

DEAF & HARD OF HEARING PLUS (D/HH PLUS) INCLUSION CHECKLIST FOR FAMILY-TO-FAMILY SUPPORT PROGRAMS

n estimated 40 to 60% of children who are deaf and hard of hearing have medical or developmental challenges. These challenges could include intellectual/cognitive, emotional/behavioral, learning, ADD/ADHD, Down syndrome, vision loss, cerebral palsy, autism, or orthopedic. The combined impact can result in complexities in identification of the child's needs/strengths and complexities in how best to provide services, find qualified staff, and appropriately support the child and family.

Families with children who are D/HH Plus can benefit greatly from parent-to-parent support activities. With intentional planning, family-to-family support programs can collaborate with families to ensure they feel welcomed, valued and celebrated. This checklist was created to accompany the FL3 Family-to-Family Support Program Guidelines to offer suggestions, begin dialogue and foster creative thinking.

STAKEHOLDER/BOARD/ADVISORY GROUPS/PLANNING COMMITTEES

Diverse parent, professional, and adults who are D/HH representation from the full continuum of abilities, including parents/professionals and adults who are D/HH Plus (have health concerns or learning challenges in addition to being deaf or hard of hearing) is sought for stakeholder, board, advisory groups and planning committees.



| | | representing all families, including families with children who are D/HH Plus. | | |
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| | | Groups are reviewed for diversity of perspective, including D/HH Plus, at least annually and as members leave. | | |
| | | Meeting structure is inclusive of representation by D/HH Plus adult individuals who use accommodations such as tactile sign language, increased font size on print material or augmentative communication device, appropriate lighting, wheelchair accommodations, and other provisions as needed. | | |
| 2. COLLABORATION | | | | |
| | | Collaboration is sought, established and maintained with D/HH Plus organizations/agencies or with organizations/agencies who represent "Plus" issues such as vision loss, autism, Down syndrome, CHARGE syndrome, state Deaf-Blind Project etc. | | |
| B. PROGRAM DESIGN/SERVICES/EVENTS | | | | |
| | | Information, services, advocacy and activities provided are inclusive of all families or accommodations are made to be inclusive or adapted to families with children who are D/HH Plus. | | |
| | | Event location and activities are considered for adults or children who have physical needs such as a wheelchair ramp or bathroom facilities including needs for changing tables for older children/adults, mental health (such as breaks in the schedule, quiet or sensory rooms, etc.), accommodations for service animals and dietary issues among other provisions. | | |
| | | Event registration information includes opportunities for participants to share their "Plus" needs in advance. | | |
| | | Events and services are designed to ensure all parents and children feel welcome through inclusion of images of D/HH Plus children/adults on promotional materials, volunteers and role models are inclusive as well as other ways to demonstrate authentic planning for these families. | | |
| | | Events/services/activities are designed to meaningfully be inclusive of families with children and adults who are D/HH Plus including (but not limited to) physical accommodations such as wheelchair accessibility to facilities, restrooms, breaks for needs such as tube feedings, access for individuals with visual needs (enlarged print, greater contrast for print, tactile sign, etc.), plans for safety and security, staffing with experience working with Plus individuals and overnight accommodation options supportive of the needs of "Plus" individuals and families. | | |



| | | Events such as panels of parents, teens/adults who are D/HH strive to include D/HH Plus whenever possible. |
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| 4. | Н | IRING PRACTICES AND PERSONNEL MANAGEMENT |
| | | Recruitment for positions is sought from diverse sources to attract staff who represent a variety of D/HH Plus perspectives whenever possible. |
| | | Interview process will include questions, case studies and rubrics to assess candidates based on their respect/understanding/sensitivity to a range of perspectives, including D/HH Plus. |
| | | Staff are trained for and will serve on a variety of councils/advisory boards and staff are assessed on their ability to represent the needs of all families, including D/HH Plus. |
| | | Staff are assessed for performance and delivery of support to all families, including those with children who are D/HH Plus. |
| 5. | TR | AINING AND ON-GOING PROFESSIONAL DEVELOPMENT |
| | | On-boarding process includes training for all staff on how to provide unbiased support to all families, including families with children who are D/HH Plus. |
| | | Staff are trained in how to serve on advisory committees, task forces, learning communities etc so they are representing all families, including D/HH Plus or to suggest representation from parent(s) who are D/HH Plus whenever possible. |
| | | On-going professional development will include training and engagement with diverse family needs, including D/HH Plus perspectives. |
| | | Staff are taught how to effectively communicate with children and adults who are D/HH Plus, such as communicate directly to them, making eye contact, calling the individual by name, refraining from assumptions about their cognitive abilities, using ample wait time to allow a response, using one-step directions if needed, etc. |
| 6. | M | ARKETING AND COMMUNICATIONS |
| | | Program materials and social media imagery and language are inclusive of and reflect respect for and sensitivity to the full continuum of family dynamics including children who are D/HH Plus. |
| | | Program is marketed to the full continuum of families with children who are D/HH, including D/HH Plus, with targeted marketing when appropriate. |



7. OVERSIGHT, EVALUATION, AND REPORTING

| Program has oversight by leadership trained to ensure the delivery of unbiased support and program leadership inclusive of D/HH Plus families. |
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| Parent satisfaction surveys, focus groups and other evaluative tools assess staff ability to provide support to all families, including D/HH Plus. |
| Parent satisfaction with services, including those to D/HH Plus families, is reported to funders/sponsors/families. |