Deafness in the family has the potential to significantly affect family quality of life. How deafness can influence family life is important in dealing with the family system, particularly in early intervention. Four areas of family quality of life are addressed in this review of the literature: family interactions, family resources, parenting, and support for their child who is deaf.

- In reviewing the literature on family interaction among families with the presence of deafness, several themes were discovered.

- Parents described the need for more and better communication. They felt communication should be tactful but honest and open with no hidden information and no “candy-coating” of bad news. Communication should be respectful and sensitive to the needs and issues of both parties.

- Commitment would be shown through the devotion and loyalty displayed by the partnership to the family and the child and their goals.

- Equality would be shown through both members of the partnership having an equal say in decision making and an equal feeling of power in their ability to influence outcomes of children and families.

- Skill would be shown through the team demonstrating competence including service providers’ ability to fulfill their roles and demonstrated “recommended practice” approaches to working with children and families.
KEY FINDINGS

Trust would be shown through the members of the partnership sharing a sense of assurance about the reliability and dependability of the character, ability, strength, or truth of the other members of the partnership.

Respect is demonstrated through the partnerships regard for each other and demonstration of that regard through actions and communications.

METHOD

Focus groups served as the primary data collection to obtain a descriptive understanding of the components of positive partnerships. In addition, the authors conducted in-depth individual interviews with families with limited English proficiency and with professionals who supported these families. The focus groups were the primary data source for this study. There were two rounds of focus groups for both service providers and families. Round one of the focus groups were intended to identify primary components of the focus groups. Round two of the focus groups were to verify/check member responses and clarify unresolved questions. To ensure perspectives of culturally and linguistically diverse families, the research team conducted in-depth individual interviews with 18 families.

RELATED PUBLICATIONS


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