them in this way. Thus, not all those within the hard-of-hearing community interact with systems similarly, nor do they all have access to the same resources due to systemic barriers. Hence, looking at the interventions available through this framework will point toward answering my overall research topic. This community is often

misunderstood and faced with numerous traumas, so this lens may help capture the experiences and barriers of families with deaf or hard-of-hearing children navigating social support.

This study attempts to uncover how some families receive more care and support than others while naming the injustices contributing to this. Key themes can be extracted by incorporating an intersectional lens into analyzing how social programs are formed. This includes understanding what is missing within these programs and if they are accessible, holistically empowering families, and building deaf identity within the children. In this paper, deafness and hearing loss will not be considered in isolation from other categories (gender, religion, income, age, cultural background, family status), highlighting contradictory societal power dynamics. Overall, all children, regardless of hearing levels, have the right to live in a society where they are free from oppression and discrimination and are adequately supported. This thinking will guide the overall study.

Methodology

Epistemological Position

My guiding epistemological framework for my topic and positionality aligns with a critical paradigm. A critical paradigm analyzes how societal structures and power dynamics perpetuate inequality and oppression; it emphasizes action, reflection, and social change (Reid et al., 2016). This paradigm is consistent with my critical perspective throughout my research, which is to deconstruct how families with hard-of-hearing children navigate overlapping identities and social institutions and how this impacts their accessibility to programs and interventions. Critical paradigms also emphasize social justice, not taking things at face value, and understanding specific communities' perspectives, experiences, and stories (Reid et al., 2016).

I integrated this social justice lens into my research by emphasizing the community's strengths and identity—sadly ignored by the ableist and audistic mindset permeating our culture. My research aims to demonstrate this further by dissecting different families' encounters with various social interventions recorded in secondary data. My aims inform my research design as I will critically reflect on a sample of studies that capture families' experiences with hard-of-hearing children.

Critical Scoping Review Breakdown

I conducted a critical scoping review to answer my research question and thoroughly incorporate my theoretical framework. My decision to use this methodology was ultimately driven by considering the best approach for an in-depth critical analysis of the current family interventions. Critical scoping reviews closely follow the process of a scoping review, with the ultimate goal of examining the literature on available interventions through a more critical lens (Arksey & O'Malley, 2002).

Since the reviews are conducted similarly, I referred to the typical scoping review process. Scoping reviews aim to map critical concepts, primary sources, and types of evidence available specifically in an area that has not been comprehensively reviewed prior (Arksey & O'Malley, 2002). This goal clarifies why scoping reviews are beneficial for my subject and provides some insight into my research objectives: To understand the key concepts in the current interventions for hard-of-hearing children, which is an area that lacks thorough research, especially from an intersectional lens.

Due to the time taken to find comprehensive articles for my literature review, my initial goal for conducting such research was to understand and group the findings regarding this community. As scoping reviews aim to see the scope of research and relevant gaps and summarize and disseminate research findings in greater detail (Arksey & O'Malley, 2002), doing so helped provide a foundation concerning intervention gaps and reveal the support families regard, as necessary.

Moreover, scoping reviews focus on developing inclusion and exclusion criteria to ensure consistency and comprehensive data collection (Arksey & O'Malley, 2002). I carefully followed these recommendations to ensure that the sample I gathered represented my research aims for my specific population. After charting the sample and identifying the major themes from each journal article, I better understood the advantages and limitations of these kinds of interventions. I then used these key themes to analyze the sample results and answer the research question critically. By incorporating the intersectionality lens, I carefully considered the limitations of social support programs to recognize families' overlapping identities or in addressing systemic issues when reading the sample.

Carnwell and Daly (2001) describe the standard procedure of critical reviews that was followed to direct this review. According to them, the process begins with reading and

analyzing articles that address the subject's nature, components, and scope (Carnwell & Daly, 2001). After summarizing the critical points, the reviewer can include their evaluation, analysis, and conclusions (Carnwell & Daly, 2001). Carnwell & Daly (2001) used the following sample questions for analysis:

"Is there a consensus regarding the topic's meaning, nature, or constitution? Are there counterarguments as to the topic's meaning, nature, and constitution? If so, what are they? Do you agree with these counterarguments? If there are no counterarguments, can you think of any [based upon theory or experience]? (P. 60)"

I utilized these questions as the basis of my critical reflection on each article retrieved in the sample; however, I reframed them to be more fitting for my topic. For example, some of my questions included: Is there consensus regarding the meaning, nature and constitution of deafness and deaf identity? Are there other beliefs or counterarguments presented? The procedures described in the review have resulted in a more profound comprehension of dismantling the social supports that the deaf community requires. These concepts will be instrumental in investigating potential institutional and systemic obstacles.

Data Collection

When designing my specific research design, I followed the steps outlined in Arksey & O'Malley's (2002) guide for scoping reviews. These steps included developing a research question, locating pertinent studies, analyzing, and charting the data, and gathering, summarizing, and reporting the results. Following the directed steps was immensely helpful in creating a comprehensive list of the available supports.

The first step in performing a scoping review is gathering a thorough collection of the literature using a search plan. To get the most complete sample that accurately reflects my research question, I met with two of York University's scoping review librarians to discuss key

terms. Additionally, I used the research guides provided to find relevant databases from various disciplines and viewpoints to compile a comprehensive sample of journal articles. As is consistent with an intersectionality framework, using the various databases across disciplines may also shed light on how various systems relate to and perceive deaf/hard-of-hearing children and their families. I selected five databases: ProQuest, PychInfo, Ebscohost, Jstor, and Gale Academic.

To better focus on particular social support programs for children who are deaf or hard of hearing, I refined my search plan to just one comprehensive set of critical terms in response to feedback and the higher volume of results that were irrelevant to my question. I tried a few different searches using the advanced search feature on the databases, and I discovered that the following terms yielded the best search strategy:

"Deaf children" OR "hard of hearing children" OR child* OR youth* OR adolescents	AND	"Hard of hearing" OR deaf OR "hearing impaired" OR "hearing impairment" OR "hearing disorder" OR "hearing loss"	AND	"Family support" OR "family-centred early intervention" OR "family-centred intervention" OR "early intervention" OR intervention OR "social services" OR "social support" OR "social support programs" OR "Social programs" OR "strengths-based"

I replicated this search across all five databases, yielding 2,717 results. I developed and improved my inclusion and exclusion criteria to fit with Arksey & O'Malley's (2002) second step of locating relevant articles to narrow this down. Notably, this criterion was modified during the refining process to make collecting a sample for this research paper feasible. I began this process by identifying specific restrictions as inclusion and exclusion criteria, which would aid in gathering a relevant sample. My requirements included:

