ML2xECHO PROGRAM: FINAL TAKEAWAY - THE ROAD AHEAD
VERSION: Cohort 1, Oct-Nov 2025

EMPOWERING HEALTHCARE PROVIDERS TO OPTIMIZE LANGUAGE DEVELOPMENT IN DEAF INFANTS AND YOUNG CHILDREN ECHO PROGRAM

Putting It All Together
For The Road Ahead

Thank you for joining the first-ever 'Empowering Healthcare Providers to Optimize Language Development in Deaf Infants and Young Children ECHO' cohort. This resource, *Putting It All Together for the Road Ahead,* compiles the takeaways from all six modules and adds some collaboratively-developed supplementary tools to help you apply what you have learned.

Our first four modules focused on practices: the decisions practitioners make about treating or working with Deaf children and their families. Modules five and six then zoomed out to look at what needs to shift in our structures and systems, and how practitioners can contribute to that change within their spheres of influence.

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Values-Driven

Our work together through the ECHO sessions is designed to support these three goals:

• Unpacking audist systems by recognizing how audism operates in professional practice and actively working to dismantle it.

• Doing no harm by centering Deaf infants and children; prioritizing early, accessible language; and mindfully using terminology related to hearing differences, Deaf experiences, and developmental trajectories

• Building empowered, connected teams that embrace an "and" approach, recognizing the value of early sign language and coordinating across systems to ensure the success of the Deaf child.

Changing systems is a collective action.

Changing systems is a collective action. By building communities across professional 'silos', we are better positioned to support each other and our beneficiaries: Deaf children of today and future generations.

Note: Deaf encompasses all children with varied hearing differences and abilities.

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Contents

In **Module 1: Spot the Bias,** we acknowledged that we live in a world of systems that center hearing and examined how audism shows up in medical systems and professional practices. Practitioners were invited to reflect on and interrupt audist assumptions in their own contexts.

- Quick Audit of Practice: Interrupting Audism in Clinical Systems

Module 2: The Real Emergency examined language deprivation, a key consequence of audism in society and medical practice, highlighting that it is isolation from language, not 'hearing loss', that threatens Deaf babies' wellbeing. We offered a tool to help practitioners understand a child's language environment.

- Practitioner Checklist: What Language(s) Are Used With the Child?
- Guided Planning Map: Family Language Access in Practice

Module 3: System-Driven Delay then explored how systemic factors shape families' desires, hopes, and fears. We offered tools to help practitioners collaborate with families to center children's needs while navigating systems.

- Improving Systemic Pathways: How to Respond When Systems Fail Families
- Postnatal Journey Roadmap: Mapping Language Access Pathways

Module 4: Language is Care supported practitioners to be strategic in building language-rich pathways in practice, providing step-by-step guidance for creating a language-based care plan.

- Language is Care: Co-creating Language-rich Care Pathways
- Building the Environment Together: Tips for Co-Developing a Language Plan

Module 5: Preventing Language Deprivation zoomed out beyond individual choices to look at the systemic factors that create risk for language deprivation, providing a tool to help practitioners identify and mitigate key risks after hearing screening.

- Checklist: Risk Screening After Hearing Screening

Finally, **Module 6: Redefine Success** invited practitioners to commit to systemic change in their own practices and beyond, providing tools to support us to act as change agents within our systems.

- Commitment Card: By the end of this series, I commit to…
- Immunity to Change X-Ray: Understanding why we resist changing practice
- Reading List: Additional resources to learn more

Spot the Bias

Quick Audit of Practice: Interrupting Audism in Clinical Systems

This is a professional self-reflection tool. It is not an assessment of families or Deaf children. It is designed to help surface assumptions, patterns, and practices that may cause harm, even when well-intentioned.

1

How do I frame deafness when speaking with families?

- Do I describe it as a loss, a risk, or a deficit that needs fixing?
- Or do I affirm deafness as a valid way of being in the world, with access to language and culture?

2

What pathways am I centering?

- Do I offer amplification or surgical interventions as the assumed or preferred path?
- Or do I co-create options centering 'and' with families, offering sign language as a core right and resource?

3

Whose expertise am I including?

- Do I rely solely on hearing professionals?
- Or are there Deaf professionals, mentors, community leaders, and culturally affirming supports on the care team?

4

What practices do I model in clinical spaces?

- Do I normalize interpreters, visual attention strategies, and accessible communication?
- Or do I rely on spoken language and expect adaptation from families?

5

What systemic language or protocols am I reproducing?

