

Spoken language multilingualism in deaf children: parental decision-making

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Published Version

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parental decision-making. *Deafness & Education International*,
25 (2). pp. 81-100. ISSN 1464-3154 doi:
<https://doi.org/10.1080/14643154.2022.2143608> Available at
<https://centaur.reading.ac.uk/108781/>

It is advisable to refer to the publisher's version if you intend to cite from the work. See [Guidance on citing](#).

To link to this article DOI: <http://dx.doi.org/10.1080/14643154.2022.2143608>

Publisher: Taylor & Francis

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To cite this article: Emily Wright, Vesna Stojanovik & Ludovica Serratrice (2022): Spoken language multilingualism in deaf children: Parental decision-making, *Deafness & Education International*, DOI: [10.1080/14643154.2022.2143608](https://doi.org/10.1080/14643154.2022.2143608)

To link to this article: <https://doi.org/10.1080/14643154.2022.2143608>



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Published online: 11 Nov 2022.



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Spoken language multilingualism in deaf children: Parental decision-making

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ABSTRACT

Parents of deaf children must decide whether to raise their child using spoken and/or signed language. Multilingual parents have the additional decision of whether to use multiple spoken languages (with or without a signed language as well). These communication choices – which can be both explicit and implicit – can change over time and are known as a Family Language Policy (FLP). This study provides a reflexive thematic analysis of semi-structured interviews with multilingual parents of deaf children who chose spoken language multilingualism (SLM), and with multilingual parents of hearing children who also chose to raise their children with more than one language. We identified four key themes which influenced the decisions parents made on SLM: (1) additional benefits for the child; (2) knowledge and professional advice; (3) family and social influences; and (4) family dynamics and negotiation. The results highlight the complexity of the decisions behind FLPs for multilingual parents of deaf children and the strong influence that factors within and outside the family can have.

ARTICLE HISTORY

Received 26 May 2022
Revised 29 August 2022
Accepted 31 October 2022

KEYWORDS

Deafness; bilingualism; multilingualism; spoken language multilingualism; communication choice; family language policy; parental decision-making; professional guidance

Introduction

Linguistic diversity amongst deaf children is increasing; in the U.K., 13% of deaf children are from families using another spoken language at home in addition to English (Consortium for Research into Deaf Education [CRIDE], 2019). For multilingual parents, when their home language is not the country's main language, decision-making around communication choice for their deaf child includes the additional decision of whether to use multiple spoken languages, with or without a signed language as well. These language choices parents make can be described in terms of a Family Language Policy (FLP) (King et al., 2008), a set of explicit and implicit choices regarding “a particular language use

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pattern and particular literacy practices within home domains and among family members” (Curdt-Christiansen, 2009, p. 352). These choices are in turn constrained by a complex network of social, political, economic, and cultural factors at the macro (societal) and micro (family) level (see Curdt-Christiansen, 2009, p. 355). This is particularly true for families of deaf children in the U.K. who wish to use British Sign Language (BSL) with their children due to high costs and unequal access to BSL courses. Maintaining the spoken home language in addition to the country’s majority language is also time-consuming and resource-intensive, especially so in monolingual societies. Different families in different contexts will therefore have a different set of choices at their disposal. As a consequence, their level of agency in making FLP choices will vary.

FLPs are important to understand due to their long-lasting influence on identity, well-being, and family relationships (Müller et al., 2020), and focus should be extended to more diverse family types, languages, and contexts (King, 2016). In the present study, the focus is on multilingual parents of deaf children/parent of a deaf child (PODC), for whom the issue of FLP exists both in terms of decisions relating to the maintenance of their home language(s) and their relationship with the Deaf community by introducing a signed language. In this paper when referring to D/deaf individuals, the term “Deaf” will be used to refer to individuals who use sign language to communicate and who identify as members of the signing Deaf community. The term “deaf” on the other hand will be used to refer to individuals with all levels of deafness but who do not identify as members of the signing Deaf community.

There is a considerable body of research on parental decision-making between spoken language and/or sign language (e.g. Ching et al., 2018; Crowe, Fordham, et al., 2014); however, limited research has focused on spoken language multilingualism (SLM). Various factors have been reported to influence the communication choices (sign language, one or more spoken languages) that parents make for deaf children, including, but not limited to, the information parents receive, the child’s characteristics, parental expectations, and identity (Ching et al., 2018; Crowe, Fordham, et al., 2014; Wheeler et al., 2009).

