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# Towards an Independent Future: Life Skills Training and Vulnerable Deaf Adults

## Cover Page Footnote

The author would like to thank the staff, participants, and parents involved in the evaluation of the life skills programme. Thanks also to the research assistants who worked on this project: Anne Marie Shier, Deirdre Byrne-Dunne and Lauren Bacon.

# Towards an independent future: Life skills training and vulnerable Deaf adults

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## Abstract

This article presents results from a service evaluation of a life skills programme for Deaf adults that had been operating as a pilot for three years in Dublin until June 2013. The remit of the programme was to provide a short-term residential intervention service for Deaf adults who were perceived to be vulnerable and isolated from their community. Over the course of its three years in operation, the programme had seventeen Deaf participants. The literature on life skills and Deaf adults is sparse. Studies have tended to concentrate on barriers young people with disabilities face, and within that literature young Deaf people are rarely discussed (Stewart et al., 2013). However, there are particular barriers to the transition to independent living for this population. Acquisition of life skills can be compromised by a number of factors including: lower expectations during their school years, barriers to incidental learning opportunities, poor communication at home, learned helplessness, and poor literacy and numeracy skills. Furthermore, existing mainstream services providing life skills programmes to other adults with disabilities frequently do not have the skill-set to work with Deaf adults, nor do they have communication competency in Irish Sign Language that would facilitate their inclusion in these services. Given the increased move to mainstream services and the closure of congregated settings for adults with disabilities in the wake of the congregated settings report (Health Service Executive, 2011), there is a need now to examine the availability of appropriate services to facilitate the transition to independent living for vulnerable adults with disabilities. This article presents case study data from five participants based on interviews with participants, parents and staff. It also features quantitative results from a retrospective life skills inventory. Overall, gains were made across a range of life skill areas, in particular food management, housekeeping, emergency and safety, and transportation. However, gaps persist particularly in relation to health, sexual health, knowledge of legal rights, and knowledge of housing issues such as renting.

## Keywords

Life skills; transitions; Deaf; learned helplessness; independent living.

## Introduction

This article discusses the results of a service evaluation of a Life Skills Programme (LSP) for Deaf adults, a service that had, until June 2013, been in operation in Dublin. In the context of the congregated settings report (Health Service Executive, 2011), this evaluation is a timely reminder of the need for appropriate transition programmes for adults with disabilities moving from full time education to independent living. In the absence of such programmes, there is the danger that some adults will be left without the skills needed for independent living, and with declining services available for them to move into appropriate residential facilities, their future is uncertain.

The LSP was established in September 2010 in response to a growing need identified by service providers, practitioners and members of the Deaf Community for a service for vulnerable Deaf adults who found themselves "unemployed, isolated, and not reaching their potential" (Life Skills Programme, 2013, p. 1). Many of the participants had been diagnosed with additional intellectual disabilities, or were suspected of having same but had not been properly diagnosed. There are particular difficulties in the assessment of intellectual disabilities among this cohort (Baker & Baker, 2011). The participants were largely past pupils of the residential Schools for Deaf Children who had returned to their home towns, were socially isolated from both the Deaf and hearing communities, had missed out on recent advances in internet and communication technology, had difficulties with literacy, and in some cases were presenting with challenging behaviour in the home (Life Skills Programme, 2013).

The LSP was a multi-faceted programme running structured classes, providing informal one-to-one tuition, facilitating social inclusion, and ultimately presenting opportunities, in a supportive and Deaf-aware environment, to acquire the life skills necessary for independent living. The programme was coordinated by qualified social care workers, hearing individuals who had competent use of Irish Sign Language (each having obtained a minimum of the Further Education and Training Awards Council [FETAC] Level 3). They also had considerable experience working in the area of deafness and had previously worked in residential services for Deaf children. The LSP typically ran for 2 years, but graduates frequently continued contact with the service after that for further support and classes. The LSP was an 'opt-in' service, where service-users were told upon enrolment that they were free to leave the programme at any time. At the time of the evaluation, no service-user had withdrawn from the programme.

The LSP had three enrolment options, full-time residential, part-time non-residential, and flexible social event participation. In the three years it ran as a pilot, the LSP had seventeen participants, eight women and nine men. Nine opted for the residential programme with the remaining eight attending classes and social events as non-residential participants. Service-users have come from eight different counties across Leinster, Ulster and Munster. For its first two years, the residential programme was run on a male-only basis with the third year female-only. However, classes and social events were mixed.

