Educating DHH migrant children

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Abstract

Teaching deaf and hard of hearing (DHH) migrant children with little or no language and/or educational experience is a challenging task. In the Netherlands, over the last five years a growing number of DHH migrant children with a variety of linguistic, cultural and background experiences have enrolled in schools for deaf education including children with large gaps in their language and/or learning. The purpose of this exploratory study is to gain a better understanding of the challenges special education teachers face in providing these children with the best possible learning opportunities.

Introduction

As the number of migrants grows, so does the number of deaf1 and hard of hearing (DHH) children who seek refuge or opportunity. Providing demographics of this group is hard because of varying definitions and lack of consistent data. Studies from Australia, the USA, Germany and Slovakia all show that children from migrant or minority language backgrounds make up at least 20% of the deaf school population and can be the majority in certain areas (Branson & Miller, 1998; Gallaudet Research Institute, 2008; Große & Schön, 2004; Schmidtova, 2004; Willoughby, 2008 as cited in Willoughby, 2012). Demonstrating varied levels of academic achievement and attainment, these children add to the variety of deaf learners, who already make up a highly heterogeneous group (Marschark, 2007). Besides having different cultural backgrounds and different language experiences, some may have come from communities with strong literate traditions and high educational standards, while others may have had little or no schooling at all (Akamatsu & Cole, 2000a, 2000b). Some children might not only have unique academic needs, but also unique communication and cultural needs beyond what one would expect to see in second

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1 The term "deaf" (d) without a capital letter indicates audiological deafness. The term "Deaf" (D), using a capital letter "D", refers to individuals who culturally affiliate themselves with the Deaf community and do not consider themselves as having a disability regardless of their audiological status (Hoffmeister, 2007; Maxwell-McCaw, Leigh & Marcus, 2000).

language learners who are not DHH, or in native DHH learners (Akamatsu & Cole, 2000a, 2000b; Becker & Bowen, 2018; Cannon, Fredrick & Easterbrooks, 2010; Fischbeck, 2018; Guardino & Cannon, 2016; Pizzo, 2016; Willoughby, 2012). For a number of reasons, lack of access to spoken language as well as lack of exposure to sign language is more common among DHH migrant children than among non-migrant DHH children:

- Migrant families may not initially be aware that their child is deaf because of unavailability or a lack of early (detection or) intervention resources in their home countries (Guardino & Cannon, 2016).

- When a family is unaware that their child is not receiving any language input, opportunities to language development that could occur are missed. Even if deafness has been detected, there may also be a lack of family awareness or information regarding deafness (Pizzo, 2016).

- DHH migrant children may have had inconsistent or no formal education in their home countries (Akamatsu & Cole, 2000b; Pizzo, 2016).

Even when a family has settled in a new country, issues including poverty, location, and documentation status may prevent a family and therefore a child from accessing language courses and education (Pizzo, 2016).

In spite of large differences in language and educational experiences , a DHH 12-year-old with little or no previous schooling may have just arrived from a refugee camp, yet be in the same class as a DHH 12-year-old who already had several years of schooling (Becker & Bowen, 2018), posing teachers in deaf education with a great challenge.

In the Netherlands, over the last five years a growing number of DHH migrant children with a variety of linguistic, cultural and background experiences have enrolled in schools for deaf education including children with large gaps in their language and/or learning (personal communication, March 1, 2018). How many children this actually concerns, whether the Dutch educational system is able to provide in their educational needs and help them integrate into regular DHH classrooms, has not yet been researched. To gain some insight into the number of children who are enrolled in special education in the Netherlands, a short survey was conducted at the 38 units for special education of the largest organization for special

education in the spring of 2018. To gain a better understanding of the challenges teachers in special education face in providing these children with the best possible learning opportunities, seven of their teachers were interviewed. In the present report, observations and concerns of teachers are discussed in the light of recent literature on educating DHH migrant children, providing insight into the current evidence base.

Terminology

Reasons for leaving one country or entering another may be different between refugees and immigrants. Refugees are frequently fleeing from some kind of danger, oppression, or persecution whereas immigrants may simply be seeking a new home and have come to a country with the intent of living there. Although it may be unclear whether or when individuals have *permanently* migrated, in the present report the term "migrant" is used instead of "refugee" or "immigrant", referring to individuals who have either temporarily or permanently moved to another country.

To refer to DHH migrants, numerous labels are used in literature that take into account that moving to a new country requires learning new (spoken and/or sign) language(s) (see Cannon, Guardino & Gallimore, 2016 for a discussion of terminology). Terms in literature include "DHH DLL" (DHH Dual Language Learner), "DHH EL" (DHH English Learner), "DHH ELL" (DHH English Language Learner) and "DML" (Deaf Multilingual Learner). Each of these terms refers to a group that includes children with little or no linguistic and/or educational experience. DHH migrant children who have not had full access to language, have also been described in literature as "having no language" (Akamatsu & Cole, 2000a) or as "dysfluent or atypical language users" (Witter-Merithew, 2017). Specifically referring to DHH children with a large language and/or educational gap and complex educational needs, several publications adopt the acronym "DAD" (Deaf and Diverse). The term "DAD" is used to refer to a DML child, to a child who is Deaf With a Disability ("DWD"; a DHH individual with a disability such as a learning disability, autism, and/or attention deficit/hyperactivity disorder), or both. Although this term seems to be most applicable to the group of interest of the present report, the term DAD is not specific enough since it includes children who are DWD without a migration background. In the present report, therefore no acronyms will be used to refer to the specific group of interest.

Main questions

1. How many DHH migrant children are enrolled in special education in the Netherlands and what are their background characteristics?

2. What obstacles do practitioners in deaf education face in providing DHH migrant children with little or no language and/or educational experience with the best possible learning opportunities?

3. How can the integration of DHH migrant children little or no language and/or educational experience in DHH classrooms with peers of their own age group be facilitated?

Method

A short survey

To answer the first question: *"How many DHH migrant children are enrolled in special education in the Netherlands and what are their background characteristics?"*, a short survey was conducted to collect data on DHH migrant children who were enrolled at schools for special education in the Netherlands in the spring of 2018. All 38 units for special education of the largest organisation in the Netherlands participated. Information was collected on gender, age, country of origin and year of enrollment. To be able to obtain a global picture in the shortest amount of time ('quick-and-dirty') no data was collected on the language level of educational background of the children. The interviews were used to discuss the relative importance, the impact of and obstacles facing these child characteristics, while educating DHH migrant children.

Interviews

To answer the second question, "*What obstacles do practitioners in deaf education face in providing DHH migrant children with little or no language and/or educational experience with the best possible learning opportunities*?", interviews were conducted with seven teachers in special education, one speech therapist, one remedial education expert and two school managers, working at five different schools for special education of DHH children in the Netherlands. Interviewed individuals were purposefully selected on the basis of their involvement in the education of DHH

migrant children. Interviews were conducted in groups per school. In total five interviews were conducted (see Table 1).