(1) Peer-reviewed journals written in English

(2) Peer reviewed journals published in North America between 2000 and 2024

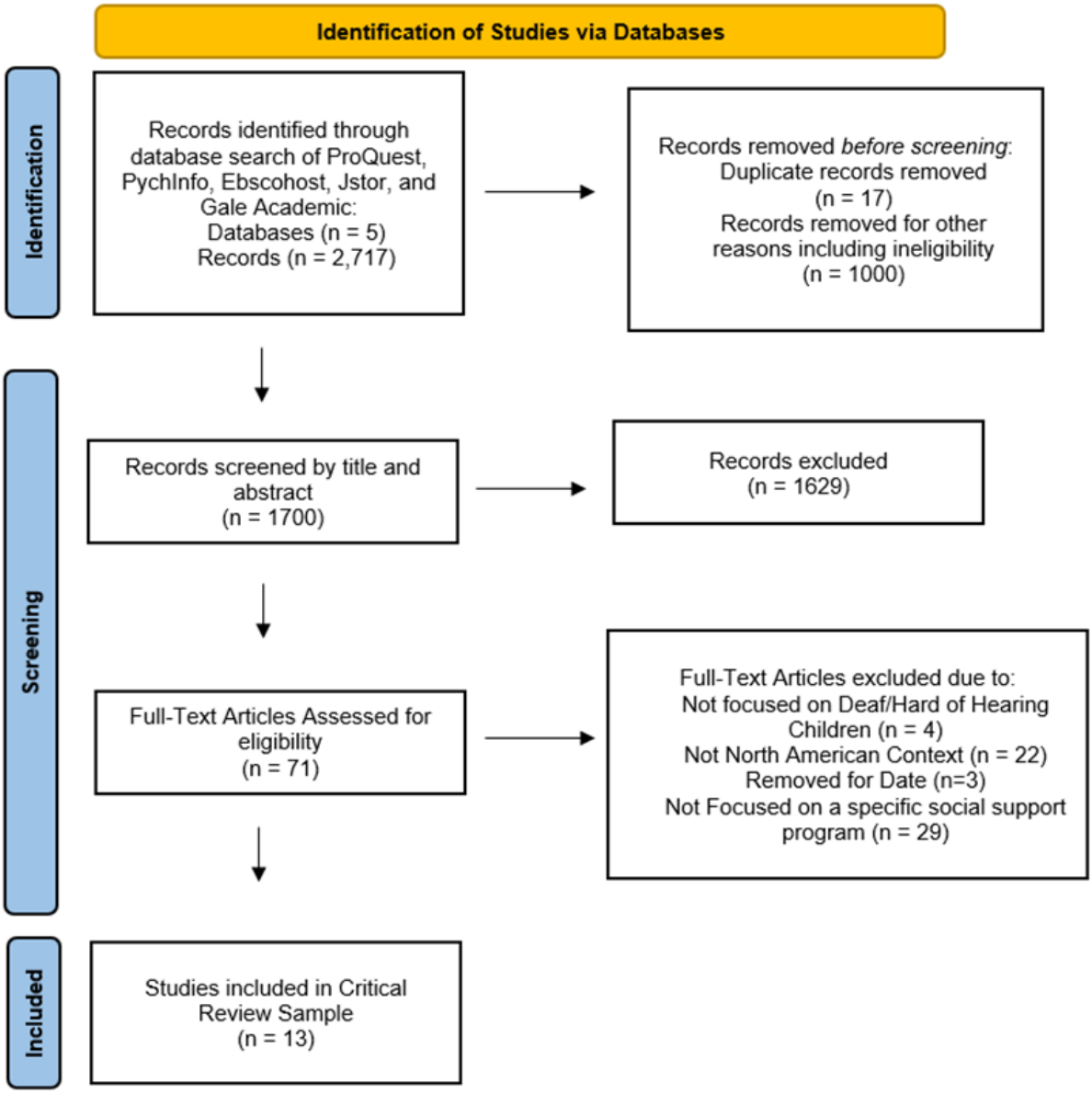
(3) Peer reviewed journals featuring children and youth who are hard of hearing or deaf with hearing parents/caregivers

(4) The Children must be in the age range of newborns to approximately adolescent/school-aged children (12 years old)

(5) Peer reviewed journals must identify a specific social support program that helps these children and their families

This criterion influenced the screening of article titles and abstracts, which was my initial step in compiling my sample. Due to time constraints and to reflect my research question more accurately, I removed book results, limited the age range to children and youth (rather than high school age and teenagers), and removed duplicates from the results. I also verified that the articles were written and published between 2000 and 2024. After applying this criterion, the results dropped from 2717 to 1700.

I downloaded 71 articles from each of the five databases into my Zotero organizing folder. These articles provided the foundation for my subsequent extraction and sample refinement, which enabled me to eliminate some less pertinent articles. I then excluded studies conducted outside North America to accomplish this. However, through further scanning, I removed the articles that did not explicitly focus on debriefing a single social support intervention despite their general relevance to supporting deaf children. I also eliminated the papers that were especially about mental health because it would be too detailed for this research paper to concentrate on social support and mental health programs simultaneously. Finally, I obtained a selection of thirteen articles. The diagram that follows provides more details on this procedure:


Identification of Studies via Databases
Identification
Records identified through database search of ProQuest, PychInfo, Ebscohost, Jstor, and Gale Academic:
Databases (n = 5)
Records (n = 2,717)
Records removed *before screening*:
Duplicate records removed (n = 17)
Records removed for other reasons including ineligibility (n = 1000)
Screening
Records screened by title and abstract (n = 1700)
Records excluded (n = 1629)
Full-Text Articles Assessed for eligibility (n = 71)
Full-Text Articles excluded due to:
Not focused on Deaf/Hard of Hearing Children (n = 4)
Not North American Context (n = 22)
Removed for Date (n=3)
Not Focused on a specific social support program (n = 29)
Included
Studies included in Critical Review Sample (n = 13)

Data Analysis & Charting

Among the thirteen articles obtained within my sample, the findings consistently uncover details concerning the overall research question. After completing the data sample, the next step in a critical review is efficiently charting these articles. Following the procedure for scoping reviews, I created an Excel chart consisting of multiple columns to organize my sample. The columns contained the following information: the article title, the citation, the study population, the goal of the investigation, the type of social support, the methodology, and the key findings.

Ultimately, this process helped categorize the data and utilize the theoretical framework to recognize various themes, concepts, and connections. Using this chart, I identified some critical conclusions and recommendations from parents and families regarding the support that has helped them the most. Along with organizing the available programs, I extracted themes to critically analyze these interventions, present the findings in the next section, and organize the information. As I completed this chart, my analysis was essential to the research aims and aligned with critical reflections in critical scoping reviews. Please see the appendix for a more in-depth breakdown of each article and this charting process.

Ethics

Hard of hearing and deaf communities confront numerous obstacles in addition to the physical effects of hearing loss, as was previously mentioned. The community experiences more significant levels of trauma and unjust oppression as a result of the way our society is structured and the existence of audism. These beliefs, assumptions, and prevailing narratives can potentially impede the creation and application of diverse services and supports. In research, it is unfair to disregard families' intersecting identities that may expose ways current support falls short of needs and further oppresses deaf adolescents. Thus, how I conducted this

research, positioned myself, and how the research portrays the community is equally vital. Again, although I have some immersion in deaf culture, I do not belong to the community. I recognize I am not an expert and have made no effort to portray myself as such throughout the research.