Data was collected on participants', parents' and staff's perceptions of the programme as part of this evaluation. The results presented in this paper, however, focus on the gains in life skills obtained by participants in the programme, and the transfer of those skills from the programme upon completion. Gaps remaining in the participants' skill set are also addressed. The paper below opens with a discussion on the terminology used, an outline of the methodology employed, and a discussion of the results.

## A note on terminology

Acquisition of life skills and the transition to independent living are intrinsically linked. For the purpose of this paper, the term 'life skills' is understood as the knowledge, skills and abilities needed to live independently. Cunningham and Mallon (2009) assert that independent living "is rooted in the values of choice, options, control and empowerment … [promoting] control of one's own life and opportunities to make decisions and choices that affect one's life and pursue activities of one's own choosing" (para. 1). It could be argued that living in the family home constitutes independent living, but only in instances where the individual has the choices, responsibilities and freedoms normally associated with adult children living at home.

The term 'adult child' is used throughout this paper to denote the grown child of parents who were interviewed as part of the evaluation. The term 'parent' is used over guardian in this paper, and is used to represent the main caregivers for the service-user. In some instances, this caregiver is a senior relative, but for the sake of protecting the identity of participants in this research, the term 'parent' is used throughout. The term Deaf is used over deaf, hard of hearing, or hearing impaired. The capitalisation of Deaf and Deaf Community is used to indicate that the Deaf Community is a self-defined minority group with its own unique language, norms, and history. Irish Sign Language, with its own grammar, syntax and structure, is the central component of the Irish Deaf Community (Ó Baoill & Matthews, 2000). Congregation of the Deaf Community is highly valued and is not seen as segregation from the hearing community.

In spite of the strong sense of community shared by Deaf people, there are those who can be marginalised. In particular, those who have additional intellectual disabilities (such as the LSP service-users) may suffer social exclusion from the Deaf Community. Furthermore, the Deaf Community is largely an urban phenomenon with large numbers of Deaf people living in urban centres following completion of secondary school. As such, rural Deaf people may be at greater risk of isolation.

## Life skills and Deaf adults

Life skills and independent living as they relate to Deaf adults is an under-researched area. Literature from deaf education research tends to focus on transitions to adulthood, concentrating on young Deaf people who are still in school (Bowe, 2003). Indeed, more general literature on transitions to adulthood among people with disabilities frequently focuses on barriers youths face (Stewart et al., 2013) rather than on the implications for adult life. This is likely due to the fact that independent living skills *should* be addressed during secondary education (Bowe, 2003). There is a legal mandate for this in other jurisdictions. For example, under the Individuals with Disabilities Education Act in the United States, Individual Education Plans must address transition services from the age of 14. The same issue does not yet apply under Irish education legislation.

In their review of over 500 articles published since 2000 on the topic of transition to adulthood for youth with disabilities, Stewart et al. (2013) found that many articles were "purely theoretical or conceptual in nature" (p. 2). They also note a lack of research on Deaf youth and call for further attention to this group (ibid, 2013). In the United States, Janus (2009) examined the effect that having a disability had on four transition areas, namely: finding full-time employment, establishing an independent residence, marrying, and having children. He found that young people with visual, hearing, speech or ‘other’ impairments were less likely than their non-disabled peers to complete any of the transitions by age 26.

Beyond the literature on transitions to independent living, there is evidence of a number of contributing and inter-related factors that can result in poorer life skills among some Deaf adults. Life skills and the transition to adulthood are usually facilitated during the adolescent years. A number of issues arising for young Deaf people at this time mean they are often under-prepared for independent living compared with their hearing peers. The first of these is that there are considerably lower expectations for young Deaf people from teachers and other professionals (National Deaf Children’s Society, 2008). As a result, they are given less responsibility. The problem of lower expectations persists in the Irish system (Marschark and Spencer, 2009) and Clark & Scheele (N.D.) have noted that this has lasting effects on the acquisition of life skills: “when students are not given responsibility in a safe environment where they can practice and learn, they will not be prepared for it when they transition into adulthood” (para. 1). Coupled with this lack of responsibility, if parents, teachers and carers routinely complete low-level tasks for young Deaf people they become dependent and disempowered and may enter a state of learned helplessness. Learned helplessness is a psychological phenomenon (Seligman, as cited in Clark and Scheele, N.D.) whereby individuals become cognitively programmed to believe they are helpless – a state which is, for them, “personal, pervasive and permanent” (para. 2). The reversal of learned helplessness is a labourious process. Evidence of learned helplessness among the service-users of the LSP is discussed further below.