Information is a key component in parental decision-making with professionals, specifically within medicine, allied health, and education, frequently reported as a key source of knowledge on spoken and/or signed communication (including spoken multilingualism), and an important influence on the decisions parents make (Crowe, Fordham, et al., 2014; Crowe, McLeod, et al., 2014; Decker et al., 2012). Professional advice can also be a significant factor for multilingual PODC. Parents in the U.S.A. were frequently advised by professionals to speak only English (Guiberson, 2005; McConkey Robbins et al., 2004; Waltzman et al., 2003), with Spanish-speaking parents following professional advice to use English and American Sign Language (ASL), despite expressing a desire to raise their deaf child with Spanish and English (Steinberg

et al., 2003). Friends, family, and caregivers of other deaf children have also been found to be sources of information and influential in parental communication choices on whether to use one or more spoken languages and/or sign language (Crowe, Fordham, et al., 2014; Crowe, McLeod et al., 2014). However, for multilingual PODC, the advice of friends appears less important (Guiberson, 2013; Steinberg et al., 2003).

The characteristics of a child's deafness have also been reported by parents to be important factors in decisions around communication choices (sign language and/or one or more spoken languages) including age of diagnosis, severity of deafness, type of hearing technology used, and age when starting to use hearing technology (Crowe, Fordham, et al., 2014; Li et al., 2003; Wheeler et al., 2009). Additionally, the type and accessibility of early intervention available, and the age at which intervention commenced can also play a role in decisions around sign and spoken language, including spoken multilingualism (Crowe, McLeod, et al., 2014; Guiberson, 2013).

The family's own communication preference for their deaf child, and their aspirations for their child's future can impact parents' decisions (Crowe, Fordham, et al., 2014; Crowe, McLeod, et al., 2014; Li et al., 2003). The practical need to communicate with family and friends is often cited by PODC (Crowe, Fordham, et al., 2014), including multilingual parents (Steinberg et al., 2003), as well as their own language abilities, including their ability to learn sign language (Crowe, McLeod, et al., 2014; Watson et al., 2008). Planning for their child's future academic and vocational success has additionally been reported as an important factor in the decision-making around monolingual or multilingual spoken language and/or sign language (Crowe, Fordham, et al., 2014; Li et al., 2003). Guiberson (2013) found that parents believed learning two spoken languages would lead to a better education and greater future employment opportunities for their deaf child, whilst some Hispanic parents expressed a preference for their child to learn English, as opposed to their spoken home language, for academic success (Steinberg et al., 2003).

The child's identity is also cited as a factor that parents consider when making communication choices. Parents report that their decision to use spoken and/or sign language with their child was influenced by their desire to facilitate participation in the hearing and/or Deaf community (Borum, 2012; Crowe, Fordham, et al., 2014). Hyde and Punch (2011) found that parents who chose to use sign language with their child did so to support their Deaf identity, while African-American parents in the U.S.A. chose to use spoken language to ensure their child had access to their African oral tradition and identity (Borum, 2012).

FLPs are also flexible and can be modified over time (Revis, 2016). For families of deaf children, a change in FLP regarding the use of one spoken language and/or sign language can be in response to the child's and/or family's emerging or current communication needs, for example, following cochlear implantation (Watson et al., 2008; Wheeler et al., 2009). Additionally, the child's own

preference between monolingual spoken language and sign language can drive changes in the FLP (Watson et al., 2008).

Despite the increasing prevalence of d/Deaf multilingual learners, to date this is the first U.K. study exploring the decision-making process around SLM from the parents' perspective. This study also provides a unique comparison of the decision-making process between PODC and parents of hearing children/parent of a hearing child (POHC) who chose to raise their child with multiple spoken languages.

Research questions

- What factors influence parental decisions about raising deaf children with multiple spoken languages?
- What similarities and differences exist in decision-making between parents of multilingual deaf and hearing children?