Table 1. Interviewed participants and the number of DHH migrant children in their school

School	Participants	Number of DHH migrant children
A	1 teacher, 1 school manager	4
B	1 teacher, 1 school manager	7
C	2 teachers	7
D	2 teachers	10
E	1 teacher, 1 speech therapist, 1 remedial education expert [orthopedagoog]	7

The first interview was unstructured, and was used to form a topic list with a list of relevant and meaningful questions for the following four interviews. Five main topics were identified:

- Topic 1. Educational placement and assessment
- Topic 2. Educational programming
- Topic 3. Parent Involvement
- Topic 4. Cultural diversity
- Topic 5. Trauma

For each topic open-ended questions were included to identify alternative ways of seeing and understanding the topic at hand. During the following interviews, topical trajectories were followed. To capture participants' answers during the interviews a second person was present to take notes. All interviews were conducted in persons by 2 persons except for one, which was conducted by a single researcher through telephone.

Discussion of literature

To answer the third question, "*How can the integration of DHH migrant children little or no language and/or educational experience in DHH classrooms with peers of their*

own age group be facilitated?", the results of the interviews are discussed in the light of recent literature on educating DHH migrant children. Although the body of research on the education of DHH migrant children is still small, it is slowly growing. There are no reported evidence-based practices, but researchers and practitioners across the globe are seeking beyond the field of deaf education for practices that produce the best educational outcomes by investigating theory, research, education and pedagogy in fields as Second Language Acquisition (SLA), migration and acculturation, and cross-cultural psychology (Cannon, Guardino & Gallimore, 2016). Recommendations are provided.

Results Survey

Of all DHH children enrolled in the 38 units in the spring of 2018 (n=538) 10,4% was born in another country than the Netherlands (see Table 2). Most children were born in Syria (60,7%), Afghanistan (12,5%), Somalia (5,4%) and Irak (5,4%) (see Table 3). On average DHH migrant children in the spring of 2018 were 10;3 years old (sd = 4;7). Of these children 62,5% was male (n=35) and 35,7% was female (n=21). Of the children who were enrolled in special education of Royal Dutch Kentalis in the spring of 2018, 89,3% had been enrolled since 2015-2016 (see Table 4). Of all 56 DHH migrant children, 26 children (46,4%) had enrolled in the past year (2017-2018).

Table 2. Number of DHH (migrant) children enrolled at Royal Dutch Kentalis schools in the Netherlands, spring 2018.

Gender	Number of DHH children enrolled	Number of DHH migrant children enrolled	% of total
hh	247	13	5,3%
d/D	291	43	14,8%
Total DHH	538	56	10,4%
DHH or DLD* + ID**	263	10	3,8%
Deafblind	54	2	3,7%
Total	855	68	8,0%

*DLD= Developmental Language Disorder

** ID = Intellectual disorder

Table 3. Countries of birth of DHH migrant children, spring 2018 (n=56).

Country of birth	Number of DHH migrant children	% of total	Country of birth	Number of DHH migrant children	% of total
Syria	34	60,7%	Libya	1	1,8%
Afghanistan	7	12,5%	China	1	1,8%
Somalia	3	5,4%	Guinee	1	1,8%
Irak	3	5,4%	Poland	1	1,8%
Bulgaria	2	3,6%	Sierra Leone	1	1,8%
Eritrea	1	1,8%	Turkey	1	1,8%

Table 4. Year of enrollment

Year	Number of years enrolled	Number of DHH migrant children	% of total	Cumulative
2017-2018	1	26	46,4%	46,4%
2016-2017	2	16	28,6%	75,0%
2015-2016	3	8	14,3%	89,3%
2014-2015	4	0	0%	89,3%
2013 or earlier	5 or more	4	7,1%	96,4%
Unknown	n.a.	2	3,6%	100,0%
Total	n.a.	56	100%	

Results Interviews

In the following section for each topic in the interviews the main findings are summarized.

Topic 1. Educational placement and assessment

Participants reported to be struggling to assess the academic level of children with low language proficiency. Available tests could not be administered, because teachers were unable to distinguish if an inability to perform requested tasks was caused by a lack of language and understanding the requested task or a lack in knowledge or skills. Some participants feared tests would underestimate children's intellectual abilities and knowledge. All participants reported to be struggling to teach DHH migrant children with little or no language base at the same academic level as their Dutch DHH peers. According to all participants the DHH migrant children with little or no language that were assigned to them seemed to lack the general knowledge and academic skills for digesting academic content at an age-appropriate level. In three out of five schools children were nonetheless placed in an age-appropriate group with Dutch DHH peers to foster their social and emotional development and to stimulate them academically (growth-mindset). Based on the number DHH migrant children that were enrolled, the two other schools had been allowed to form a temporary transition class. Participants of these schools had argued for placing children with little or no language in a group based on their academic level, offering an educational program to narrow the linguistic and academic gap, before integrating them in classes with Dutch DHH peers.

Topic 2. Educational programming

All participants reported to be struggling to accommodate the academic needs of DHH children with little or no language experience. Some children lacked basic academic skills that would be expected to be present in children their age, referring to their classroom behaviour (e.g. being on time, being actively engaged), but also to basic skills for learning (e.g. knowing the alphabet, how to hold a pen). Lessons were often adapted to meet the individual needs of students, but teachers report having too little time within the special education setting to build a proper educational program. Most of the materials that were used for educating their students were developed individually. Some of the materials were adapted from other sources, such as resources for second language learners and/or DHH children at a primary school level. Interviewed teachers reported to feel like they were falling short because of a

lack of time and expertise to properly select, adjust or create teaching materials. Some of the participants who were interviewed stressed feeling uncertain about their own knowledge and skills in different areas related to educating DHH migrant children. The educational program of the transition class was aimed at teaching children basic language skills, basic social interaction skills, world knowledge and academic skills such as telling the time and learning how to study. Participants expected to need one or two years of teaching basic knowledge and skills to be able to provide an indication of child's learning ability, dependent on the age and learning curve of the individual child. Participants expressed their wish to collaborate with other teachers and share knowledge as well as teaching materials.

Topic 3. Parent Involvement

Some of the participants reported it was hard to involve some of the parents in the education of their child. Communication with some of the parents was considered to be a major obstacle. Because of insufficient budgets to hire interpreters for parent-teacher talks, parents bring a family member, neighbour or hearing child to interpret. According to the participants this often results in miscommunication. Participants indicate that most parents do not use e-mail, but that some parents and teachers use Whatsapp and Google Translate, despite translations being full of errors. A number of participants often worry that the essence of their message to parents is lost in translation. They indicate that information is sometimes changed by the interpreter to account for cultural and/or linguistic differences or sensitivities. Participants who were interviewed struggled to level parents' expectations, for example explaining that an asset-based approach is applied, but also explaining that the fact that their child was able to enroll in education does not necessarily imply that their child is going to be a doctor, or that their child would not instantly be able to hear and function as a hearing individual once their child received a hearing aid.