Another issue impacting young Deaf people is the lack of opportunities presented for incidental learning. This can be defined as “the process by which information is learned by virtue of passive exposure to events witnessed or overheard” (Calderon & Greenberg, 2005, p. 178). It is the process by which hearing children learn many, if not most, of their life skills. For young Deaf people, access to such incidental learning is compromised. This is especially the case when they are born to hearing families (over 90% are) or where they are educated in environments where adult-to-adult conversation is inaccessible to them (such as when hearing staff speak to one another rather than sign, or when conversations happen outside the range where hearing aids and other assistive technology devices can ordinarily function). Powers, Gregory and Thoutenhoofd (1998) highlight that this restricts Deaf children in their ability to acquire ‘world knowledge’ in a timely manner.

As well as this lack of incidental learning, direct teaching and learning opportunities in the family home are often impacted by poor communication between parents and children. Up until recently, parents in Ireland were not given much encouragement to learn Irish Sign Language, and many would have been explicitly instructed not to learn. In fact, the degree to which Irish Sign Language is supported at present is debatable (Mathews, 2011). There has, however, been an improvement in the provision of sign language supports for parents through the Department of Education and Skills Irish Sign Language Support Scheme, and the provision of classes to parents through Schools for Deaf Children. Nonetheless, it is not uncommon for hearing parents to have very limited communication with their Deaf adult children. Four out of the five families involved in case studies spoke of their limited ISL skills and their inability to communicate meaningfully with their son/daughter. For many parents, this labourious process of communication can be a disincentive to teach life skills in the home, preferring instead to complete the tasks for them since it is considered less time-intensive, and less complicated. As such, this feeds into a cycle that contributes to learned helplessness.

The final factor to consider is the lower literacy levels[i] endemic in the Deaf Community. Difficulties with literacy present barriers in accessing the print media, in completing application forms, in applying for supports and services, in accessing information, in using communication technology, and ultimately, in self-advocacy. As a result, some Deaf adults (especially those with intellectual disabilities) often rely on the support of others to avail of basic services, again contributing to a state of dependency and powerlessness. The Irish Deaf Society provides a Deaf-led advocacy service to address this issue, but for those Deaf people without knowledge of community resources, they are likely instead to rely on family members, social workers, or other carers in their lives. These issues impact most young Deaf people at some stage and to some extent, but are exacerbated for the considerable number of Deaf people who have additional intellectual disabilities or other needs. While many young Deaf people successfully graduate from secondary school and progress on to higher education and perhaps working life, for those with additional intellectual disabilities the progress to higher education and working life is considerably lower, and the risk of becoming socially isolated and unable to live independently is higher.

In Ireland, we do not have data on the prevalence of vulnerable Deaf adults in the Deaf Community. Given that there has been so little research done in this area in Ireland, the Catholic Institute for Deaf People commissioned an investigation in 2010 into the need for a service for Deaf people with additional disabilities who had become social isolated (O'Shaughnessy, 2010). This investigation identified some 112 Deaf adults with additional disabilities who had left the Schools for Deaf Children in Dublin, had been living in relative social isolation since then, and who were not reaching their full potential (O'Shaughnessy, 2010). Since this number is based almost exclusively on the records held by the schools and does not include the large numbers of children who enrolled in other Schools for Deaf Children, special classes for Deaf children, and mainstream schools across the country, it is likely to be an underestimate. However, when it occurs, the intersection of deafness and an intellectual disability can create barriers for some young Deaf people in transitioning successfully to independent living. In the US, it is estimated that one in four Deaf students will graduate from high school classified as a Low Functioning Deaf adult i.e. with a reading age of 8 or below (Bowe, 2003). As such, this group are particularly vulnerable and in need of specific independent living preparation programmes.

A range of 'mainstream' (i.e. non-Deaf) services are available to these Deaf adults who lack independent living skills. However, as will be discussed below, many of these programmes are failing to meet the needs of Deaf adults due to the lack of communication supports available. The lack of appropriate educational programmes where staff are Deaf-aware, where Irish Sign language is used, and where Deaf adults can be fully included means that even for those adults engaging in local mainstream services, their potential is not achieved.

