

**Exploring ‘attitude’ in information for parents of newly
identified deaf and hard of hearing (D/HH) children in NSW:
An Appraisal Analysis of two early intervention websites**

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Abstract

It is often argued that the provision of information is not a technical activity, but rather a contextualised social action. Previous research into informed choice for parents of D/HH children reinforces this perspective, highlighting the role contextual factors play in increasing ‘subjective presence’ within information provided to parents of D/HH children. This research analyses the websites of two major early intervention centres in NSW using a social semiotic approach, employing APPRAISAL analysis to the websites to contribute to a better understand the nature of information parents encounter in the contemporary context.

APPRAISAL allows for systematic analysis of linguistic resources employed within texts to express attitudes, adopt stances, or to encourage positive or negative evaluations of phenomena from readers/listeners. The qualitative and quantitative findings indicate a number of discursive patterns of evaluations and attitudes within the websites. Certain intervention approaches and services are appraised more frequently and positively than others, and D/HH children and their families are appraised as ‘conditionally successful’ - with the condition being that they receive the right kind of assistance from the right organisation. It is argued for that these and other patterns of evaluation affect the extent to which families are genuinely supported to exercise informed choice.

Statement of authorship

I certify that the work in this thesis entitled:

Exploring ‘attitude’ in information for parents of newly identified deaf and hard of hearing (D/HH) children in NSW: An Appraisal Analysis of two early intervention websites.

has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree to any other university or institution other than Macquarie University.

I also certify that the thesis is an original piece of research and it has been written by me. Any help and assistance that I have received in my research work and the preparation of the thesis itself has been appropriately acknowledged.

In addition, I certify that all information sources and literature used are indicated in the thesis.

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Chapter 1 Introduction

1.1 Background

When my daughter Annabel was born in NSW in 2010, the Universal Newborn Hearing Screening program was in its ninth year of operation. She was identified with what was then an unusual and little understood form of hearing loss called Auditory Neuropathy Spectrum Disorder (ANSD). Most of the information we encountered at the time was in print form. The children's hospital provided a sheet of paper with some basic information about ANSD, and a bundle of more generic material about hearing loss. I was advised to avoid consulting "Dr Google", as it was put, on the basis that what I read might cause alarm. Naturally I ignored this advice, and spent many hours in the middle of the night as I fed my baby, scouring the web for details on what this diagnosis might mean for Annabel's future. They were right about the alarm caused by some of the things I read, yet the act of accumulating knowledge also brought with it some sense of comfort. I think I felt that through knowing all there was to know, I would somehow arrive at a point where I would be able to execute 'informed choice', a process which sounded neat and methodical in the introduction of the booklet entitled "Choices" which had been part of the information bundle. It read:

"This book is called '*Choices*' because the information it contains will assist you in the choices you will be making. No one can tell you what is best for you and your family. To make an informed choice about educational options, we suggest you make an appointment to visit each facility and then make a decision as to which program best suits the needs of your family....."("Choices" 2005, p.5)

One of the first decisions that parents of D/HH children are encouraged to make is choosing an early intervention service. There were a few options in Sydney. All looked

appealing in their brochures, though some were glossier and more attractive than others. Many featured “success stories” about D/HH children with the apparent gauge of this success being the child’s enrolment in mainstream school with age appropriate speech.

Despite best intentions to make a considered choice, in the chaotic reality of daytime, and juggling a toddler and a newborn (who was soon diagnosed with a number of serious health issues), it became clear that off the page, decisions are made more haphazardly. We signed up swiftly with the closest centre to home, an organisation offering an auditory-verbal approach. The staff were lovely. When they told me, that with assistance, Annabel would be able to speak and attend a mainstream school, I wept with relief at the prospect that she may be able to live a normal life.

As time passed, the initial shock of finding out that Annabel was deaf wore off and her health issues resolved. Life was a little less chaotic. We continued to attend weekly speech therapy sessions at the early intervention centre. The girls and I enjoyed these sessions. We even featured briefly in a short segment on the TV breakfast show “Sunrise”. Nine-month-old Annabel made a little squawk while the cameras were rolling which was later edited to appear a momentous event; the reporter declaring her vocalisation “a miracle”.

I continued to gather all the information I could. I read articles online, attended conferences and seminars, spoke to professionals and other parents, joined some online forums, and “liked” organisations’ Facebook pages as a way of keeping in touch with activities and news. I became aware of the existence of different perspectives on deafness, and was interested in the debates about communication modes, and the benefits that signing could bring for children. I wondered why nobody had seriously raised the option of Auslan with us. I was troubled by what I read about the potential of

language deprivation, the lower psycho-social outcomes deaf adolescents and adults. I was saddened by the stories of Deaf adults, some recalling the difficulty and isolation they felt at school, and the regret at having missed out on the opportunity to connect with the Deaf community. Partly because of my exposure to these different perspectives, and partly because by this time we had discovered that Annabel's hypo-plastic auditory nerves meant she would be one of the group of children unlikely to gain much benefit from her cochlear implant and hearing aid, I enrolled my two daughters in a bilingual Auslan/English preschool and noticed at once the ease with which they picked up a new language.

For reasons that I could not precisely lay my finger on, I started to question some of the material I was encountering:

Figure 1.1 Early intervention billboard



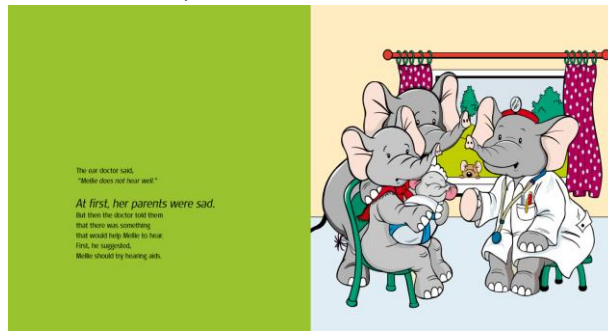
First there was the large billboard displayed in bus stops around Sydney, commissioned by an early intervention service for deaf and blind children. It featured a teddy bear with no ears or eyes slumped against a wall, with the title above the bear reading “We need your help” (see Figure 1.1). Then there were the “switch on” videos which were shared on You Tube and TV, and the ubiquitous ‘success stories’ (in video and print form) which were a staple of newsletters and newsfeeds, enthusing about “the miracle of

cochlear implants”, “the precious gift of speech”, “the power of speech”. The mother telling the camera “We got a life back that we never thought we would”. There was the post which appeared daily at the top of my Facebook feed for weeks; a montage of photos of the life of a little girl (a cochlear implant recipient) from birth to school. The clip was set to Stevie Wonder’s “I just called to say I love you”, accompanied by the following caption: “Picture this, your child is hearing impaired. How would you feel if you NEVER heard the words I love you coming out their little mouths?”

Not only did these texts seem overly simplistic in their representations of hearing loss and hearing technology, but, on top of this, they seemed to share a common element that hinted ominously at the negative trajectory the life of a child like Annabel might easily take, given the wrong circumstances. A seed of fear planted parents’ minds. Without ‘help’ would Annabel be destined to lead her life metaphorically slumped against a wall? Without the power of speech would she be powerless? Is it tragedy that lies on the other side of a miracle? If not a success story, what did that leave?

And then there was the book about Mellie the elephant which resurfaced in our bookshelf one evening last winter. Published by a cochlear implant company, it had been part of an information pack we were given in the lead up to Annabel’s cochlear implant surgery. The book follows a basic narrative structure. The orientation is Mellie’s birth (a time of great happiness), the complication is the discovery that Mellie is deaf (a cause for sadness), followed quickly again by happiness when the parents learn about cochlear implants (Figure 1.2). Predictably, the story resolves happily with Mellie receiving cochlear implants, learning to listen and speak (making her parents “so proud”), and, essentially being like all the other elephants.

Figure 1.2 Mellie the Elephant



The ear doctor said “Mellie does not hear well.” At first her parents were sad. But then the doctor said that there was something that would help Mellie to hear. First, he suggested Mellie should try hearing aids....



Mellie is a happy child. She has many friends. She can do all the things her friends can do. Mellie loves being with her friends, They sing and dance and listen to stories. She loves “her new ears”

Her cochlear implants!

As we read together, a number of things concerned me: Why had the doctor emphatically told Mellie’s parents that the cochlear *would* make Mellie hear? Annabel’s implant had slightly improved her access to sound and we knew other children with similarly, or more limited results, some of whom never acquired spoken language. Surely, if this book was a part of the information pack for parents, it should at least hint at the possibility of variable outcomes. Additionally, Mellie was a baby when diagnosed, yet in the picture of her arriving at hospital for her implant surgery she is out of nappies and walking. How had Mellie been communicating in the extended lead up to the surgery? Why on earth hadn’t someone suggested to the parents that Mellie learn sign language? Poor Mellie – to be without a language for so long!

My thoughts were interrupted by Annabel's question.

"Mum... were you and Dad sad when you found out that I was deaf?", and any sense that I might be overreacting over the fictional elephant went away.

I wanted to answer her honestly, so I admitted that yes, like Mellie's parents, we had been sad at first. But, I explained, the reason for my sadness was not that she was in any way a disappointment, but only because I didn't understand what being deaf meant. She had only been a little baby, I had been frightened that she wouldn't be able to live a good life. I had never met another deaf person before...

I assured her that now I understood, that I needn't have felt sad. That, given the choice, I would never change a thing about her. But the question broke my heart a little and it reminded me of another reason why good quality information matters. If an organisation can publish material that potentially makes a D/HH child wonder if their very existence in the world may be a source of grief, or a burden on their parents, then it matters greatly. If what my daughter took from this attractive little book, (part of a service providers' information pack) was an inkling that her worth in her parents', or indeed in anyone's eyes, might be intertwined with her ability to hear or speak, then there is a problem. The fact that the book, repellent to me as a parent 'further along the path', had appeared completely benign when we had first read it with our children, back when we in the throes of decision making, raises questions about information provision which need to be addressed.

Parents' feelings matter too, of course, for a number of reasons. Not least because there is empirical evidence linking confident and well supported parents with better language outcomes in children (see 2.2). I know as well as anyone the worry that many new parents feel when their child's hearing loss is identified, and that the initial instinct can

be to seek a solution to reverse the ‘problem’. However, I wondered whether too much emphasis might be placed on these initial feelings, and whether what we parents *want* to hear in those early days is perhaps at odds with what we need to understand in order to accept that our child is D/HH, and always will be; and to make fully informed choices in their best interest. These reflections and experiences posed a number of questions in my mind about the nature of information parents are provided with, and led me to the point at which I commenced research in this area.

1.2 Relevant research in the area

Issues and dilemmas relating to informed choice and information provision for parents of D/HH children have been researched through several approaches. Parent experiences have been well researched, for example through research into factors influencing parents’ decision-making processes for their D/HH children (Hyde and Power 2006, Decker, Vallotton et al. 2012, Crowe 2013, Duncan 2013). Issues around the way information is designed and presented to parents the D/HH context as well as other health related fields have also received attention in previous research (Mitchell and Sloper 2002, Hibbard and Peters 2003, Young, Jones et al. 2005, Porter and Edirippulige 2007). There has been little research in recent years exploring the extent to which these, or other issues are present in more contemporary modes of communication such as websites.

The way D/HH peoples and their lives are represented in texts has been explored through literary studies of the memoirs of D/HH people (McDonald 2014), and studies of the media’s coverage of these issues (Power 2005, Komesaroff 2007, Ochsner, Spöhrer et al. 2015). Spoken discourse analysis approaches have been employed to understand attitudes involved in parents’ decisions (Bruin and Nevøy 2014), as well as in the advice

professionals give to parents after their child is identified as being D/HH (Matthijs, Loots et al. 2012).

Social semiotic research in other contexts has approached issues relating to information provision and informed choice, with a focus on the relationship between contextual factors and the text itself (Braun 2009, Maier, O'Halloran et al. 2011, Carreon, Watson Todd et al. 2013, Harvey 2013). Approaches in this field include studies of linguistic features in texts through the tools of Systemic Functional Linguistics (SFL) and of multimodality (exploring how linguistic, visual and audio features function together).

Despite this research, to date, there has been no systematic analysis of the language used in online materials for parents of D/HH children, and it is this understudied, yet important discursive environment that this thesis intends to address.

1.3 Research question

In investigating this area, this research is guided by the following question.

To what extent does the information provided on the websites of two leading early intervention providers in NSW promote a family centred approach to informed choice for parents of D/HH children?

1.4 Overview of Thesis

Chapter Two provides a review of published literature relevant to the current study.

Chapter Three explains the methodology employed in the Appraisal analysis of the websites of two major early intervention centres in NSW, and Chapter 4 presents the findings of this analysis. Finally, Chapter 5 will conclude the thesis by answering the research question and a final discussion of the implications of this research for the key stakeholders involved in early intervention for D/HH children in NSW.

Chapter 2 Literature Review

2.1 Introduction

It has been often argued that the provision of information is not a technical activity, but rather a contextualised social action cf.(Kerr 2003) cited in (Young, Carr et al. 2006)

A review of the literature about the provision of information about services for deaf and hard of hearing (D/HH) children in many ways reinforces this perspective, highlighting the role a range of contextual factors play in the way information is delivered. Though the benefits of informed choice are widely acknowledged by stakeholders, and there is now consensus about the importance of a family centred approach to EI - in which parents are supported to gain “the necessary knowledge, information and experiences to make fully informed decisions” (Moeller, Carr et al. 2013, p.434), it appears that this is not always the case.

Several complicating factors appear to exist in relation to the provision of quality information about D/HH EI. These include the ‘human elements’ involved in the process of informed choice which include the (often emotional) decision making process parents go through, as well as factors relating to professionals’ attitudes towards deafness, and its ‘management’, which can influence the way that EI choices are communicated to parents.

Additionally, research in other fields has indicated the influence of broader contextual factors on information provision, which have been less thoroughly researched in the D/HH field. Increasing market pressure, along with a shift to online modes of communication, have significantly impacted on the way information is designed and presented, at times blurring the lines between information and promotional material.

The complexities of informed choice and information provision in contemporary contexts have been addressed directly and indirectly in a range of studies, some about D/HH

children and some in other, comparable areas. These studies are reviewed in this chapter as follows: Section 2.2 will provide an overview of current understandings of the type of material that is (and is not) considered to facilitate informed choice. Section 2.3 will discuss some complexities of the decision-making process which have implications for the way information is designed, Section 2.4 discuss alternate perspectives on deafness which can influence the information parents receive, and 2.5 will look at how similar issues of information provision have been approached in other social contexts.

2.2 Supporting a family centred approach to informed choice for parents of D/HH children

The importance of providing quality information to empower individuals to take an active role in decision making processes is widely acknowledged. Indeed the notion of informed choice has been highly influential on the policy and practices across many healthcare areas (Baxter, Glendinning et al. 2008, Jørgensen, Brodersen et al. 2009). For paediatric services, (such as EI services for children with special needs), the conceptualisation of informed choice is predominantly situated within the parameters of a family centred model in which the emphasis on individual responsibility and choice shifts to facilitating informed decision making for the parent or primary care givers of the child, on the basis that confident, involved parents (i.e. with a high levels of self efficacy and involvement) have been empirically linked to optimal outcomes for the child (Dunst and Trivette 1996, Lawlor and Mattingly 1998, Calderon 2000, Moeller 2000, Mitchell and Sloper 2002, Desjardin 2003, Spencer 2004, DesJardin 2006, American Speech-Language-Hearing Association 2007, Moeller, Carr et al. 2013, Yoshinaga-Itano 2014).

There are several guidelines which aim to support the implementation of informed choice under a family centred model for D/HH children. These include the Early

Childhood Intervention Australia (ECIA) best practice guidelines, (ECIA National Guidelines on Best Practice in Early Intervention), the International Joint Committee on Infant Hearing (JCIH) guidelines (American Speech-Language-Hearing Association 2007, Joint Committee on Infant Hearing, Muse et al. 2013), and the Family Centred Early Intervention (FCEI) Consensus statement for Children who are Deaf and Hard of Hearing (Moeller, Carr et al. 2013), all of which emphasise the importance of informed choice under a family centred model. The need for services to be based on ‘validated practices and best available research while being respectful of family choices and ways of doing things’ (Moeller, Carr et al. 2013, p.429) underpins the FCEI approach, and, recommending that providers “share information and experiences from a variety of sources that are comprehensive, meaningful, relevant, unbiased and evaluative to enable informed decision making” (Moeller, Carr et al. 2013, p.434). The FCEI consensus statement is comprised of 10 key principles, the third of which concerns informed choice and decision making. Figure 2.1 below presents this principle in its entirety.

Table 2.1 FCEI Best Practice Principle 3 - Informed Choice and Decision Making, (Moeller et al, 2013), p.434

Best Practice Principle	Provider and/or Program Behaviors
Principle 3: Informed Choice and Decision Making	Service providers
Professionals promote the process wherein families gain the necessary knowledge, information, and experiences to make fully informed decisions. This includes educating families regarding special education laws and their rights as defined by these laws. Decision making is seen as a fluid, ongoing process. Families may adapt or change decisions in response to the child's and families' changing abilities, needs, progress, and emotional well-being.	<ol style="list-style-type: none"> 1. Recognize that ultimately, decision-making authority rests with the family; collaborate with families to support their abilities to exercise this authority. 2. Adopt open and flexible policies that effectively endorse a range of communication possibilities. 3. Share information and experiences from a variety of sources that are comprehensive, meaningful, relevant, and unbiased to enable informed decision making. 4. Keep in mind that "informed choice" is not synonymous with information that is neutral or functionally descriptive. Rather, evaluative information is essential in that it draws attention to the various risks, benefits, and uncertainties related to particular options. 5. Inform families about expectations for them that are inherent in implementing various approaches, as well as potential benefits and challenges. 6. Actively support the family in processes of decision making and self-determination. 7. Assist families to identify and successfully rely on their abilities and capabilities. 8. Support families to reach decisions in ways that reflect their individual strengths, resources, needs, and experiences. 9. Support families to create a vision and plan for their child's future; assist them in understanding that plans and visions can be altered, if needed. 10. Provide resources and support family members' decisions. 11. Recognize that informed choice is not a one-time decision but an ongoing process. 12. Fully inform families of their rights ensured by law.

Ethical considerations of information provision have received considerable attention both in relation to D/HH children, and in the broader healthcare context, with many studies noting the tension between information to promote understanding of key issues, and information to promote uptake in a particular activity. A central concern in much of this research is that choosers may experience difficulty distinguishing one purpose from another in the material they encounter. (Marteau and Dormandy 2001, Raffle 2001, Hibbard and Peters 2003, Brown, Ramchandani et al. 2004, Kirkham and Stapleton 2004, Hall 2006, Young, Carr et al. 2006, Hyde, Punch et al. 2010, Hersch, Jansen et al. 2011, Wise and James 2012).

Notions of autonomy (respecting the individual), beneficence (doing good for others), nonmaleficence (doing no harm), and justice (non-discrimination, fairness and equality) have been raised as important ethical considerations in providing information for D/HH children by (Beattie 2010) cited in (Matthijs, Loots et al. 2012, p.389). However, the absence of any formal regulations or guidelines defining acceptable or unacceptable practices in relation to the way EI centres provide information means that these matters are largely left to service providers' discretion.

As a point of comparison, it is notable that in other health related fields in Australia, service providers must adhere to clear regulations surrounding the ethical dimensions of their work, in the form of the Guidelines for advertising of regulated health care services (Medical Board of Australia 2015), as well as the Medical Board of Australia's Code of conduct (Good medical practice a code of conduct for doctors in Australia 2014) and social media policy (Medical Board of Australia 2014). These guidelines refer to the importance of facilitating informed choice through reliable information. The advertising guidelines regulate how material is presented to potential choosers. Some examples of these regulations include the banning of "the use of testimonials or purported testimonials" as well as information that is likely to create unrealistic expectations "either directly, or by implication,[or through the] use of emphasis, comparison, contrast or omission" (Medical Board of Australia 2015, p.4). The guidelines have been formulated in the interest of facilitating informed health care choices, particularly for those who "may be vulnerable or not sufficiently well informed to make a decision about the suitability of certain types of services" (Medical Board of Australia 2015, p.1).