Topic 4. Cultural diversity

In the interviews participants reported cultural differences between their own cultural beliefs and those of the DHH migrant children they teach. Female teachers indicated they were struggling to work with children who had different ideas on the relation between gender and role. Differences were noticeable in their behaviour towards

classmates but also toward their siblings, parents and teachers. Some of the teachers observed differences in the acceptance of the hearing loss and whether a child's social-cultural environment perceived the hearing loss as a handicap rather than an impairment resulting in disabilities and handicaps. Examples were provided. In some families hearing siblings were allowed to go to school, but the DHH sibling was not. Some children returned to school from summer break with stories on being teased, beaten and looked down upon in their home environment because of their deafness. In the interviews, two of the participants who work with adolescents noted cultural differences between children with a migrant background and Dutch children in the way boys and girls interact. Boys and girls had conflicts about what behaviour was considered appropriate.

Topic 5. Trauma

According to some of the participants in the interviews, some children seemed to lack a sense of emotion, while others showed extreme emotions and behaviours in everyday situations, thus placing a tremendous strain on teachers. Children with a lack of language who were unable to express themselves verbally, would incidentally show behavioural problems and rebellious behaviour Participants were able to identify signs of trauma as these children obtained more language. Some of the participants in the interviews indicated they felt inadequately prepared to deal with signs of traumatic experiences from refuge or migration. Examples were provided of different children in different situations suddenly starting to panic or scream being confronted with a trigger such as water, a pond or fire. Asking questions about a child's background was considered to be too stressful, and thus avoided by some of the teachers who were interviewed. Several of the participants who were interviewed stated that some children were unable or refused to talk about their past. Asking where a child is from was considered a hard question. One of the teachers indicated being uncertain and worrying about the effect it would have on the child, not knowing what feelings or traumatic experiences might be unleashed. For some of the children who enrolled in education with little or no language, classes were exhausting. For these children teachers arranged a separate space to rest or take a nap between classes.

Discussion Survey

As cited in Guardino & Cannon (2015), based on the data of the Gallaudet Research Institute (2013), NCES (2013a, 2013b) and Zehler et al. (2003) in the USA approximately 35%-40% of all DHH children is DAD (either DHH and taught under the Individuals with Disabilities Education Act (IDEA) 40%, a DHH English Language Learner 35%, or both 11%) (Guardino & Cannon, 2015). These data suggest that ratio of DHH migrant children receiving special educational services is approximately 1 to 9 children. The ratio of DMLs enrolled in the Dutch schools that were included in the present study was approximately 1 to 10 in DHH children, or approximately 1 to every 7th child when only d/D children are considered. The organisation that participated in this study does only provide deaf education for typically developing children, but also provides education for children who are DWD. The number of d/D migrant children with little or no language and/or a large educational gap could therefore be relatively high in comparison to other service providers that only provide deaf education for typically developing children. It is therefore recommended to include other service providers for deaf education as well as service providers for children who are DWD in a follow-up study.

Looking at the first year of enrollment of the children who were still enrolled in the spring 2018, most children started attending school from 2015-2016 and beyond. Unfortunately, no data were available on the number of children who enrolled before this year, but no longer received education by 2018 (for example because of inclusion in a mainstream setting). Although it is possible that DHH migrant children who enrolled before than 2015 were able to integrate in mainstream classrooms by 2018, the increase since 2015-2016 could also be explained by the increasing number of refugees that have requested asylum in the Netherlands since 2015 (IND, 2018) (see Figure 1 and Table 5).
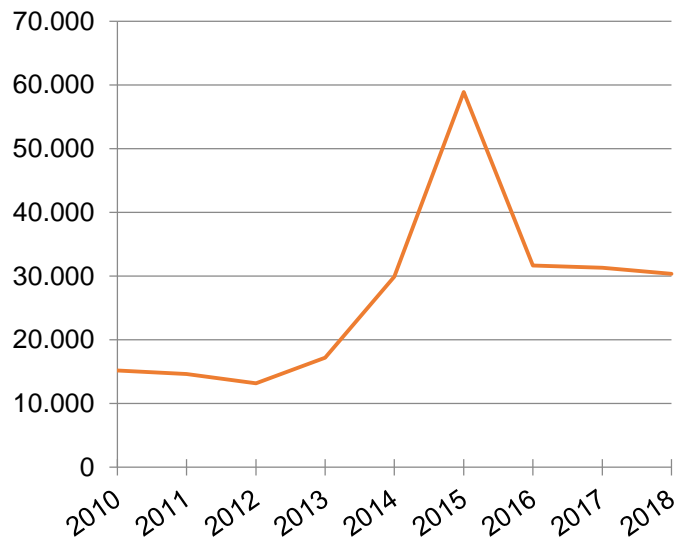
Figure 1. Asylum requests in the Netherlands 2010-2018 (IND, 2018)

Table 5. The number of asylum requests in the Netherlands 2010-2018 (IND, 2018).

Year	Asylum requests
2010	15.200
2011	14.650
2012	13.170
2013	17.189
2014	29.891
2015	58.880
2016	31.642
2017	31.327
2018	30.380

This would explain why in recent years an increasing number of questions arise from educational practice (personal communication, March 1, 2018).

Data suggest an unusually large number of DHH migrant children have enrolled in deaf education. If this trend upholds, in the upcoming years an increase may be expected in the total number of DHH migrant children in deaf education, including the number of children who enroll with little or no language and/or academic experience.

Recommendations from literature

Topic 1. Educational placement and assessment
DWD or not?
Based on the results of the interviews, differentiating between DHH migrant children with little or no language and/or educational experience and children with typical language and/or academic delays is recommended. Concerning the educational placement and assessment of DHH migrant children with a large language and/or educational delay, the following questions emerged from the interviews:

- How can the language and academic level of DHH migrant children with little or no language and/or educational experience be assessed?

- Should DHH migrant children with little or no language and/or educational experience be placed by age or by academic level (e.g. in a transition class or a class for children with an intellectual disability (ID))?

Assessment is a necessary step to effectively address early communication and language needs and is used to determine which instructional techniques could strengthen a DMLs first language and multilingual acquisition. Children that have been linguistically or educationally deprived will experience developmental delays across all domains of learning. Weak assessment procedures can result in misidentification of an intellectual disability (ID) in children who are DHH (Knoors & Vervloed, 2011 as cited in Bruce & Borders, 2015) and overrepresentation of DMLs in educational environments for children with a cognitive disability and/or additional disabilities. When two or more sign languages, sign systems, or spoken or written languages come together and are used, language behaviours such as code-mixing, code-switching, code-blending, cross-modal language transfer, and borrowing between and among sign and spoken languages occur (Plaza-Pust, 2014). Assessment of language proficiency in bi- or multilingual children is therefore a difficult task. Assessment is especially difficult when sign languages that are unknown to the assessor come into play. For example, DHH individuals might mistakenly be labelled as having 'no language' rather than as using their heritage sign language (Gerner de Garcia, 2000 as cited in Guardino & Cannon, 2016).