## Methodology

The evaluation was conducted within a short-time frame (8 weeks) during May and June 2013 and under circumstances that may have affected the outcomes. Shortly after the initial consultations for the project began, a decision was made that the service would be closed, and service-users and their families were informed of this just prior to being invited to participate in the evaluation. As a result, news of the closure became a significant variable in the collection of data, most notably with service-users who were interviewed during their last week in the programme. This may also have impacted on the willingness of parents to be critical of the service as they assumed a positive evaluation may have been more favourable to having the LSP reopened. However, efforts were made by the research team to elicit any criticism research participants may have had in the form of changes they would like to see, or how they would have done things differently.

Purposive sampling was used to select a small sample of five service-users from the total population of 17 service-users for the evaluation. The selection was made in consultation with staff at the programme to meet the following criteria: one service-user to exemplify the degree of success that can be achieved by this programme (Mick[ii]); one service-user to exemplify the challenges facing the programme (John); three service-users relatively typical of the spectrum of clients enrolled in the programme (Claire, Jane and Paul). Further issues considered in the selection of service-users included their geographic location, perception of the staff of the willingness of families and service-users to take part, and the perception of staff of the ability of the service-user to understand the evaluation process and therefore be in a position to give informed consent. An effort was made to achieve gender-balance, to capture the age range of service-users, and to have a mix or urban and rural participants. While the role of service providers in selecting participants for an evaluation may present problems of gatekeeping and subjectivity, extensive consultation was carried out with the service providers in advance of participant selection about the importance of obtaining a realistic (rather than an over-idealised) evaluation of the service. Though not ideal, this was also influenced by the short time-frame allocated to the evaluation and the necessity of selecting a sample that would be feasible to include given their geographic location. Future evaluations of similar programmes might try, instead, to select a stratified random sample of participants.

The evaluation is largely qualitative in nature using semi-structured interviews with staff, parents, and participants. It also had a small quantitative component measuring outcomes. The aims of this evaluation were to document the successes and challenges of the programme to date, as well as identify recommendations for improvements. In terms of successes in life skill acquisition, this was examined by measuring outcomes for service-users in their independent living skills by conducting a retrospective life skills inventory that was completed by staff for each of the service-users involved in the case study. The life skills inventory used was adapted from the publicly available Washington State Department of Social and Health Services (WSDSHS) *Life Skills Inventory Independent Living Skills Assessment Tool* (WSDSHS, no date). There is a dearth of appropriate standardised assessment measures suitable for this cohort, and this skill set. Following perusal of the literature, this inventory was chosen due to the wide ranging scope of life skills assessed therein, and the potential to capture the capacity of individuals who may have exceptionally low levels of life skills in one area, yet advanced levels elsewhere. As such, is not simply a checklist inventory, but rather assesses the depth as well as breadth of life skills. The inventory marks the progress before and after the programme across 15 life-skills areas: money management; food management; appearance and hygiene; health; housing; house-keeping; transport; educational planning; job seeking; job maintenance; emergency and safety; knowledge of community resources; inter-personal skills; legal knowledge; and, pregnancy and parenting.

Each subset can be graded giving an individual an overall skill level in that skill: less than basic, basic, intermediate, advanced or exceptional. An individual must pass a minimum requirement within each subset before they can move to the next level. For example, in the health subset, an individual may be able to achieve one or two of the higher level measures, but if they do not have a minimum score of five out of six on the basic level, they cannot be considered for an intermediate score. Such a scoring system prioritises basic important skills required across a range of areas. Minor adaptations were made to make the inventory relevant to an Irish audience and for Deaf service users. For example, questions on the tax system were made relevant to the Irish system, and the question on *phoning* the emergency services was adapted to include *texting* the emergency services.

A retrospective approach was pursued given that pre- and post- project data was not systematically being gathered by the service. This presents a limitation to the data given that there are some problems with the retrospective nature since data is being recollected rather than having been officially recorded. In an attempt to minimize these issues, where possible, data was triangulated against observations from parents and service-users. However, wherever there were discrepancies between parent accounts and staff accounts, staff accounts were used since it is believed that staff have a more acute awareness of the *independent* skill level of the service-users whereas parents seemed to report on their *assisted* skill level. Where parents provided specific detail to justify their response, parent accounts were favoured. These discrepancies were minimal. Another minor limitation to using this method is that while the inventory is extensive, it does not fully capture all of the progress made by service-users. Given these limitations, results should be interpreted alongside data from the interviews. Data from the inventory was analysed using IBM SPSS Statistics 20 to generate descriptive statistics such as frequencies and cross-tabulations. Given that the sample size is so small, more complex statistical procedures were not feasible.