Materials and methods

Data collection

This study was given ethical approval by the University of Reading's Research Ethics Committee. All participants gave informed consent prior to participation in the study and pseudonyms were assigned. The study was led by the first author (EW), a doctoral researcher and qualified Speech and Language Therapist with experience of volunteering with deaf children. The second (VS) and third (LS) authors are multilingual academics who specialise in language development in individuals with developmental disorders, and in bi/multilingualism respectively.

Recruitment strategy

Parents were included in the current study if: (1) they had a deaf or hearing child aged between one and 13 years old, with no diagnosed developmental disorders; (2) they spoke a language other than English to their child at home; (3) they and their child's other parent had typical hearing. The child's level of proficiency in each language and age of exposure were not used as inclusion or exclusion criteria. Participants were recruited both using purposive and convenience sampling. The children of four PODC and two POHC took part in another research project led by the first author (Wright et al., 2022), whilst the remaining participants were recruited through the researchers' personal contacts.

Participants

Fifteen participants were recruited. Seven participants were PODC, and eight participants were POHC. For consistency, the multilingual parent was always

interviewed, and on one occasion, the other parent was also present. All parents, those interviewed and the children's other parent, spoke English. The parent interviewed spoke English with a high level of proficiency in addition to one or more of the following languages: Urdu, Persian, French, Dutch, Italian, Russian, German, Romanian, Hungarian, Egyptian Arabic, and Greek. To maintain anonymity, the languages spoken have not been linked to individual participants. Participants' children were aged between 1;7 and 12;3 years-old at the time of interview. All the children were born in the U.K., except for one deaf child and one hearing child. Demographic information is provided in [Tables 1](#) and [2](#).

Procedure

A semi-structured topic-guided interview (Appendix 1) was conducted in English by the first author (EW) with each parent, focussing on their views on multilingualism and factors that influenced their decision-making process. Additional questions specifically for PODC focussed on the impact of their child's deafness and whether they considered using a signed language. All questions were open-ended and the topic guide was used flexibly, allowing variations in both the order and wording of the questions. Unexpected relevant responses were explored further (Patton, 2002). The interviews took place online, were recorded with the participants' permission, and lasted on average 24 min (15–30 min). In order to protect participant confidentiality, supporting data cannot be made openly available.

Coding and analyses

Interviews were transcribed verbatim, first using an automatic transcription software, and then manually checked for accuracy without making any corrections to the interviewees' English. All identifying information was removed. The interview data were then analysed by the lead researcher (EW) and discussed with the last author (LS) using inductive reflexive thematic analysis (Braun & Clarke, 2019). This type of qualitative analysis was chosen as it is particularly appropriate for investigations of under-researched areas, allowing a data-driven inductive approach instead of being led by pre-existing theories and analytic preconceptions.

Thematic analysis was conducted using the six-stage method by Braun and Clarke (2006). In stage one, after the data was transcribed, it was read and re-read multiple times to allow familiarisation and an initial list of ideas was produced. In stage two, initial codes were generated systematically and data relevant to each code were assigned. Codes were generated using an iterative process; after each new transcript had been coded, the codes assigned to earlier transcripts were continually reviewed and revised. In stage three, the

Table 1. Deaf children.

Interviewee	Age of child at interview (Years; Months)	Child's gender	Number of languages spoken	Degree of deafness	Type of deafness	Age at Diagnosis	Hearing Devices	Age at receiving HAs	Age at receiving CIs	
1	Father	10;5	Female	3	Mild-Moderate	Sensorineural	3 months	HAs	5 months	N/A
2	Mother	9;8	Male	2	Severe-Profound	Sensorineural	3 days	CIs	15 days	6 months
3	Mother	8;11	Male	3	Profound (right ear) + Moderate-Severe (left ear)	ANSD	3 months	CIs	1 year	18 months (1st implant) + 84 months (2nd implant)
4	Mother	10;2	Male	2	Severe-Profound	Sensorineural	3 months	CIs	3 months	11 months
5	Mother	8;1	Male	2	Profound	Sensorineural	2 months	CIs	2 months	20 months
6	Mother	1;10	Male	3	Severe-Profound	Sensorineural	< 1 month	CIs	2 months	7 months
7	Mother	7;8	Female	2	Profound (right ear) + Severe-Profound (left ear)	Sensorineural	2 months	CIs	3 months	89 months

ANSD: Auditory Neuropathy Spectrum Disorder; HAs: hearing aids (bilateral); CIs: cochlear implants (bilateral).