Similar concerns have also been raised by researchers in other fields, and have been critical of commercially motivated tactics which either incite fear (Brookes and Harvey 2015) or employ 'branding' strategies to push consumers in a particular direction through imbuing the brands with "positive associations" or "intangible ideals" (Ng, 2014, p.103) to represent the brand as 'experience' or 'lifestyle' within the texts (Klein

2000, Maier, O'Halloran et al. 2011, Ng 2014, Ng 2014) rather than communicating concrete details about the products and details to support informed choices (cf. also Humphrey, S. L. (2013), Humphrey, S. (2010).

The lack of guidance for D/HH EI services for how they advertise their services is important to consider in light of the new funding landscape brought about by the introduction of the National Disability Insurance Scheme (NDIS). Under the NDIS, governments will no longer be purchasing specialist services, meaning services must work harder to attract 'customers'. Many stakeholders feel that "it is now more important than ever to ensure consistent high quality ECI [Early Childhood Intervention] service is provided for families and their children.....in this new competitive market-driven environment"(ECIA National Guidelines on Best Practice in Early Intervention, p.20)

2.3 Choosing –the decision-making process

Being cast in the role of "expert on your child" can be daunting for parents of D/HH children. The vast majority of parents of D/HH children are not deaf themselves, with very little knowledge in this area (Hyde, Punch et al. 2010). Major decisions need to be made, and often quickly, due to evidence linking better outcomes with early identification and access to hearing technology and EI services (Yoshinaga-Itano 2003, Yoshinaga-Itano 2004, Holzinger, Fellingner et al. 2011, Pimperton and Kennedy 2012, Ching and Dillon 2013). (Hyde, Punch et al. 2010, p.163) cite numerous studies indicating that, for a range of reasons, parents often find gathering "all relevant information about the possible futures available to their children" to be a difficult, and stressful experience. Additionally the lack of accessible and evaluative evidence online about communication choices has been reported by Australian families (Porter and Edirippulige 2007, Deaf Australia Inc 2009). All of these findings raise important questions regarding the state of informed choice and decision making about EI for D/HH children.

The individual nature of decision making has been demonstrated through qualitative

research into parents' preferences for information about EI. (Mitchell and Sloper 2002, Young, Jones et al. 2005). Though the modes of information discussed (e.g. booklets and information folders) have been superseded by digital forms of information such as websites, the findings have some currency in relation to parents' decision-making processes. In these studies, opinions of parents differed, though some general preferences were indicated. Plain and simple language, clear visual design, attractive front covers, colour coded chapters, interesting designs, were all felt to increase the readability of the material (Mitchell and Sloper 2002, Young, Jones et al. 2005). Additionally, concerns that the design of information might play a role in "attitude setting" were raised. An example of this is the way that 'layout' decisions, such as the ordering of sections were felt to influence how parents viewed various options. For example, the way medical or technical information about hearing aids and cochlear implants often came before information about communication options was raised as a concern by some parents who felt that this contributed to parents viewing their child's hearing loss predominantly as a medical problem. Additionally, the way language was used to establish "tone" or "voice", was felt to contribute to how much the resources acted as an emotional or a practical guide, though opinions over which was preferable varied, with some preferring a casual, friendly tone, whilst others preferring a more detached voice, finding the informal manner patronising (Young, Jones et al. 2005).

The research also raised considerations about the manner in which information was delivered, an issue that has also been explored in other healthcare settings (O'Cathain, Thomas et al. 2002). One parent's comment reflected this:

It's not so much that people aren't getting the information, it's why they are not getting it when they want it or in the form that they can absorb it, or in a way that

they can act on it....So it's not enough for services to simply chuck the leaflets across and say there you are, there's the information, because it doesn't work."

(Mitchell and Sloper 2002, p.78)

Such research points to a need to consider both *what* and *how* information is presented. To anticipate that as long as parents are provided with numerous publications about EI that they will be able to inform themselves appears to be a "simplistic and dangerous" assumption (Mitchell and Sloper 2002,p.78), especially "if understanding risks, benefits, uncertainty, outcomes is so crucial in the process of informed choice" (Young, Carr et al. 2006, p.328)

Indeed, one criticism of informed choice is that it is based on unrealistic expectations of rational decision making on the part of choosers, when in actual fact, the process is not so straightforward (Burgess 97 cited in (Young, Carr et al. 2006). Such a criticism is supported by research about informed decision making within the broader context of healthcare options where it is suggested that decisions are made using two modes of thinking – those being the analytic mode which is "conscious, deliberative, reason based, verbal and relatively slow") and experiential mode which is "intuitive, automatic, associative and fast"(Hibbard and Peters 2003, p.417).

Regardless of the 'modes of thought' involved, the strong "affective component" involved in decision making has been noted in relation to choices made by parents of D/HH children (Hyde, Punch et al. 2010). Parents have reported that their own beliefs, values and attitudes play an influential role in decisions they make for their children (Hyde, Punch et al. 2010, Decker, Vallotton et al. 2012). Parents in one study cited their own judgement, followed by the judgement of their partner or spouse as having been the most influential factor in the decisions they made, though it is suggested that parents

“internalized” various sources of information they received and “accepted it as their own beliefs” (Decker, Vallotton et al. 2012, p.157). Additionally even some parents who were highly motivated to make an informed choice reported that it was “an emotive moment”(Hyde, Punch et al. 2010, p.163), or seeing a TV commercial about a child with a cochlear implant (Komesaroff 2007) that ultimately swayed the decisions they made for their child. It is also worth noting here the significant emotional strain parents may be under at this point of their lives, with many experiencing grief or difficulties adjusting to their child’s diagnosis (Young 1999, Desjardin 2003, Kurtzer-White and Luterman 2003, Sass-Lehrer 2012).

The notion of the “boundedly rational” (Hibbard and Peters 2003, p.416) decision making process, in which choosers both think and feel their way through decisions, has implications for how information is designed and presented. Research about decision making processes has looked at the strong impact of “vivid presentations” (Scherer and Rogers 1984, Hibbard and Peters 2003) or “arresting images” (Joffe 2008) cited in (Scherer and Rogers 1984, Hibbard and Peters 2003, Brookes and Harvey 2015), have been shown to influence the public’s uptake of a particular promotional message. Additionally, incorporating health information in a narrative format appears to be more influential than if the same information appeared in a less personal forms (Hibbard and Peters 2003) and furthermore different types of narratives can elicit different reactions from choosers (Shaffer and Zikmund-Fisher 2012). A theory of “constructed preferences”(Hibbard and Peters 2003) posits that choosers’ healthcare preferences are inherently unstable, altering significantly according to the types of questions asked and the nature of the information presented.

In light of such research, it is asserted that “to acknowledge that the way information is

presented affects choice is to accept a new level of responsibility” (Hibbard and Peters 2003, p.428). However, as discussed in 2.1, whether or not service providers act on this sense of responsibility is out of parents’ hands, due to the lack of regulations regarding EI centres’ publications. Some work in the field of D/HH children has approached this problem through the design of resources to assist choosers in their decision making process, for example through decision aids or grids (Humphries, Kushalnagar et al. 2014), or through explicit references to the decision making process as can be seen on Australian Hearing’s “trusting information online”(Australian Hearing Website) section on their website.

However, though such approaches are potentially pragmatic, as a parent of a deaf child myself I feel it is important to address shortcomings in the information directly. Parents need quality and reliable information from the outset, to provide them with, as much as possible, an understanding about important issues, debates, risks, benefits and an awareness of uncertainties regarding any given EI approach.

2.4 Constructions of deafness, professionals’ attitudes and informed choice

The way that deafness is ‘constructed’ in information that parents receive may have an impact on the way that parents adjust to their child’s diagnosis (Young 1999). Indeed, parents of D/HH children’s own attitudes appear to be significantly influenced by the early information they encounter soon after diagnosis (Young 1999, Young 2002, Hyde, Punch et al. 2010, Decker, Vallotton et al. 2012, Matthijs, Loots et al. 2012, Crowe 2013) which can influence choices about EI that parents make.

There are, broadly speaking, two alternate perspectives (or constructs) of deafness explored in the literature. On the one hand there is the “medicalised” construct of deafness (Matthijs, Loots et al. 2012) (sometimes termed “hearing world” (Power 2005) or ‘impairment’ or “infirmity” models (Lane 1990, Lane 1995)). On the other hand is

the “cultural-linguistic” or “constructionist” construct (Lane 1990, Lane 1995, Young 1999, Power 2005, Simms and Thumann 2007, Matthijs, Loots et al. 2012).

It is generally the “medical” perspective of deafness that parents of D/HH children first encounter when their child is diagnosed. Through this lens, deafness is primarily viewed as an impairment, or disability, and the role of intervention is “treatment”, consisting of intensive auditory and speech training in order to make speech possible (Matthijs, Loots et al. 2012). The over-arching focus is on “the potential for normalizing deaf lives personally, socially and educationally”(Power 2005, p.453). From this perspective, the use of sign language is not generally promoted, as it is considered only relevant “if needed”, or something that is offered as a second choice if spoken language “is not deemed to be achievable” (Matthijs, Loots et al. 2012, p.388), for example if the child is not a suitable candidate for hearing technology such as cochlear implants or hearing aids.

The “cultural linguistic” perspective differs considerably from the medicalised model and also has potential implications for the types of choices parents make about EI approaches. This construct challenges the emphasis on ‘normalisation’(Wolfensberger and Tullman 1982) interpreting this principle as an aversion to difference which some believe has become institutionalised in the beliefs, languages and practices of non-disabled people (Komesaroff and McLean 2006). Proponents of this approach point to evidence that sign language or bilingualism benefits children, psycho-socially, communicatively and culturally (Komesaroff and McLean 2006, Knoors and Marschark 2012), as well as acting as a ‘safety-net’ to reduce the potential harm caused by language-deprivation in early years (Humphries, Kushalnagar et al. 2012, Klaudia 2013). It is also argued that this perspective can foster D/HH individuals’ sense of identity (Young 1999), through allowing them to think of themselves as more than

“unfinished hearing people” but as part of a culture with its own language and community (Carol Padden and Tom Humphries in Solomon 2012). In a cultural linguistic approach to EI, speech therapy and the use of hearing technology are generally important components, however they are not the sole focus, since this perspective brings with it a “corresponding focus on visual possibilities rather than auditory deficits” (Matthijs, Loots et al. 2012, p.388).

The JCIH guidelines (see 2.2) state that, “families should be made aware of all communication options and available hearing technologies (presented in an unbiased manner)” (American Speech-Language-Hearing Association 2007, p. 899), on the basis that this will support informed choices. However, some parents have complained, that the attitudes of the professionals involved in their child’s care meant that the benefits of oral communication approaches were emphasised in the information they received, whilst any associated potential risks, harms or uncertainties were downplayed, (Young, Jones et al. 2005, Young, Carr et al. 2006) thus creating a situation of “information asymmetry” (Howard and Salkeld 2003) cited in (Young, Carr et al. 2006) or, setting up an unnecessary ‘either-or dilemma’ (Humphries, Kushalnagar et al. 2012, Knoors and Marschark 2012) regarding communication choices. The research about dominance of the medical perspective has been noted as one area where there is a discrepancy between “actual and desired family centred care” (Ingber and Dromi 2010) and between “formal’ and ‘lived’ ideologies of D/HH service providers (Matthijs, Loots et al. 2012). Though organisations may believe themselves to be family-centred, previous research such as that discussed in this section suggests the pervasiveness of a client-centred model in reality, in which providers are “attuned to a compliance model of partnership, in which they see their role as persuading family members to ‘buy into’ a particular course of treatment or action” (Lawlor and Mattingly 1998, p.262)

2.5 Research about online health information

Issues around the quality of health information are, of course, not new, however the increased number of consumers preferring to seek health information online has intensified interest in this area. (Stvilia, Mon et al. 2009). Whilst online health information has the potential to enhance informed decision making and empower choosers, the reverse is also true, (Winker, Flanagan et al. 2000).

Some approaches to this problem have been the development of tools to provide consumers with a means to evaluate the quality of various sources of information. For example, researchers in “information epidemiology” or “infodemiology” (Bernstam, Walji et al. 2008) are concerned with exploring and developing approaches to monitor reliability, accuracy and accessibility of online information, through the development of tools and criteria to assist consumers to assess the quality of various sources of information (Kim, Eng et al. 1999, Charnock and Shepperd 2004). However, a number of limitations have been noted in these standardised approaches; they do not appear to be reliable in contexts with greater levels of uncertainties about the efficacy of ‘treatments’ (Bernstam, Sagaram et al. 2005, Bernstam, Walji et al. 2008), (as is the case with early intervention approaches (Eriks-Brophy 2004, Yoshinaga-Itano 2004, Young, Carr et al. 2006, Knoors and Marschark 2012)). Another limitation is that they do not cope well with the ever increasing range of genres now employed on websites (Stvilia, Mon et al. 2009).

Indeed, the emergence of “hybridized discourses” where previously distinct media forms such as information, advertisements, entertainment, editorials, or news become creatively mixed and blended into new forms such as ‘docudrama’, ‘infotainment’, ‘infomercial’

(Fairclough 1996, Rahm 2006, Feng and Wignell 2011, Lim, Nekmat et al. 2011) is another concern for informed choice in contemporary contexts. This type of “interdiscursivity” (Fairclough 1992) means that texts now draw on many different styles of discourse (for example scientific or educational discourse), and employ voices from all walks of life (for example, voices of experts, celebrities, children) within a single text to reinforce the credibility and desirability of the information from different angles. (Feng and Wignell 2011).

In some instances, this hybridisation is considered to be a deliberately misleading form of representation, or “genre-misrepresentation” (Hall 2006) through which commercial or ideological motives are obscured with publications ‘masquerading’ (Young, Carr et al. 2006) as something more objective, for example medical leaflets (Hall 2006, Wise and James 2012), posters and billboards (O'Halloran 2008, Brookes and Harvey 2015), and websites (Braun 2009, Carreon, Watson Todd et al. 2013, Harvey 2013, Moran and Lee 2013). Issues of trustworthiness are raised in such research, where these types of publications have been characterised as “dressed in a cloak of empowerment” (Hall 2006), appearing to provide unvarnished facts (Harvey 2013)’, whilst cunningly concealing a hidden agenda behind a “narrative of choice” (Moran and Lee 2013).

Particularly confusing in terms of informed choice, it is argued, is the tendency for some organisations to expressly align themselves with values such as empowerment, choice, and flexibility (Braun 2009, Moran and Lee 2013, Ng 2014) within their publications, whilst at the same time employing a range of persuasive communication strategies to push choosers in a particular direction. There is concern that this “rhetoric of choice” (Braun 2009) may lead choosers to falsely believe that they are being supported to make informed decisions.

Such questions of “buried ideology”(Machin and Mayr 2012, p.1) are at the centre of critical discourse analysis (CDA), in which information providers are viewed as ‘discourse technologists’(Fairclough 1996, Kerr 2003, Wise and James 2012), constructing material designed to modify consumers’ behaviour. In some health-related fields, CDA has explored the ways that organisations may deliberately pathologise, or ‘medicalise’ a non-medical issue (for example male hair loss or certain cosmetic issues for women) to persuade consumers that a purchasable product or service is required for them to be ‘normal’ (Braun 2009, Harvey 2013, Moran and Lee 2013). Questions around the moral legitimacy of “medicalisation” within health campaigns have been raised (Conrad 2005, Moynihan and Henry 2006)) particularly where fear is being harnessed for commercial reasons (Hastings, Stead et al. 2004, Brookes and Harvey 2015, p.61) .

Though the debate over the dominance of the medical construction of deafness (see 2.4) is far more nuanced and complex, there are stakeholders who are affronted by what they perceive to be relentlessly negative representations of deafness (Lane 1990, Deaf Australia Inc 2009, Bath 2012) as primarily a “condition to be cured” (Hyde, Punch et al. 2010), and, discourse analysis has been revealing in past research that such attitudes do permeate the advice some professionals give to some parents (Matthijs, Loots et al. 2012). However, a criticism of the existing research of informed choice and D/HH children has been its tendency to dwell on specific issues (notably communication choices) , thus becoming “too narrow in scope or factional in outlook” to contribute to constructive discussions about informed choice (Young, Carr et al. 2006, 324). For this reason, a CDA approach alone may also be somewhat limiting. As a parent of a deaf child, my own experiences with professionals have been, overall, very positive. The patient, thoughtful and accommodating individuals who have worked with my daughter

certainly have not come across as wilful, manipulative discourse technologists. Yet, the way that choices about EI are communicated and represented appears to be failing to inform choice in some ways, and this issue needs to be investigated in a systematic way.

2.6 Conclusion to literature review

This chapter has highlighted the existence of some significant issues relating to informed choice about EI service for parents of D/HH children, many of which relate to human factors involved on either side of the process. Past research indicates that the type of information parents encounter may not be genuinely supporting them to exercise informed choices on behalf of their D/HH children, and it is important to understand to what extent these issues endure in the contemporary context.

Chapter 3 Methodology

3.1 Introduction

The previous chapter has discussed issues relevant to the provision of information for parents of D/HH children. Many of these concerns relate to human elements outside the text - off the page, or behind the screen. Personal attitudes, values and beliefs have been found to notably increase the 'subjective presence' within information in past research, although the extent to which these issues currently endure is has not been researched in detail. This thesis aims to build on previous research exploring questions around reliability or subjectivity of information in this field from a new angle. The tools of Systemic Functional Linguistics (SFL) provide a way to investigate questions of the relationship between text and contextual factors, and to identify and explore attitudinal presence in the language contained within texts.

3.2 Social semiotic theory and Systemic Functional Linguistics (SFL)

Systemic Functional Linguistics (SFL) is a theory which takes a ‘social semiotic’ approach to language. Social semiotics focusses on the relationships between texts and social structure, and is based on an understanding that “in real life context precedes text” (Halliday and Hasan 1989, p.5). Social semioticians are concerned with ways to collect, document and systematically catalogue “sets of resources” (Halliday 1978) employed by communicators in various social contexts in order to explore a range of questions. Some of these questions concern “the options communicators use, why they use them, and what the consequences of these choices are.” (Machin and Mayr 2012, p.15)

Social semioticians study a wide range of text types, for example: film, websites, visual texts, audio texts. SFL focusses specifically on the meanings and functions of language. It stands apart from purely grammatical theories which may view language as “a set of rules for producing correct sentences”, though it does utilise elements and systems from these theories, for example for identifying the roles of wording within texts. As such, SFL falls somewhere between grammatical approaches to language and CDA as discussed in 2.5, drawing to some degree on both the tools of grammarians to understand how meaning is made and social theorists to understand why. (Van Leeuwen 2005,p.5)

SFL’s systematic approach, it is argued, sustains greater social accountability and transparency than other approaches to discourse analysis (Matthiessen 2012) due to the detailed nature of the analysis. Researchers are able to be explicit and precise in terms that can be shared by others as well and to engage in quantitative analysis where this is appropriate (Martin 2005). This higher accountability is of value, given concerns about the “researcher’s position” (which, in the case of my thesis has been made clear in Chapter 1), and “reflexivity” in research. Though the benefits of “insider research” are widely acknowledged, an intimate relationship with the field can also be viewed as

“double-edged sword” (Mercer 2007). Therefore a method which allows researchers to provide a detailed record of their decisions and rationale (Berger 2015) can add value to such projects.