Avoiding linguistic and cultural bias

Language is integrally connected to all aspects of assessment, including following directions and producing responses. As a result, it is often not clear if a test measures language or knowledge (Pizzo & Chilvers, 2016). Pizzo and Chilvers (2016) recommend to start by analyzing the linguistic complexity of the assessment to determine if it is appropriate for the child being tested. They recommend matching the current language level to avoid linguistic bias. Guardino and Cannon (2016), provide reflections and guidance to the field regarding assessment and preparation of teachers who work with DMLs and children who are DWD. Observation, checklists, and portfolios are valid forms of data collection used to inform teaching practices, but these can contain a cultural bias, introduced by the practitioner. Examples of cultural nuances that convolute assessment are idioms, figurative language, or pictures that

portray a hearing culture but not that of people who are DHH (e.g., images of people using telephones or doorbells). Guardino and Cannon (2016) therefore recommend that the individual who administers the assessment is near native in the language in which a child is tested and has knowledge of its cultural background.

Determining language proficiency

Several theories of language proficiency exist that can provide guidelines in evaluating language proficiency. Bruce and Borders (2015) suggest to analyze their language use by observing form, function, content, and context as a start for determining the appropriate language intervention and to assess all three key factors that influence an individual's ability to communication; the learner, the conversational partner and the environment ('tri-focus'). More specific recommendations for language assessment of DHH migrant children with little or no language and/or educational background could be obtained from the Center for Atypical Language Interpreting (CALI)2 (Witter-Merithew, 2017). In this five-year project (2017-2021) 51 samples of atypical ASL use are analysed, including those of DHH migrants who have not been formally educated and do not possess competence in a signed language. Samples are analysed by observing different combinations of form (phonologic, morphologic, and syntactic forms), content of language (semantic system), and/or function of language in communication (pragmatic system) and rating or describing of fourteen language features. First results after analysing 30 samples indicate that a significant number of individuals use specific atypical ASL patterns, but there were also unique patterns that applied to only one or two individuals. Online modules are being developed and tested for interpreters (yet unpublished) that could provide teachers in deaf education with better means for assessing the language proficiency of DHH migrants with little or no language and/or educational experience (Witter-Merithew, 2017).

Teachers' expectations

Concerning the educational placement of DHH migrant children, participants in the interviews of the present study stated that the DHH migrant children who were

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2https://www.northeastern.edu/cali/

assigned to them seemed to lack the general knowledge and academic skills for digesting academic content at an age-appropriate level. By placing children in an age-appropriate group with Dutch DHH peers, children have the opportunity to learn from their peers (socially, emotionally and academically). On the other hand, by placing children in a group based on their academic level, e.g. in a transition class, teachers can provide an educational program that possibly helps to narrow the linguistic and academic gap more quickly and efficiently, before integrating them in a class with DHH children of their own age. Adjusting the academic level, however, should not result in lowered expectations. Research indicates that teachers' expectations influence the perceptions of their students and the resulting patterns of communication and instructional behaviour (Jussim & Harber, 2005). According to Cannon and Luckner (2016), teachers of deaf multilingual learners need to examine their own disability biases and provide high expectations with a positive, asset-based viewpoint regarding physical, psychological, and academic outcomes. When teachers have positive, high expectations, there is an increased likelihood of beneficial effects, such as stronger motivation and greater interest (August & Shanahan, 2006; Hattie, 2009; Jussim, Robustelli, & Cain, 2009 as cited in Cannon & Luckner, 2016).

Child ethnicity and teachers' expectations

McKown and Weinstein (2008) examined the role of classroom context in moderating the relationship between child ethnicity and teachers' expectations using data from 1872 elementary-aged children in 83 classrooms. In ethnically highly diverse classrooms and highly diverse mixed-grade classrooms where students reported high levels of Perceived Differential teacher Treatment (PDT) towards high and low achieving students, teacher expectations of European American and Asian American students were between .75 and 1.00 standard deviations higher than teacher expectations of African American and Latino students with similar records of achievement. In high-bias classrooms, teacher expectancy effects accounted for an average of .29 and up to .38 standard deviations of the year-end ethnic achievement gap (0.6 to 0.8 grade equivalents). In highly diverse low-PDT classrooms and highly diverse low-PDT mixed-grade classrooms, teachers held similar expectations for all students with similar records of achievement. When classrooms were not

differentiated by these key characteristics, the relationship between child ethnicity and teacher expectations was still statistically significant, but the magnitude of that relationship was substantially smaller. The results suggest that when children report that their teacher favours high-achievers over low-achievers, teachers expect more of children from academically non-stereotyped ethnic groups than from children originating from academically stereotyped ethnic groups with similar records of achievement. When DHH migrant children with little or no language and/or educational experience are integrated in a regular class with DHH peers, teachers should have high expectations of all children, but create a climate that is characterized by low differential treatment of high and low achievers.

Summary Topic 1. Educational placement and assessment

Earlier research provides no simple answer to the question how the language and academic level of DHH migrant children with little or no language and/or educational experience can be assessed. Recommendations include carefully choosing the assessment tasks preventing linguistic and cultural bias and using observation, checklists and portfolios to collect sufficient data to inform teaching practices. Detailed analysis of language samples is required to evaluate language proficiency and atypical use of language. For educational placement of children with little or no language and/or educational experience, a situation should be created in which both peer interaction and education at the appropriate academic level is possible. Teachers should maintain high expectations with a positive, asset-based viewpoint for all children, treating high- and low achievers as well as children with different ethnic backgrounds alike.

Topic 2. Educational programming

Teaching the basics

Concerning the educational programming, imminent questions of interviewed participants of the present study included:

- What does language instruction and education of DHH migrant children with little or no language and/or educational experience require?

- How can specific expertise from the field of second language acquisition be used in assessment and educational programming for DHH migrant children in a special education setting?

According to interviewed participants in the present study, some children lacked basic academic skills that would be expected from children their age, referring to their classroom behaviour and basic skills for learning. Cannon and Luckner (2016) reflect on effective components of teacher preparation programs for working with DMLs, addressing prerequisites to education. They refer to the four basic needs of human beings related to their psychological well-being, as described by Omrod (2014): arousal (a need for a certain level of physical and cognitive stimulation), relatedness (a need to feel socially connected and to secure the love and respect of others), competence (a need to believe that individuals can deal effectively with their environment) and self-determination (a desire for autonomy and self-direction regarding the things that individuals do and the direction their lives take). Cannon & Luckner (2016) advise providing stimulating lessons, stimulating peer interactions, age-appropriate autonomy and scaffolding of small tasks for the completion of larger, more challenging tasks, including teaching skills and reinforcing behaviours for attending, for being actively engaged, and for processing information for effective long-term memory storage, regardless of the academic level. They advise to explain to the children explicitly that competence develops over time through practice and effort and to help students learn from their mistakes.