By critically analyzing the retrieved articles, I obtained a more comprehensive picture of how, even though current interventions may have good intentions, they may ultimately not be applicable or accessible because of complicating factors. In applying an intersectional lens, I was careful not to misrepresent or blame the community for the variety of experiences they experience. Instead, by conducting this study, I commit to continually standing with them and calling out the injustice within society, particularly as it relates to how power is distributed to benefit some people at the expense of others. I was careful to evaluate the research and was prepared to identify and acknowledge any unconscious biases I may have had.

I was also conscious of how this community has been overanalyzed in studies, which has done more harm than good. It is true that studies on individuals with disabilities inadvertently are viewed through a binary system that compares individuals "with" and "without" disabilities, hinting at concepts of "normality" vs. "abnormality" (Goethals et al., 2015). To refute this myth, I have also emphasized the strengths of the hard-of-hearing community and their identity.

Furthermore, studies have often overlooked, minimized, or misinterpreted deaf perspectives (Holcomb, 2010). For this reason, I am also emphasizing the community's experiences, voices, and viewpoints to understand current social support better. After all, they are the experts of their lives and hold the suggestions that are beneficial in navigating their encounters with different structures in society. Doing so is crucial to approaching my research methodology and will be further reflected in my theoretical framework, critical approach, and

paradigm. My goal is to stand in solidarity with the community and name societal factors that have caused oppression and restrictions to access social support.

Findings

Throughout this section, I will briefly describe and unpack each of the sections within the data organization chart. In doing so, I will further illustrate my findings and introduce some of my critical reflections. To reiterate, this research paper aims to examine current social support interventions and identify gaps in their ability to assist families, particularly considering families' intersecting identities and complicating factors present in society.

Population Studied & Time Frames

For this research paper, and because of time constraints, I limited my focus to families with children who are hard of hearing or deaf, ranging in age from newborns to adolescent/school-aged children (12 years old). The age range is crucial to consider, as each age range individuals encompasses differing social needs, developmental stages, and physical and emotional needs. A few studies also covered the difficulties and experiences practitioners and educators face when implementing support.

My findings included that most studies and pilot projects were conducted in the United States, which satisfied my criteria for current programs in the North American context between 2000 and the present. Using the data sample of currently available programs, I assessed some of their advantages and disadvantages by gathering the viewpoints of parents and children.

Methods Used & Intervention Programs Documented through Sample

Various methods were used to further investigate families' and children's experiences and present the available interventions captured within my sample. Many of the studies used questionnaires and focus groups to capture data on the impact of these programs and their limitations. Additionally, some used critical summaries of pilot project implementations and longitudinal studies. The methodology ultimately led to the results and the breakdown of the programs, so this is important to note as I went through the thematic analysis process. In the

end, of the thirteen articles collected in my sample, twelve distinct social supports were identified, which included: (note that two of the articles highlighted distinct facets of family-centred early intervention):

1. American Sign Language Shared Reading Program,
2. Child-Centred School Systems,
3. Colorado Home Intervention Program,
4. Early Identification and Intervention,
5. Family-Centred Early Intervention,
6. HI HOPES (Home Intervention-Hearing and Language Opportunities Parent Education Services),
7. Listening Spoken Language Practices,
8. Parent-Child Interaction Therapy,
9. Parent to Parent support,
10. Project Aspire- Parent Directed Intervention,
11. Relationships & Social Networks,
12. Web-based Resource Intervention

These are the available programs I gathered for families with deaf or hard-of-hearing children in a North American context. However, it should be noted that the results could be further expanded through searching more databases. Four major themes will be used to analyze these intervention techniques further. The presence of a medical model versus holistic support will be examined in the first theme, along with the implications of such for children who are deaf or hard of hearing. The second will examine how the intervention or program fosters deaf culture and identity. Thirdly, I will discuss some of the limitations of these programs and examine how the intervention adds to the concept of "perceived support" instead of the actual support that families receive. In my fourth theme, I will dissect the prevalent idea that parental participation is necessary for the program to be successful. I will also discuss how this

requirement may affect families, particularly those juggling competing life demands, and how it may create presumptions about families and their ability to care for their children.

Given the significance of including their voices in this research, the themes were developed by drawing on the experiences and input provided by the families who participated in the studies for each intervention. Before exploring the themes and results, it is essential to highlight the distinctions between formal and informal support and acknowledge that both are seen as resources that families turn to for assistance. According to Marie et al. (2023), informal support is given by friends, family, and spouses. In contrast, formal support comes from care providers and societal organizations like social services and early intervention centres.

Theme 1: Medical Model Versus Holistic Support

During the initial phases of my analysis and sample debriefing, I observed—particularly with the use of the intersectionality framework—that social programs are frequently designed and implemented with two goals in mind: either a medical model or a more holistic approach.

While the term "medical model" is not used in the articles, it is implied by the program's goal and focus. Each of the twelve programs was placed within these two categories, making examining their objectives, areas of focus, and intended community support easier. This perspective clarifies the program's actual intent in contrast to its execution and explains any larger factors that might hinder such. Out of the twelve existing social supports, three were noticeably leaning towards this medical model, consisting of the Early Identification and Intervention Program, the Colorado Home Intervention Program, and the Child-Centred school systems.

The medical model is predicated on the dichotomy of "disabled" and "non-disabled," which serves as a foundational understanding of the normality of cognition, behaviour, and

social functioning (Shyman, 2016). Implied within this dichotomy is the idea that an individual must be 'fixed.' The binary concerning hard-of-hearing children is "hearing" or "non-hearing," with the latter category having a negative connotation. Following a medical model, social programs and interventions offer "solutions" to this "issue," ultimately revealing their general approach and comprehension of the needs of people who are deaf or hard of hearing. Regretfully, as this approach is still present within specific programs, the impact on families is unimaginable.

The medical model sees children as objects that need to be changed for them to fit into society rather than valuing deaf culture and identity. It is important to note that I am studying the experiences of deaf and hard-of-hearing children of hearing parents because, in many cases, these children are the first in their families to experience significant hearing loss. Parents must rely on medical professionals and services as their first point of contact because they might need to know the available programs and resources. However, if professionals see deaf children and their families through a medical lens, it can be highly traumatic.

Further evidence is seen when medical advice is given to parents not to instruct their children sign language, raising essential questions about the social implications of deafness (Snoddon & Underwood, 2014). It is also particularly apparent when families share the lack of existing ASL-supporting programs (Snoddon & Underwood, 2014). In contrast, there are benefits when an inclusive community is created for children and their families to embrace their deaf identity and use ASL to communicate within the home (Snoddon & Underwood, 2014). The bottom line is that when deaf children are treated like societal outcasts, it can significantly impact children's views of themselves.