- Are there forms, charts, or milestones I use that pathologize or rank language or communication modes?
- Can I advocate for documents and pathways that reflect language diversity and cultural strength?

Key Reminder: Neutrality is NOT care.

When we remain neutral in systems built on **ableism** and **audism**, **we uphold harm**. Practicing ethically means choosing **alignment** with **Deaf children's language rights.**

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The Real Emergency ⚠

Practitioner Checklist: What language(s) are used with the child?

Note: This is a professional reflection tool designed to help scan the holistic language environment surrounding Deaf children, identify gaps, and create strategies for wraparound support that prevent language deprivation. It is not *an assessment of the child or family.*

1

Are those language(s) accessible to the child?

- Remember, access is different than exposure. Language exposure is the act of using a language to express oneself to the child. Accessible language is language the child can comprehend with ease.

2

If the language is not accessible, what supports are being used to support acquisition of that language?

- Does the child use hearing devices (cochlear implant, hearing aids)?
  - Remember, hearing devices do not "fix" hearing. These are tools which the child must learn to use but do not restore full hearing.
  - Even mild hearing loss can significantly impact spoken language acquisition.
- Does the child have access to a language they can comprehend without other kinds of support?
- Are parents learning sign language and using it with their child?
- Is the family getting signing Deaf mentor services?
- Are they getting any other kind of sign language services and access?

3

If no to #1 and #2, the deaf child is at high risk for language deprivation and requires emergency intervention.

- Ensure family is getting full wraparound services, including:
  - Sign language mentor
  - Deaf community access
  - Parent support for learning sign language
  - Hearing loss technology
  - Audiologist
  - Speech-language therapist

Key Reminder: The emergency is NOT deafness, it's the risk of isolation from language.

Offer **language**. Offer **connection**. Offer **community**.

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The Real Emergency ⚠

Guided Planning Map: Family Language Access in Practice

This community-inspired resource emerged from open dialogue during Session 2, with thanks to Teresa Fleming for surfacing the Family Language Planning Framework (Batamula et al., 2020) and to participants who connected it with the Fundamental Framework (Embry-Wright et al., 2023). Additional resources for Family Language Planning can be requested from Teresa Fleming (tfleming@deafchildren.bc.ca)

These frameworks complement one another and emphasize shared decision-making among families, healthcare providers, and, whenever possible, deaf children themselves. Together, these frameworks offer a guided planning map to help teams move from identifying a language-access gap to co-creating consistent, reciprocal language environments across home, care, and community settings. This is a professional reflection and planning guide, not an assessment of families or deaf children.

1. Start from the Child's Perspective (Fundamental Framework, Embry-Wright et al. 2023)

Designed for infants and young children, this framework promotes collaborative dialogue. Its questions can be answered directly by children, while for infants and very young children, they help parents and professionals center the child's perspective and clarify goals, priorities, and supports for communication and belonging.

Focus Area	Ask	Reflect
Foundation	What is the infant or child's fully accessible first language?	How can we strengthen it this month?
Functioning	Where does communication flow easily?	What routines or contexts still need support?
Freedom	How is the child's choice respected in communication and technology use?	Are we centring autonomy or compliance?
Friends & Family	Where does belonging happen?	Who communicates easily with the child, and who needs support?
Fun	Is language woven into joy and play?	Are interventions crowding out connection?
Future	What hopes guides the family's next steps?	How will we revisit and celebrate progress?

2. Turn Reflection into Action (Family Language Planning Framework)

Translate insight into a day-to-day plan grounded in **real routines and accessible languages**.
See "Carlo's Day" in Batamula et al.'s *Odyssey article* (2020) for a complete example.

Daily Routine	Accessible Languages	Supports Needed	Short-Term Goal
Morning	ASL and heritage language	Deaf mentor; parent ASL class	Add 3 new signs for morning tasks
Quiet Time	ASL	Visual storytelling practice with Deaf mentor	Daily 10-minute ASL sign-aloud
Community Play	Child's choice	Child's peer group with shared language(s)	Observe language and joy

Steps:

1. List daily routines
2. Identify which languages are truly accessible
3. Add supports that make those languages usable
4. Set and review goals monthly
5. Celebrate multilingualism as strength

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ECHO PROGRAM: MODULE 3 TAKEAWAY #1

Improving Systemic Pathways

How to Respond when Systems Fail Families

Imagine a family who is resistant to sign language even after discussing its importance for their Deaf child.