Table 2. Hearing children.

Interviewee	Age of child at interview (Years; Months)	Child's gender	Number of languages spoken
1 Father	8;8	Male	2
2 Mother	8;9	Male	2
3 Mother	9;3	Female	3
4 Mother	4;1	Male	3
5 Mother	3;7	Female	2
6 Mother + Father	1;7	Female	2
7 Mother	12;3	Male	2

codes were organised into potential themes along with their relevant coded data extracts. In stages four and five, review and refinement of themes took place to ensure the coded data extracts were consistent with their respective themes and to check the validity of the themes with respect to the data set. This process also confirmed that the overall thematic map was reflective of the data set and identified sub-themes from the themes. Themes and sub-themes were acknowledged both if they were relevant to the deaf and hearing group, or if they were only applicable to one group. The themes generated were regularly reviewed by the first and the last author to discuss alternative interpretations until agreement on the definitions and names for each theme had been reached, as recommended by Saldaña (2015). In the final stage, stage six, after the themes were revised and finalised, quotes were selected to represent each theme.

Results

The thematic analysis generated four themes which captured the factors that influenced the parents' decisions regarding SLM for their child: (1) additional benefits for the child; (2) knowledge and professional advice; (3) family and social influences; and (4) family dynamics and negotiation.

Theme one: Additional benefits for the child

Parents' desire to provide additional benefits for their child through speaking their home language was a running theme throughout the interviews for both the PODC and POHC. Three sub-themes were identified: (1) good language models; (2) culture, identity, and family relationships; and (3) opportunities and advantages.

Good language models

Both PODC and POHC frequently discussed how their own language proficiency played an important role in the decisions they made. Their ability to provide better language input to their child in their home language compared to in

English was often referenced, as was the importance of providing good language models. One PODC stated, “I can’t have the richness of the vocabulary in English as I can have in Italian. So this is one of the most important.” (PODC)

PODC also reflected on their proficiency in BSL in their decision-making process when deciding whether to introduce or continue using BSL with their child. The challenge of learning a new language on top of other commitments was often mentioned, “And um but unfortunately, like our work commitments are you know like the limitation on time it doesn’t allow us to learn it ourselves.” (PODC)

Culture, identity, and family relationships

Another key factor in parents’ decision-making centred around the importance of the home language in supporting relationships and cultural identity. Being able to communicate with immediate and wider family, and with the home language community, was highly important for both groups. For many families, being able to speak the home language was essential for their child to have a relationship with relatives, in particular grandparents. One parent, who had previously decided to raise their deaf child with only English, cited this as the reason for changing their decision to raise their child multilingually, “Um amongst grandparents on both sides, um they they only speak Urdu so that’s why more recently took the decision that he needs to learn a second language.” (PODC)

Sharing their language and culture with their child was also considered very important for parent–child relationships. One PODC discussed the emotional bond that their home language provides with their child and their initial fear of losing this if they spoke English with them, “But I think, like, once your child is born, you’re just afraid of losing him um because of language and maybe differences in culture.” (PODC)

Similarly, another PODC reflected on the connection between language and emotion by facilitating a greater level of understanding, “So we wanted them to know our language because it’s the language of our heart. So when we want to say something that is very important for us is very important that they understand what we want to say.” (PODC)

Many PODC and POHC also discussed how speaking the home language was an intrinsic part of their child’s cultural identity. An appreciation of the home language’s culture and the sense of belonging that it gave were both mentioned. There was often an acceptance that their children would be more British due to being raised in the U.K.; however, parents in both groups believed there would be a transmission of their culture as well. One PODC explained “Um we thought it’s part of her um how can I say that? Um she was born in a Greek family. Both parents are Greek. So it’s kind it’s kind of your culture as well.” (PODC)

For the PODC, although the majority were not raising their child with BSL, they welcomed and encouraged future engagement with the Deaf community.