When programs adopt a more holistic approach, they try to comprehend different life experiences and pose questions regarding the implementation of programs—for instance,

highlighting the effect of programs on fathers, mothers, and caregivers individually and collectively. A significant initiative that accomplishes this is family-centered early interventions. Family-centred early interventions build on the family's strengths by reiterating that parents are the experts on their children and the family's needs (Ingber & Dromi, 2010). While it makes sense that parents and other caregivers who are navigating a new diagnosis would feel much reliance on professionals, the intervention emphasizes that parents are the ones who spend much of their time with their children daily (Ingber & Dromi, 2010). Hence, their opinions are essential. Although it is promising to see several of the programs shifting towards this holistic approach, there is still a lack of consistency among such programs. In addition, it should be further investigated which programs are more widely implemented. We must question if these programs are recommended by medical practitioners and the community itself.

Intriguingly, the commonality throughout all the results indicated that parents and families required and desired a strengths-based, family-centered approach to support. Families shared reasonably high ratings regarding the impact and presence of family support components within this approach, including informational resources, social-emotional support, and educational advocacy (Jackson, 2011). However, it was also observed that adolescents with cochlear implants scored higher on social support than those with hearing aids—something crucial to consider when applying the intersectional lens (Jackson, 2011). Additionally, research indicates that parents seek emotional support from their parents, suggesting that family support groups should also provide information and assistance to grandparents and other extended family members on how best to support deaf children (Jackson, 2011).

Medical models and interventions alone may be helpful for diagnosis. Yet, they often do not consider how families could be supported in the home, outside of these interventions, or in overcoming various intersecting barriers that a family might face holistically. Holistic

programs have been shown to have an incredibly positive impact on families. In a medical model, early interventions frequently centre on how well parents advocate for their children and improve the interventions and programs offered by medical professionals. Holistic approaches, on the other hand, focus on how families can be empowered and supported to keep improving the care they provide for their children. However, the family-centred early intervention approach and other holistic approaches have limits in their recognition and implementation.

Theme 2: Building Deaf Identity and Capacity

Another critical theme is the impact of social programs on the development of deaf identity and capacity. Literature highlights the trauma this community experiences due to the associated stereotypes, emphasizing how crucial it is for deaf and hard-of-hearing children to develop a sense of cultural identity. Parents and other caregivers are frequently responsible for speaking up for their children's rights and ensuring they participate in social programs and environments that strengthen and validate their identities. Many programs that adopted a more holistic approach touched on this issue.

For instance, in the research examining parent-child interaction therapy, parents are given the tools to provide therapeutic support for their child and acquire practical skills for creating a safe and loving environment at home (Costa et al., 2019). The outcome of implementing such a program and enhancing caregivers' ability, particularly in the home, is encouraging their kids to embrace who they are despite receiving a hearing loss diagnosis. It was observed that for children in the program, families saw decreased negative self-talk and increased language development (Costa et al., 2019).

Other strategies emphasize the needs of parents and the wholeness of the individual having support to help families understand their children's hearing loss and aid in building deaf

identity. Parental support is one method of further incorporating this. The presence of formal mentoring programs and social gatherings for families with children who are deaf or hard of hearing helps produce stronger communities and successful outcomes for the children (Friedman Narr & Kemmery, 2015). However, even informal family support further aids parents and families by lowering self-reported stress levels, assisting in the adjustment to their children's hearing loss, and providing a sense of community (Åsberg et al., 2008).

A program that further prioritizes child empowerment should also be more widely incorporated to support families. One such program is a web-based resource for school-age deaf and hard-of-hearing children. Through this resource, children noted the increased ability to facilitate family connections and foster a sense of community (Kisshida et al., 2022). In addition, the children in the families who visited the website expressed reduced loneliness and greater peer support (Kisshida et al., 2022). The social and emotional effects on the children and families are apparent when programs emphasize fostering relationships between hard-of-hearing families and preserving the identity of the deaf culture rather than viewing the child as a problem that needs to be solved.

Theme 3: Perceived Versus Actual Support & Limits from Programs

Another important theme from family experiences within these programs was the gap between perceived support and what the family actually received. Addressing this is crucial because it will unquestionably serve as a basis for understanding the current interventions and how programs should adjust to better support families.

In one study, the transition from an early intervention-based education system to one that is primarily child-centred was examined. In the latter, the emphasis is primarily on the education and development of the child rather than including the family’s strengths and identities. Families reported finding it more challenging to figure out who was supposed to

support the kids and parents (e.g., through speech therapy and access to extra resources) and monitor the kids' progress once they started school (Jamieson et al., 2011). In addition to lacking a family-centred approach, it was reported that no advocate was present to advise parents on interpreting school policies about students needing special assistance (Jamieson et al., 2011). The study highlighted the lack of continuous support for deaf children and their families beyond the early intervention stages.

Moreover, there were instances when social determinants impacted program access. It is known that prominent barriers may exist for families due to their socioeconomic status and extend to the extent of additional care their children receive. This gap was also touched upon when discussing how parents have financial expectations to support their children. For instance, a few families mentioned lengthy wait lists for speech therapy in schools, yet expensive costs to hire a private therapist (Jamieson et al., 2011). Yet, all children have the fundamental right to access resources that will help them thrive.

Furthermore, even though early intervention programs are available to everyone, only some families receive the same level of assistance. Yoshinaga-Itano (2003) observed that children from Caucasian ethnic backgrounds showed significantly better language development during early intervention development than children from non-Caucasian ethnic backgrounds. This demonstrates how socioeconomic status, healthcare access, educational opportunities, cultural considerations, and systemic inequalities disproportionately affect ethnic groups and influence developmental outcomes. For this reason, families and deaf children would greatly benefit from a more holistic approach that considers systemic barriers and social determinants of health. For instance, a parent-focused strategy, such as that used in the pilot project ASPIRE, can positively impact children from lower socioeconomic backgrounds' through providing in home language and communication support for deaf children and their families (Sacks et al., 2014).

Theme 4: Parental Involvement as Prerequisite to Program

Another common theme that emerged from the sample's analysis was the need for parents and caregivers to continue practicing the skills at home and being present for the duration of the program. This factor was discussed as an effect successful interventions on children, through strengthening parental capacity and requiring parental participation.

One of the articles discussed the distinctions between recruiting mothers and fathers, as opposed to recruiting both caregivers combined (Marie et al., 2023). This study also discussed how the caregivers' roles and the identities they represent influence how they relate to programs and even hint at the differences in their needs (Marie et al., 2023). As it is crucial to consider the needs of the families and the identities they embody when trying to debrief the current programs through a critical mindset. For instance, research has also shown that gender roles influence the degree of support, with fathers receiving less informal support because of a cultural context that stigmatizes men's emotions and discourages them from seeking out this kind of assistance (Marie et al., 2023).