## Ethics and consent

Standard ethical procedures were followed for recruiting the hearing participants and for the analysis and storage of data. The informed consent procedure for Deaf service-users was more detailed. An adapted consent form that was heavily illustrated and written in simple English was presented to Deaf service-users at an information session run by the principal investigator and Deaf research assistant (both ISL users). These adapted forms were explained to Deaf service-users in detail in Irish Sign Language and checks were made to ensure that service-users understood the process. Service-users were given the option to think about their participation overnight, but four out of five decided immediately that they were happy to take part. The fifth service-user ultimately did not take part in the interview for the evaluation.

### Description of the service users

The five service users selected for this evaluation all attended Schools for Deaf Children. Three men and two women participated in the evaluation. All five had limited life skills, were not living independently, and had a mild intellectual disability. Mick and Paul were both in their twenties and living with their families in urban areas. Both had been somewhat isolated from the Deaf Community since completing school and had not successfully transitioned to independent living. John, in his 30s, and Jane, in her 20s, both come from rural areas and had been very isolated since completing school. Neither was able to travel independently, manage their own money, or use modern electronic communication such as texting or email. Both John and Jane had been involved with local Rehab disability services, but with no access to Irish Sign Language communication within those services. Claire, in her 20s, had been living in her family home in a rural area. Unlike the others, she had good use of communication technology and was actively involved with the Deaf Community. Nonetheless, her family and social worker identified Claire as being emotionally immature and particularly vulnerable. She needed assistance to develop the skills she needed to transition to independent living.

## Results

This section discusses the findings from the primary data gathered for this evaluation. It opens with a description of the gains made in life skills, and follows with a discussion highlighting the perception of the LSP, gaps remaining in life skills, and transfer of life skills outside of the LSP when the participants returned home.

### Gains in life skills

Data from both the qualitative interviews and the life skills inventory (hereafter referred to as the inventory) indicate that there were a number of positive outcomes for participants in this programme. Results from the staff-reported inventory are summarised in Table 1 below. In the table, ‘NC’ indicates that there was no change in level achieved by the participant. This does not indicate that there was no improvement at all, but rather that the improvement was not great enough to move them to the next achievement level, for example from basic to intermediate. Therefore, this table is indicative of the *improvements* made, rather than the overall performance of individuals in particular skill areas, and is therefore a better outcome measure. ‘+1’ indicates an improvement of one level, +2 of two levels, and so forth.

Table 1 below highlights that the three skill areas with the strongest outcomes for the LSP were: food management, housekeeping, and emergency and safety skills. At least four participants made gains in each of those areas. Personal appearance and hygiene, transportation, knowledge of community resources, and interpersonal skills also showed increases.

**Table 1: Summary of findings from the staff-reported Life Skills Inventory**

| | Mick | Paul | John | Claire | Jane |
|---|---|---|---|---|---|
| Money management & consumer awareness | +1 | NC* | NC | NC | NC |
| Food management | +3 | +3 | +2 | +3 | +1 |
| Personal appearance and hygiene | NC | +1 | +1 | NC | NC |
| Health | NC | NC | NC | NC | NC |
| Housing | NC | NC | NC | NC | NC |
| Housekeeping | +1 | +2 | +1 | +2 | +2 |
| Transportation | NC | NC | +1 | +1 | +1 |
| Educational planning | +1 | NC | NC | NC | NC |
| Job seeking skills | +1 | NC | NC | NC | NC |
| Job maintenance skills | +1 | NC | NC | NC | NC |
| Emergency & safety | +2 | +1 | +1 | +1 | NC |
| Knowledge of community resources | +1 | +1 | NC | NC | NC |
| Interpersonal skills | +1 | NC | +1 | +1 | NC |
| Legal issues | NC | NC | NC | NC | NC |
| Pregnancy, parenting & childcare | NC | NC | NC | NC | NC |
| Total number of areas in which gains were made: | 9 | 5 | 6 | 5 | 3 |

*No change

Food management, in particular, was the strongest outcome and all service-users made considerable gains in that area. Two of the service-users moved from less than basic to intermediate skill level, with three moving from less than basic to advanced. This is supported by evidence given by service-users during their interviews:

> *Before I didn't do any of my own food shopping, but here I do all of my own food shopping*[iii] *[Claire].*
>
> *Cooking! I never cooked before. At home now, I cook for myself and before I never did. [Jane].*
>
> *I learned loads of things about cooking here [Paul].*

Transportation was also a priority area for the staff of the LSP. Two of the service-users in this study were not able to travel independently at all before the LSP. Following intensive support through the programme, both are now able to travel to Dublin. However, further training is needed to allow them to travel beyond this taught route, further expanding their options for travel and subsequent participation in a range of social and cultural services.