Such resistance often stems from the fact that our systems have denied families clear pathways to wellbeing for their children. How do we respond when systems fail families?

1. **Recognize: Biomedical, deficit-centered frames can shape a family's desire to protect.**

2. **Reflect: Is the pathway offering care aligned with this family's values and the deaf child's language rights?**
   - Are signed language pathways visible and supported?
   - Are Deaf community connections offered?
   - Are interpreters, visuals, and affirming materials available?

3. **Respond with accountability:**
   - Identify professional defensiveness in colleagues, and perhaps, in ourselves
   - Acknowledge the family's courage in this new journey
   - Adapt recommendations to include identity-affirming, bilingual, and community-centered supports

4. **Act to change the system:**
   - Share the family's experience with program leadership
   - Document how current protocols failed to meet language equity
   - Advocate for Deaf-led, trauma-informed, and culturally grounded service pathways

5. **Follow through collaboratively:**
   - Return to the family with updates, not silence
   - Thank them for their persistence, and name it as care
   - Stay accountable to what they made visible

Guiding Principle:

Our job is not to correct families' path, it is to **repair the one they were denied**.

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Postnatal Journey Roadmap Template

State/Province/Agency Name:

Instructions
Use this template to map what happens in your context from a deaf infant's birth to their access to language.

- Include who is responsible for each step (by title or agency).
- Indicate timing goals or delays (e.g., 1 month, 3 months).
- Note where families may experience barriers or inequities.
- Highlight language access points (e.g., ASL services, parent mentors, early learning).
  - You can adapt this as a visual flowchart, table, or both. A link to a Canva whiteboard template is provided here. Make a copy and map away!

Stage	Steps	Typical Timing Responsible Role / Agency Notes
1: Early Screening and Referral	• Newborn hearing screening (Stage 1) • Rescreening at local clinic (Stage 2) • Referral for diagnostic ABR	
2: Diagnosis and Family Counseling	• ABR completed / Identification confirmed • Audiologist or physician shares results • Referral to early/ infant hearing program or coordinator	
3: Early Language Services	• Family connected to early intervention • Access to parent mentors and Deaf mentors • Language services (signed and spoken) begin, aligned with the infant's access	
4: Ongoing Supports and Monitoring	• Ongoing audiology follow-up • Hearing aid / CI fitting (if applicable) • Language tracking by interdisciplinary team • Opportunities for early connection with other Deaf children and their families • Opportunities for sustained connection with the wider Deaf community	
5: Reflection	**Where are there:** • Gaps or delays? • Points of privilege or exclusion? • Missed opportunities for language access? • Promising practices or models of success?	

Language is Care

Co-Creating Language-Rich Care Pathways

1

Child Identified as Deaf

- Pause assumptions. Invite the family into a values-based conversation.
- Ask: What does communication look like in your home? What brings your child joy?

2

Offer Immediate Access to Sign Language

- Introduce signed language as a foundation and opportunity, not as backup or remediation.
- Share Deaf-led stories, lived experiences, and community pathways.

3

Build the Environment Together

- Co-develop a plan that centers accessible language practices:
  - Eye gaze and shared attention
  - Visual cues, gestures, facial expressions
  - Shared routines with language built in (bathing, feeding, dressing)
  - Use of lights, signs, and positioning for language visibility

4

Connect, Not Refer

- Introduce Deaf mentors as part of the care team.
- Facilitate relationships, not just services.

5

Follow Up with the Family, Not Just the File

- Revisit the plan. Ask: What's working? Who is supporting? Where do you feel confident?
- Measure connection, not conformity.

Guiding Principle:

Language access is not a treatment plan, it's a relationship.
Make language visible. **Make belonging possible**.

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Language is Care

Building the Environment Together

Tips for co-developing a plan that centers accessible language practices.

Eye gaze and shared attention

- **Pause/Wait:** Allow the child to explore or scan their environment, e.g., items or people before tapping the child to redirect their attention to you for language input (spoken, sign, gesture, etc.).
- **Watch/See:** Allow the child to look freely (e.g., at an animal book). Then sign, e.g., BIRD, and guide their gaze by pointing to the bird in the book.
- **Tummy time:** Join the child face-to-face on the floor so they can see you. Being at their level alleviates what is often a least-favourite activity. Laying down with them allows them to see you in their visual field and feel safe.

Supports safety, connection, and early communication

Visual cues, gestures, and facial expressions

- **Visual Cues:** Use pointing, shifting gaze, and/ or gentle taps (on shoulder) to guide attention.
- **Gestures:** Weave in natural gestures that pair with meaning (e.g., waving, nodding, miming 'bath').
- **Facial Expressions:** Amplify emotion and tone through facial expression and eye contact. The eyes and face are part of the message.