We can inquire about and consider potential barriers when applying the intersectional lens, such as who is more likely to have more significant impacts with current support services and who is more likely to get missed in the system. Nevertheless, programs should consider how they can better assist families with complex intersecting identities (for example, single parents who may not be able to participate as much as families with two caregivers and higher socioeconomic statuses). For instance, it was observed that lower access to formal and informal support outcomes was correlated with higher levels of stress and social support needs (Marie et al., 2023).

A response to this need is highlighted in implementing coaching practices within early interventions to build families’ capacities. This practice emphasizes capacity building,

cooperative planning, and reflection with caregivers to help them achieve significant goals for their families (Noll et al., 2021). However, despite how encouraging this sounds, there were differences in the results based on the kind of active caregiver participation throughout the coaching stages (Noll et al., 2021). When families experience complicated factors and juggling needs, they will be undeniably limited in their full ability to engage in programs. Without creativity on how to meet families where they are at, this approach alone may be limited. Additionally, when working with families, it must be noted how these factors can be addressed to effectively support hard-of-hearing children and their families.

On the other hand, families are significantly impacted by programs that instead give them the tools to support deaf and hard-of-hearing children from all cultural backgrounds and family identities (Storbeck & Calvert-Evans, 2008). For instance, the early intervention program HI HOPES promotes active family involvement in promoting the child's language development and socioemotional well-being in addition to providing families of infants who are deaf or hard of hearing with information and supportive counselling (Storbeck & Calvert-Evans, 2008). It also recognizes the levels of engagement a family can commit to and works around this to fully support the family (Storbeck & Calvert-Evans, 2008). Expanding the application of this approach could have a more significant overall impact. The following sections will further examine these themes through a critical analysis.

Discussion

Critical Summary of Findings

In summary, the thirteen articles reviewed various initiatives that addressed diverse aspects of supporting families with deaf or hard-of-hearing children. The different programs, grouped into four major themes, reflect the families' voices in the literature. These themes included the presence of medical models versus holistic models, developing deaf identity and capacity, perceived support versus real support and program limitations, and parental involvement in the program. The foundation of my thematic extraction and analysis stems from identifying families' experiences through dissecting the studies with a critical intersectional lens.

Using the questions from Carnwell and Daly (2001) as a starting point, we can expand on this analysis by posing the following question: Is there consensus regarding the meaning, nature, and constitution of deafness and deaf identity? Are there other beliefs or counterarguments presented? Through the programs, two radically distinct meanings and constitutions of the deaf identity were captured. The medical model adopted the stance that a child's deaf identity challenges their social integration. The holistic model, the other viewpoint, holds that families' strengths and identity should be considered when determining how a child's hearing loss may affect them. Through this collaborative approach, efforts can be made to support them accordingly.

It was discovered from these four themes that children and their parents benefited most from a holistic approach to care. Families valued the early intervention programs that guided and supported them during the first stages of the hearing loss diagnosis. In addition to the other more locally focused programs available, families were better equipped to support their children when a further family-centred, holistic approach was adopted.

On the other hand, research shows that parents are often left to function as their child's advocate, investigate the various programs available, and select the one that best supports their child due to numerous factors, including complex needs/identities and the child's preferred communication style. Caregivers had a common need for home-based programs, which was an area perceived as most lacking by professionals. Additionally, caregivers expressed needing assistance connecting with parent mentors and other families with deaf children and empowering their extended family members to assist them on an ongoing basis.

The primary objective of this research is to explore the availability of holistic support, the methods by which families are informed about them, and the experiences that families have while receiving support. When investigated further, it became evident that more must be done to provide fair, all-encompassing care outside the initially required medical professional programs. The results of this study highlight twelve distinct programs in North America that can be enhanced to provide families with comprehensive support to close the gap. The specific program findings will be further deconstructed through a critical lens.

Family-centred early interventions may be excellent to implement widespread in practice, however, research indicates there are still gaps in this area. The implementation gap hints at the stark contrast between family-centred early interventions and ongoing programs. For example, families and children faced heightened challenges when transitioning to school due to the lack of comprehensive support plans and the switch from family-centred to very individualist support (Jamieson et al., 2011). There appears to be a cascading effect when programs lack emphasis on empowering families. When families are not empowered, it also results in a lack of parental involvement, which can impact family support even more, as involvement is often the foundation for many programs. Family needs for community, and safe learning environments must be considered because families are frequently left to advocate for themselves and lack ongoing support.

Applying an intersectionality lens to analyze this intervention critically helps develop strategies that better support parents, caregivers, and hard-of-hearing children. This entails assessing who is more likely to receive support, who might participate in family therapy, and how other variables impact support availability. It has been observed that families, particularly those from historically marginalized backgrounds and those with complex identities—including low socioeconomic statuses- desire more holistic support because of the increased systemic barriers they face. The findings of this study identify and draw attention to the injustices in applying medical approaches in society and how certain families are left to fall between the cracks. Research revealed that more families with higher socioeconomic status and Caucasian identities can access more beneficial support programs (Yoshinaga-Itano, 2003). Additionally, it was mentioned that these families experience less stress (Marie et al., 2023). Not all deaf children will receive access to the same support, which could ultimately affect their development and social relationships.

The idea is that people with better social classes, financial means, and life stability—that is, steady employment, a stable home, and supportive family networks, among other things—have more ability to look for and make use of various kinds of social support. Sadly, those without these stable life experiences will fall through the cracks in the broken system. Throughout the literature, it was clear that having an initiative or program in place does not ensure everyone can access or benefit from it equally. Furthermore, it is challenging to conclude that a program that disregards the distinctive strengths of each family will work for everyone because we are all complex human beings. For this reason, family-centred interventions are essential, but more work needs to be done in putting them into practice.

While reading the articles, I observed that the current social support programs rely on and build upon early intervention programs. However, by incorporating a critical lens, I am concerned about potential barriers to this. One thing to remember is how our current state

creates systemic cuts in healthcare funding and pressures doctors to see more patients in less time. Unquestionably, this leads to less nurturing and support from professionals, which can affect the results of subsequent programs that try to build on these early interventions. Furthermore, family-centred early interventions will be impacted. Because a family-centred approach requires active listening and teamwork instead of prefabricated solutions that might not benefit the family, it takes "more time" to implement. This may be hindered when there are cuts to healthcare and support programs.

As previously indicated, a recurring theme in the research and publications was the low awareness of the support programs that are currently available, particularly as the children grow beyond the early intervention phases. Another recurring theme was the responsibility left on parents to find these interventions and push for more comprehensive support for their kids, such as from the educational system. It is a concern when the community and families do not know a number of these promising programs. There is lacking a consistent model for parents to rely on for supporting their children as they age. This may be captured within the programs focusing on holistic approaches, as they often consider how extended families can be included in programs and how a community can be formed to support these families. This would be further beneficial in ensuring that parents are not experiencing burnout, yet research indicates that these programs are not widely implemented.

