In 2002, 49 per cent of children diagnosed with deafness were Maori. Through an HRC-funded research project, Ms Kirsten Smiler will explore the concept of ‘successful interventions’ for Maori deaf and hearing impaired children.

Positive initiatives which advocate for early diagnosis, such as Project HIEDI (Hearing Impairment: early diagnosis and intervention), aim for early detection of deafness or hearing impairment, with the intention it will lead to timely access to interventions. Ms Smiler’s PhD research will investigate the experiences and expectations of Maori children and their whanau during the intervention process.

Ms Smiler says the intervention options presented to whanau at the point of diagnosis stem from divergent ideologies and are complex. Diagnosis generally occurs within a medical framework which focuses on speech therapy in combination with technology such as hearing aids or cochlear implants, while the sociolinguistic pathway, which may not be as clearly presented following diagnosis, encourages the use of New Zealand Sign Language (NZSL) and early contact with deaf adults as role models for the development of social identity.

“Many whanau are struck with grief at the point of diagnosis of a significant hearing loss, and deciding on an intervention pathway can be a daunting experience. Most of us tend to reflect upon our own whanau experiences when it comes to raising our tamariki, but it’s hard making intervention decisions when you don’t really know what life is like as deaf/hearing-impaired person,” Ms Smiler says.

Ms Smiler says issues of identity, linguistic and cultural socialisation, cognitive development, education, mental health and participation in wider hearing and deaf communities all hinge on the quality and scope of the information, guidance and experiences made available to whanau early on. Whether or not Maori perspectives are included in the intervention pathways currently offered in New Zealand is unclear. Maori over-representation in deafness statistics suggests however, that this area should be prioritised.

“My research primarily aims to refocus what is meant by a ‘successful intervention’ for Maori deaf/hearing-impaired children from the perspective of Maori deaf/ hearing-impaired people and their whanau,” she says.

Over a three-year period, case studies of whanau of Maori deaf/hearing-impaired children will form the basis of this research. These will explore the experiences and expectations of Maori whanau and their deaf/hearing-impaired children in terms of the intervention process. Maori deaf adults with educational roles will also be interviewed to gain their personal and professional perspectives on successful outcomes and effective support to whanau of Maori deaf children.

Ms Smiler says there have been many societal changes affecting deaf/hearing-impaired people over the last 20 years, causing different generational impacts for deaf/hearing-impaired young people. Improved medical technology, the renaissance of te reo Maori, the recognition of te reo Maori and NZSL as official languages of New Zealand, and the introduction of bilingual education in NZSL and English in New Zealand schools, have all impacted on the choices of young Maori deaf/hearing-impaired people and their whanau.

Ms Smiler hopes to reveal the interplay of these varied factors to better inform interventions for Maori deaf/hearing-impaired children.

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