Visual expression builds connection.

Shared routines with language built in

- **Everyday moments:** (e.g., during bathing, feeding, or dressing) are shared language opportunities. Integrate communication into professional practice.
- **Pediatricians/ENTs:** Visually point to body parts (yours, if appropriate, or a model) before touching the child. Example: Point to your ear, then point to the child's ear, show the tool or device, then proceed with the ear check. Point to your nose, then the child's nose, show the tool or device, then proceed with the nose check.
- **Audiologists/SLPs/AVTs:** Learn and model signs related to therapy activities (e.g., animals, fruits, toys, etc.).
- **Early Interventionists/ Home Visitors:** Weave in ways of embedding signing in family's daily routines (e.g., bathing, feeding, dressing). Leverage readily available resources that center sign language (e.g., apps, websites, materials). Partner with Deaf individuals and programs to model co-learning and collaborative work.

Routine appointments and sessions can be language moments.

Use of lights, signs, and positioning for language visibility

- **Lighting:** Do: use lighting that supports visual access for language input. Don't: position yourself with bright light or windows behind you.
- **Signs and sign language:** Do: use signs consistently and visibly.
- **Positioning:** For optimal language visibility, be at the child's eye level. Arrange seating so all communication partners (professional, child, family, etc.) are visible, and you are in a position where the child can see you face-to-face. Ensure the child has clear visual sightlines to all people in the room.

When language is visible, care is accessible.

Key Reminder:

Language is not an add-on to care; **it is care.**

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Preventing Language Deprivation

Checklist:
Risk Screening After Hearing Screening

- **Have we collaborated with the family to explore and honour their cultural and linguistic preferences, including sign language options?**
- **Has the family been connected with Deaf mentors or community members to foster ongoing support and shared experiences?**
- **Are we providing resources and guidance to create a home environment rich in accessible language, including sign language communication?**
- **Have we discussed the importance of early language exposure, regardless of modality, to support the child's holistic development?**
- **Are we advocating for upstream policies and practices that address language deprivation systematically, rather than treating it solely as a downstream issue?**

Key Reminder:

Language deprivation stems from systemic barriers, not individual choices. By **centering families' strengths** and **fostering inclusive environments**, we can **promote equitable language development for all children by recognizing signed and spoken languages are equal**.

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Redefine Success

Commitment Card: After this series, I commit to…

- **Building language access into care as a right, not a recommendation.**
- **Naming audism and ableism when they appear in my workplace, teams, or documents.**
- **Advocating for Deaf cultural and linguistic representation in decision-making at all levels of care planning and program design.**
- **Connecting families to Deaf-led spaces, mentorship, and joy.**
- **Moving away from surveillance-only approaches by centering family-centered follow-up.**
  - Asking instead: What's working well for your child and family right now? What feels most supportive or positive in your daily routines? Who are the people or networks helping you feel connected and supported?
- **Refusing to stay "neutral" when policies or practices resist access to language, culture, or community.**
- **Attending with humility when families or Deaf communities name harm.**
- **Uplifting stories of resistance, creativity, and Deaf-centered success.**

Key Reminder:

Accomplices don't ask, "What do I say or do?"
They ask, "What do I risk, shift, or give up to make space?"

This work is not what we do 'for' Deaf people; it is what we undo within ourselves and our systems.

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Immunity to Change X-Ray:

Why We Resist Change

Changing our practices starts with understanding what drives them

Changing practices and behaviors often asks us to confront ideas, assumptions, or fears that we have picked up, whether knowingly or not, through our life experiences. New ideas and practices often 'compete' concepts or beliefs we are already committed to, requiring us to both let something go and embrace something new.

This resource introduces the Immunity to Change X-Ray, a self-reflection tool that helps people set goals and uncover our often unconscious 'competing commitments' to ideas or ways of doing things that prevent us from changing.

Creating your own Immunity to Change X-Ray

The Immunity to Change X-Ray is a simple exercise that uses the four-column table below. You use it to first articulate a specific goal you have to change your behavior or improve your practice, and then to identify how the current reality differs from your goal: what you are doing/ not doing instead. You then reflect to uncover the hidden fears or assumptions that stand in the way of change, which can then then reevaluate. While the exercise may be simple, it's not necessary easy to look inwardly and face our tacit beliefs or assumptions.