3.2.1 Metafunctions

Systemic Functional Linguistics (SFL), is concerned predominantly with the functions or uses of language, and studies language as both ‘product’ and ‘process’:

The text is a product in the sense that it is an output, something that can be recorded and studied, having a certain construction that can be represented in systematic terms. It is a process in the sense of a continuous process of semantic choice, a movement through the network of meaning potential, with each set of choices constituting the environment for a further set. (Halliday and Hasan 1989, p.10)

Thus, SFL is the study of both *how* language works as well as *what* people do with it, and these various functions or uses of language, which are enacted simultaneously are termed the ‘metafunctions’. There are three metafunctions:

- **The interpersonal function** refers to language which enacts our relationships
- **The ideational function** is concerned with how we use language to represent our experiences
- **The textual function** is concerned with that these interpersonal enactments and ideational representations are organised into meaningful texts.

The metafunction framework provides analysts with “complementary lenses” (Martin and White 2005,p.7), for interpreting language in use, which can be applied to analysis separately or together according to the kinds of questions that are being explored.

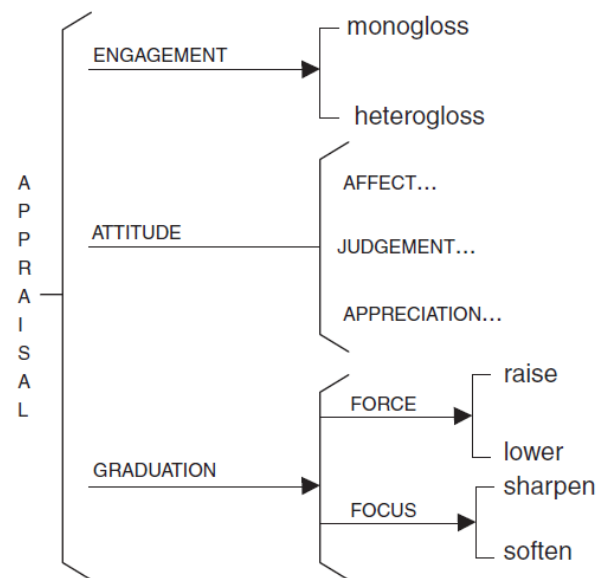
3.2.3 Appraisal theory

Appraisal theory is a sub-system within the SFL framework for exploring how interpersonal meanings are made within texts. Appraisal analysis studies the evaluative resources employed in texts by composers for expressing their attitudes and feelings towards people, or about things. It provides methods for investigating:

the subjective presence of composers in texts as they adopt stances towards both the material they present and those with whom they communicate. It is concerned with the construction of texts by communities of shared feelings and values, and the linguistic mechanisms for the sharing of emotions, tastes and normative assessments. (Martin and White 2005, p.1)

There are three subsystems of Appraisal – **Attitude**, **Graduation** and **Engagement** (see Figure 3.1). **Attitude** refers to the expression of positive and negative evaluations within texts, which may be **inscribed** appraisals (directly expressed evaluations) or may be **invoked** appraisals (evaluations expressed indirectly or by implication). **Graduation** is concerned with the intensity with which these evaluations are expressed within texts, and **Engagement** involves a speaker/writer's commitment to what he or she is saying. Due to the limitations of a Master of Research dissertation, this research will analyse the data through employing the **Attitude** subsystem, and thus when the term “**appraisal**” used within this thesis, it will henceforth refer to instances of **Attitude**.

Figure 3.1 System of APPRAISAL Martin and White 2005, p38



3.3 Attitude

3.3.1 Inscribed and invoked attitude

Inscribed appraisals are expressions or evaluations which are explicit. Two examples of inscribed appraisals follow. The first is an instance of **positive affect**, in which the target's positive emotions are clearly expressed.

*Today **we** are actually all feeling really excited* (Text A)

The second is an example of inscribed **positive appreciation:valuation**, positively evaluating the work ("it") provided by the service.

Our early and intensive work with children like Noah requires significant investment. But it's just so valuable because it changes lives. (Text B)

Invoked appraisals are evaluations in which the expression of attitude is implicit rather than explicit, meaning that the evaluation is construed “even in the absence of attitudinal lexis that tells us directly how to feel” (Martin and White, 2005, p.62). Two examples of invoked appraisals follow. The first is an example of **judgement:normality**, which appraises Noah is fortunate and lucky because he got the ‘best start possible’ due to the choice his parents made.

*Michelle and Geoffrey gave **Noah** the very best start possible when they brought Noah to us* (Text B)

Though there are no explicit words appraising Noah within this instance, the meaning construes Noah as fortunate.

Another example of invoked **judgement:propriety** follows.

***Our** core customer in focussing our efforts towards achieving this mission is the family of the child with hearing loss* (Text B)

In this instance, the target “our” (the EI organisation) is not appraised through any explicitly positive terms. However, a number of inferences within the instance combine to positively evaluate the organisation for their propriety, (how ‘good’ they are). Firstly, it is pointed out that the organisation’s core customer is the family of the child with hearing loss, which in this context represents the ‘right’ values. There are no explicitly positive words evaluating “mission”, however there is again inference that the mission is ‘good’ and appropriate. Therefore, the entire instance appraises the target for ‘doing the right thing’. Such invoked appraisal can be challenging to identify and are not as immediately apparent as the inscribed appraisals in the examples above, and may appear to “introduce an undesirable element of subjectivity into the analysis” (Martin and White,

p.62). However, as noted above if such invoked attitude is left unanalysed, much of the evaluative work of a text is missed. (Strategies for maintaining reliability in analysis are discussed in section 3.3.3.)

3.3.2 Affect

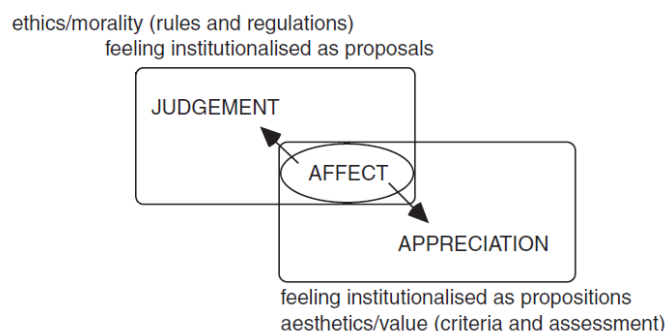
There are three main types of attitude in the Appraisal system. **Affect** refers to resources for expressing personal feelings, which can be further analysed through sub-categories such as un/happiness, dis/satisfaction, in/security. Some examples of appraisals of **affect** from the data follow: The target of appraisal is in **bold**, the appraising phrase (construing the feelings of the target) is underlined. The first example is an example of **positive affect**, construing the **happiness** of the target “we”, the second example is an example of negative affect: **unhappiness** which construes the negative emotions of “the new parents”.

*It's that full participation with the family, in life that **we** really enjoy.* (Text A)

*Two weeks later when testing at the hospital confirmed bilateral profound hearing loss, **the new parents** were devastated.* (Text B)

Whilst instances **affect** are concerned with construing personal feelings, the other appraisal types **appreciation** and **judgement** can be seen as the construal of “institutionalised feelings”, in that they “take us outside of our everyday common sense world into the uncommon sense worlds of shared community values” (Martin and White 2005, p.45).

Figure 3.2 Judgement and Appreciation as institutionalised feeling, Martin and White 2005, p.45



3.3.3 Appreciation

Appreciation refers to linguistic resources for evaluating “things”. There are three types of appraisals made through resources of **appreciation**. The first concerns peoples’ ‘reactions’ to things,(for example whether they please us, or whether they catch our attention), the second involves their ‘composition’ (for example their design or complexity), and the third concerns their ‘value’ (for example how worthwhile or effective something is). (Martin and White 2005, p.56)

Some examples of **appreciation** from the data follow. The following are examples of **appreciation:reaction**. In the first example the **positive reaction** appraises the “journey” of a D/HH child “Felix”.

Felix’s incredible journey from birth to school at The Shepherd Centre (Text A)

In the second example, the **negative reaction** evaluates the “news” that Noah’s parents received.

Shortly after Noah was born, his parents Michelle and Geoffrey, received unwelcome news (Text B)

Appreciation:composition evaluates things according to how they are ‘put together’, or ‘hang together’. In the following example, the target “program” is appraised for being well designed and considered through the adjective “tailored”.

*From there, your family will start on a tailored **program** specifically created to suit your particular needs and to be able to achieve your vision for your child and family (Text A)*

In the second instance the target “environment” is appraised positively for its composition through the adjective “harmonious”.

*The resolution of complaints promotes a harmonious **environment** and improves service delivery. (Text B)*

Appreciation:valuation appraises things in relation to their social value. Two examples of **appreciation:valuation** follow. In the first instance, the target is “our approach to childhood hearing loss”. The phrase “is unparalleled” makes the appraisal a positive one.

*These core principles have underpinned **our approach to childhood hearing loss** that is unparalleled (Text A)*

In the second instance the target “activities” is also evaluated positively in relation to its social value through the underlined phrase.

*The service is committed to developing knowledge, skills and attitudes that increase each child’s ability to engage in **activities** that are valued by the wider community (Text B)*

3.3.4 Judgement

The third appraisal type to be discussed is **judgement**, and refers to evaluations of people, or groups of people. Judgements refer to linguistic resources used to express admiration about people or to make criticisms of them, or to praise or blame them for their behaviour. The subcategories of **judgement** can be seen in Table 3.1 below. In this table, **judgements** of ‘social esteem’ such as evaluating peoples’ **normality**, **capacity** or **tenacity** have been distinguished from **judgements** of ‘social sanction’ such as evaluations of their **veracity** or their **propriety**. The table provides a list of synonyms which indicate the range of meanings that each sub-category of **judgement** may construe.

Table 3.1 Judgement - Social Esteem from Martin and White 2005, p.53

SOCIAL ESTEEM	Positive [admire]	Negative [criticise]
normality 'how special?'	lucky, fortunate, charmed ...; normal, natural, familiar ...; cool, stable, predictable ...; in, fashionable, avant garde ...; celebrated, unsung ...	unlucky, hapless, star-crossed ...; odd, peculiar, eccentric ...; erratic, unpredictable ...; dated, daggy, retrograde ...; obscure, also-ran ...
capacity 'how capable?'	powerful, vigorous, robust ...; sound, healthy, fit ...; adult, mature, experienced ...; witty, humorous, droll ...; insightful, clever, gifted ...; balanced, together, sane ...; sensible, expert, shrewd ...; literate, educated, learned ...; competent, accomplished ...; successful, productive ...	mild, weak, whimpy ...; unsound, sick, crippled ...; immature, childish, helpless ...; dull, dreary, grave ...; slow, stupid, thick ...; flaky, neurotic, insane ...; naive, inexperienced, foolish ...; illiterate, uneducated, ignorant ...; incompetent; unaccomplished ...; unsuccessful, unproductive ...
tenacity 'how dependable?'	plucky, brave, heroic ...; cautious, wary, patient ...; careful, thorough, meticulous tireless, persevering, resolute ...; reliable, dependable ...; faithful, loyal, constant ...; flexible, adaptable, accommodating ...	timid, cowardly, gutless ...; rash, impatient, impetuous ...; hasty, capricious, reckless ...; weak, distracted, despondent ...; unreliable, undependable ...; unfaithful, disloyal, inconstant ...; stubborn, obstinate, wilful ...

Table 2.7 Judgement – social sanction

SOCIAL SANCTION 'mortal'	Positive [praise]	Negative [condemn]
veracity [truth] 'how honest?'	truthful, honest, credible ...; frank, candid, direct ...; discrete, tactful ...	dishonest, deceitful, lying ...; deceptive, manipulative, devious ...; blunt, blabbermouth ...
propriety [ethics] 'how far beyond reproach?'	good, moral, ethical ...; law abiding, fair, just ...; sensitive, kind, caring ...; unassuming, modest, humble ...; polite, respectful, reverent ...; altruistic, generous, charitable ...	bad, immoral, evil ...; corrupt, unfair, unjust ...; insensitive, mean, cruel ...; vain, snobby, arrogant ...; rude, discourteous, irreverent ...; selfish, greedy, avaricious ...

Some examples of **judgements** of **normality**, **capacity**, **tenacity** and **propriety** occurring in the data follow. There were no instances of **veracity** found in either website.

The first example is an instance of **judgement: normality**. The target “he” is appraised positively through the adjective “typical”, and in this instance being normal or typical is construed as a positive characteristic.

***He** is a typical little boy who loves playing with his superheroes and trucks*

(Text B)

The next example is also an instance of positive **normality**, although in this example the target “us” (the EI organisation) is appraised as exceptional, or better than normal, through the appraising term “what sets us apart from other service providers”

*What sets **us** apart from other service providers is that **we** are a one-stop shop with everything you need under the one roof*

The two following examples are both instances of positive **judgement: capacity**. The first example appraises the EI organisation (“we”) for their expertise - having the knowledge and ability to train a family.

*Basically **we** train your family up so that their speech therapy becomes a fun part of your family’s daily life. (Text A)*

The second example appraises the target “parents and carers”, also for their expertise (“experts”), in the underlined phrase.

*RIDBC believes that **parents and carers** are the experts when it comes to their own families and that every child and family’s needs are different (Text B)*

Judgements of **tenacity** can be seen in the following examples. In the first instance the **tenacity** of the EI organisation (“our”) is evaluated positively through reference to their “commitment”, indicating they are persevering and resolute.

*These wonderful results developed from **our** commitment to three key principles*
(Text A)

In the second example, the parents (“we”) are depicted as plucky and tireless for their response to the diagnosis of their D/HH child.

*“But **we** didn’t dwell on the diagnosis,” says Michelle. “**We** started finding out as much as we could about hearing loss and what needed to happen next.”* (Text B)

In the following instances of **judgement:propriety**, the target “such a team of people” is the EI organisation and the appraising instance construes them as kind and caring towards their clients, and thus acting ‘for the right reasons’.

*We work with **such a team of people** that just want the best for every child and family* (Text A)

In the second example, the target is “a service” and the instance appraises the organisation as being ethical and law abiding.

*Each child and family receives **a service** that promotes and respects their legal and human rights* (Text B)

3.3.5 Appraisal Blends

Appraisal blends are lexical items that conflate (simultaneously express) two or more types or subtypes of appraisals (Bednarek 2007). There are three types of **appraisal blend** in the data analysed.

The first appraisal blend is positive **appreciation:composition/valuation**, describing evaluations of things in relation to both the quality of their composition as well as their value or effectiveness. There are also two **appraisal blends** involving **judgement**. One is **judgement:normality/capacity**, in which these two aspects of the targets' behaviour are simultaneously evaluated, the other type of **appraisal blend** is **judgement:capacity/propriety**. Examples of all three blends follow.

Appreciation:composition/valuation

In the first example of **appreciation:composition/valuation**, “tools and strategies” are appraised as well designed (they enable parents to “build” and “create” with them), as well as for being and effective and worthwhile.

*We have given hundreds of parents the **tools and strategies** they need to build their child's language and listening skills and create a future full of sound and speech (Text A)*

In the next example the target “information” is appraised for its quality composition in that the information is current and accurate, and well as for its reliability (value).

*RIDBC understands that families must have **information** that is current, accurate and reliable to be able to make decisions for their child.*

Judgement:normality/capacity

In the first example below, the “graduates” referred to in the instance are appraised both for their **normality** and **capacity**. Attending a ‘normal’ mainstream school like ‘normal

kids’ is presented as a positive outcome, and the fact that the targets have “skills on par with their hearing peers” evaluates the targets both for their competence, as well as for their equivalence with the norm.

More than 90 per cent of our graduates enter mainstream schools; the majority with communication skills on par with their hearing peers (Text A)

The second example is an example of negative **normality/capacity**. Felix (“he”) is appraised as unusual through the phrase “so deaf” (**negative normality**), as well as helpless, or in need of help (**negative capacity**), and these two aspects of Felix are interrelated in the appraisal.

*When Felix was born he was screened in hospital. We were told that **he** was so deaf that hearing aids were unlikely to ever be able to help him and so we had two major paths to choose from...*

Judgement:capacity/propriety

The final appraisal blend occurring within the data is **capacity/propriety**. In the first example, the target “we” is simultaneously appraised through resources of positive **capacity** (in “work with the hearing loss”) as well as through resources of positive **propriety** (“we work with you”), together appraising them for both their expertise in dealing with hearing loss as well as their personal, caring and sensitive approach.

We don’t just work with the hearing loss, we work with you (Text A)

In the second instance the target “skilled staff” is appraised for their **capacity** (“skilled” and “with the right experience”), as well as their **propriety** (“with the right values, attitudes.”).

*Services are well managed and delivered by **skilled staff** with the right values, attitudes, goals and experience.* (Text B)

3.3 Method

3.3.1 Selection of data

The texts selected for analysis are sections from the websites of the two leading early intervention centres for D/HH children in NSW. Text A is the website of The Shepherd Centre (TSC), and Text B is the website of The Royal Institute of Deaf and Blind Children (RIDBC). Parts of websites have undergone minor changes since June 2016 when analysis commenced. The versions used in the analysis can be retrieved at:

Text A: <https://web.archive.org/web/20160511184846/http://shepherdcentre.org.au>

Text B: <http://web.archive.org/web/20160630231250/http://www.ridbc.org.au/>

These websites are designed to give information to parents and other members of society about the respective institutions, and the services they provide. Such websites can be problematic as they serve a number of purposes, and there is potential for conflict between provision of early intervention services and the need to remain financially viable (see section 2.2,2.4; cf. Carreon, J. R., Watson Todd, R., & Knox, J. S., 2013).

Due to the detailed nature of Appraisal Analysis, it was not possible to analyse each website in its entirety. Several considerations were involved in deciding which sections to include. Social semiotic understandings about ‘visual grammar’ (Kress and Van Leeuwen 1996) and webpage analysis (Djonov and Knox 2014) were employed, though a detailed investigation of these was beyond the scope of this thesis due to limitations of space. The more visually salient sections of the homepages were prioritised on the basis that these ‘sets of choices’ foregrounded certain information, increasing the likelihood that these sections would attract more hits or views. For example, Text A’s homepage

included many videos, however “Take the tour with Max” was included as it was more salient, being larger and more colourful than the others, and was positioned in the centre of the homepage. “Felix’s incredible journey from birth to school at The Shepherd Centre”, was positioned at the top right of the page on the ‘first screen’ (Knox 2010), and was therefore more visually prominent than other “success stories” which a responder would need to scroll down the page to view. The navigation path was also considered, and sections which were on the home page or else one click away from the homepage were prioritised for inclusion (Djonov 2007).

Selecting texts from RIDBC’s website (Text B) necessitated a different approach. Whilst The Shepherd Centre only provides early intervention services for D/HH children, RIDBC works with D/HH children, blind children, and deaf/blind children of all ages, and so the RIDBC website contains many sections not relevant to this study. Therefore, it was necessary to locate the sections relating to EI for D/HH children.

It was anticipated that the websites would be analysed both individually, and in relation to each other, so an important consideration was to select comparable content from each website wherever possible. Overall, the methods described above resulted in comparable sets of data in terms of word count, though some differences in content were apparent, as can be seen in Table 3.1. One difference is that Text B includes some information about communication approaches, whereas there was no comparable section in Text A.

Another difference at this stage of the process was that, as already mentioned, the TSC homepage had many videos, whereas the RIDBC website did not include any. The selection of videos from TSC website was therefore limited to two videos. These videos were ‘stories’ of D/HH children who had attended the centre. For comparison, a story about D/HH child who had attended RIDBC was also included in the dataset from the RIDBC website. To enable an **appraisal analysis** of the language of the videos, the

language spoken in the videos was transcribed into written text. These sections have been marked as ‘*Transcription*’ on the below table.