Reflection on Positionality

I continually made an effort to check my preconceptions and biases when approaching this research. Since I am not a community member, I wanted to approach this work and research with critical reflection. For this reason, I read the samples and literature carefully and thoughtfully and paid close attention to the words I used throughout my analysis. I also attempted to incorporate as many community voices as possible and based the themes and finding outcomes on the recorded voices.

Given my extremely critical viewpoint in my professional practice and research, I was not taken aback by the results when reviewing them. That being said, I am acutely aware of the unequal power distribution in our society. I was determined to draw attention to the disparities that affect community families, particularly the challenges faced by families' intersecting identities in obtaining comprehensive social support and interventions. My passion for the injustice the community has endured over the years was sparked by being immersed in the culture. However, since I am not a community member, I have never intended to present research predicated on my assumptions.

Implication to Social Work: Practice Policy and Research

As previously mentioned, the stigmas associated with the deaf and hard-of-hearing community, as well as the systemic audism ingrained in societal processes and program development, have resulted in a heightened level of trauma, adverse experiences, and discrimination against this community. This study lays the foundation for social workers and other practitioners to play a significant role in supporting diverse communities and cultures. When attempting to construct a framework for comprehensive support programs, this research demands a critical approach and analysis to comprehend the experiences of the deaf community. As social workers, we must comprehend how the framework of the current programs that provide support affects communities and how it either ignores or recognizes the complexity of humanity.

However, no two deaf children or families will have the exact needs or identities, so it is impossible to design programs that are "one size fits all." According to this research, policies guaranteeing that everyone who is deaf or hard of hearing is cared for and given a voice are imperative. Furthermore, the findings of this research can be summed up as follows: Every child has the right to equitable and just support (spiritually, emotionally, physically, and mentally), regardless of their skin colour, race, identity, cultural background, or diagnosis.

Furthermore, every child has the right to be given the autonomy to make decisions, support their integration into society, and equal access to opportunities for participation in all facets of society, irrespective of their hearing level or the type of support they have chosen (cochlear, sign-language, or hearing aids).

As many of the findings on holistic support, particularly family-centred early intervention, have shown, a crucial approach centred on enhancing the family's strengths must be taken. Practitioners can help close this implementation gap, as well as advocating for greater implementation of the programs. Social workers and other relevant professionals, such as speech pathologists or counsellors, may be involved in modelling and executing these programs. Therefore, given their position of power in a profession that involves advocacy and policy implementation, social worker practitioners play a key role in this work. However, they must be conscious of biases when approaching their work.

Limitations

It is imperative to acknowledge the limitations that are inherent in this paper. It is important to note that this study was conducted at the master's level over seven months. That being said, a more thorough database search could have produced more results and developed a more comprehensive search on social support programs available. Furthermore, unlike multiple researchers usually involved in scoping/critical review processes, I was the only one conducting research. I acknowledge that the timing of this study did prevent me from researching other aspects of support, including mental health programs. With that in mind, this study may have yet to capture additional programs. It is significant to remember that the study concentrated on deaf and hard-of-hearing children (from birth to age 12) with hearing parents. Since this population is specific, additional support and interventions might exist beyond the ones presented here, including additional programs outside of North American contexts.

Recommendations for Future Research

Due to time constraints and resource limitations, it is crucial to consider the possibility of additional research for this paper. It would be useful to use some of the study's limitations as a starting point for further research to advocate for providing fair and just support services and resources for all families with deaf or hard-of-hearing children. Examining parents' and practitioners' awareness of these programs would be worthwhile in gaining a more comprehensive understanding, which could reveal additional disparities and implementation gaps. For a comprehensive picture of support, it might be helpful to record the mental health support programs offered to this community and population and compare and contrast them with the results of the identified social support programs.

Further research on this topic is warranted, as the results and support may vary if a family has older children. Examining social supports that can be implemented and modified as the children grow older is crucial. An additional investigation could explore the possibility of integrating alternative perspectives into the study and discussions with literature, such as a trauma-informed perspective, to determine whether programs offer insights into adjustments that can be made to assist the community as a whole better.

Conclusion

Current literature highlights some of the detrimental experiences that children who are deaf or hard of hearing go through. It also emphasizes the stress families experience when supporting their children and ensuring they can access the necessary resources. Despite the recent push for significant implementations of holistic programs and approaches for hard-of-hearing children, research indicates that there still needs to be an adequate level of implementation. Nevertheless, it was challenging to identify one comprehensive program widely used during my investigation. The lack of such prompted my research question, to shed light on the holistic programs available to support families that consider those with complicating factors and complex identities. Additionally, the current supports have yet to be thoroughly investigated using an intersectional lens to determine the full impact on the families and how these programs can be improved. In presenting the results, available supports were identified that could be available to families if incorporated more widely.

Amongst the identified social support programs, the patterns that emerged from the families' experiences are captured within the four themes: building deaf identity and capacity, medical model versus holistic models, perceived support versus actual support and program limits, and parental involvement within the program. Findings show that families with higher socioeconomic statuses have greater access to these programs and freedom to navigate through finding appropriate approaches for their children. Research indicates these families are commonly of Caucasian identities and additionally score lower on stress level indexes.

Furthermore, this study on holistic support, particularly family-centred early intervention, has demonstrated an implementation gap. In addition, there needs to be more family-centred ongoing programs that support children as they age. There appears to be a cascading effect when families lack empowerment because it also results in a lack of parental involvement, which is the foundation for many programs. Families must also be considered

when discussing their needs for a safe learning environment and a sense of community, as they are frequently left to advocate for themselves without continuous support.

It is crucial to stress that I am not a member of the community. Through this research, my goal was to honour the perspectives of caregivers and families while also drawing attention to the injustices this group is more likely to experience due to systemic barriers. I have intended to demonstrate my solidarity with the community and denounce the discriminatory practices that hinder families from receiving necessary support. Along with calling attention to the larger systems, I also want to highlight and acknowledge families' agency and capacity to support and advocate for their kids. After all, every child, no matter how hard of a hearing loss, must feel safe and free to live in a world free from oppression and discrimination.