While not measured using the inventory, all participants saw a significant improvement in their social involvement with the Deaf community. The staff at the LSP discussed social involvement as one of their key target areas, in particular instructing service-users how to access information on events in the Deaf Community and developing their confidence in trying new things. Mick's mother noted:

> *I mean these are the people who lack the ability to go out there and do it for themselves and the girls were pulling them out of themselves and making*

> *them meet others, making them go to this and making them go to that and wanting them involved.*

Mick's confidence grew considerably during his time at the LSP and he now takes part regularly in sports organised through Deaf Sports Ireland. When asked about what he thought of the LSP, he noted:

> *I didn't have any friends before, but I do now.*

Also, for Claire, the social aspect of the LSP was of great importance. Her mother remarked that Claire was adamant that she didn't want to return home because she wouldn't have friends there. Claire noted herself that:

> *At home, I visit my cousins, but I have no friends.*

As well as making friends with the other service-users, there was increased involvement with Deaf-run activities. Claire volunteered each week with a Deaf-run service, Paul spent some time working for a charity shop, Mick had joined numerous sports clubs, and John continues to travel to Dublin weekly to take part in a social group. One of the service-users attended her first Deaf mass while attending the LSP. Staff found this remarkable:

> *They'll go off to mass every Sunday with their parents but no one signs so they're just sitting in mass. Like, one of the girls went to a Deaf mass a month ago, she's [in her 20s], and it's the first time she's gone to a mass that's been signed!*

A final but important skill set noted by parents was improved used of communication technology such as texting, email, and use of social media. Advances in communication technology have been of great benefit to the Deaf Community at large, allowing for cheap, accessible and instant communication. Compared with the arduous process and limited use of faxing or TTY (Text Telephone) used in the past, modern forms of social media and communication technology are so widespread that Deaf-to-Deaf as well as Deaf-to-hearing communication has been greatly improved. These technologies also allow critical services to be reached, for example there is an emergency service text-messaging facility making fire, ambulance and Gardaí (police) services accessible to Deaf people. However, several of the service-users of the LSP had not reaped the benefits of these new technologies. John and Jane were not able to use text-messaging and there is no computer in their home and this was addressed as a core skill within the LSP. Jane's father noted:

> *She was flying at it there, quicker than I'd be at it … I was kind of surprised at her.*

While John's mother noted:

> *[texting] was a new one as well, he was able then to communicate with a couple more boys that he went to school with, you know.*

The ability to text allows participants to continue contact with new friends from the LSP, and also facilitates further independent travel as parents may feel more confident knowing that they will be able to maintain contact in the event of something happening.

Regarding the validity of the inventory as an evaluation tool, given the small cohort in this evaluation, it is difficult to say with certainty that the gains made were as a direct result of the programme and not other factors. However, there are several indicators that suggest that the LSP was a major contributing factor. First, the greatest gains measured on the inventory were made in areas that staff had reported as key target areas, in particular food management, housekeeping, and emergency and safety skills. Second, gains in the same areas were also reported by parents when they completed the inventory. However, there were some discrepancies in the skill level parents believed their adult child had and that reported by staff. This may be caused by the fact that parents are presented with fewer opportunities to assess their adult child's independent skill-level and were more likely to report what their adult child was able to accomplish with assistance from them. Finally, those participants who had spent longer in the programme demonstrated more gains.

## Discussion

Overall, the LSP saw some improvements in the life skills of participants, and improvements in important skill sets for independent living. The contribution that independent travel, in particular, can make to quality of life cannot be underestimated. Davies, Stock, Holloway and Wehmeyer (2010) identify research that shows the barriers that lack of transportation poses for participation in self-advocacy activities, supported employment, religious participation, volunteering, physical activity and exercise, leisure, and health care. They state, "[i]t is evident, then, that transportation limitations affect all aspects of a person's life and constitute a significant barrier to greater community inclusion and, presumably, a better quality of life for many people with intellectual and developmental disability" (Davies et al., 2010, p. 454). In particular for rural Deaf people, and for Deaf people with an additional intellectual disability making it difficult for them to learn to drive, knowledge of and ability to use their free travel pass on a range of public transport options contributes greatly to improved quality of life.