Table 3.2 Summary of data

Content description	Text A The Shepherd Centre website	Word count	Text B Royal Institute of Deaf and Blind Children Website	Word Count
Information about hearing loss/deafness, intervention approaches	“Hearing loss explained”	34	“Hearing”	33
	“Types of hearing loss”	275	“General Information”	171
			“Deafness Fact List”	365
Information about communication approaches			“Learning to speak and talk”	132
			“Lip reading”	82
			“Sign Language”	136
Information about the organisation/service	“Our results”	233	“RIDBC service principles” (NSW Disability Services Standards)	54
	“Getting started”	148	“Rights”	60
	“Contact us”	29	“Participation and inclusion”	62
	“About us”	68	“Individual outcomes”	53
	“The Shepherd Centre’s Mission”	199	“Feedback and complaints”	55
	“The Shepherd Centre’s Vision”	29	“Service access”	22
			“Service management”	60
			“Early learning program”	42

Information about family centred approach	“Our focus is on you”	148	“Family centred practice at RIDBC”	127
Information from other voices, eg. testimonials, parent stories	“Take the tour with Max” (<i>Transcription</i>)	450	“Your gift can help change lives!” (Noah’s Story)	375
	“Felix’s incredible journey from birth to school at The Shepherd Centre” (<i>Transcription</i>)	340		
Total Words:		1953		1829

3.3.2 Analysis of data

This section will describe the steps taken in the Appraisal analysis of the texts.

The first step was to break the texts down to clauses which are the key functional units of analysis in SFL. Instances of appraisal were then identified noting both the target and instance of appraisal in each clause.

3.3.3 Tabulating the data

Table 3.2 exemplifies how each target from the example above was subsequently analysed. The data was entered into a spreadsheet which recorded: the appraising instance for each target, whether the instance was inscribed (insc) or invoked (inv), whether it was a positive (P) or negative (N) appraisal, or if the polarity was unclear it was marked as P/N. See Appendix 2 for full tables.

Table 3.3 Example of analysis from Text A

	Target	Instance	Insc/Inv	P/N	Appraisal Type	Justification	Target
1	we (TSC)	are incredibly proud	insc	P	affect:happiness	chuffed	5
2	our work (TSC)	helping children with hearing loss	insc	P	judge:cap/prop	competent expert/caring, altruistic	4

		learn to listen and speak					
3	hearing loss	hearing loss	insec	N	app:comp	irregular, flawed	0
4	(our) cohort of graduates the class of 2015	largest ever	insec	P	judge:norm	exceptional	4
5	largest ever cohort of graduates	have just started big school	inv	P	judge:norm/cap	normal/competent,	2
6	big school	big school	inv	P	app:val	real, important	7

The next column noted the appraisal type and sub-type which were abbreviated as follows:

Type: Affect (affect)

Sub-type: happiness (affect:hap), unhappiness (affect:unhap), security (affect:sec), insecurity (affect:insec), inclination (affect:incl) disinclination (affect:disincl), security (affect:sec), insecurity (affect:insec)

Type: Judgement (judge)

Sub-type: normality (judge:norm), capacity (judge:cap), tenacity (judge:ten), veracity (judge:verac), propriety (prop)

Type: Appreciation (app)

Sub-type: reaction (app:react), composition (app:comp), valuation (app:val)

Type: Appraisal blends

Judgement:normality/capacity, judgement:capacity/propriety,
appreciation:composition/valuation

The first analysis was checked by a second coder (the thesis supervisor). The analysis was then revised by the researcher, and any subsequent disagreements and/or problematic analyses were discussed and resolved.

In addition, a “justification” column was included for reliability and transparency (as discussed in 3.2) in which the most apt term from Table 3.1 taken from (Martin and White 2005, p.53) was entered. Applying these words to the specialised context of EI for D/HH children was not entirely unproblematic, for at times it was difficult to find a word which accurately captured the meaning, an issue which has been explored by appraisal analysts in other specialised contexts (Hommerberg and Don 2015). However, in addition to the process of coding, revision, and discussion with the second coder, this approach provided an objective benchmark for coding decisions.

The final column was included to sort the targets and instances into groups, which were numbered as follows:

Target 0: Hearing loss/deafness (things/phenomena)

Target 1: D/HH children (people)

Target 2: Parents of D/HH children (people)

Target 3: EI service providers/ organisations (people)

Target 4: EI services (things)

Target 5: Communication approaches (things)

Target 6: Futures and outcomes (things)

3.3.3 Exclusion of appraisals of hearing loss and deafness

All sections summarised in Table 3.1 were analysed using the procedures outlined above, though many instances from Target 1 and Target 2 were excluded from the findings presented in Chapter 4. This decision was made based the lack of consensus in the field about terminology for talking about deafness, where preferred terms vary between groups and individuals. Therefore, a term which some might consider to be negative or offensive may be positive or acceptable to others.

The analysis kept track of the language used in relation to hearing loss and D/HH people, and included the following examples:

- hearing impairment
- deafness
- hearing loss
- deaf and hard of hearing
- deaf or hearing impaired
- impaired hearing
- bilateral profound hearing loss
- significant hearing loss
- hearing impairment.

However, due to the contested nature of this terminology within the discourse of hearing loss, it was deemed too problematic to include these terms in the findings. However, any term which fell outside of this commonly used terminology was included in the findings.

3.3.4 Delimitations of findings

In order to conform with the expectations of a Master of Research dissertation, a number of decisions were made. As shown in 3.3.3, a range of “things” and “people” are evaluated within the two websites. However, as will be discussed in the following chapter, evaluations of people made up the largest proportion of these instances of evaluation, and so were deemed to be a higher priority in order to achieve the aim of understanding the nature of the information. Further, though evaluations of people occurred through resources of **judgement** *and* **affect**, instances of affect were very infrequent in the data (see Figure 4.1), thus appraisals of judgement were prioritised for this thesis. To further delimit the scope of the discussion and findings (by necessity), the findings and discussion report on the most frequently occurring judgement sub-types in the data, which all involved normality, capacity, or blends thereof. Thus, the following Findings chapter will report on the most prominent types of appraisal in the data:

- **judgement:normality**
- **judgement:capacity**
- **judgement:normality/capacity**
- **judgement capacity/propriety**

Chapter 4 Findings

4.1 Introduction to Findings

This chapter will summarise the findings of the Appraisal analysis of Text A (TSC) and Text B (RIDBC). Section 4.2 will provide an overview of the quantitative findings of the analysis; including a summary of the occurrence of appraisals **judgement**, **affect** and **appreciation** in the overall analysis, as well as in relation to specific targets of appraisal within the websites. The remainder of Chapter 4 will discuss focus on the types and patterns of evaluation made in relation to the key stakeholders. Appraisals of D/HH children will be discussed in 4.3, appraisals of parents and families of D/HH children in 4.4, and appraisals of the EI service providers themselves will be explored in 4.5.

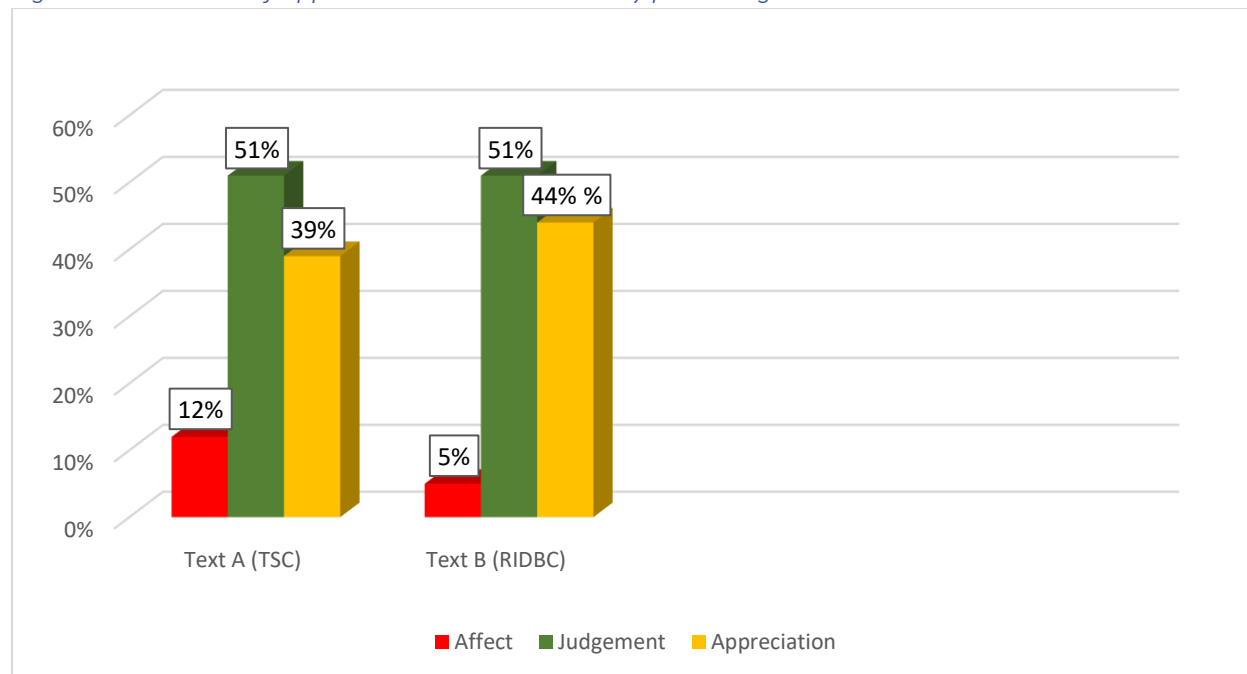
4.2 Overview of Findings

4.2.1 Overview of appraisal types

The quantitative findings indicate similarities types and proportions of evaluations present in the two websites. As Figure 4.1 shows, appraisals of **judgement** occur most frequently in both, making up over half of all appraisals. Similarly, instances of **appreciation** are the second most frequent appraisal in both websites, meaning **affect** is occurs least frequently overall in both - although there are more appraisals of affect in Text A (12%) than in Text B (5%). Both Text A and Text B contain more appraisals of “people” (**affect** and **judgement**) than of “things” (**appreciation**). In Text A people are evaluated 154 times and things 89 times. In Text B, people are appraised 106 times and things 69 times. This broad finding shows a pattern within both websites whereby

communicating meanings about the stakeholders involved (children, parents and providers) is more prominent than language appraising actual options, services or potential outcomes.

Figure 4.1 Overview of Appraisals Text A and Text B by percentage



4.2.2 Positive and negative appraisals

Another similarity between the websites is that evaluations of all types and of all targets are more frequently positive than negative. In Text A 92 % of all the appraisals are positive, and in Text B, this figure is 90%. Figures 4.2 and 4.3 below illustrate this commonality of the two texts, showing the instances of positive and negative appraisal for each target group. One difference can be seen in the negative instances in the two websites. In Text A, the highest number of negative instances relate to D/HH children, followed by parents of D/HH children, whereas in Text B, “communication approaches” received the most negative appraisals, followed by D/HH children. Both texts contain a couple of instances of P/N, in which the polarity of the attitude expressed is not clear.

Figure 4.2 Instances of positive and negative Appraisals Text A

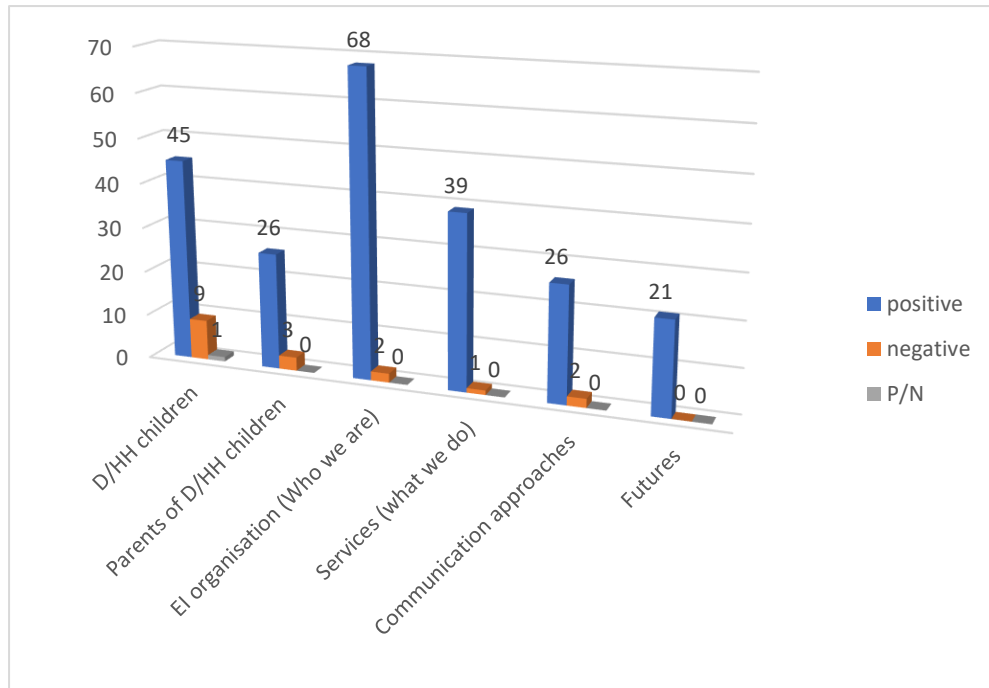
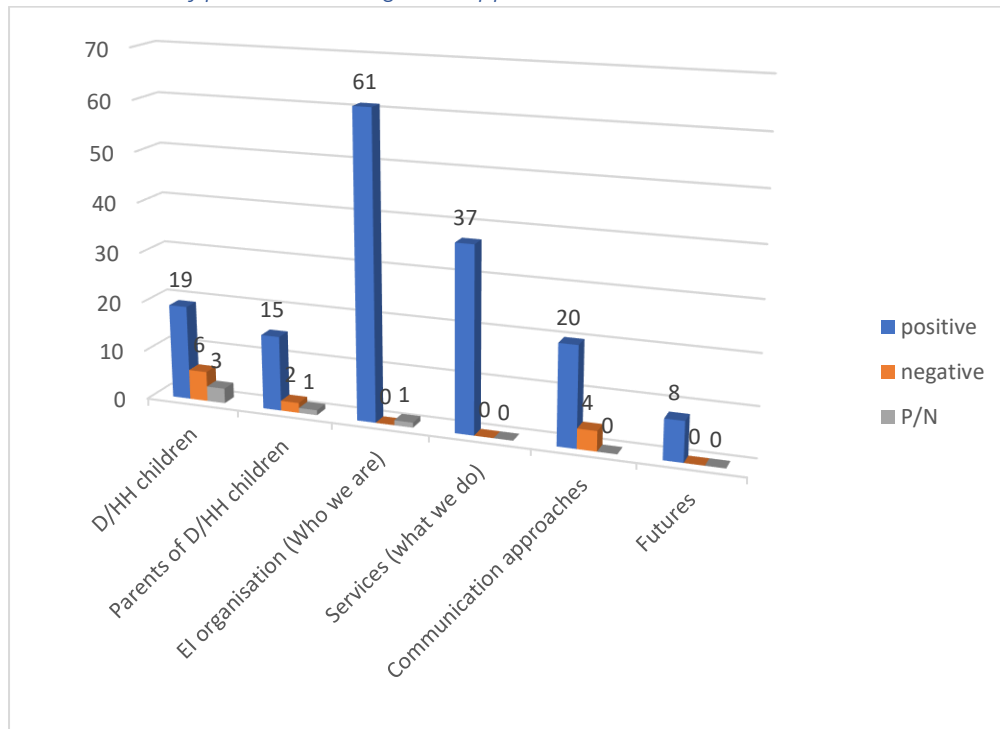


Figure 4.3 Instances of positive and negative Appraisals in Text B



4.2.3 Conclusion to section 4.2

The broad overview in this section provides some preliminary indications about the nature of the information on the websites. Firstly, it indicates that communicating evaluations of ‘who’ the stakeholders are, (for example the characteristics and behaviours of D/HH children, their parents and service providers) are a prominent feature within the websites; receiving more ‘talk-time’ than the ‘what’ targets such as the actual services or options choosers might consider.

Additionally, the high frequency of positive appraisals (and scarcity of negative appraisals) found within both texts also provides preliminary indications that the information may constitute a sort of ‘information asymmetry’ as discussed in 2.4, suggesting that whilst parents accessing these websites may be receiving substantial information about potential benefits of particular services, the information may be less comprehensive or evaluative in relation to potential risks, challenges and uncertainties associated with particular options.

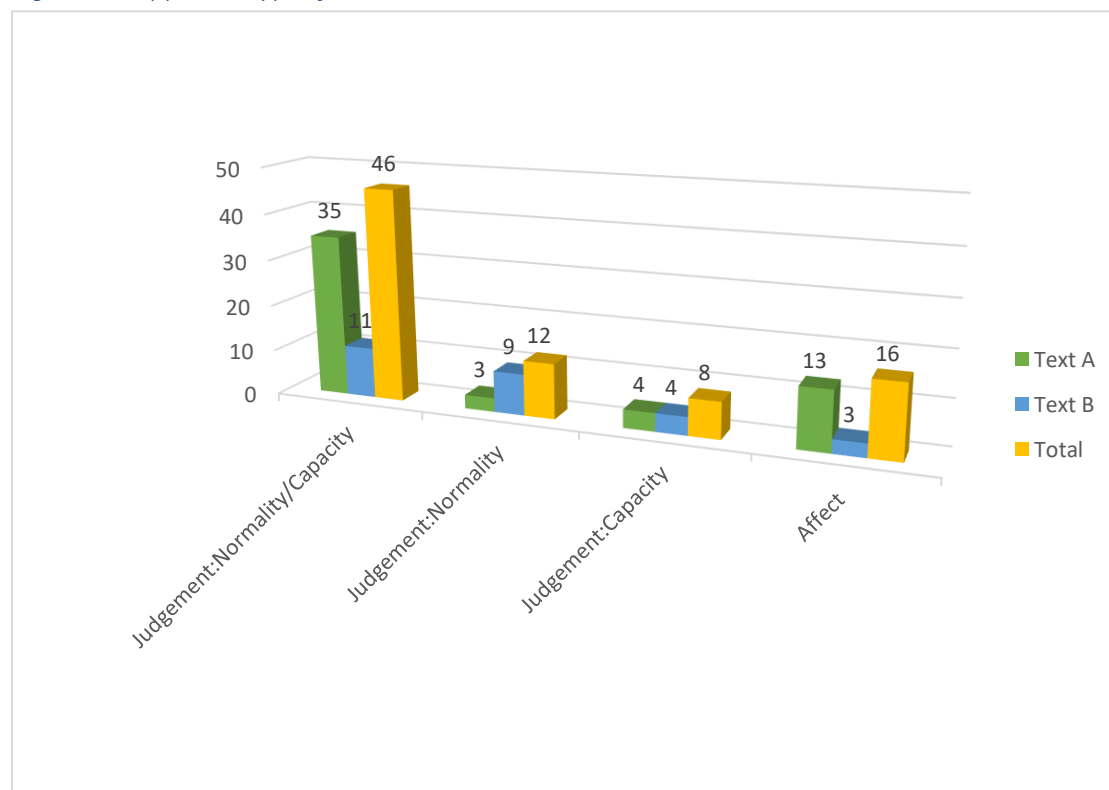
Additionally, it is interesting to note the relatively few instances of **affect**, indicating that the types of attitudes expressed in the websites involve the communication of “institutionalised feelings” rather than “personal feelings” (See Figure 3.3). This finding was somewhat surprising as on first impression some aspects of the websites (particularly the videos in Text A) appear to contain very emotive content. This quantitative finding may be an artefact of the type of linguistic analysis used, and suggests the need for future analysis to include a study of multimodality to understand how visual and audio modes of communication function alongside linguistic resources within the websites.