Language deprivation & SLA (Second Language Acquisition)

Although teaching children basis academic skills could improve their performance in the classroom, some DHH migrant children with little or no language and/or educational background beyond a certain age may never be able to acquire native-like language competence. A number of previous studies describe language deprivation in DHH children and problems with their linguistic ability and/or language acquisition (Akamatsu & Cole, 2000b, Humphries et al., 2012; Skotara, Salden, Kügow, Hänel-Faulhaber & Röder, 2012). For all children, access to language from a young age is critical. At or around five years of age, after a stage considered "the critical period" in language acquisition, the plasticity of the brain begins to decrease (Humphries et al., 2012, p. 16). Studies have shown that a lack of early access to

language inhibits later language fluency (Marschark, 1998; Marschark, Lang, & Albertini, 2002; Humphries et al., 2012; Skotara et al. 2012; Henner, Cadwell-Harris, Novogrodsky & Hoffmeister, 2016). A substantial body of research furthermore shows that the linguistic competencies gained in the first language have an influence on how one learns to read in one or more additional languages[3] (for a review, see Genesee, Geva, Dressler, and Kamil, 2006 as cited in Wang et al., 2016). Based on this research, particularly children with a language delay or who were language deprived early in life are likely to be at risk for language problems acquiring another language. This exemplifies reason for concern for DHH migrant children who did not acquire a language base early in life.

Language deprivation & development

Studies into language acquisition have shown that children who do not acquire language early in life do not only suffer linguistically but also in other developmental areas (Marschark, 2007; Humphries et al., 2012; Skotara et al., 2012). Witter-Merithew (2017) provides examples of how the lack of language competence in immigrants who had limited or no formal education impacts their socialization skills and consequently, their quality of life. In Witter-Merithew (2017), several individuals seemed to lack the ability to interpret their own and other people's mental and emotional states and/or showed a lack of understanding that each person has a unique motive and perspective (also known as Theory of Mind). When asked to provide a retelling, some individuals projected their own life experiences into the scenarios and/or had difficulty generating intelligible narratives. Language deprivation impedes, disorders or disrupts cognitive activities, the organization of memory and the acquisition of literacy skills, which all rely on the first language foundation. Having access to language early in life is of vital importance, because through the use of language children access education[4]. Arriving in a new country, DHH children with little or no language and/or educational experience should urgently be enrolled into

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[3]The influence of prior knowledge and skill on subsequent learning is accounted for in terms of 'cross-language transfer' (Cummins, 1979, 1981 from Wang, Andrews, Liu & Liu, 2016).
[4]Monikowski (2004) further explains the importance of a child having foundations in a language prior to being expected to learn through interpretation in that language. Humphries et al. (2012) further explain the impact and harm to DHH individuals who experience language deprivation.

deaf education. To have early access to language and language acquisition is imperative for their academic, social and emotional development.

Educational programming for DHH children with little or no language

Deaf education focusses on stimulating the academic, social and emotional development of DHH children, particularly with regard to language acquisition. Although language acquisition is one of the primary concerns in Deaf education, the standard educational program might not be suitable for teaching DHH migrant children with little or no language and a large academic delay. Pizzo (2016) suggests that the strategies and targets for vocabulary instruction might need to be different for children who have strong first-language experiences than for children who do not. Since hearing bilingual learners are more likely to have developed a first language from birth and to demonstrate higher levels of concept development than DHH children (Mayer & Wells, 1996), the time spent teaching a new word may be substantially longer for a child who needs to learn both the concept and the label than for a child who already knows the concept and only needs to learn the label. Educating DHH children with little or no language furthermore requires a dual or triple focus. The educational focus for DHH migrant children with little or no language, is often on developing basic language and communication skills, while simultaneously providing them with academic skills and academic content knowledge (Guardino & Cannon, 2016, Pizzo, 2016).

In the interviews of the present study participants indicated to have insufficient time to make existing educational content more age-appropriate for the DHH migrant teenagers or young adults in their classroom and most of the time had to develop their own. Becker and Bowen (2018), who examined the perspectives of service providers involved in educating DHH EL students also reported a consensus among interviewed professionals regarding the lack of resources to meet the specific needs of their students. To meet the academic needs of students within differentiated instruction, lessons were often adapted to meet their individual needs. Participants used visual supports as well as preteaching- of vocabulary and peer teaching. Most of the materials they used for educating their students were adapted from other sources, such as resources for students who are EL and/or students who are DHH, or were developed individually.

Sharing knowledge and teaching materials

Although time constraints might not fully be resolved by collaboration, much can be learned from other teachers concerning educational programming and time could be saved by sharing knowledge and teaching materials. For example, the New Start project (HIPEN, 2009), a joint European initiative of schools for the deaf, was aimed at sharing knowledge internationally to facilitate the integration of DHH refugees. Together, schools for the deaf from England, Spain, Sweden, Belgium and Norway, developed a handbook to provide teachers with guidelines (goals, topics and methods) and examples of teaching materials for language training, communication training and basic skills education for adult DHH refugees with little or no language. In the interviews of the present study participants expressed their wish to share knowledge and teaching materials with other teachers. At the same time, collectively, they report a gap in their expertise assembling an educational program that is based on second language acquisition principles. This emphasizes the importance of collaboration between specialized experts in second language acquisition and teachers of the deaf. Simply immersing children in a language is not enough for them to acquire all aspects of language that are needed to develop and differentiate multiple language systems (August & Shanahan, 2006 as cited from Cannon & Luckner, 2016). For all bilingual populations, including DMLs, targeted and intentional instruction is necessary that develops each of the five major components of language (phonology, morphology, semantics, syntax, and pragmatics) (Pizzo, 2016). Pizzo (2016) argues the curriculum of DMLs needs to emphasize vocabulary learning, expressive language and academic language.

LRT and teacher preparation

Teachers need to have a broad range of knowledge and skills, including specialized expertise in second language acquisition, familiarity with students' linguistically and academic backgrounds and understanding the language demands of the tasks in order to carefully and appropriately scaffold learning (Guardino & Cannon, 2016, p.108)5. Linguistically responsive teaching (LRT; Lucas & Villegas, 2013; Hammond,

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5 Teaching strategies for the education of diverse DHH second language learners that follow from best practices are summarized by Cannon, Guardino & Gallimore (2016) and Becker (2017). Hajer, Kootstra &

2015; Cannon & Luckner, 2016; Pizzo, 2016) is considered the most advantageous approach in teaching children with culturally and linguistically diverse backgrounds (Guardino & Cannon, 2016). This is especially important in teaching migrant children with a hearing loss, because of diversity in the age at onset of hearing loss, amplification used, age of migration and spoken or signed language(s) at home (Cannon, Guardino, & Gallimore, 2016, Guardino & Cannon, 2016). Teachers must understand how multilingual language learning of spoken and signed languages potentially affects a child's cognitive, language, and literacy development (Pizzo, 2016). For second language acquisition, the home language can serve as a resource6 (Stille, Bethke, Bradley-Brown, Giberson & Hall, 2016).