Appendix

ARTICLE TITLE	CITATION	AIM/ PURPOSE	STUDY POPULATION	SOCIAL SUPPORT	METHOD/ METHODOLOGY	KEY FINDINGS
Actual Versus Desired Family-Centered Practice in Early Intervention for Children with Hearing Loss	Ingber, S., & Dromi, E. (2010). Actual Versus Desired Family-Centered Practice in Early Intervention for Children with Hearing Loss. Journal of Deaf Studies and Deaf Education, 15(1), 59–71. https://doi.org/10.1093/deafed/enp025	This article examined mothers' and professionals' assessments of actual and desired parental involvement in 6 educational centers that implement an Early Intervention Program (EIP) for young children with Hearing Loss and their parents	120 mothers and 60 professionals participated in the study.	Family Centered Early Intervention Program	Quantitative Data: Surveys gathered through FOCAS: Family Orientation of Community and Agency Services questionnaire, to measure the collaboration between professionals and parents in the intervention	The findings indicated that programs were perceived by mothers and professionals as satisfactorily family centered. Outcomes suggested that parents should be offered a wide range of services to respond to diverse needs, thus increasing parental motivation to become increasingly involved in EIPs.
Coaching Caregivers of Children who are Deaf or Hard of Hearing: A Scoping Review	Noll, D., DiFabio, D., Moodie, S., Graham, I. D., Potter, B., Grandpierre, V., & Fitzpatrick, E. M. (2021). Coaching Caregivers of Children who are Deaf or Hard of Hearing: A Scoping Review. The Journal of Deaf Studies and Deaf Education, 26(4), 453–468. https://doi.org/10.1093/deafed/enab018	This review attempts to uncover findings about coaching with caregivers of children who are deaf or hard of hearing, receiving services for listening and spoken language (LSL), and its impact on families.	Seven expert LSL practitioners and looking at relevant studies on coaching and LSL practices	Coaching Caregiver Practices in Early Intervention, Based on Listening Spoken Language Practice	Systematic review of 7 databases, the gray literature, and consultation with 7 expert LSL practitioners yielded 506 records for full-text review, 22 of which were ultimately included in the review	Findings presented 3 themes: coaching practices, training for coaching, and effectiveness of coaching. Caregivers received coaching showed from 3–5 months more growth in expressive vocabulary on the MacArthur–Bates Communicative Development Inventories (CDI), than those who did not participate in coaching
Exploring Correlates and Predictors of Stress in Parents of Children Who are Deaf:	Åsberg, K. K., Vogel, J. J., & Bowers, C. A. (2008). Exploring Correlates and Predictors of Stress in Parents of Children Who are Deaf: Implications of Perceived Social Support and Mode of Communication.	This study attempts to uncover the connection and correlation between parenting stress and negative outcomes for	Relationships were explored among parenting stress, social support, mode of communication,	Actual Help from Social Relationships & Social Networks, Perceived Support	Quantitative data: exploratory study via a questionnaire developed by the investigators, investigating	Findings indicated that parents of children who use sign language only reported more needing support, while parents of children who use total

Implications of Perceived Social Support and Mode of Communication	Journal of Child and Family Studies, 17(4), 486–499. https://doi.org/10.1007/s10826-007-9169-7	both parents and deaf children	and child cochlear implant status in parents rearing a deaf child or child with hearing loss.	Versus Adequate Social Support	parenting stress index & multidimensional scale of perceived social support	communication exhibited less self-reported stress. In an overall model, perceived social support and mode of communication were significant predictors of parenting stress. Finally, enacted support significantly predicted life satisfaction in parents.
Family Support Needs as Perceived by Parents of Preadolescents and Adolescents Who are Deaf or Hard of Hearing	Jamieson, J. R., Zaidman-Zait, A., & Poon, B. (2011). Family Support Needs as Perceived by Parents of Preadolescents and Adolescents Who are Deaf or Hard of Hearing. Deafness & Education International, 13(3), 110–130. https://doi.org/10.1179/155706 9X11Y.0000000005	The purpose of this study was to provide new knowledge about the specific needs of parents of adolescents and preadolescents who have a wide range of hearing loss, specifically in the transition from early intervention into a child-centred education system.	In the developmental stage, only surveys pertaining to children aged 10–18 years (N = 38) were considered. In the second stage, survey respondents were asked to join one of two focus groups (N = 7 and 8 parents, respectively) to further explore issues raised in the survey findings.	Analyzing the Switch and Parent's Experience of the Transition from Family Centred Early Interventions Programs to Child-Centred School Systems	Focus group/interview with 8 parents, and 38 Questionnaires	There are four predominant findings of this investigation: (1) parents' needs for various types of information; (2) parents' continuing need for a family-centred approach to service provision, beyond early intervention; (3) parents' concerns about education and future opportunities for their children; and (4) concerns regarding parenting deaf and hard-of-hearing children with additional needs.
Family Supports and Resources for Parents of Children Who	Jackson, C. W. (2011). Family Supports and Resources for Parents of Children Who are Deaf or Hard of Hearing. American Annals of the Deaf,	This study examined family supports after identification of children's hearing loss.	456 parents of hard of hearing children	Family Support Elements Existence in Family	Quantitative & Qualitative data: a questionnaire rating the importance of	Findings verified the importance of informational resources, social-emotional support, and educational

are Deaf or Hard of Hearing	156(4), 343–362. https://doi.org/10.1353/aad.2011.0038			Centred Early Intervention Practices	various aspects of family support, the quality of supports they experienced, and their preferences about informational resource. also open-ended written responses	advocacy. The quality of support was rated higher by parents of children with cochlear implants than by parents of children with hearing aids. Top-ranked sources of support included individual professionals and service providers, other parents of children with hearing loss, family support organizations, and extended-family members.
From Screening to Early Identification and Intervention: Discovering Predictors to Successful Outcomes for Children with Significant Hearing Loss	Yoshinaga-Itano, C. (2003). From screening to early identification and intervention: Discovering predictors to successful outcomes for children with significant hearing loss. *Journal of Deaf Studies and Deaf Education*, *8*(1), 11–30. https://doi.org/10.1093/deafed/8.1.11	This study examined the language, speech, and social-emotional development of children who are deaf and hard of hearing, all of whom have hearing parents. This series of studies investigated predictors of successful developmental outcomes of children receiving early identification and intervention, and also the Colorado Home Intervention Program.	The development of 14 Early Identified children, in the first 2 months of life, was compared to 11 children identified between 3 and 12 months, 30 participants identified between 13 and 24 months, and 14 children identified 25 months or greater on eight subtests	Early Identification and Intervention, and the Colorado Home Intervention Program	Longitudinal study	Language development is positively and significantly affected by the age of identification of the hearing loss and age of initiation into intervention services. Both speech development and social-emotional variables are highly related to language development.
Parent–Child Interaction Therapy as a	Costa, E. A., Day, L., Caverly, C., Mellon, N., Ouellette, M., & Wilson Ottley, S. (2019).	The current study evaluated the effectiveness of	Children with hearing loss (PCIT treatment	Parent Child Interaction Therapy	Treatment groups , and chart	Significant changes were observed in parent skills and child