4.3 Appraisals of D/HH children

As Figure 4.4 below shows, D/HH children are appraised through a ranged of linguistic resources in the websites. Overall, they are the second most frequently stakeholders. This group is appraised more frequently in Text A (55 times) than in Text B (31 times).

Though instances of **affect** are not common in either website (see Figure 4.1) there are a relatively high number of instances of positive **affect** in both texts involving D/HH children. Although these instances will not be discussed in detail in this thesis, the analysis identified a clear pattern of appraisal in these instances. All instances are positive, presenting the children as leading happy and fulfilling lives.

Figure 4.4 Appraisal types for D/HH children



The following discussion of the findings about D/HH children will focus on **judgements** involving **normality** and **capacity**, which for D/HH children also includes the **appraisal blend normality/capacity**.

4.3.1 Judgement: normality (D/HH children)

As explained in Chapter 3, **judgement** can be thought of as the “institutionalisation of feeling” towards people, and the expression of attitudes regarding ‘norms’ about how people should and shouldn’t behave”(Martin and Rose 2003, p.45). Appraisals of **normality** cover a semantic space dealing with evaluations of ‘how unusual’ someone is. In some contexts, to judge someone “normal” might be construed as a positive appraisal, in that they do not deviate from the norm in an undesirable way, (for example as construed through terms such as “peculiar” or “odd” (Figure 3.1). On the other hand, to be considered representative of the ‘norm’ may be construed negatively, depending on the context. There are 12 instances of appraisals of normality of D/HH children in the data; five in Text A and seven in Text B. These instances are presented in Table 4.1.

Table 4.1: Judgement: normality D/HH children

	Text	Target	Instance	Inv/Insc	P/N	Appraisal Type
1	Text A	children who are deaf and hearing impaired	improve their quality of life	insc	P	judge: norm
2	Text A	kids	similar to them	inv	P/N	judge: norm
3	Text A	him	to remain unhearing	inv	N	judge: norm
4	Text A	his (Felix's)	day to day life just feels so normal	inv	P	judge: norm
5	Text A	he (Felix)	has access to that, which otherwise he wouldn't have had	inv	P	judge: norm
6	Text B	most children with hearing impairment	use a hearing aid or a cochlear implant to help	insc	P	judge: norm

			them understand speech			
7	Text B	Noah	Michelle and Geoffrey gave Noah the very best start possible when they brought Noah to us	inv	P	judge:norm
8	Text B	He	was just one month old (bold)	inv	P/N	judge:norm
9	Text B	children	with normal hearing	insc	P	judge:norm
10	Text B	little boy	typical	insc	P	judge:norm
11	Text B	^HE	is a typical little boy who loves playing with his superheroes and trucks	insc	P	judge:norm
12	Text B	Hearing impaired children	like Noah	inv	P/N	judge:norm

Just regular kids

Within Table 4.1 there two instances which use resources of **normality** to present D/HH children as ‘just regular kids’.

“His day to day life just feels so normal, and I think that’s the huge difference for us”.

(Text A)

“He is a typical little boy who loves playing with his superheroes and trucks” (Text B)

Both instances (one from each website) occur towards the end of parent stories in the websites, both of which start with appraisals of negative affect around the time of their child’s ‘diagnosis’. The positive construal of children being ‘normal’ or ‘typical’ is

presented as a far better outcome than what was initially anticipated by the speakers within the stories.

Not the only one

Appraisals of D/HH children which draw on resources of **normality** can also be seen in the following three instances from Table 4.1, where the meaning is concerned with construing the children as ‘not the only one’.

When the kids come to the Shepherd Centre they come and play in the play room.

*They get to play with **kids** similar to them (Text A)*

***Most children with hearing impairment** use a hearing aid or a cochlear implant to help them understand speech (Text B)*

*Rockie Woofit is a special kind of preschool.....it’s a preschool that brings children with normal hearing together with **hearing impaired children** like Noah. (Text B)*

These examples function to convey that though these children are not ‘normal’, they are also not alone in this difference.

D/HH children are lucky if...

Instances of **normality** can also involve evaluations of how fortunate or lucky a person is. This meaning is construed in four **normality** appraisals of D/HH children. In these instances D/HH children are presented as unlucky by nature (on account of being D/HH), however, at the same time they are cast as lucky in that they have the good fortune to turn their luck around, given the right circumstances.

*Since 1970, The Shepherd Centre has assisted close to 2,000 **children who are deaf or hearing impaired** to improve their quality of life (Text A)*

*We were told that he was so deaf that hearing aids were unlikely to ever be able to help him and so we had two major paths to choose from; and one was to go down the signing path and for **him** to remain unhearing, or um, to look at cochlear implants (Text A)*

*We live in a hearing world, we live in a world where most people communicate by speaking. **He** has access to that, which he otherwise wouldn't have had. (Text A)*

*Michelle and Geoffrey gave **Noah** the very best start to life possible when they brought Noah to us (Text B)*

In all these instances, there is an alternative explicitly or implicitly presented: things could have turned out worse, had the child ‘remained unhearing’. These instances also convey a meaning that the children’s ‘problem’ has been ‘solved’ thanks to the intervention the child received.

The relatively few (12) instances of **normality** appraising D/HH children present the children in a range of ways. In some instances, D/HH children behaving like non-D/HH children is construed as a cause for celebration - they are ‘just like other children’. Other instances construe them in relation to other D/HH children - they are not the only ones. Other instances construe D/HH kids who receive the ‘right’ kind of help as special and lucky.

4.3.2 Judgement:capacity (D/HH children)

D/HH children are also evaluated in regard to their **capacity**. As with **normality**, there are a range of sub-types within this type (See Table 4.1). Evaluations may be expressed about the degree to which someone is “un/accomplished”, “un/successful” or

“in/competent”, or may assess their physical or else their physical capacity, such as whether they are fit, healthy, ill or crippled. Terms such as ‘disability’ or ‘impairment’ are not mentioned in the suggested categories in Martin and White’s Table, however may be an area deserving of further exploration within specialised contexts. Text A contains three and Text B contains four instances of **capacity**. Overall the instances evaluate D/HH children as capable and competent, with a particular focus on their **capacity** to learn to listen and speak. These instances are presented on Table 4.2.

Table 4.2 judgement:capacity of D/HH children

	Text	Target	Instance	Inv/Insc	P/N	Appraisal Type
1	Text A	People affected	tend to have trouble listening in the presence of background noise	insc	N	judge:cap
2	Text A	"Felix" (speaker)	Felix...can you hear a voice? You can, can't you?	inv	P	judge:cap
3	Text A	he (Felix)	he's <i>more</i> than ready to go	insc	P	judge:cap
4	Text B	students	maximise the use of their residual hearing and develop the skills which enable them to learn through spoken language	insc	P	judge:cap
5	Text B	He (Noah)	hasn't looked back since	inv	P	judge:cap
6	Text B	He (Noah)	continues to make progress with his speech	insc	P	judge:cap

			and language every week			
7	Text B	him	more confident with his expressive language	inv	P	judge:cap

D/HH children can

In two instances (again from the parent stories), D/HH children are construed as generally competent, capable children, brimming full of capacity.

***He** hasn't looked back since, " says Michelle proudly. (Text A)*

***He's** more than ready to go, and he's just champing at the bit (Text B)*

D/HH children can listen and speak

Another four instances of **positive capacity** in Table 4.2 refer directly to the child's ability to listen and speak.

***"Felix ...can you** hear a voice? **You can, can't you?"** (Text A)*

*We teach **students** to maximise the use of their residual hearing and to develop the skills, which enable them to learn through spoken language. (Text B)*

***He** continues to make progress with his speech and language every week (Text B)*

more confident with his expressive language (Text B)

A range of verb phrases such as “maximise the use” or “develop the skills” depict the D/HH children competent and able in this specific ‘ability’. There are more of this type of instances in Text B.

The only instance of negative capacity occurs in Text A, which points out a potential challenge which D/HH children may experience in listening.

***People affected** tend to have trouble listening in the presence of background noise* (Text A)

Instances of **capacity** in both texts contribute to a picture of D/HH children within the websites as capable, confident and able people, with a particular focus on their capacity to learn to listen and speak, with one mention of a potential challenge in Text A.

4.3.3 Judgement: normality/capacity (D/HH children)

The most frequent appraisal of D/HH children is the appraisal blend **normality/capacity** (see 3.3.5). Text A contains 31 instances of this type and Text B contains 10. This group of appraisals contained a proportionately higher number of instances that were not positive. There were seven negative instances in Text A, three in Text B, as well as one instance of P/N Text B. The instances are presented in Table 4.3 below.

Table 4.3 Judgement normality/capacity of D/HH children

		Target	Instance	Inv/Insc	P/N	Appraisal Type
1	Text A	(if) your child	has hearing problems	insc	N	judge:norm/cap
2	Text A	their (your child)	speech and language can be affected	insc	N	judge:norm/cap
3	Text A	largest ever cohort of graduates	have just started big school	inv	P	judge:norm/cap
4	Text A	more than 90 per cent of our graduates (TSC)	enter mainstream schools	inv	P	judge:norm/cap
5	Text A	the majority (of graduates)	on par with their hearing peers	insc	P	judge:norm/cap

6	Text A	peers	hearing	insc	P	judge:norm/cap
7	Text A	people	affected	inv	N	judge:norm/cap
8	Text A	child with hearing loss	to be the best that they can be	inv	P	judge:norm/cap
9	Text A	deaf children like Thomas	don't let hearing and speech seem out of reach of deaf children like Thomas	inv	N	judge:norm/cap
10	Text A	child	so they can reach their full potential and be a fully contributing member of the community	insc	P	judge:norm/cap
11	Text A	member of the community	fully contributing	insc	P	judge:norm/cap
12	Text A	they (children)	can reach their full potential	insc	P	judge:norm/cap
13	Text A	every child with hearing loss	achieving the best listening and spoken language they are capable of	inv	P	judge:norm/cap
14	Text A	their (^EVERY CHILD WITH HEARING LOSS)	development of skills to maximise their social inclusion	inv	P	judge:norm/cap
15	Text A	I (Max)	was profoundly deaf in both ears	insc	N	judge:norm/cap
16	Text A	I (Max)	can attend school with my friends	insc	P	judge:norm/cap
17	Text A	they	can be part of their community and they can be part of their family	inv	P	judge:norm/cap
18	Text A	their child	can do things that they didn't necessarily expect that they would be able to do	inv	P	judge:norm/cap
19	Text A	children with hearing loss who access an early intervention centre	do have better outcomes in terms of their speech and language	insc	P	judge:norm/cap
20	Text A	a child	that needs assistance with hearing	insc	N	judge:norm/cap
21	Text A	Felix's	incredible journey from birth to school	insc	P	judge:norm/cap
22	Text A	he	was so deaf that hearing aids were unlikely to ever be able to help him	insc	N	judge:norm/cap
23	Text A	their children	listening and speaking	inv	P	judge:norm/cap
24	Text A	his (Felix's)	little eyebrows pop up and his dummy stop sucking	inv	P	judge:norm/cap

25	Text A	participation with the family, in life (Felix's)	full	insc	P	judge:norm/cap
26	Text A	he (Felix)	is just fully engaged with the world	insc	P	judge:norm/cap
27	Text A	(Felix)	going off to big school	inv	P	judge:norm/cap
28	Text A	he's (Felix)	just so ready	inv	P	judge:norm/cap
29	Text A	he (Felix)	to be whatever he wants to be	inv	P	judge:norm/cap
30	Text A	he (Felix)	to do whatever he wants to do	inv	P	judge:norm/cap
31	Text A	(he) Felix	to be everything that he was always meant to be	inv	P	judge:norm/cap
32	Text A	each child	(encouraged and supported) to participate and to be actively included in the community and mainstream activities	inv	P	judge:norm/cap
33	Text A	each child's	ability to engage in activities that are valued by the wider community	insc	P	judge:norm/cap
34	Text B	someone who has hearing loss	learning to listen and speak let alone understanding others is usually much harder for someone who has hearing loss	insc	N	judge:norm/cap
35	Text B	these children	often require support and intensive spoken language input to help them develop speech and listening skills	inv	N	judge:norm/cap
36	Text B	more than 3 out of every 1000 children (by the end of secondary school)	will require assistance because of hearing loss	insc	N	judge:norm/cap
37	Text B	newborns identified with hearing loss	get the best possible start to life when they, and their families receive immediate support and assistance	inv	P	judge:norm/cap
38	Text B	children with impaired hearing	have the opportunity to enjoy parity with their peers at school	inv	P	judge:norm/cap
39	Text B	Around 90% of children with hearing impairment enrolled in RIDBC services	are learning to communicate through speaking and listening	inv	P	judge:norm/cap
40	Text B	hearing impaired children	like Noah	insc	P/N	judge:norm/cap

41	Text B	Noah	(to) develop his language and learning in preparation for mainstream schooling	inv	P	judge:norm/cap
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D/HH children need help

Generally, the instances of **negative normality/capacity** appraise children as children as unfortunate, unlucky or unusual (**normality**) as assessing them as less able (**capacity**) in some regards.

Learning to listen and speak let alone understanding others is usually much harder for someone who has a hearing loss (Text B)

In this instance the target is “someone who has a hearing loss”, and the evaluation being made highlights the target’s **negative normality** through the attribute “much harder” - indicating a point of difference from the norm. Similarly, the target’s **negative capacity** is construed in a number of ways; their capacity to learn and understand is evaluated (mental **capacity**) as well as their capacity to listen and speak (physical **capacity**).

Another function of the negative **normality/capacity** instances in the EI websites is to assess the D/HH children as in need of help. At times the source of the this required help is explicit (for example “The Shepherd Centre” is named in two of the following examples), at other times it is not. The seven instances below illustrate this discursive pattern.

*If your **child** has hearing problems **their** speech and language can be affected without the right therapy, so it’s vital to seek professional help immediately with an early intervention provider like The Shepherd Centre.* (Text A)

Don’t let hearing and speech seem out of reach for deaf children like Thomas
(Text A)

*“When **Felix** was born, he was screened in hospital, and we were told that **he** was so deaf that hearing aids were unlikely to ever be able to help him” (Text A)*

*If you have **a child** that needs assistance with hearing, The Shepherd Centre is a great place to come. (Text A)*

***These children** often require support and intensive spoken language input to help them develop speech and listening skills (Text A)*

*When I was a baby doctors discovered that **I** was profoundly deaf in both ears so that’s why my parents brought me to The Shepherd Centre from when I was a baby to when I was five. (Text A)*

***More than 3 out of every 1000 children** (by the end of secondary school) will require assistance because of hearing loss (Text B)*

These instances make a connection between the target’s audiological difference (**negative normality**), and their need for help or intervention (**negative capacity**).

Defying the odds

While the instances of **negative normality/capacity** discussed above establish D/HH children as being at a disadvantage and thus in need of help and assistance, another pattern of meaning occurs in the instances of **positive normality/capacity**. The following five instances concern the children’s ability to overcome their inherent **negative normality/capacity**, to defy the odds, appraising them positively for doing so.

*One of the best things about my job, is meeting families and watching them support their child to grow, and for them to see that **their child** can do things that they didn’t necessarily expect that they would be able to do. (Text A)*

*It's not just focussed on speech and language but we look at communication and developing a child's social connection, so that **they** can be part of their community, and **they** can be part of their family, which is the most important thing to people when we first meet them. (Text A)*

*That was just the most amazing day. Having watched so closely for so long looking for any hint of any recognition of sound, and then to actually see on the day **his** little eyebrows pop up and his dummy stop sucking (Text A)*

*We want **Felix** to feel happy. That's our main thing, um to be whatever he wants to be, and to do whatever he wants to do. To be everything that he was always meant to be (Text A)*

*I guess we were sceptical in the beginning but it was just so lovely then to see families that were further along on that journey and see **their children** listening and speaking, and that gave us hope. (Text A)*

These instances of positive **normality/capacity**, appraise children positively by presenting them as having defied the odds, as being both fortunate and successful for having risen 'what could have been'. All instances come from Text A, indicating that this element of negative polarity is a discursive strategy unique to this website.

Getting into mainstream schools

All government schools in NSW are legally required to accept any child from within their catchment under the 2005 Disability Standards in Education Act (Greal). However, a pattern of meanings within the instances of **normality/capacity** function to construe D/HH children attending mainstream school as an 'outcome' indicative of success or achievement in its own right. Fourteen instances in Table 4.3 forge a connection between notions of "mainstream" (**normality**) and success or achievement (**capacity**). Some instances include references to "mainstream school", some refer to this educational setting as "big school", some refer more generally to "mainstream activities". The

instances which appraise D/HH children positively for attending a mainstream school or participating in mainstream activities can be seen below.

*We are incredibly proud of our work helping children with hearing loss learn to listen and speak; **our largest ever cohort of graduates** – the Class of 2015 – have just started big school!* (Text A)

***More than 90 per cent of our graduates** enter mainstream schools; the majority with communication skills on par with their hearing peers.* (Text A)

*The organisation is recognised as a world leader in the field of early intervention Auditory-Verbal Therapy, providing families with assistance to develop their **child's** spoken language, so **they** can reach their full potential and be a fully contributing member of the community.* (Text A)

*The Shepherd Centre's Mission**every child with hearing loss** ...in New South Wales and the ACT achieving the best listening and spoken language they are capable of; And to support their development of skills to maximise their social inclusion* (Text A)

*I'm glad I came here because it helped my speech and **I** can attend school with my friends.* (Text A)

***Felix's** incredible journey from birth to school at The Shepherd Centre* (Text A)

So, it's all systems go from here; going off to big school, it's all really exciting, (Text A)

*We can't wait for him because we think he's going to have a good time, and we think everything's going to go well..**he's** just so ready* (Text A)

*Each **child** is encouraged and supported to participate and be actively included in the community and mainstream activities in the way their families choose (Text B)*

*The service is committed to developing knowledge, skills and attitudes that increase **each child**'s ability to engage in activities that are valued by the wider community (Text B)*

***Around 90% of children with hearing impairment enrolled in RIDBC services are learning to communicate through speaking and listening** (Text B)*

*It's a brilliant place for **Noah** to develop his language and learning in preparation for mainstream schooling* (Text B)

*With skilled special education, **children with impaired hearing** have the opportunity to enjoy parity with their peers at school. (Text B)*

*Rockie Woofit is a special kind of preschool. It works on a model of what we call "reverse integration" – it's a preschool that brings children with normal hearing together with **hearing impaired children like Noah** (Text B)*

These instances of **positive normality/capacity** appraise D/HH children as having the 'ability' to live 'normal' lives, or as being 'normal' enough to 'achieve' within mainstream community. The pattern of meaning is present in both websites (8 instances in Text A and 6 in Text B), and has implications for informed choice as it communicates this particular outcome very positively but does not reflect alternative options or potential risks of this particular educational approach.

Living life to the full

Another pattern of meaning is evident in the instances in Table 4.3 can be seen in instances that construe through comparative terms. These instances communicate that

there are “better”, “best” or “best possible” futures for children, and there is “full” participation in life.

*We want to make life easy for you so all your energy is put in to helping your **child with hearing loss** to be the best that they can be (Text A)*

*The Shepherd Centre’s Mission**every child with hearing loss** ...in New South Wales and the ACT achieving the best listening and spoken language they are capable of; And to support their development of skills to maximise their social inclusion (Text A)*

***Children with hearing loss who access an early intervention centre** do have better outcomes in terms of their speech and language (Text A)*

*We live in a hearing world, we live in a world where most people communicate by speaking **he** has access to that which otherwise he wouldn’t have had. It’s that full participation with the family, in life that we really enjoy. That **he** just is fully engaged with the world (Text A)*

***Newborns identified with hearing loss** get the best possible start to life when they, and their families, receive immediate support and assistance.(Text B)*

Again, these instances appraise D/HH children positively, through references to what they can do, or can be, however, as in other appraisals of children discussed in this chapter, there is an invocation that there must also be ‘lesser’ outcomes or ‘partial’ participation of life, which may result as a consequence of not choosing a certain approach.