The small gains by some individuals in the inventory should not be taken as evidence that there were inconsequential outcomes. In the case of Jane, for example, who only made gains across three of the 15 life skills areas, her improvements were such that she can now cook a meal for herself, travel independently, and is able to undertake the general day-to-day activities of running a house. Furthermore, this was following only nine months in the LSP where there had been the intention of a second year.

While noting that there were many positive outcomes for service-users, the evaluation also highlighted where gaps remain in their life skills. The four areas where significant gaps in skills remain are: health (for example knowing the symptoms and treatment of various illnesses), housing (such as knowledge of renters rights and obligations), legal knowledge (rights when arrested, function of a lawyer), and pregnancy, parenting and childcare. Identifying these gaps may be useful in targeting areas for programme development in the future.

One area of concern following the evaluation is that few of the parents were certain as to the level of knowledge their sons/daughters had regarding sexuality, sexual health, reproduction, contraception, and childbearing. Several of the parents assumed this had been covered in school at some stage but worried that their son/daughter had not fully understood it. Staff also raised similar concerns and worried that service-users did not have a realistic understanding of relationships and sexuality overall. This gap in their knowledge leaves them particularly vulnerable and should be addressed with a degree of urgency. None of the parents who were asked thought that their adult child would know where to obtain advice on family planning and they were uncertain of their adult child's knowledge of how to protect against sexually transmitted infections.

Transfer of life skills beyond the programme

Staff of the LSP had asked that the evaluation examine whether or not skills learned in the programme had been transferred to the home. Data from parents, in particular, highlighted a number of barriers and facilitators to transfer of skills. The most considerable barrier to transfer of skills is parents themselves. As Clark and Scheele (N.D.) note, "often we, the professionals and parents … are the obstacles." Over the course of interviews, parents noted that when their adult child lived at home, they listed the following as tasks they accomplished on behalf of their adult child: managing their finances (for example lodging and withdrawing their disability allowance and budgeting their money), doing their food shopping, cooking their meals, washing their clothes, changing and making their bed, accompanying them in job interviews, and contacting parents of their adult child's friends to arrange social outings for them. As a result, several of the service users did not know how to lodge or withdraw money, or what their disability allowance was. Others had never done any food shopping or cooking, had limited skills in housekeeping except for chores they would do at home, and lacked the confidence in personal interactions.

One unexpected outcome of the LSP is that most parents are now acutely aware of the practices they engage in that are causing learned helplessness in their adult children:

> *She can order her own stuff [in a restaurant], she can write it down, she's learning that up there. We must try it more now down here, usually we go to a place and we get it, you know, that's normally what we do. But that's meant to be the wrong thing, let her be more independent and do it herself [Jane's father].*
>
> *I mean it's basically our own fault that we're still cooking for her and putting on her wash, I mean she does all her washing up there as well, and when she comes home I take her washing [Claire's mother].*

As a result, there is a need to have more structured discussions with families, especially when the service-user will return home, about the transfer of skills to their home life.

## Conclusion

Overall, this evaluation points to considerable gains made in several life skill areas, including food management, housekeeping, and emergency and safety skills for the clients of the life skills programme. Furthermore, participants who took part in the programme for longer, or were enrolled full time, showed greater improvements.

Nonetheless, gaps still remain in many life skill areas. Parents reported very positive sentiments towards the programme. Service users also reported positive experiences of the programme, in particular regarding the new skills they learned and their improved social inclusion with the Deaf Community.

In light of the closure of the LSP, the future of these participants and others who had been awaiting placement in the LSP is now uncertain. Addressing the needs of these individuals requires professional staff who are cognizant of the difficulties experienced by Deaf individuals (in particular those with additional intellectual disabilities) in acquiring life skills. Furthermore, access to other Deaf peers with whom these individuals can appropriately communicate is crucial.

## Biographical Note

Elizabeth Mathews is a Lecturer with the Special Education Department in St. Patrick's College, Drumcondra. Prior to that, she lectured in social care practice in the Institute of Technology, Tallaght and was the Coordinator of the Deaf Education Centre in Cabra. She was awarded a Fulbright scholarship in 2004 to undertake a MA in Deaf Education at Gallaudet University, Washington D.C. Dr Mathews received her PhD from Maynooth University in 2011 for her examination of mainstreaming of Deaf education in the Republic of Ireland.