Behavior and Spoken Language Intervention for Young Children with Hearing Loss	Parent–Child Interaction Therapy as a Behavior and Spoken Language Intervention for Young Children with Hearing Loss. Language, Speech, and Hearing Services in Schools, 50(1), 34–52. https://doi.org/10.1044/2018_LSHSS-18-0054	parent–child interaction therapy (PCIT) as a behavioral intervention for children with hearing loss and its applicability as a language intervention.	group: N = 18). For a subset of the treatment group (matched experimental group: n = 6), pretreatment and posttreatment language samples were compared to a matched control group (n = 6)		reviews were conducted	behavior from pretreatment to posttreatment for the PCIT treatment group. A subset of the treatment group (matched experimental group) with available matched controls (matched control group) demonstrated a significant increase in utterances and a trend toward significant increase in receptive vocabulary compared to the control group.
Parenting stress and needs for social support in mothers and fathers of deaf or hard of hearing children	Marie, A., Clabaut, L., Corbeil, M., Vanlerberghe, C., Vincent-Delorme, C., & Le Driant, B. (2023). Parenting stress and needs for social support in mothers and fathers of deaf or hard of hearing children. Frontiers in Psychology, 14, 1229420. https://doi.org/10.3389/fpsyg.2023.1229420	This study focuses on the parenting stress and social support needs of mothers and fathers of DHH children by reflecting on access to informal and formal support	Twenty-seven parental couples of DHH children completed the Parenting Stress Index and the Family Needs Survey, a questionnaire on social support needs	Comparing Access and Impact of Informal and Formal Support. (i.e. Support from Care professionals and institutional services such as early intervention centers VS support provided by personal relations)	Quantitative Data: The Parenting Stress Index and the Family Needs Survey, a questionnaire on social support needs.	Parenting stress profiles show that parents with higher-than-normal stress levels have a greater overall need for social support than parents with lower-than-normal stress levels. Parents have a high social support need, especially for obtaining information about their child's individual characteristics and health situation. Parenting stress profiles show that mothers and fathers with higher-than-normal stress levels have a greater overall need for social support than parents

						with lower-than-normal stress levels.
Pilot testing of a parent-directed intervention (Project ASPIRE) for underserved children who are deaf or hard of hearing	Sacks, C., Shay, S., Repplinger, L., Leffel, K. R., Sapolich, S. G., Suskind, E., Tannenbaum, S., & Suskind, D. (2014). Pilot testing of a parent-directed intervention (Project ASPIRE) for underserved children who are deaf or hard of hearing. Child Language Teaching and Therapy, 30(1), 91–102. https://doi.org/10.1177/0265659013494873	This pilot study explored the potential for Project ASPIRE to effect behavior change in a sample of parents of children with hearing loss who were from typically underserved populations, such as families with low socioeconomic status or families who speak English as a second language.	Eleven families, recruited from the pediatric hearing loss clinic, participated in the pilot study. To determine eligibility, parents were asked to fill out a short demographics questionnaire concerning their child's medical history and family characteristics, based of low-SES status or English as a second language (ESL)	Project Aspire-Parent Directed Intervention	Pilot study of Program, examining results and outcomes	This system measured parental linguistic behavior (adult word count or AWC), child linguistic behavior (child vocalization count or CVC), and child–parent interactive linguistic behavior (conversational turn count or CTC). . These preliminary findings support 'quantitative linguistic feedback' as a viable behavior change strategy for enriching children's early language environments through parental linguistic behaviors.
Supporting the Social–Emotional Well-Being of Elementary School Students Who Are Deaf and Hard of Hearing: A Pilot Study	Kishida, Y., Brennan-Jones, C. G., Runions, K., Vithiatharan, R., Hancock, K., Brown, M., Eikelboom, R. H., Coffin, J., Kickett-Tucker, C., Li, I. W., Epstein, M., Falconer, S. E., & Cross, D. (2022). Supporting the Social–Emotional Well-Being of Elementary School Students Who Are Deaf and Hard of Hearing: A Pilot Study. Language, Speech, and Hearing Services in Schools, 53(4), 1037–1050.	This study reports outcomes of a pilot study of the web-based resource intervention on Children who are Deaf and Hard of Hearing (DHH), their parents, Teachers of the Deaf, and other community stakeholders	9 students, 22 parents, and 17 teachers- The resource was designed to provide families and teachers with strategies to enhance the social and emotional well-being of Grade 4–6 students who are DHH.	Web Based Resource	A pre–post pilot study was conducted to quantitatively examine reported anxiety, well-being, social relationships, school experience, student teacher relationship, and parent and	Paired tests revealed that there was a statistically significant increase in parents' self-efficacy scores from pre- to post-test. Multivariate analysis of covariance revealed a significant association between parent use of the website and student-reported improved peer support and reduced school loneliness

	https://doi.org/10.1044/2022_LSHSS-21-00178				teacher self-efficacy.	
The Nature of Parent Support Provided by Parent Mentors for Families with Deaf/Hard-of-Hearing Children: Voices from the Start	Friedman Narr, R., & Kemmery, M. (2015). The Nature of Parent Support Provided by Parent Mentors for Families with Deaf/Hard-of-Hearing Children: Voices from the Start. Journal of Deaf Studies and Deaf Education, 20(1), 67–74. https://doi.org/10.1093/deafed/enu029	This study used a qualitative design to explore parent mentors' summaries of conversations with more than 1,000 individual families of deaf and hard-of-hearing (DHH) children receiving parent-to-parent support as part of an existing family support project	Five parent mentors who have DHH children provided varied support primarily via the telephone to families with DHH children, frequently birth to age 3. The nature of support provided to 1,056 families with DHH children was analyzed	Parent to Parent Support	Qualitative study, focus group	Three topics were the most prevalent within the conversations between parent mentors and family members: hearing-related topics, early intervention, and multiple disabilities. Several differences emerged between English-speaking and Spanish-speaking families receiving support.
Toward a social relational model of Deaf childhood	Snoddon, K., & Underwood, K. (2014). Toward a social relational model of Deaf childhood. Disability & Society, 29(4), 530–542. https://doi.org/10.1080/09687599.2013.823081	A social relational model was discussed in with reference to a capability approach and to findings from the first author's study of parents and young children participating in an American Sign Language shared reading program in Ontario, Canada.	Two families with three-year-old Deaf children participated continuously in the book-sharing program.	American Sign Language Shared Reading Program	Qualitative Study on Program	The child participants negotiated their plurilingual identities in a context where ASL held a lower status and community-based programs and resources that included ASL were scarce. The relative lack of opportunities for Deaf children to participate in their surrounding communities with both Deaf and hearing people highlights how disability is constituted through

						social exclusion. The children's participation in the book-sharing workshop raises questions regarding what a truly inclusive community would look like for these children and their families.
Towards Integrated Practices in Early Detection of and Intervention for Deaf and Hard of Hearing Children	Storbeck, C., & Calvert-Evans, J. (2008). Towards integrated practices in early detection of and intervention for deaf and hard of hearing children. *American Annals of the Deaf*, *153*(3), 314–321. https://doi.org/10.1353/aad.0.0047	A critical overview of the pilot implementation of HI HOPES is presented, from inception to implementation, focusing on its innovative services and practices, and issues that influence the intervention process including a reflection on the challenges and areas for development.	15 families selected for the first cohort of training, along with parent advisors	HI HOPES (Home Intervention —Hearing and Language Opportunities Parent Education Services)	Critical overview of Pilot Implementation	Since the HI HOPES program only caters for babies and infants up to 3 years of age, systematic integration between the early intervention program and transition to preschool or to another educational setting is an area for development. This brief 1-year study period highlights the need for more effective organization and communication between primary health care practices (both public and private) and intervention agencies to improve coordination and implementation of services.

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