Summary Topic 2. Educational programming

Time is a factor in the education of DHH migrant children. Beyond the critical period in language acquisition, some children will never acquire native-like fluency in any language and consequently suffer academically. Having access to language as early as possible is imperative for a child's academic, social and emotional development. Arriving in a new country, DHH children with little or no language and/or educational experience should be enrolled into deaf education without any delay. In the present study, interviewed teachers reported they felt they were falling short because of a lack of time and expertise to properly select, adjust or create teaching materials. Educating DHH migrant children with little or no language and/or educational experience requires more time than teaching children with a language and/or educational background. These children are not only expanding their vocabulary, they are learning new concepts, basic language, social and academic skills and academic content knowledge at the same time. Adjusting the educational program and personalizing educational content is necessary, but much can be won by collaboration with other teachers and sharing teaching materials. Recommendations from the field of SLA that should be applied in teacher preparation programs include the use of targeted and intentional instruction incorporating the five major

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Popta (2018) discuss success factors of preparation programs that are used in Sweden and Flanders to advise teachers in the Netherlands on how to develop expertise in SLA.

6 In literature the term 'translanguaging' is often used to describe the interplay between the first and second language and the complexity of skills required for making meaning, shaping experiences, gaining understanding and knowledge through the use of two languages.

components of language and using LRT in order for teachers to learn how to carefully and appropriately scaffold learning.

Topic 3. Parent Involvement

High-quality early language input

Participants in the interviews of the present study reported it was hard to involve some of the parents in the education of their child. Empowering the parent and facilitating their active role in the education of their own child, is one of the main strategies for early intervention in deaf education. Amongst hearing as well as DHH children, academic success is best achieved when parents spend time with the child, facilitate their academic interests, and are supportive in answering the child's questions (Marschark, 2007). Parents' participation is not only critical for achieving positive child outcomes in education, but also in treatment (Baker-Ericzén et al. 2013; Figueiredo and Gil 2013; Günther and Hautvast 2010; Hendriks et al. 2001; Hock et al. 2015 as cited in Brassart et al., 2017). Parent involvement can include sharing opinions, participating in activities such as games and role plays, continuing interventions with their child at home and supporting the child's efforts towards behavioural change. Recommendations for researchers and practitioners of DHH migrant children specifically include teaching families how to engage in language-rich experiences by providing focussed, explicit instruction on how to promote the development of receptive and expressive skills (Guardino & Cannon, 2016). While practitioners in special education may be trained in ways of promoting high-quality early language input, families may not be. Parents might not know how to provide their children with high-quality language experiences and what specific language and early literacy strategies are appropriate. For providing high-quality visual language, much can be learned from adult-child interactions between deaf parents of deaf children learning sign language. Strategies include addressing joint attention and accessibility, but also calling attention to specific language features of the visual language through conversation and shared reading (e.g. Erting, Prezioso, & O'Grady Hynes, 1990; Holzrichter & Meier, 2000; Kantor, 1982; Schleper, 1997 as cited in

Pizzo, 2016)7. While these strategies have been specifically investigated with young DHH children, they may apply to children of varying ages depending on the level of their language development.

Stigma and other barriers to parent involvement

Although parents can greatly influence their child's academic results and therapeutic outcomes, the attitudes, values, beliefs and patterns of engagement that are tied to their cultural background could decide the degree of their involvement. Stigma may be attached to the presence of the hearing loss, preventing parents from engaging or cooperating with professional services. Explanations of disability could encompass magical, religious, supernatural, or metaphysical beliefs, the cause of disability can be seen as resulting from an event in a previous life or as the result of the will of God (Danseco,1997; Daudji et al. 2011; Raman et al. 2010 as cited in Brassart et al., 2017). Hasnain, Shaikh, and Shanawani (2008) describe the variety of beliefs, stigmas, and stereotypes surrounding disability in Muslim countries, including a belief that curses or evil spirits cause disability; pity, hostility, and fear toward individuals with disabilities; a commitment to keeping children with disabilities at home and less acceptance of cognitive or mental disorders than of physical impairments. The disability could be a source of shame or karma. Using certain words to explain why a child is enrolled in special education or why treatment is considered necessary, such as 'disability' or 'mental health', might make parents reluctant to use professional services or devices or react with a sense of resignation or helplessness (Akamatsu & Cole, 2000a). In the interviews of the present study participants indicated that interpreters may take into account such cultural differences or sensitivities while translating, but this might hamper practitioners doing their job as they intended.

People might not feel empowered to get involved in the education of their child because of cultural deferential response to authority or professional status (Akamatsu & Cole, 2000a). In general, people may differ in their willingness to engage with special services (seeking help) and the type of support or assistance they seek when dealing with stressful situations (Mizuno & Ishikuma 1999; Mojaverian, Hashimoto & Kim, 2013 as cited in Leigh & Crowe, 2015), or when they

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7For a list of strategies, see Table 1 in Pizzo (2016).

fear for persecution or oppression or are uncertain about their status (Stewart & Kluwin 2001 as cited in Leigh & Crowe, 2015). Hasnain et al. (2008) describe great variety in Muslim attitudes toward disability; some Muslims view disability as punishment, while others firmly reject this view in favour of a more scientific, optimistic, or objective view.

Brassart et al. (2017) provide a conceptual framework that illustrates a number of other barriers and facilitators to the engagement of immigrant parents in the treatment of their child. They suggest three primary strategies to address low parent involvement: overcoming the language barrier; developing a shared understanding of the child's disability, and helping the parents understand the process (Brassart et al., 2017). Understanding culture-specific meanings of families' actions could help to find and employ alternative strategies for engaging parents in the education of their child (Leigh & Crowe, 2015). Along with a lack of knowledge on the importance of their involvement to the academic performance of their child, a lack of knowledge about deafness and special education services could explain why expectations of parents regarding the academic performance of their child were completely absent in some cases and in other cases unrealistically high.