Conclusion to 4.3

The patterns of meaning evident in the Appraisal analysis discussed in this section contribute to an understanding of the information parents are receiving in a number of ways. On the one hand, the predominantly positive nature of the instances, which appraise children positively for being ‘regular kids’, for being generally capable, for having the ability to listen and speak and to have the potential to attend mainstream schools communicate some positive futures that children might aspire to, and may provide worried parents with a source hope about their child’s future. On the other hand, these findings also indicate an imbalance in the way the information is presented whereby some ‘outcomes’ are construed to be best or better than others, and positive futures appear to be contingent a particular set of circumstances. The potential benefits of oral communication and mainstream settings are made clear in the websites, yet there is an absence of information about the potential risks, challenges and uncertainties of these options.

4.4 Appraisals of parents and families of D/HH children

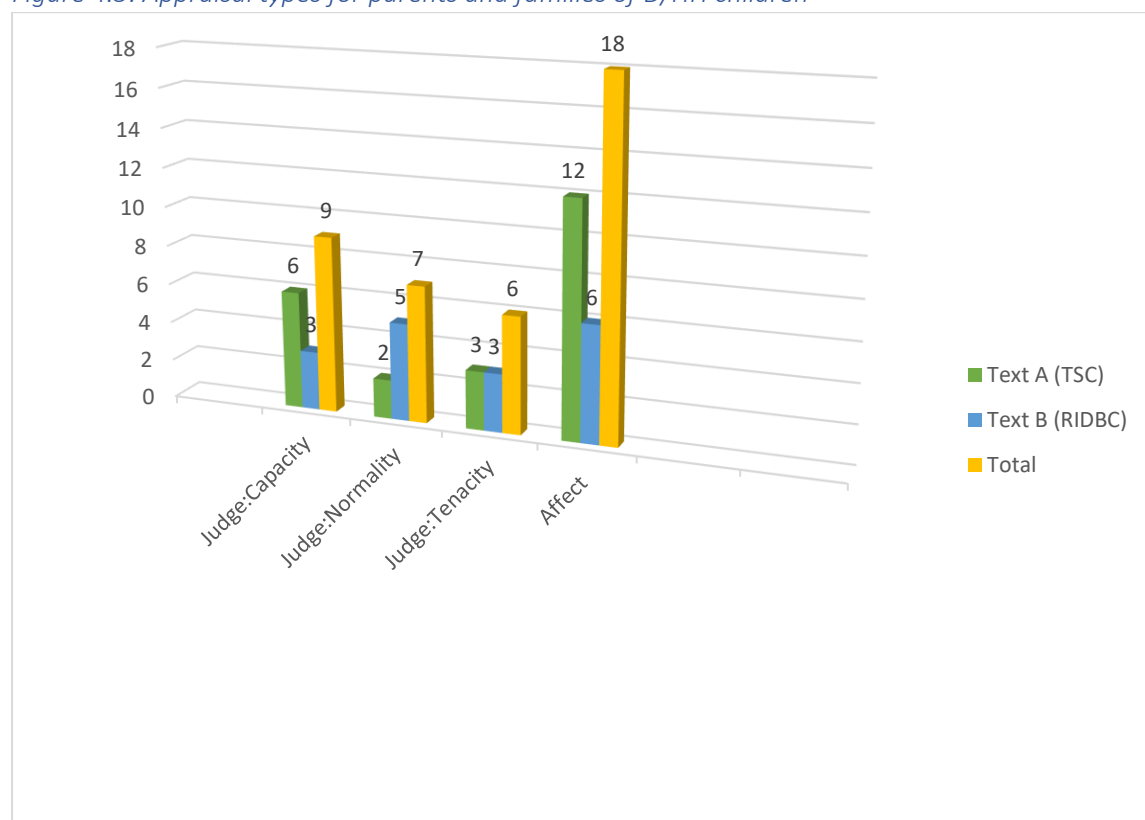
4.4.1 Overview of appraisals of parents and families of D/HH children

Parents (and families) of D/HH children are appraised least often in the websites. In total, there are 47 instances in the data, with 29 in Text A and 18 in Text B. As shown in figure 4.5 below, **judgements** are expressed through resources of **capacity**, **normality**, and **tenacity**. All **judgements** except for one are positive, presenting parents in various instances as in various instances as being special (normality), capable, accomplished (capacity), tireless, and persevering (tenacity). Though a detailed discussion of **affect** is beyond the scope of this thesis, it is notable that there are more instances of **affect** in relation to this group than to any other target. Many of these instances of **affect** occur in

the parent success stories. A clear pattern emerges within these stories whereby the time of ‘diagnosis’ at the beginning of the stories feature instances of **negative affect**, though all instances of **affect** beyond this point (after the child has undertaken early intervention) are positive presenting carefree and happy endings to the stories.

This section will first discuss instances of **judgement: normality** in 4.3.1, followed by instances of **judgement: capacity** in 4.3.2.

Figure 4.5: Appraisal types for parents and families of D/HH children



4.4.2 Judgement normality of parents and families of D/HH children

There are only nine instances of **judgement: normality** in total - three in Text A and in six in Text B. One instance of negative **normality** occurs in each website and the rest are positive **normality**. Two main patterns of meaning are evident in this group of instances. The first pattern construes them as unlucky, and the second emphasises the special and unique nature of families of D/HH children.

Table 4.4 Judgement: normality (Parents and families of D/HH children)

		Target	Instance	Inv/Insc	P/N	Appraisal Type
1	Text A	needs of each family	individual	inv	P	judge: norm
2	Text A	we	were told that he was so deaf that hearing aids were unlikely to ever be able to help him	inv	N	judge: norm
3	Text A	your	particular needs	inv	P	judge: norm
4	Text B	each child and family	individual and cultural needs and preferences	inv	P	judge: norm
5	Text B	all families	the dignity and privacy of	insc	P	judge: norm
6	Text B	each child and family	receives quality services which are effectively and efficiently governed	inv	P	judge: norm
7	Text B	every child and family's needs	different	inv	P	judge: norm
8	Text B	all children and families	the dignity and privacy of	insc	P	judge: norm
9	Text B	Michelle and Geoffrey	received unwelcome news	inv	N	judge: norm

Parents of D/HH children are unlucky

As mentioned in 4.3.1, a notable pattern in the instances of **affect** for this group is the contrast of negative emotions present in the texts at the time of diagnosis with the instances of positive **affect** once help has been received, contributing to a meaning of a 'problem' having being 'solved'. There are also two instances of negative **normality** in the websites which function in a similar way, by appraising the parents as unfortunate or unlucky at the beginning of their stories:

When Felix was born, he was screened in hospital. We were told that he was so deaf that hearing aids were unlikely to ever be able to help him. (Text A)

*Shortly after Noah was born, his parents **Michelle and Geoffrey**, received unwelcome news. Noah's newborn hearing screening test revealed that he was deaf.* (Text B)

In both these instances, the parents are grammatically construed not as Agent, but as Beneficiary (specifically as Receiver in verbal-Process clauses - see Halliday & Matthiessen, 2004, pp. 306, 345) - they receive bad news about their child which is a negative experience and (initially at least) a negative development in their lives as parents and family members, hence the analysis of invoked negative judgement: normality.

Each family is unique and special

The remaining instances of **normality** are positive, and primarily function to communicate that parents are important, special and unique. The instances of positive **normality** convey this through terms such as “individual”, “different”, and through the repetition of “each”, “every” and “all”. Instances of this variety occur more frequently in Text B, with only the first of the following instances coming from Text A.

*Our high standards in delivering quality programs that are tailored to the individual needs of each family. From there, **your family** will start on a tailored program specifically created to suit **your particular needs and to be able to achieve your vision for your child and family*** (Text A)

***Each child and family** receives a service that promotes and respects their legal and human rights and enables them to exercise choice and participation according to **their individual and cultural needs and preferences**.* (Text B)

*RIDBC is committed to ensuring that **each child and family receives quality services which are effectively and efficiently governed*** (Text B)

*RIDBC believes that parents and carers are the experts when it comes to their own families and that **every child and family's needs are different**.* (Text B)

This service is committed to ensuring the dignity and privacy of all families (Text

B)

Instances of **judgment:normality** function in two ways within the websites. Though infrequent, the instances of negative normality, which cast the parents as unfortunate on account of their child being D/HH, serve a similar function to some appraisals of D/HH children by positioning the parents as in need of help. On the other hand, instances of positive normality construe the families as special and important in the eyes of the early intervention organisations. These instances reflect aspects of the FCEI principles and are particularly evident in Text B, and may indicate a point where this text in particular is supporting parents in the process of self determination as recommended in the FCEI principles.

4.4.3 Judgement Capacity - parents and families

The most frequently occurring type of judgement in relation to parents and families of D/HH children is **judgement:capacity**. There were fourteen instances in total, with 10 of them occurring in Text A and four in Text B. All instances of **judgement:capacity** for this target are positive.

Table 4.5 Judgement:capacity (Parents and families of D/HH children)

		Target	Instance	Inv/Insc	P/N	Appraisal Type
1	Text A	you	as your child's primary teacher	insc	P	judge:cap
2	Text A	you	as your child's...role model	insc	P	judge:cap
3	Text A	your	able to achieve your vision for your child and family	insc	P	judge:cap
4	Text A	families	develop their child's spoken language (so they can reach their full potential and be a fully contributing member of the community)	insc	P	judge:cap
5	Text A	a family	there's so much potential	insc	P	judge:cap

6	Text A	hundreds of parents	build their child's language and listening skills and create a future full of sound and speech	inv	P	judge:cap
7	Text A	my parents	so that's why my parents brought me to The Shepherd Centre from when I was a baby to when I was 5	inv	P	judge:cap
8	Text A	your family	we train your family up so that their speech therapy becomes a fun part of your family's life	inv	P	judge:cap
9	Text A	them (families and children)	potential for them as an individual to reach their communication goals	inv	P	judge:cap
10	Text A	you	navigating your way	inv	P	judge:cap
11	Text B	parents and carers	the experts when it comes to their own families	insc	P	judge:cap
12	Text B	families	to be able to make decisions for their child	insc	P	judge:cap
13	Text B	them (families)	work out what is best for their family and what is most important for their child	insc	P	judge:cap
14	Text B	Michelle and Geoffrey	gave Noah the very best start possible when they brought Noah to us	insc	P	judge:cap

Parents are experts

Three instances of **capacity** from Table 4.5 evaluate parents as having the expertise to take a leading role in helping their D/HH child. This can be seen in the three following instances, where parents are described as “teacher”, “role model” or “expert”. The third instance implies this through the reference to the family’s “potential”

*As your child's primary teacher and role model, we aim to equip **you** with the skills and knowledge required to give your child every opportunity for listening, learning, language and social development at home and in everyday life.*

*RIDBC believes that **parents and carers** are the experts when it comes to their own families*

*The greatest thing about seeing **a family** from the very beginning is knowing that there's so much potential.*

Other instances appraise this group as capable and competent people, being actively involved in productive activities such as “achieving”, “developing”, “building” and “creating”, “navigating” and working things out.

*From there, your **family** will start on a tailored program specifically created to suit your particular needs and to be able to achieve your vision for your child and family (Text A)*

The organisation is recognised as a world leader (in the field of early intervention Auditory-Verbal Therapy, providing families with assistance to develop their child’s spoken language, so they can reach their full potential and be a fully contributing member of the community. (Text A)

*We are a world leader in the field of Auditory Verbal Therapy (AVT); we have given **hundreds of parents** the tools and strategies they need to build their child’s language and listening skills and create a future full of sound and speech (Text A)*

We can also assist you with navigating your way through funding issues including the National Disability Insurance Scheme (NDIS) (Text A)

*Basically, we train **your family** up so that their speech therapy becomes a fun part of your family’s daily life. (Text A)*

*RIDBC understands that **families** must have information that is current, accurate and reliable to be able to make decisions for their child. This information will allow them to work out what is best for their family and what is most important for their child. (Text B)*

One difference that can be seen between the two websites is evident in the above examples. Whilst the instances of **capacity** in Text A appraise the active involvement in a particular form of intervention (Auditory-Verbal therapy), Text B also includes an appraisal about their capacity to “make decisions for their child”, a direct reference to informed choice which is not seen in Text A, which again indicates that this website reflects understandings of FCEI principles about guiding parents to understand the decision-making process.

Parents can because we can

The conditional element discussed in some appraisals of **normality** and

normality/capacity of D/HH in section 4.2 is also evident in some instances appraising the **capacity** of parents. In the instances below, this pattern can be seen (and marked in blue) whereby wherever a positive appraisal about parents' abilities or skills occurs, a positive appraisal of the EI organisation is never far away. These instances occur more frequently in Text A. Through the lens of considering how parents' capacity is appraised, the construal of this causal relationship between the parents' **capacity** and the providers' involvement, somewhat diminishes the extent to which parents are presented as truly competent and expert, suggesting, rather that parents can be the experts if they are *enabled* to be by the organisation. This positions EI centres as the true experts, and parents further down the chain. There are six of these instances listed below. All except one occur in Text A, indicating that this discursive strategy is more of a feature within this website.

*From there, your **family** will start on a tailored program **specifically created** to suit your particular needs and to be able to achieve your vision for your child and family (Text A)*

*Basically **we train your family** up so that their speech therapy becomes a fun part of your family's daily life. (Text A)*

*The organisation is recognised as a world leader (in the field of early intervention Auditory-Verbal Therapy, **providing families with assistance** to develop their child's spoken language, so they can reach their full potential and be a fully contributing member of the community. (Text A)*

*We are a world leader in the field of Auditory Verbal Therapy (AVT); **we have given hundreds of parents the tools and strategies they need** to build their child's language and listening skills and create a future full of sound and speech (Text A)*

***We can also assist you with navigating your way** through funding issues including the National Disability Insurance Scheme (NDIS) (Text A)*

Michelle and Geoffrey gave Noah the very best start possible when they brought Noah to us (Text B)

The ‘writing in’ of the service provider reduces the extent to which parents are presented as truly the experts or as equal partners (as recommended in FCEI best practice guidelines). A comparable pattern is seen in the next examples however in this case enabling the role of the EI organisation is not directly stated but is inferred.

When I was a baby doctors discovered that I was profoundly deaf in both ears so that’s why my parents brought me to The Shepherd Centre from when I was a baby to when I was five. (Text A)

*RIDBC understands that **families** must have information that is current, accurate and reliable to be able to make decisions for their child. This information will allow them to work out what is best for their family and what is most important for their child.* (Text B)

Though different from the previous examples, both instances share the textual feature whereby the good actions of the parents are attributed back to the involvement of the centre in some way.

4.4.4 Conclusion to 4.4

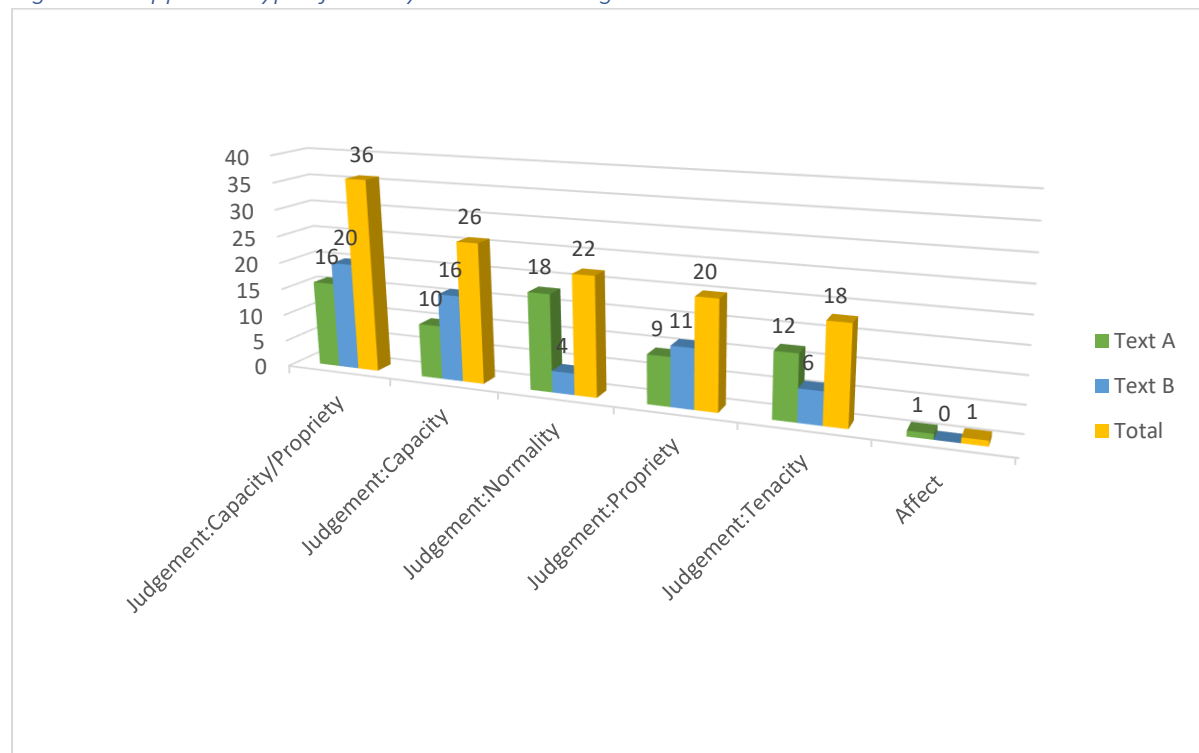
Parents of D/HH children are appraised through various linguistic resources within the two EI websites. Both texts include instances appraising them as unlucky, however there are several differences between Text A and Text B; In Text B, the instances predominantly evaluate parents special and unique and able to make decisions, in instances which explicitly refer to elements of FCEI. In Text A parents’ capacity to help their children listen and speak is appraised more specifically. Though both texts reflect tenets of the FCEI best practice principles, the positive evaluations of parents, like those of their children are also somewhat lessened within the texts by the ‘writing in’ of the EI organisations themselves which functions to position the centres as the true experts and

enablers, affecting the degree to which parents are genuinely encouraged to view themselves as competent and capable to help their child.

4.5 Judgement of EI organisations

The most frequently evaluated people or group in the websites are the EI organisations themselves, with 65 instances occurring in Text A and 58 occurring in Text B. The same types of **judgements** occur within both websites, though at different frequencies. These types are **normality**, **capacity capacity/propriety**, **propriety** and **tenacity**. Text A also has one instance of **positive affect**. The most frequently occurring type of appraisal in Text A is **normality**, whereas most frequent type of appraisal in Text B is the appraisal blend **capacity/propriety**. The most marked difference occurs in instances of **normality**, where Text A has 18 instances whereas Text B has four.

Figure 4.6 Appraisal types for early intervention organisations



4.5.1 Judgement: normality (EI organisations)

In contrast to instances of **normality** discussed in 4.3, where D/HH children being on par with the ‘norm’ was presented as an accomplishment, instances of **normality** of EI centres, construe equivalence with the ‘norm’ as indicative of mediocrity. Many of the instances of **normality** of EI organisations appraise the organisations for their exceptional nature, with a number featuring language of comparison and contrast to position the organisations as better than other services, or categorically “the best”. There are 22 instances of **normality** in total; 18 in Text A and four in Text B.