Your commitment (improvement goals)	Doing/not doing instead	Hidden competing commitments	Big assumptions
		Worry box:	

Immunity to Change X-Ray:

Example in EHDI

You may be an Early Hearing Detection and Intervention (EHDI) professional who identifies a need to bring more knowledge of signed languages best practices to your work. You can use the Immunity to Change X-Ray to better understand your current practices, the experiences and beliefs that drive your current behaviour. Using the X-Ray involves four steps, illustrated using our EHDI example below:

1. **Set a Goal:** establish a goal for improving your practice or behaviour
2. **Describe Current Reality:** identify what you are currently doing, or not doing; it may be that you feel you are unable to do what you would like to commit to doing
3. **Uncover Hidden 'Competing Commitments':** identify the fears or worries that come up for you, in your 'worry box'. What concerns you? What possibilities come to mind that you want to avoid? Then, reflect to understand what these fears tell you about your existing 'commitments'. Commitments are the ideas or beliefs that you have adopted that are connected to the worries you identified. These commitments protect you from the things you fear. It's important not to judge these commitments 'good' or 'bad' – they are neither, they are simply what you've learned from your experiences.
4. **Surface Big Assumptions:** uncover the big assumptions that inform those fears and commitments, the underlying ideas that are worth examining and reevaluating.

Your commitment (improvement goals)	Currently doing/ not doing	Hidden competing commitments	Big assumptions
Example: 'I would like to prescribe signed language as part of care plans or language plans of infants and young children with hearing differences, regardless of hearing level'	**Example:** 'I currently recommend ASL as a communication tool'	**Worry box:** Example: 'I worry about veering off best practices routes' 'I worry I will not be supported in my practices' **Commitments:** 'To always doing the best for kids' 'To honouring families' wishes' 'To making things as easy as possible' 'To doing no harm'	**Example:** 'If I emphasize ASL, I will be perceived as imbalanced or biased.' 'The child's family is hearing, and will not be able to sufficiently learn a signed language.' 'I am only a small part of the bigger system, and don't have the ability to change procedures or policies.'

Immunity to Change X-Ray:

Creating Your Own

We invite you to use the blank Immunity to Change X-Ray below to set a personal or professional improvement goal; for example, in your knowledge or clinical practices, or in how you work with patients or colleagues. As you close your time with the Ensuring Deaf Children's Sign Language Access ECHO Program, please consider conducting your own X-Ray to help bring what you have learned to your practice and to your piece of the medical system.

Your commitment (improvement goals)	Doing/not doing instead	Hidden competing commitments	Big assumptions
		Worry box:	

For a full description and instructions on how to use the Immunity to Change X-Ray, visit:
https://courses.edx.org/c4x/HarvardX/GSE1x/asset/ImmunityToChange.pdf

Robert Kegan & Lisa Laskow Lahey (2009). *Immunity to Change: How to Overcome It and Unlock the Potential in Yourself and Your Organization.* Harvard Business Press.

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Video Recordings

To support continued learning and reflection, we are sharing a link to the full playlist of recorded didactic presentations for each module, allowing participants to revisit key concepts and explore modules out of sequence as needed.

These recordings and resources are intended to be used alongside the takeaway tools in this package, supporting both individual reflection and team-based discussion across clinical, educational, and early intervention contexts.

Further Resources

We would like to highlight the resources listed here. Gallaudet University offers a range of programs and divisions that create resources for lifelong learners from birth.

Motion Light Lab creates high-quality learning resources geared towards young bilingual readers (ASL & English), including play-led resources for infants and toddlers. Clerc Center's REAL Program is a national initiative focused on Deaf/HOH children from birth to 3 years old.

Resources from Gallaudet University:

- VL2 Storybook Apps
- PLAYFVL Package
- ASL Literacy Activities
- Bilingual Stories Bookshelf
- Motion Light Lab YouTube Channel

More ASL Apps & Websites for Families:

- ASL at Home
- The ASL App
- RMDS ASL Stories
- ASLized
- Handsland
- Handspeak

Foundational research information from Visual Language and Visual Learning (VL2):

- VL2 Research Briefs
- VL2 Family Toolkit
- VLAA Lab (University of Rochester)

EHDI Resources:

- National Beacon Center
- Language Milestones (LEAD-K)
- National ASL and English Bilingual Consortium for Early Childhood Education
- Visual Communication and Sign Language Checklist
- Language First
- Family ASL (Sign Language & Language Acquisition Lab, UConn)

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