Meaningful family relationships & language choices

Maintaining and increasing the heritage language(s) as well as the academic language at school could encourage communication with parents and help to continue to develop meaningful family and cultural relationships. Closely knit family bonds were shown to increase language acquisition (Guardino and Cannon, 2016). According to Pizzo (2016), best practices for bilingual populations include drawing upon background experiences and the cultural background of children and their families to facilitate the learning of new concepts (Gay, 2002, p. 106; August & Shanahan, 2006; Páez, Bock, & Pizzo, 2011; Espinosa, 2013 as cited in Pizzo, 2016). Asking children to share their experiences in the home culture can motivate expressive language development in both narrative and written form (Campano, 2007 as cited in Pizzo, 2016). A study conducted in Australia by Willoughby (2012) documents the language choices of several immigrant and refugee families with deaf children. According to Willoughby (2012) attempting language maintenance has a positive effect on family relationships, communication and participation in the ethnic

community of heritage. What spoken or sign language(s) to use is a complex decision for migrant and refugee families with DHH children. Using the first language as a stepping stone for second language acquisition, the first language is either maintained or developed (additive bilingualism), or lost as a result of learning the second language (subtractive bilingualism). To better advise families in their language choices in literature a number of common assumptions are discussed:

- The belief that signing negatively impacts the ability of a DHH child to speak is unfounded (Willoughby, 2012).

- Being exposed to/learning multiple languages (such as a native language/mother tongue, English and/or use of a sign language with varying degrees of proficiency) is not harmful. Acquiring a second language via bimodal (visual and auditory) methods shows cognitive, social, and cultural benefits to learning multiple languages simultaneously (Espinosa, 2008a, 2008b; Kushalnagar, Hannay, & Hernandez, 2010 as cited in Guardino & Cannon, 2016).

- The degree of hearing loss is a determining factor in the successful acquisition of spoken languages (Willoughby, 2012).

Many families choose some combination of both rather than make an exclusive decision (Marschark, Lang, & Albertini, 2002). Families must not only choose between modalities and amongst sign languages or sign systems, but also whether their child learns their heritage language, the language of the host society, or both (Willoughby, 2012). Some school programs use Simultaneous Communication, a method of signing English word order while speaking (Marschark, 2007). Others use Total Communication, a method combining speech and sign through all available methods, including assistive technology such as hearing aids (Marschark, 2007). Early intervention and early education programs tend to encourage the parents of DHH children to make language decisions early in their child's development. These decisions have consequences that go far beyond the immediate context of early intervention and will have a determining impact on their linguistic, cognitive, social, emotional, and vocational experiences (Crowe, Fordham, McLeod & Ching, 2014 as cited in Leigh & Crowe, 2015).

Summary Topic 3. Parent Involvement

Attitudes, values, beliefs and patterns of engagement that are tied to their cultural background may influence parent involvement in the education of their child. Overcoming the language barrier; developing a shared understanding of the child's disability, and helping the parents to understand the process might stimulate parent involvement. Communication with parents could be encouraged by using strategies that have already proven to be helpful for second language acquisition, such as drawing upon the first language and stimulating family bonds. Parents of DHH children are encouraged to make language decisions early in their child's development. To advise families in their language choices a number of common assumptions could be discussed. Families of DHH migrant children with little or no language require focused and explicit instruction from practitioners in special education how to engage in language-rich experiences with their child.

Topic 4. Cultural diversity

Gender equality and sexual liberalization

Culture is intrinsically tied to language as well as one's world-view. Each has its own values, beliefs and language use and can therefore cause misunderstandings or friction. In the interviews participants reported cultural differences between their own cultural beliefs and cultural beliefs of the DHH migrant children they teach. Female teachers reported to be struggling to work with children with different ideas on the relation between gender and role. Participants in the interviews observed boys and girls getting into conflict about what behaviour is considered appropriate. Previous research has demonstrated that culture divides Islamic and Western attitudes towards gender equality and sexual liberalization (Norris and Inglehart, 2004; Pettersson, 2008 as cited in Norris & Inglehart, 2012). Patriarchal beliefs about the traditional roles of women in the family conflict with egalitarian gender roles, the liberal social values and the secular legal frameworks prevailing in Western countries (Bowen, 2008; Roggeband, 2007 as cited in Norris & Inglehart, 2012). Compared with Western nations, Islamic societies prove highly conservative on issues of sexuality and gender equality, including support for egalitarian roles for women in the home, workforce and public sphere and less tolerant towards issues of sexual liberalization, as manifested in their attitudes towards abortion, divorce and

homosexuality. Norris and Inglehart (2012) suggests that migrant populations might reflect these values that are learned through primary socialization in their countries of origin, but Muslim immigrants that actually live within Western societies are in the process of adapting to Western cultures. Their analyses show that living within an Islamic or Western society has a far stronger imprint on an individual's values than individual-level religious identities, or an individual's education, age, gender and income. Guardino and Cannon (2016) recommend educational professionals to engage in culturally responsive practices with children with a diverse background. Studying ideological frameworks of the dominant culture, minority cultures and teaching pedagogy can help teachers to develop their ideas for teaching (Bartolomé, 2010).

Deaf culture

An aspect of cultural diversity that was not mentioned by any of the participants in the interviews is the fact that DMLs have the capacity to develop cultural identities with both hearing culture and Deaf culture. DHH migrant children may identify with a hearing culture that is different of their teacher's, but may also with identify with a Deaf culture with which hearing people are generally unfamiliar. Not only amongst hearing communities, but also amongst D/deaf and hard of hearing communities a multitude of cultures exist. Issues related to Deaf culture and identity have been widely discussed in the literature and have been a significant consideration in the education of DHH learners for some time (Power & Leigh, 2011 as cited in Leigh & Crowe, 2015). Some DHH individuals primarily use sign language rather than the majority spoken language and identify as being culturally Deaf (Padden & Humphries 2005 as cited in Leigh & Crowe, 2015). In the USA alone, there is a great variety of Deaf cultures. Black Deaf culture, for instance, is reported to differ from White Deaf culture, particularly in the Southern States because of the historical segregation of schools (Lucas & Bayley, 2011). Differences are incorporated in their language use, each showing several unique linguistic features in their sign language (Lucas & Bayley, 2011). Also, multiple Hispanic/Latinx/Chicanx Deaf cultures are distinguished having their own language norms, using either their home or heritage country's sign or spoken language, English, ASL, or a mixture (Gerner de Garcia, 2000 as cited in Guardino & Cannon, 2016). Teachers of the deaf who work with DHH migrant

children, should not only familiarize themselves with other hearing cultures, but with other Deaf cultures as well.

Stigma: culture or religion?