One parent stated “And also the Deaf community, not using any of like the technologies are very important part of society. So if he can connect with them, we are more than happy for him to learn it.” (PODC)

Opportunities and advantages

Parents in both groups believed that being multilingual was very valuable. The benefits discussed were often ones that the parents themselves had experienced and wanted their children to have, for example increased employment opportunities and the ability to travel more easily. Several parents in both groups commented on the advantages their child would have over monolingual children in learning further languages. One PODC explained, “Romanian is quite similar, I would say to Latin language(s) ... Italian, Spanish, Romanian. So it’s a lot of languages that ... would be easy ... ” (PODC)

Cognitive benefits from speaking more than one language were also frequently mentioned by POHC but less often by PODC. PODC discussed potential advantages in cognition more generally:

I think in general, like it will have a positive impact in his um in his development. So, you know, his brain I mean, I cannot measure it by any scientific measures. Right. So but I truly believe that probably it will have some positive impact ... (PODC)

POHC however, frequently referenced increased cognitive flexibility and the positive impact this can have on other skills. For example, one POHC said “The cognitive, not fluidity, but you know essentially your brain becomes more flexible in processing things. Not not just languages, but, you know, things like mathematics as well.” (POHC)

Theme two: Knowledge and professional advice

This theme was particularly significant in the decision-making process for PODC. Three sub-themes were identified: (1) parents’ knowledge; (2) nature of professional input; and (3) impact and influence of professional input.

Parents’ knowledge

PODC mentioned feelings of uncertainty and anxiety around their child’s diagnosis. Parents stressed that their concerns centred around deafness and not multilingualism itself when it came to making communication choices, citing their lack of existing knowledge on deafness and potential language outcomes. One PODC stated:

So we had concern because um we were very new to deafness. We had no idea. Like I I have barely seen even hearing aids in my life, let alone cochlear implant, if it makes sense. ... I thought that’s like a deaf person can never talk. (PODC)

Both groups of parents reported doing independent research as part of their decision-making, but PODC commented on a lack of available information on

SLM in deaf children, especially in an accessible format. For instance, one PODC said “And the resources I think the the resources from the hearing journal are fantastic, but they are very technical sometimes. But parents at that time, they are not very technical.” (PODC)

Nature of professional input

For POHC professional advice was rarely discussed within the context of their language choices. When mentioned, it was reported that it was either absent or the home language was supported. In contrast, professional input, from professionals working in deafness, was discussed by all PODC, although the nature of the advice received varied greatly.

Some parents reported that professionals were interested in SLM for deaf children, stressed the importance of good language models, and supported the use of the home language. For one PODC the positive advice from professionals meant they did not reconsider their decision to raise their child multilingually, “... when we met the doctors, the also the surgeon, also their AVT (Auditory Verbal Therapist) our therapist, they told us, no, you have to keep on talk your language. So we never thought about this.” (PODC)

Another PODC reflected on how their child’s Teacher of the Deaf had actively encouraged maintenance of the home language even when their child had started school:

When though I said to her teacher of the deaf that lately I’m focussing more on English vocabulary so that she will improve and reach, let’s say, her English vocabulary she said, that’s amazing. Thank you so much. But definitely don’t forget um her Greek as well. (PODC)

However, other PODC reported less positive professional advice, with professionals doubting the feasibility of and cautioning against using multiple spoken languages, advising one language for faster progress. For example, one PODC said “... it was mainly English right from the outset because that was the advice the medical professionals provided us to help his um development in his language. Just to use English.” (PODC)

Regarding BSL, professional advice was often less positive. Several PODC were told it can negatively affect spoken language development and were advised against using it with their child. One PODC stated “... the therapist told us for the sign language ... the more you use like the sign language, the less they will increase their (spoken) vocabulary.” (PODC)

Impact and influence of professional input

The effect professional advice had on parents’ decision-making differed greatly between the PODC and POHC. While POHC either did not seek professional advice and/or were unsure if it had influenced their decisions, PODC greatly valued professional advice and placed a high level of trust in their recommendations. For instance, one PODC said “But we were absolutely convinced that for

me, the the most important person are the professionals. You know, the professionals are the people that know everything. So I trusted what they told me.” (PODC)

For one PODC, the professional advice they received resulted in them temporarily changing their FLP when their child was around three years old to focus on English:

But I don't think there was a lot of encouraging or like very um, very uplifting advice, let's say, to to go with just, with two languages. I always used to hear was, well, you'll see a lot more progress if you stick to one language and then um if you do two then it will be slower, but then they will acquire both in the end. Um yeah so we carried on (only) in English until then he started pre-school. (PODC)

The challenges of receiving impartial and conflicting advice from professionals, and how this led to increased uncertainty were also discussed by PODC. One PODC stated “We had a lot of fears, anxiety. It's a very tough journey, especially in the beginning. So um and then having, like, conflicting advice from the professionals was like even it was making it even more challenging ...” (PODC)

One PODC, while acknowledging that professionals encouraged them to do what felt natural, reflected on how the impartial professional advice also led to them reconsidering their FLP, “It just made me unsecure. ... And harder to decide. I kind of had my mind up, but then you feel like ... maybe I shouldn't do that.” (PODC)

The role of different professionals was also discussed by one PODC who perceived professionals in audiology to offer purely medical support as opposed to advice on language choices, “But that's much more medical about her audiogram and whether what's the latest models of hearing aids are that she can get. But not not, we didn't really discuss multilingualism.” (PODC)

Another PODC reflected on how professionals delivered information and how this can be achieved positively whilst giving measured advice:

Then there was this um, a teacher of the deaf who was in the cochlear implant centre. ... But she was very supportive, she was like I'm sure like you know he will pick up like the words and um if he doesn't, it's not the end of the world. So, you know, she was not giving us any false like information or any um any hope that that he cannot achieve. She was giving us, like, encouragement. I think it's very important to encourage people, but also nice to remind them that it might not happen. (PODC)

Theme three: Family and social influences

This theme was relevant for both PODC and POHC. We identified three sub-themes: (1) advice from family and friends; (2) advice from other parents; and (3) wider social influences.

Advice from family and friends

Both groups of parents reported that family and friends supported their decisions. Advice to POHC was inconsistent with some insisting on the home

language, advising one language only, or not giving advice at all. However, for PODC advice was always absent. One parent explained that this was because the home language was expected by family members:

Um not really. I mean, all of them, because we're from sort of Pakistani backgrounds and stuff, all of our children have some element also whether they can speak it. ... So it's it's almost a norm that happens within the family. (PODC)

Another parent believed the absence of advice from family was due to their lack of knowledge on deafness, "No, never. We never had because our family didn't know anything about hearing loss. So they were absolutely, they were they trusted us completely. They didn't know." (PODC)

Advice from other parents

For both PODC and POHC, hearing the experiences of other parents who raised their deaf and hearing children with multiple spoken languages was very important. For PODC, whilst many expressed a desire to speak to other multilingual PODC, very few were able to, but those that did greatly valued the opportunity. One parent stated:

I would say we were very lucky because our audiologist presented us other families, Jewish families for example in the US, there are many Jewish families with deaf children. And they were speaking their language and English. And they told us immediately, absolutely speak both languages. (PODC)

Wider social influences

Online parent forums, particularly through Facebook, were used by both groups of parents to connect with other families raising their children multilingually. These included international groups specifically for PODC, that gave parents encouragement to choose SLM. For instance, one parent said "I think most of it was like from from the forums. ... that has people across the world ... I think there was people from Canada that do French and English anyway or is very normal anyway." (PODC)

Plans to return to their home country were also cited by one PODC as a key reason for speaking to their child in their home language, "We kept saying our plan was to go back to Romania, so we were focussing and always saying, oh, he will need to speak Romanian." (PODC)

Theme four: Family dynamics and negotiation

Both PODC and POHC discussed how their FLPs were influenced by factors within the family which also resulted in changes being made over time. Three sub-themes were identified: (1) planning; (2) flexibility in FLP; and (3) time commitment.