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## Notes

[i] The author acknowledges that literacy is a complex and multi-faceted concept. Nonetheless, literacy levels here follow the conventional understanding as English print literacy.

[ii] All names have been changed in this paper.

[iii] All comments from Deaf service-users were originally made in Irish Sign Language and have been translated into written English for the purpose of this paper.

## References

Baker, K. & Baker, F. (2011). The assessment of intellectual disability with deaf adults. *International Journal on Mental Health and Deafness*, 1(1), 23-36.

Bowe, F.G. (2003). Transition for Deaf and Hard-of-Hearing students: A blueprint for change. *Journal of Deaf Studies and Deaf Education,* 8(4), 485-493.

Calderon, R. & Greenberg, M. (2005). Social and emotional development of Deaf children: Family, school, and program effects. In M. Marschark & P.E. Spencer (Eds.), *Oxford handbook of Deaf studies, language, and education*. (pp. 177-189). New York: Oxford University Press.

Clark, G & Scheele, L. (N.D.) Preventing learned helplessness. Hands and voices. Retrieved from: www.handsandvoices.org/articles/parent_pro_collab/V10-1_helplessness.htm

Cunningham, N. & Mallon, K. (2009). *Direct payments: A model of independent living for persons with Intellectual Disabilities*. Dublin: National Disability Authority. Retrieved from: http://www.nda.ie/website/nda/cntmgmtnew.nsf/0/C60FC2E1F2A530068025768E003F108E/$File/directpayments_amodelofindependentlivingforpersonswithintellectual%20disabilities.htm

Davies, D. K., Stock, S.E., Holloway, S., & Wehmeyer, M.L. (2010). Evaluating a GPS-based transportation device to support independent bus travel by people with Intellectual Disability. *Intellectual and Developmental Disabilities,* 48(6), 454-463.

Health Service Executive. (2011). *Time to move on from congregated settings: A strategy for community inclusion.* [Electronic Version]. Dublin: Health Service Executive.

Janus, A. (2009). Disability and the transition to adulthood. *Social Forces,* 88(1), 99-120.

Lane, H., Hoffmeister, R. & Bahan, B. (1996). *A journey into the Deaf-world.* San Diego: Dawn Sign Press.

Life Skills Programme. (2011). *Progress report on the Life Skills Programme to date.* Unpublished document provided by Catholic Institute for Deaf People.

Life Skills Programme. (2013). *Internal report Life Skills Programme.* Unpublished document provided by Catholic Institute for Deaf People.

Marschark, M. & Spencer, P (2009). *Evidence of best practice models and outcomes in the education of Deaf and Hard-of-Hearing children: An international review.* Trim: National Council for Special Education

Mathews, E. (2011). 'No sign language if you want to get him talking': Power, transgression/resistance, and discourses of d/Deafness in the Republic of Ireland. *Population, Space and Place,* 17(4), 361-376.

National Deaf Children's Society. (2008). *Must do better! Barriers to achievement by Deaf children.* Retrieved from: http://www.ndcs.org.uk/about_us/campaign_with_us/england/campaigns_archive/close_the_gap/

Ó Baoill, D. P. & Matthews, P.A. (2000). *The Irish Deaf community: The structure of ISL.* Dublin: Institiúid Teangeoilaíochta Éireann.

O' Shaughnessy, J. (2010). *Assessing the needs of Deaf people with additional disabilities.* Unpublished document provided by the Catholic Institute for Deaf People.

Powers, S., Gregory, S. & Thoutenhoofd, E.D. (1998). *The educational achievements of Deaf children.* Nottingham: Department for Education and Skills.

Stewart, D., Freeman, M., Law, M., Healy, H., Burke-Gaffney, I., Forhan, M., Young, N., & Guenther, S. (2013). Transition to adulthood for youth with disabilities: Evidence from the literature. In J.H.Stone, & M. Bouin (Eds.), *International Encyclopedia of Rehabilitation.* Retrieved from: http://cirrie.buffalo.edu/encyclopedia/en/article/110/

UNICEF. (2012). Monitoring, evaluation and assessment: Sample indicators for monitoring and evaluating skills-based health education programmes. Retrieved from: http://www.unicef.org/lifeskills/index_10489.html

Washington State Department of Social and Health Services. (n.d.). *Life Skills Inventory Independent Living Skills Assessment Tool.* Retrieved from: http://www.dshs.wa.gov/pdf/ms/forms/10_267.pdf