Participants in the interviewed observed differences in the way the social-cultural environment of the children perceived the hearing loss. Some of the children were stigmatized in their home environment. Addressing stigma requires understanding the socio-cultural context[8]. According to Bhatty, Moten, Tawakkul and Amer (2009) negative or apathetic social attitudes toward disability are heavily steeped in culture but over time have been mistakenly justified in religious terms, leading to a misinformed religious basis for the social stigma surrounding disability[9]. They suggest that lower levels of education and literacy in the Muslim world may contribute to the lack of acceptance and understanding of disabilities. Because of unavailability of treatment and support systems for the disabled in developing countries, some individuals may experience a sense of hopelessness. Much of the responsibility for care for the disabled in these countries rests on the shoulders of the family, which in the developing world is a financial burden that many families cannot accommodate. Individuals with disabilities in these countries tend not to attend school or receive job training unless their family can afford materials, personal support and/or other special services. Beyond the care provided by the families, there is little government-instituted infrastructure to assist individuals and families in dealing with permanently disabled people. Hasnain et al. (2008) provide a list of recommendations on how to improve the education of DHH migrant children including family members with a Muslim background, including how to respect cultural differences and deal with different views on gender, disabilities, treatment and special services.

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[8] Hasnain et al. (2008) and Bhatty et al. (2009) describe the Islamic position on health, illness and disability, and provide explanations of how Islamic law and society treat individuals with mental, physical, and sensory disabilities.

[9] Bhatty, et al. (2009) provide an analysis of Islam's primary sources and legal texts written by scholars of Islam. Although many Muslims worldwide possess negative views of disability as a reflection of punishment or sinfulness, these views have no basis in Islam.

Summary Topic 4. Cultural diversity

Cultural differences that are reflected by different views on gender, disability, treatment or special educational services can cause misunderstandings or friction. Recommendations for practitioners in special education include engaging in culturally responsive practices with children with a diverse background, studying different cultures, including the dominant culture, minority cultures and local and foreign Deaf cultures, studying teaching pedagogy and committing themselves to respecting cultural differences. Understanding the social-cultural context could help practitioners in special education to better understand stigma surrounding deafness and disabilities and effectively inform and support families of DHH migrant children.

Topic 5. Trauma

Traumatization

According to some of the participants in the interviews, some children seemed to lack a sense of emotion, while others showed extreme emotions and behaviors in everyday situations. Both traumatization responses are common. A traumatic event is a sudden or unexpected event that is often damaging, shocking or may pose as threatening to life or bodily integrity, and can lead to a subjective feeling of intense horror or extreme helplessness (APA, 2013 as cited in Schoffstall, 2017). Often, the individual is unprepared or unaware of the impending situation. Feeling unprepared or unable to respond with sufficient or appropriate coping resources, the traumatic event may result in a state of significant overwhelm even after the event has passed. Examples of events that are considered traumatic include witnessing or experiencing sexual abuse, physical abuse, domestic, community, or school violence, neglect, bullying, serious emergencies such as natural or other disasters such as fire, war, terrorism and/or refugee conditions, medical trauma such as burns or accidents, and the sudden death of a parent, relative or peer (APA, 2013 as cited in Schoffstall, 2017). Some of the teachers who were interviewed in the present study avoided asking questions about refugee children's background, considering that this might be too stressful for them. Specifically children with a refugee background are likely to experience serious cognitive and emotional difficulties (Ajdukovic & Ajdukovic, 1993; Motta, 1995 as cited in Akamatzu & Cole, 2000b). Personal histories of refugee children may include disrupted lives, inadequate health care resulting in disease and

malnutrition, social, emotional, and physical deprivation and significant personal losses (Cole, 1998).

Information deprivation and having no language

Information deprivation may cause or enhance trauma reactions (Schild & Dalenberg, 2012). Because of a lack of information about impending events, events (including those already considered to be traumatic) may be more sudden, unpredictable, and uncontrollable for DHH individuals than for hearing individuals (Schild & Dalenberg, 2012; Schwenke, 2011). In literature, this is referred to as Information Deprivation Trauma (IDT) (Schild & Dalenberg, 2012). Examples include finding out several weeks later that a relative had passed, or being unaware of an impending natural disaster, such as a hurricane or tornado. Specifically in DHH populations, traumatization can also be caused by a pro-longed lack of information that results in significant communication isolation from family, peers and society. On top of this, not having a language to make sense of traumatic experiences can contribute to profound trauma reactions and re-traumatization (DeVinney, 2003; Sullivan, Brookhouser, & Scanlan, 2000 as cited in Schoffstall, 2017). For example experiencing traumatic abuse, without the vocabulary to express their experience or even knowing that what is happening is wrong, DHH children are particularly vulnerable to abuse and less likely to disclose what has happened (Hindley, 2005; Schild & Dalenberg, 2012). Due to the isolation and frustration one experiences from diminished linguistic and cognitive capability, the inability to express oneself fully and to easily and completely understand others can lead to psychosocial problems (Humphries et al., 2012). This explains why participants in the present study would incidentally observe behavioural problems and rebellious behaviour in children who were unable to express themselves verbally. Participants reported they were able to identify signs of trauma as these children obtained more language. For some of the children who enrolled in education with little or no language, classes were exhausting.

Summary Topic 5. Trauma

Particulary DHH children with a *refugee* background are likely to have experienced traumatic events, explaining why teachers might refrain from asking questions about their background. Because of a lack of information, events may be more sudden, unpredictable, and uncontrollable for DHH individuals than for hearing individuals. Not having a language to make sense of traumatic experiences can enhance trauma reactions or lead to psychosocial problems. In the interviews of the present study, participants reported they were able to identify signs of trauma as these children obtained more language.

Conclusion

In 2018 an unusually large number of DHH migrant children have enrolled in deaf education in the Netherlands, including children with little or no language and/or academic experience. To teach these children, teachers need to have a broad range of knowledge and skills, including specialized expertise in second language acquisition, familiarity with children's linguistic, academic and cultural backgrounds, knowledge on providing the appropriate support for trauma and understanding the language demands of the educational tasks they choose.

A number of conclusions can be made from discussing observations and previous research:

- Both peer interaction and education at the appropriate academic level are important to the development of DHH migrant children with little or no language and/or educational experience.

- Educating children with little or no language and/or educational experience requires more time and an adjusted educational program when compared to teaching children with a language and/or educational background. Personalizing educational content is necessary, but much can be won by collaborating with other teachers and sharing teaching materials.

- Parents might be unaware that their involvement in the education and treatment of their child could greatly influence their child's outcomes. Parents require information about deafness, special education services and how they could help their child.

- Cultural differences are reflected in everyday situations. Perspectives on how to deal with stigma and negative views on deafness require understanding the socio-cultural context.

- DHH migrant children with little or no language and/or educational experience are likely to be traumatized, either by past events or stress related to their migration, by information deprivation or by not having the ability to express themselves. As children obtain more language, signs of trauma manifest themselves.

With DHH being a low-incidence population, the widespread geography adds to the challenges in the education of DHH migrant children with little or no language and/or educational experience. Language and knowledge delays do not only set the bar for DHH migrant children, but also for their teachers. Teachers must be prepared to work with DHH migrant students to learn how to educate them, despite of a child's lack of language fluency or knowledge. To better integrate these unique students in regular DHH classrooms, teams need to discuss the educational needs of DHH migrant children, the content of teachers' preparation programs and better ways to collaborate.

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