Planning

PODC and POHC commented on how raising their child with English and their home language(s) was a natural decision and often one that had been made before their child's birth. However, for PODC, following their child's diagnosis there was sometimes a period of re-evaluation and/or a revision in their FLP to temporarily prioritise English in preparation for their child starting school. One parent stated:

Then we sort of switched or introduced English as he started um going to school here. And then later on, when I felt that English was maybe taking over, it was, he needed it (home language) to communicate to his grandparents. (PODC)

Flexibility in FLP

Both PODC and POHC were open to changing their FLP in the future and for PODC occasionally a child's parents' beliefs differed. For example, one PODC said:

I just decided let's see. Let's see what's going to happen. If he if he struggle at some point, yes which make we can change our decision and anyway at some point. But and I think it for my husband, it wasn't just only that time, it has been for a couple of times that he was telling me that we have to drop Russian and we have to concentrate more on English. (PODC)

Another PODC discussed how their family's FLP changed to include BSL, in response to their child's language needs:

But we were advised at the beginning by a, her teacher of the deaf that it's better not to make her rely more on sign language ... So, um yeah, that's why I didn't learn earlier. But later on when I saw that in some parts of her life, she would like to sign, for example, when she had her hearing aids off and she was in a swimming pool, then I had to sign to her if she needed something. ... Or when now she has her cochlear implants off when she goes to bed or when she's having a bath then of course we can communicate with sign language. So, yeah, we use it. (PODC)

Time commitment

For PODC, the time involved to learn and teach their child BSL was often a reason why they did not include the language in their FLP. One PODC expressed a sense of urgency to expose their child to language and that these perceived time pressures, often influenced by professional advice, contributed to their decision that they did not have the time to learn and use BSL:

So because we didn't know the sign language and we decided to use to have the cochlear, we never learnt about this. We don't there, in the future if they would like to learn it, but we don't know any sign language so for us it was more difficult you know. We didn't have the time even because they the the surgeon tell you you have the time is gold, do faster, don't lose time. So any time we had to learn another language would be too much. (PODC)

Discussion

This study explored the decision-making process around the communication choices of multilingual PODC and how it compares to multilingual POHC. PODC and POHC shared many of the same factors within the family that influenced the decisions they made including their desire to give their child additional benefits by providing good language models, offering future opportunities, and supporting access to their culture and wider family relationships. Regarding factors outside the immediate family, while advice from wider family and friends was less influential for both groups, professional advice was considerably more significant for PODC. Here, we focus on two of the most influential factors for PODC: the importance of the home language in transmission of culture, identity and relationships, and the impact of the professional advice they received.

The role the home language plays in a child's culture, identity, and relationships with family members had a significant impact on parents' decision-making. Both groups of parents emphasised how the home language gave their child access to their heritage culture, supporting their bicultural identity. Similar findings in the U.S.A. were reported by Borum (2012) where African-American parents chose to use spoken language instead of sign language with their child to share their African oral tradition and identity. Likewise, Crowe, Fordham et al. (2014) found that transmission of their cultural heritage was important for some deaf Maltese families living in Australia. Consistent with previous studies (Crowe, Fordham, et al., 2014; Steinberg et al., 2003), proficiency in the home language was reported as crucial for successful bonding with their deaf child, and in some cases, essential in enabling relationships within their wider family. Our findings are also supported by research on multilingualism and family well-being in hearing populations. Positive associations with the home language's culture and bicultural identities have a beneficial impact on young people's self-esteem and well-being (Gonzales-Backen et al., 2017; Müller et al., 2020; Vuorenkoski et al., 2000), while adolescents who speak their parents' native language have higher levels of family cohesion than those who only speak the country's main language (Tseng & Fuligni, 2000).

For PODC, professional advice played a major role in their decision-making in providing information and influencing the decisions they ultimately made, in line with previous studies (Crowe, Fordham, et al., 2014; Crowe, McLeod, et al., 2014; Decker et al., 2012), including those focusing on multilingual parents (Steinberg et al., 2003). Earlier research in the U.S.A. found that multilingual parents often report being advised by professionals to speak only English with their deaf child (Guiberson, 2005; McConkey Robbins et al., 2004; Steinberg et al., 2003; Waltzman et al., 2003). However, more recent studies in the U.K. and Australia have reported that professionals support and encourage the use of the

child's home language (Crowe & Guiberson, 2021; Crowe & McLeod, 2016; Wright et al., 2022). Our findings are mixed; some PODC reported that they were advised to use their home language, while others said they were advised to use only English or did not receive definitive advice either way. The high level of trust and value that PODC placed in professionals resulted in them following their advice, even if it went against their desire to speak their home language, similar to Steinberg et al.'s (2003) findings on Spanish-speaking parents in the U.S.A.