Table 4.6 Judgement: normality (EI organisations)

	Text	Target	Instance	Inv/Insc	P/N	Appraisal Type
1	Text A	Our (TSC)	largest ever cohort of graduates the class of 2015	insc	P	judge: norm
2	Text A	TSC (key principles)	industry leadership	insc	P	judge: norm
3	Text A	our (TSC)	approach to childhood hearing loss that is unparalleled	insc	P	judge: norm
4	Text A	other centres	no other centre we know of across the globe has published results matching ours	inv	N	judge: norm
5	Text A	TSC	no other centre we know of across the globe has published results matching ours	insc	P	judge: norm

6	Text A	we (TSC)	are a world leader in the field of Auditory Verbal Therapy	insc	P	judge:norm
7	Text A	us	in the unique position to change the lives of all Australian children with hearing loss	insc	P	judge:norm
8	Text A	other service providers	what sets us apart from	insc	N	judge:norm
9	Text A	us (TSC)	what sets us apart from other service providers is that we are a one-stop shop with everything you need under the one roof	inv	P	judge:norm
10	Text A	The organisation	is recognised as a world leader in the field of early intervention Auditory Verbal Therapy, providing families with assistance to develop their child's spoken language	insc	P	judge:norm
11	Text A	standard of our clinical programs	best in the world	insc	P	judge:norm
12	Text A	outcomes being achieved by the children	best in the world	insc	P	judge:norm
13	Text A	efficiency of our operations	best in the world	insc	P	judge:norm
14	Text A	our ability to connect people with our cause	best in the world	insc	P	judge:norm

15	Text A	their journey (families)	to be part of their journey is such a privilege	insc	P	judge:norm
16	Text A	it's (TSC)	it's an incredible place to be	insc	P	judge:norm
17	Text A	The Shepherd Centre	a great place to come	insc	P	judge:norm
18	Text A	The Shepherd Centre	Felix's incredible journey from birth to school at the Shepherd Centre	inv	P	judge:norm
19	Text B	us (RIDBC)	Michelle and Geoffrey gave Noah the very best start possible when they brought Noah to us	inv	P	judge:norm
20	Text B	Rockie Woofit	is a special kind of preschool	insc	P	judge:norm
21	Text B	it (Rockie Woofit)	works on a model of what we call "reverse integration" - it's a preschool that brings children with normal hearing together with hearing impaired children like Noah	inv	P	judge:norm
22	Text B	It's (Rockie Woofit)	a brilliant place for Noah to develop his language and learning in preparation for mainstream schooling	insc	P	judge:norm
24	Text B	we (RIDBC)	it's amazing when you consider what the outcome might have been if we hadn't met Noah as a baby	inv	P	judge:norm

We are exceptional

The five instances below construe the organisations' **positive normality** as above

average, or exceptional, through a range of evaluative terms.

*We work with such a team of people that just want the best for every child and family. Not settling with just ok, but wanting more and doing everything that we possibly can for each child and family that come to us. It is such a privilege to be part of their journey. **It's an incredible place to be*** (Text A)

*If you have a child that needs assistance with hearing, **The Shepherd Centre is a great place to come.*** (Text A)

*Felix's incredible journey from birth to school at **the Shepherd Centre*** (Text A)

***Rockie Woofit** is a special kind of preschool* (Text B)

It's a brilliant place for Noah to develop his language and learning in preparation for mainstream schooling (Text B)

*It's amazing when you consider what the outcome might have been if **we** hadn't met Noah as a baby* (Text B)

These instances appraise the organisations through positive adjectives which position them as better than normal.

We are the best

Other instances from the websites evaluate the organisation as superior to other service providers. Comparison and contrast occurs more frequently in Text A, which has 14 of these instances, whereas there is one instance of this kind Text B. The use of terms such as “unparalleled”, “best in the world”, make indirect comparisons to other services.

*These wonderful results developed from our commitment to three key principles—family focus, quality and industry leadership. These core principles have underpinned **our approach to childhood hearing loss** that is unparalleled.* (Text A)

***We are a world leader** in the field of Auditory Verbal Therapy (AVT) Our high standards in delivering quality programs that are tailored to the individual needs of each family, backed up by global research and analysis, has placed **us** in the unique position to change the lives of all Australian children with hearing loss.* (Text A)

*What sets **us** apart from other service providers is that we are a one-stop-shop with everything you need under the one roof.* (Text A)

***Our** aim is to be the best in the world in terms of the **standard of our clinical programs**; the **outcomes being achieved** by the children; **the efficiency of our operations**; and **our ability to connect people with our cause**.* (Text A)

***The organisation** is recognised as a world leader in the field of early intervention Auditory-Verbal Therapy, providing families with assistance to develop their child's spoken language, so they can reach their full potential and be a fully contributing member of the community.*(Text A)

*Michelle and Geoffrey gave Noah the very best start possible when they brought Noah to **us**.* (Text B)

Text A also contains two instances of **negative normality**, which simultaneously appraise other services providers or other centres as inferior, whilst appraising the organisation through **positive normality** as better than the rest.

***No other centre** we know of across the globe has published results matching ours* (Text A)

*What sets us apart from **other service providers** is that we are a one-stop-shop with everything you need under the one roof.* (Text A)

Judgements of **normality** within the websites construe organisations as being exceptional and special; better than merely normal. Some instances include language that functions to claim that provider is 'the best' either through positive evaluation of their own organisation or negative evaluation of others. Section 2.2 noted that language of comparison of contrast is an example of communicative practice many health professionals are banned from using in their advertising on the basis that it might interfere with informed choice. It is therefore notable that this feature is evident within the instances from Text A discussed above.

4.5.2 Judgement:capacity (EI organisations)

There are 26 instances of **capacity** occurring in the data; 10 instances in Text A, and 16 in Text B, indicating that whilst instances assessing the **normality** of the organisation are more frequent in Text A, instances of positive self-appraisal of the organisations' **capacity** are a more common evaluative strategy in Text B. This group of instances are presented below on Table 4.7, and function to evaluate the organisations as knowledgeable, experienced, successful and specialised.

Table 4.7 Judgement:capacity (EI organisations)

	Text	Target	Instance	Inv/insc	P/N	Appraisal Type
1	Text A	(our) TSC	more than 90 per cent of our graduates enter mainstream school,	Inv	P	judge:cap
2	Text A	high standards in delivering quality programs	high standards in delivering quality programs	Insc	P	judge:cap
3	Text A	TSC	All you need to do is pick up the phone and call us on (02 93704400)	Inv	P	judge:cap
4	Text A	We(TSC)	basically we train your family up	Insc	P	judge:cap
5	Text A	us (TSC)	you'll first meet with a child and family counsellor followed by a specialist therapist and paediatric audiologist	Inv	P	judge:cap
6	Text A	therapist	Specialist	Insc	P	judge:cap
7	Text A	audiologist	Paediatric	Insc	P	judge:cap
8	Text A	our clinical work (TSC)	includes integrated services incorporating listening and spoken language clinical programs including audiological and counselling support; coordinated access to multiagency services; and research and outreach in support of our mission	Insc	P	judge:cap
9	Text A	our mission	research in support of	Inv	P	judge:cap

10	Text A	here/it (TSC)	helped my speech and I can attend school with my friends	Insc	P	judge:cap
11	Text B	RIDBC	employs sound management practices which maximise outcomes for the children and their families	Insc	P	judge:cap
12	Text B	RIDBC	(is committed to) ensuring that each child and family receives quality services which are effectively and efficiently governed	Insc	P	judge:cap
13	Text B	staff	skilled	Insc	P	judge:cap
14	Text B	RIDBC	(assists families and children) to develop these skills throughout their entire schooling	Inv	P	judge:cap
15	Text B	We (RIDBC)	use a range of techniques (sometimes known as auditory -verbal and auditory oral habilitation)	Inv	P	judge:cap
16	Text B	we (RIDBC)	For very young children, we help parents to learn techniques and methods for developing spoken language at home on a daily basis.	Insc	P	judge:cap
17	Text B	we (RIDBC)	For school aged-children, we teach students to maximise the use of their residual hearing and to develop the skills, which enable them to learn through spoken language	Insc	P	judge:cap
18	Text B	RIDBC researchers	have developed Auslan dictionaries and the interactive Auslan website, Signbank	Inv	P	judge:cap
19	Text B	RIDBC	Around 90% of children with hearing impairment enrolled in RIDBC services are learning to communicate through speaking and listening	Inv	P	judge:cap
20	Text B	RIDBC	Less than 5% of children with hearing impairment enrolled in RIDBC services are learning to communicate through Australian Sign Language (Auslan) or an alternative form of communication	Inv	P/N	judge:cap
21	Text B	RIDBC	The number of deaf or hearing impaired children enrolled in RIDBC programs has increased by 40% in the last 7 years.	Inv	P	judge:cap
22	Text B	RIDBC	More than 60% of Australia's new Teachers of the Deaf graduate through RIDBC every year	Inv	P	judge:cap
23	Text B	Teachers of the Deaf	highly trained	Insc	P	judge:cap
24	Text B	RIDBC	More than 500 professionals from around the world have received qualifications in	Inv	P	judge:cap

			education of children who are deaf or blind			
25	Text B	professionals in Australia	qualified to teach children who are deaf or blind	Insc	P	judge:cap
26	Text B	His RIDBC teacher	has really helped him become more confident with his expressive language	Inv	P	judge:cap

We are specialists, we are professionals

One way that the some of the instances above communicate the expertise of the EI

organisations is through language consistent with medical services and institutions. The following example shows how this language was used in parts of Text A to appraise the organisation.

Our clinical work includes integrated services incorporating listening and spoken language, clinical programs including audiological and counselling support; coordinated access to multi-agency services including cochlear implantation; and research and outreach in support of our mission. (Text A)

The above sentence is densely packed with medical and institutional language such as “clinical work”, “integrated services”, “clinical programs”, “audiological and counselling support” “coordinated access”, “multiagency services”, “research and outreach” , which together help form a picture that the target “our” are highly skilled and knowledgeable in their field. The following examples also employ language which emphasises the organisations’ expertise and professionalism. Six of the following instances occur in Text B, whereas only one occurs in Text A.

*When you come to **us**, you’ll first meet with a child and family counsellor followed by a specialist therapist and paediatric audiologist* (Text A)

***RIDBC** has good governance, management and quality processes in place and employs sound management practices which maximize outcomes for the children and their families.* (Text B)

We use a range of techniques (sometimes known as auditory-verbal and auditory oral habilitation) to help children learn to listen and talk, choosing the best strategies for each individual. (Text B)

*For school aged-children, **we** teach students to maximise the use of their residual hearing and to develop the skills, which enable them to learn through spoken language (Text B)*

*Without **RIDBC**, there would be 500 fewer professionals in Australia qualified to teach children who are deaf or blind (Text B)*

There is a worldwide shortage of highly trained Teachers of the Deaf. (Text B)

*Every year, more than 60% of Australia's new teachers of the Deaf undertake their professional training through **RIDBC** (Text B)*

It takes one-year of postgraduate coursework to professionally train a teacher of the Deaf. (Text B)

The instances of **capacity** appraise the organisations for their specialised skills and knowledge, experience, and professionalism. Both texts contain instances using medical language which present the organisations as specialists in 'treating' hearing loss. A preference for institutional rather than personal language in Text B is particularly evident in these instances.

[Solid foundations](#)

Whilst the instances above appraise the **positive capacity** of specialists working within the organisations, other instances appraise the organisation as single, cohesive entity, though with a different emphasis in the two websites. This is achieved differently in Text A and Text B. One instance from Text A shown below appraises "our mission", (which is presupposed to be a good and appropriate mission) whilst the instances from Text B appraise elements of the organisations' governance or management.

Our clinical work includes integrated services incorporating listening and spoken language clinical programs including audiological and counselling support;

coordinated access to multi-agency services including cochlear implantation; and research and outreach in support of **our mission** (Text A)

RIDBC has good governance, management and quality processes in place and employs sound management practices which maximize outcomes for the children and their families. (Text B)

RIDBC is committed to ensuring that each child and family receives quality services which are effectively and efficiently governed. Services are well managed and delivered by skilled staff with the right values, attitudes, goals and experience. (Text B)

Facts and figures

Numbers and statistics are a feature in seven instances in this group of appraisals. Six out of seven of these instances occur in Text B, and are part of the section entitled “Deafness Fact List”, (which on closer inspection contains information more about the organisation than about “Deafness” *per se*).

More than 90 per cent of **our** graduates enter mainstream school (Text A)

Around 90% of children with hearing impairment enrolled in **RIDBC** services are learning to communicate through speaking and listening. (Text B)

Less than 5% of children with hearing impairment enrolled in **RIDBC** services are learning to communicate through Australian Sign Language (Auslan) or an alternative form of communication (Text B)

The number of deaf or hearing impaired children enrolled in **RIDBC** programs has increased by 40% in the last 7 years (Text B)

More than 60% of Australia's new Teachers of the Deaf graduate through **RIDBC** every year (Text B)

More than 500 professionals from around the world have received qualifications in education of children who are deaf or blind (Text B)

The use of figures together with comparative phrases such as “more than”, “has increased”, communicates notions of **positive capacity**, showing potential choosers that the organisation has a proven and quantifiable past record of success.

In the words of others

Both texts had one instance of positive capacity where the voices of parents or children to appraise the **capacity** of their organisations. In both instances this is achieved through attributing the success of the D/HH to the work of the organisation.

*“I’m glad I came **here** because it helped my speech and I can attend school with my friends”*

*“His **RIDBC teacher** has really helped him become more confident with his expressive language. He’s now trying new words without being scared”*

The instances of **capacity** employ a range of linguistic resources to positively evaluate the competence and expertise of the organisations such as the use of medical language, to present the organisations as specialists in treating hearing loss and the use of other voices to attest to the competence and past success of the organisation. A notable difference here is the more frequent occurrence of instances of **capacity** in Text B which exhibits impersonal, formal, institutional use of language and numbers to construe the organisation as a professional, well governed entity, which contrasts to the use of personal language in Text A.

4.5.3 Judgement: capacity/propriety (EI organisations)

In Appraisal theory, **judgements** of **propriety** involve evaluations concerning the “ethics” of people, which can be either on a personal level (such as being kind, caring, moral) or on an institutional level (such as being law abiding, altruistic). The appraisal

blend **capacity/propriety** is the most frequent type of **judgement** for EI organisations.

There are 16 instances in Text A, and 20 in Text B. These instances simultaneously appraise organisations as good at what they do (**capacity**) as well as being ethical people generally (**propriety**). The instances are presented on Table 4.7 below.

Table 4.8 Judgement:capacity/propriety (EI organisations)

	Text	Target	Instance	Inv/Insc	P/N	Appraisal Type
1	Text A	The Shepherd Centre	if your child has hearing problems, it's vital to seek professional help immediately with an early intervention provider like The Shepherd Centre	Inv	P	judge:cap/prop
2	Text A	our work (TSC)	helping children with hearing loss learn to listen and speak	Insc	P	judge:cap/prop
3	Text A	we (TSC)	each year we help over 400 children and families from our five centres in NSW and ACT	Insc	P	judge:cap/prop
4	Text A	we (TSC)	have given hundreds of parents the tools and strategies they need to build their child's language and listening skills and create a future full of sound and speech	Insc	P	judge:cap/prop
5	Text A	The Shepherd Centre	If your child has hearing loss, (TSC) can help	Insc	P	judge:cap/prop
6	Text A	we	make life easy for you	Inv	P	judge:cap/prop
7	Text A	We (TSC)	can also assist you with navigating your way through funding issues including the National Disability Insurance Scheme (NDIS	Insc	P	judge:cap/prop
8	Text A	our focus	is on you	Inv	P	judge:cap/prop
9	Text A	We (TSC)	don't just work with the hearing loss, we work with you	Inv	P	judge:cap/prop
10	Text A	We(TSC)	we aim to equip you with the skills and knowledge required to give your child every opportunity for	Insc	P	judge:cap/prop

			listening, learning, language and social development at home and in everyday life			
11	Text A	TSC	Since 1970, The Shepherd Centre has assisted close to 2000 children who are deaf or hearing impaired to improve their quality of life	Insc	P	judge:cap/prop
12	Text A	TSC's mission	to work to support their development of skills to maximise their social inclusion	Insc	P	judge:cap/prop
	Text A	our aim (TSC)	to be the best in the world in terms of the standard of our clinical programs; the outcomes being achieved by the children; the efficiency of our operations	Insc	P	judge:cap/prop
13	Text A	we (TSC)	will not invest in activities that significantly detract from our ability to fulfil this mission	Insc	P	judge:cap/prop
14	Text A	The Shepherd Centre's Vision	to enable children who are deaf and hearing-impaired to develop spoken language so that they may fully participate in the world, and in doing so, reach their full potential	insc	P	judge:cap/prop
15	Text A	it (TSC)	it's not just focussed on speech and language (TSC)	Inv	P	judge:cap/prop
16	Text A	we (TSC)	we look at communication and developing a child's social connection so that they can be part of their community	Insc	P	judge:cap/prop
17	Text B	(RIDBC)	a safe, secure and healthy environment will be provided for all children	Inv	P	judge:cap/prop
18	Text B	(RIDBC)	each child is encouraged and supported be actively included in the community and mainstream activities in the way their families choose	Insc	P	judge:cap/prop

19	Text B	The service (RIDBC)	(is committed) to developing knowledge, skills and attitudes that increase each child's ability to engage in activities that are valued by the wider community and supported to develop and maintain a positive self-image.	Insc	P	judge:cap/prop
20	Text B	RIDBC	each family is supported to exercise as much choice and control over the design and delivery of their child's support and service	Insc	P	judge:cap/prop
21	Text B	RIDBC	Complaints are resolved in a fair, respectful, efficient and confidential manner without negative implication for service provision or client interaction	Insc	P	judge:cap/prop
22	Text B	manner	respectful, efficient, confidential	Insc	P	judge:cap/prop
23	Text B	RIDBC	the resolution of complaints promotes a harmonious environment	Inv	P	judge:cap/prop
24	Text B	skilled staff	with the right values, attitudes, goals and experience	Insc	P	judge:cap/prop
25	Text B	RIDBC early learning program (HI)	provides family-centred education and therapy services for children aged 0-6 who have significant hearing impairment	Inv	P	judge:cap/prop
26	Text B	RIDBC early learning program (HI) teachers/therapists	work collaboratively with families to develop and implement an individual program for each child	Insc	P	judge:cap/prop
27	Text B	RIDBC	assists families and children to develop these skills throughout their entire schooling	Insc	P	judge:cap/prop
28	Text B	We (RIDBC)	help children listen and talk	Insc	P	judge:cap/prop

29	Text B	we (RIDBC)	choosing the best strategies for each individual	Inv	P	judge:cap/prop
30	Text B	RIDBC	without RIDBC there would be 500 fewer professionals in Australia...	Inv	P	judge:cap/prop
31	Text B	RIDBC	every year RIDBC provides more than 8,000 hours ...	Inv	P	judge:cap/prop
32	Text B	professionals	working with deaf and blind children	Inv	P	judge:cap/prop
33	Text B	RIDBC	understands that families must have information that is current, accurate and reliable	Inv	P	judge:cap/prop
34	Text B	RIDBC	provide them with the information they need to make the best decisions for their child	Insc	P	judge:cap/prop
35	Text B	RIDBC	"RIDBC has helped us in so many ways"	Inv	P	judge:cap/prop
36	Text B	RIDBC	has supported every stage of his development with teachers, audiologists, speech pathologists and occupational therapists	Insc	P	judge:cap/prop

We help

Many of the instances of **capacity/propriety** contain processes construing the active involvement of the providers in “helping” families - a process which simultaneously denotes the doer’s capacity (it is effective) as well as the doer’s propriety, in that they are kind or caring for giving the help. Variations on the verb “help” occur in six instances and “assist” occurs in three.