The International Consensus statement on best practices in family-centred intervention for deaf children states that professionals must "promote linguistic accessibility and home languages" (Moeller et al., 2013, p. 437), by providing relevant and timely information to parents (Moeller et al., 2013). However, the limited research available on language outcomes in deaf children with SLM presents a challenge in providing evidence-based advice (Crowe & Guiberson, 2021). This may explain why some parents reported that professionals were reluctant to give definitive advice, or why they received inconsistent advice from different professionals. For PODC in the present study, this impartial and conflicting advice intensified their uncertainty and anxiety around their child's deafness and its impact on SLM.

These findings highlight that the model of clinical decision-making used by professionals when supporting multilingual PODC in their language choices needs to be carefully considered. A greater level of involvement from professionals is likely to be appreciated by multilingual PODC, especially due to the lack of accessible information on SLM in deafness, and limited opportunities for parent-to-parent support. Shared decision-making where "clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences" (Elwyn et al., 2012, p. 1361) may therefore be more appropriate than informed choice where professionals provide information and parents complete the decision-making independently (Porter et al., 2018). Professionals should actively support parents to consider the benefits and compromises of using or not using their home language with their deaf child with respect to their values and preferences whilst sharing the available research. This will enable parents to feel supported in making informed decisions whilst also taking into consideration their own wishes and desires for their child and their future.

Future directions and limitations

This is the first U.K. study which explores the decision-making process around communication choice for PODC from multilingual backgrounds compared to the experiences of POHC who also chose to raise their child

with SLM. There are limitations though which provide opportunities for future research. Firstly, the interviews were in English which resulted in only parents proficient in English being recruited and participating. Secondly, the retrospective nature of the study may have impacted the results, as most of the children were primary-school aged, and the professional advice that parents received may not reflect current guidance given. Lastly, future research could further explore the experiences of multilingual PODC who chose to only use English, with or without sign language, and/or who have deaf children with additional disabilities. The perspective of deaf children with SLM could also be explored further in the interest of exploring children's agency in FLP.

Conclusions

The FLPs that multilingual PODC construct are influenced by a wide range of factors. Similar to multilingual POHC, the language choices that multilingual PODC make are greatly influenced by their desire to give their child the additional benefits that speaking the home language brings: providing rich language models, supporting their child's cultural identity and relationships, and facilitating future opportunities. However, in contrast to POHC, PODC also place a considerable amount of trust and value in professionals and the advice they give. The results of this study will provide professionals who work with deaf children an increased acknowledgement and understanding of FLPs by multilingual PODC and the impact that their advice can have. This will in turn help them to consider how they can best support parents to make informed decisions. This study also enables multilingual PODC to hear about the decision-making process around communication choice from other PODC who chose SLM.

Acknowledgements

We would like to thank the UK Economic and Social Research Council for funding this study through a South East Network for Social Sciences 1+3 PhD studentship. We would also like to thank all the parents who participated in our study. We are very grateful for their participation.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by the Economic and Social Research Council [ES/P00072/X to E.W.].

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Appendix 1: Semi-structured topic guide

Domain	Question
Parents' views on multilingualism	<ul style="list-style-type: none"> • Why is it important for your child to be multilingual and speak more than one language?
The factors that influenced the parents' decision-making process	<ul style="list-style-type: none"> • Before your child was born, had you already thought about the languages your family would use with your child? <ul style="list-style-type: none"> • Did you look for information on raising multilingual children, deaf or hearing, and if so, what information did you find? • Did you receive any advice from family and friends about raising your child to speak more than one language and if yes, did it influence your decision? • Did you receive any advice from professionals about raising your child to speak more than one language and if yes, did it influence your decision? • Do you feel your decision was supported by professionals and your family/friends, both when your child was a baby and since then?
The factors that influenced the parents' decision-making process <i>For parents of deaf children only</i>	<ul style="list-style-type: none"> • Did these plans/decisions change at all when you found out your child was deaf? <ul style="list-style-type: none"> • Have you ever considered using a signed language either British Sign Language (BSL) or another signed language?