*If your child has hearing problems, it’s vital to seek professional help immediately with an early intervention provider like **The Shepherd Centre** (Text A)*

***We** are incredibly proud of our work helping children with hearing loss learn to listen and speak (Text A)*

Each year we help over 400 children and families from our five centres in NSW and ACT (Text A)

*If your child has hearing loss, **The Shepherd Centre** can help (Text A)*

***We** can also assist you with navigating your way through funding issues including the National Disability Insurance Scheme (NDIS) (Text A)*

*Since 1970, **The Shepherd Centre** has assisted close to 2000 children who are deaf or hearing impaired to improve their quality of life (Text A)*

*"**RIDBC** has helped us in so many ways" (Text B)*

***RIDBC** assists families and children to develop these skills throughout their entire schooling (Text B)*

Instances appraising the organisations for “helping” families are more common in Text A, and are often coupled with the personal pronoun “we” establishing an intimate tone, and construing the organisation as genuinely caring about its clients. This is consistent with previously noted patterns indicating that Text A favours personal language, and Text B employs more institutional and formal language.

We can give what you need

Other verbs such as “give”, “provide”, “support”, “encourage”, and to a lesser extent “equip” also communicate the positive **capacity/propriety** of the organisations, casting them as benevolent and also effective in that they “give” families what they “need” or what they “require”. Two instances from Text A and five from Text A follow.

***We** have given hundreds of parents the tools and strategies they need to build their child's language and listening skills and create a future full of sound and speech (Text A)*

***We** aim to equip you with the skills and knowledge required to give your child every opportunity for listening, learning, language and social development at home and in everyday life (Text A)*

***RIDBC** provides family-centred education and therapy services for children aged 0-6 who have significant hearing impairment every year (Text B)*

***RIDBC** provides more than 8,000 hours (Text B)€*

***RIDBC** is committed to working with families to provide them with the information they need to make the best decisions for their child (Text B)*

Each family is supported to exercise as much choice and control over the design and delivery of their child's support and service (Text B)

Each child is encouraged and supported to be actively included in the community and mainstream activities in the way their families choose (Text B)

These instances of **capacity/propriety** present the kind and helpful nature of the organisations, although again the propriety takes a more personal flavour in Text A.

[We work with families](#)

Other appraisals of **capacity/propriety** evaluate the organisations positively by pointing out their holistic approach to intervention, an important feature of family centred early intervention (Moeller, Carr et al. 2013). These instances highlight the organisations' respect for the individual nature and preferences of families. These instances evaluate organisations for notions associated with **capacity/propriety** as their practices are in shown to be in agreement with current understandings of what constitutes ethical and effective practice within the EI context. Again, Text A conveys this meaning through more personalised language, whereas Text B's tone is more detached.

***We** don't just work with the hearing loss, we work with you (Text A)*

***We** want to make life easy for you so all your energy is put in to helping your child with hearing loss to be the best that they can be (Text A)*

***Our focus** is on you (Text A)*

Each family is supported to exercise as much choice and control over the design and delivery of their child's support and service (Text B)

Each child is encouraged and supported to be actively included in the community and mainstream activities in the way their families choose (Text B)

***RIDBC** is committed to developing knowledge, skills and attitudes that increase each child's ability to engage in activities that are valued by the wider community and supported to develop and maintain a positive self-image.* (Text B)

***RIDBC** Early Learning Program (HI) teachers/therapists work collaboratively with families to develop and implement an individual program for each child.* (Text B)

***RIDBC** has helped us in so many ways* (Text B)

The instances above appraise the organisations positively through resources of **capacity/propriety** through presenting the organisations as being respectful of the individual preferences of the families they work with.

We have a vision and a mission

One instance of capacity/propriety in Text A refers to the organisation's "mission" as and one to their "vision".

***We** will not invest in activities that significantly detract from our ability to fulfil this mission*

***The Shepherd Centre's Vision:** To enable children who are deaf and hearing-impaired to develop spoken language so that they may fully participate in the world, and in doing so, reach their full potential*

In these instances, the vision and mission are presupposed to be valuable and appropriate, and appraise the organisation for their, "ability" or because they "enable" children to develop spoken language (**capacity**) as well as for their **propriety** in that they are construed as helpful and altruistic. The first example presents the organisation's refusal to take part in activities "that will significantly detract from our ability to fulfil this mission" as a positive evaluation inferring that their inflexibility on this point is indicative of positive propriety.

References to a mission or vision do not occur in Text B, indicating another difference in the sets of choices made in the construction of the information for parents of D/HH children. The mission and vision again reinforce the more personalised nature of Text A.

4.5.4 Conclusion 4.5

EI organisations are evaluated very positively in both the websites, though some similarities and differences are evident in the two texts; both evaluate the organisations through instances of **capacity** (more frequent in Text B) which present them as specialised, competent and experienced, and through instances of **normality**, which present them as exceptional, or even “the best” (more frequent in Text A) as well as through instances of **capacity/propriety** which present them as both competent and caring at the same time. Text A construes this meaning through personal language more frequently than Text B which exhibits a more formal use of language.

4.6 Conclusion to Chapter 4

The findings presented in this chapter help to form a picture of the way that the key stakeholders involved with early intervention are presented in the websites of two of the major early intervention centres in NSW. The findings show that the websites evaluate people more often than things, and that they are more comprehensive in communicating benefits of some aspects or potential outcomes of early intervention though information about risks, benefits and challenges are rarely mentioned. The websites appraise all stakeholders positively, communicating clearly the potential that parents and children have, however appraisals of the organisations themselves are more positive and more frequent than any others, conveying a meaning that the success and competencies of D/HH children and their families is somewhat contingent on receiving the right help from the right organisation. These findings have implications for the extent to which a family

centred approach to EI is genuinely supported through the information provided to parents of D/HH children, and will be discussed in the concluding chapter of this thesis.

Chapter 5 Conclusions

5.1 Introduction

This thesis has explored the provision of information for parents of D/HH children on the websites of two EI providers in the Australian state of NSW. This was motivated in part by issues of information provision and informed choice raised in previous research and in part by my experience as an ‘interested’ observer of a sometimes questionable discursive environment. It has set out to explore the extent to which concerns over a ‘subjective presence’, stemming from attitudes, values and beliefs of the information providers, endure in the websites parents are currently provided with.

Though the findings of this research apply to the use of language in the websites of two providers, and do not report in any detail the other communicative practices of EI providers for example in print media, social media, formal or informal consultations, my experience within this social context indicates that the sample analysed in this thesis is representative of the nature of information provided to parents of D/HH children in important ways, and that the discussion that follows would also apply to these other texts. A future PhD would explore linguistic and other modes of communication in other genres and media.

This chapter will first provide a summation of the findings of the exploration of ‘attitudes’ and evaluations identified through the Appraisal Analysis, and consider these findings in relation to issues raised in the literature review in Chapter 2, including the FCEI principles about informed choice, which can be referred back to in Table 2.1.

5.2 Summary of findings

The broad findings of the Appraisal Analysis indicate similarities and differences between the two websites. One notable similarity is that both include more frequent “who” evaluations (about key stakeholders such as D/HH children, parents, and EI organisations) than they do “what” evaluations (about actual services or potential options). In both websites, the most frequently and positively evaluated stakeholder is the EI organisations themselves, who are evaluated for their professionalism, their specialist knowledge in treating hearing loss, their kind manner, and their holistic approach to service delivery. Both websites include evaluations of their organisations being the “best” or being “right”, though Text A exhibits more frequent use of these strategies of comparison and contrast to communicate with potential choosers

There are also similarities and differences in the way parents are evaluated. In both websites, they are the least frequently appraised. Both websites make reference to family centred principles, and evaluate parents positively, reflecting FCEI understandings around the key role families play in the development of D/HH children. In both websites, this group of stakeholders is appraised for their expertise and competencies. However, the extent to which they are presented as truly competent and able to exercise self-determination is modified by a textual feature within the websites, particularly Text A, which positions parents’ capacity as being dependent on the involvement and work of EI centres.

For D/HH children themselves, the evaluations made within the texts often involve evaluations of how normal, or unusual, they are, or have the potential to be, and forge a connection between this aspect of who the child is and their ability to lead fulfilling lives. Overall, D/HH children are evaluated positively, with language more often emphasising

what they *can* do than what they can not. However, the focus of many of the evaluations of children's ability pertain specifically to their ability to listen and speak, and to attend mainstream schools, contributing to a pattern meaning within the texts emphasises the benefits of this approach, and outcome. This connection is more explicitly and frequently construed in Text A. There are more negative appraisals of 'who' D/HH children are than of any other stakeholder, and these negative instances of evaluation position D/HH children perched in a precarious position between dichotomies of lucky/unlucky, and capable/incapable. Like those of the parents, these evaluations often assess the children as in need of the right sort of help from the right organisation.

5.3 Answering the research question

To what extent does the information provided on the websites of two leading early intervention providers in NSW promote a family centred approach to informed choice for parents of D/HH children?

The findings indicate that there are some areas where the information in the websites does reflect a FCEI model of informed choice, however also areas where the nature of the information is at odds with the FCEI principle of informed choice discussed in Section 2.2 (Table 2.1).

The acknowledgment of family centred principles can be seen in the evaluations of parents which emphasise their importance in their child's life. Both websites include a section about families, both include positive assessments of parents' abilities, and both acknowledge the need for organisations and parents to work collaboratively together in

the interests of the child (4.5.3). These positive evaluations indicate that both organisations are respectful of individual family differences, though these types of attitudes are more explicit in Text B, which contains direct references to the process of informed choice, parent rights, and family centred practice. Text A refers to these principles more generally, and instead includes references to their own organisation's "mission" or "vision", establishing a more individualised interpretation of FCEI. This finding suggests that the content in Text B's website is more in line with the FCEI principles which explicate the need for parents need to understand the decision-making process, and be supported to "exercise their decision-making authority". However, the detached and institutionalised language featured in Text B is less engaging, indicating that Text A is engaging in a more "meaningful" and "relevant" communicative practices (See Table 2.1).

Family centred practice is based on equal partnerships between service providers and parents, with the emphasis being on empowering parents to exercise "self-determination", and thus take a leading role. Though the sections mentioned above do refer to aspects of FCEI, other sections raise questions around the extent to which the families are genuinely encouraged to "successfully rely on their capabilities and competencies". The websites position the organisations as the true experts, 'help givers' and 'enablers' at the top of the chain, with parents construed as being competent only after they are 'trained up' in certain specific skills. Similarly, there are limits inferred in the evaluations of children themselves, and they too are presented as having the potential to thrive, on the condition that can successfully apply the skills they have been 'given' by the organisations. These findings show another way that FCEI principles are not genuinely reflected in the websites.

FCEI principle 3 (see Figure 2.1) of the best practice guidelines also indicates the need for providers to supply families with a range of information from various sources, and to “effectively endorse a range of communication possibilities”, and to provide evaluative information that will promote an understanding of the risks, benefits, uncertainties of any given approach. Information of this type is lacking in both websites, though is touched on to a small degree in Text B. The benefits of oral intervention approaches like auditory-verbal or auditory-oral approaches are clearly communicated within both websites, yet there is almost nothing about the risks or uncertainties associated with these approaches, and potential benefits of other approaches for example bilingual approaches are not mentioned in either text (see section 2.4).

Set against the overwhelmingly positive appraisals of the EI centres (see 4.2.2 and 4.5), choosers unfamiliar with the context may be under the impression that there are no risks or uncertainties associated with the services or approaches offered by these centres, and may also believe there to be no other choices available. Though the websites include other sources within them in the form of parent stories, these stories exhibit strikingly similar patterns of meaning within them, and function as testimonials of the organisations in question. This feature and other features such as the use of ‘language of comparison and contrast’ are more prominent in Text A and are particularly pertinent to this research question because many other health professionals in Australia are prohibited from using this feature in their publications on the basis that be obstructive to the process of informed choice.

These findings suggest that whilst some aspects of the websites reflect broad understandings of an FCEI approach, the information provided by these websites cannot be considered “comprehensive, meaningful, relevant and unbiased to enable informed

decision making” as is recommended in the Principle 3 (Table 2.1) about informed choice and decision making.

5.4 Implications and recommendations

The findings of this research indicate important shortcomings in the provision of information for D/HH children, and pose several challenges. If information is to truly support parents in the process of informed decision-making, some changes need to occur within the communicative practices of EI centres. There is a need for greater reflexivity about the kinds of messages being created in the websites about the very people providers seek to help. If changes do not occur, the implications for children and families is that it may lead to a limited understanding of what their options are, and a narrow perspective on what a successful future might be, and how this might be achieved.

EI organisations might consider options such as advertising guidelines adopted within other healthcare contexts, consultative committees between families and providers, to meet the needs of children and families more effectively. They might also consider ways to better achieve a balance in their information, for example, to somehow communicate with choosers in a way that is hopeful, and optimistic, yet at the same time realistic, and not merely ‘warm and fuzzy’. Providers must better negotiate the narrow line between promotion and information, and find a more appropriate way communicate the positive aspects of their services, without misleading choosers into believing that there is a single best way to go about things, or to achieve this goal without diminishing the self-efficacy of parents or the self-image of children.

5.5 Limitations and future research

Due to the requirements of this Masters dissertation, only the instances of appraisal in relation to parents and EI organisations have been reported on in detail, though the appraisals of appreciation and affect can be viewed in the appendix. The analysis

employed investigated ‘attitude’ within the websites, but future would also extend the analysis to the other sub-systems of Appraisal theory - **engagement** and **graduation**, and would also include more detailed findings about **appreciation** and **affect**. As mentioned above, future research stemming from this preliminary linguistic analysis would also involve a study of multimodality within information about services for D/HH children to investigate the way linguistic and other modes of communication collaborate to form meaning. A PhD in this area would also include perspectives from the stakeholders themselves to further understand a way into the future for addressing issues of information provision for D/HH children.

5.6 Conclusion

To return to Annabel’s story, I will summarise the choices we made for her. She has a cochlear implant in one ear, a hearing aid in her other. She likes them both, though she doesn’t notice when her cochlear implant stops working, and often forgets to wear it. She speaks well. In the soundproof room where her speech and listening is tested, she obtains excellent scores, however in noisy environments, such as her mainstream classroom, it is nearly impossible for her to understand what people are saying. She has a full time Auslan interpreter at school, approved by the NSW Department of Education on the basis that this accommodation gives her equal access to the curriculum. This means that rather than spending all her effort trying to hear, or lip read, she can focus on learning new concepts. She has made satisfactory progress, and loves school. Her classmates learn a little bit of Auslan every day.

None of this is the norm for D/HH children in NSW, since the overwhelming majority of D/HH children graduate from an exclusively oral early intervention program. Some may see the need for an interpreter as an indicator of failure, I see it as a ‘success story’ different to most. At the end of last year, she won the class medal for ‘Outstanding

Student, Leading Learner' at presentation day. To my embarrassment, I wept in public again, though this time the tears were nothing to do with her being normal (as had once seemed the goal), but more because she was not, and because there was nothing wrong with that.

The intention of including this update on Annabel's progress is not to validate my own choices, or to suggest these choices were best, or right. There is no one-size-fits all approach. We are fiercely proud of her, and who she is, and greatly appreciate the work and care of the many early intervention professionals who have been part of our life. But the fact that she can speak, and can "pass" (McDonald 2010) in the hearing world is not the sum of her, and the fact that she is deaf has expanded all of our horizons, and has given her access to another culture and language.

There are potential risks, benefits and uncertainties associated with any given option, and the evidence on the efficacy of any given approach to early intervention remains inconclusive (Eriks-Brophy 2004, Yoshinaga-Itano 2004, Young, Carr et al. 2006, Dornan, Hickson et al. 2008). To produce material that suggests otherwise is to do parents and their children a great disservice.

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Appendix Text A

Clause divisions

Hearing loss explained

If your child has hearing problems

their speech and language can be affected without the right therapy,

so it's vital [[to seek professional help immediately with an early intervention provider like The Shepherd Centre]].

Our results

We are incredibly proud of our work [[helping children with hearing loss learn to listen and speak]];

our largest ever cohort of graduates – the Class of 2015 – have just started big school!

Each year we help over 400 children and families from our five centres in NSW and the ACT,

and our teleintervention service and residential workshops enables us to access families [[living in Tasmania, overseas and in rural and remote parts of Australia]].

More than 90 per cent of our graduates enter mainstream schools; the majority with communication skills on par with their hearing peers.

These wonderful results developed from our commitment to three key principles– family focus, quality and industry leadership.

These core principles have underpinned our approach to childhood hearing loss [[that is unparalleled]]

no other centre [[we know of across the globe]] has published results [[matching ours]].

We are a world leader in the field of Auditory Verbal Therapy (AVT);

we have given hundreds of parents the tools and strategies [[they need || to build their child’s language and listening skills || and ^ TO create a future full of sound and speech]]

Our high standards in [[delivering quality programs [[that are tailored to the individual needs of each family]]]], [[backed up by global research and analysis]], has placed us in the unique position [[to change the lives of all Australian children with hearing loss]].

Types of hearing loss

A variety of biological and physical processes can cause hearing loss,

which can be either congenital <<(you’re born with it)>> or acquired <<(you get it later in life)>>.

There are four main categories:

- Conductive
- Sensorineural
- Mixed
- Retrocochlear

If your child has hearing loss,

The Shepherd Centre can help.

Please call us today on 1800 020 030

to find out more,

Or to make an appointment at one of our five centres through NSW and the ACT.

Conductive

Conductive hearing loss stems from problems in the outer or middle ear.

It can be caused by earwax, an ear infection, a punctured eardrum, a build-up of fluid or abnormal bone growth.

Sensorineural hearing loss occurs

when the part of the ear [[that changes sound into electrical information]] (the cochlea) and the part of the ear [[that sends that electrical information to the brain]] (the auditory nerve)] is damaged.

This type of hearing loss is usually permanent.

It can relate to genetic factors

Or ^IT CAN be caused by ageing, diseases or exposure to noise and chemicals.

Mixed

Mixed hearing loss is due to a combination of the conductive and sensorineural varieties.

For example, someone may have sensorineural hearing loss [[caused by ageing or a genetic condition]], and conductive loss from a middle-ear infection at the same time.

Retrocochlear

Retrocochlear hearing loss occurs

when the auditory nerve (1) itself is affected.

Although sound is processed properly by the inner ear (2),

the auditory nerve has difficulty transmitting it to the brain.

People affected tend to have trouble listening in the presence of background noise.

Getting started

Our aim at The Shepherd Centre is [[to make the process as easy as possible for you]].

[[What sets us apart from other service providers]] is [[that we are a one-stop-shop with everything [[you need]] under the one roof]].

Our team of audiologists, listening and spoken language therapists and child and family counsellors work collaboratively

to ensure the best possible outcome for your child.

We can also assist you with [[navigating your way through funding issues including the National Disability Insurance Scheme (NDIS)]].

We want

to make life easy for you

so all your energy is put in to [[helping your child with hearing loss to be the best [[that they can be]]]]

All [[you need to do]] is pick up the phone

and call us on (02) 9370 4400.

Watch our video from mum Ivy

who talks about her experience with [[getting started with The Shepherd Centre]]]].

Our focus is on you

We don't just work with the hearing loss,

we work with you

As your child's primary teacher and role model, we aim to equip you with the skills and knowledge required [[to give your child every opportunity for listening, learning, language and social development at home and in everyday life.

Basically, we train your family up

so that their speech therapy becomes a fun part of your family's daily life.

When you come to us,

you'll first meet with a child and family counsellor followed by a specialist therapist and paediatric audiologist.

From there, your family will start on a tailored program [[specifically created || to suit your particular needs || and to be able to achieve your vision for your child and family]]



Contact us

The Shepherd Centre has offices in five locations across NSW and the ACT

however we also offer our popular Teleintervention Program for families in NSW, the ACT and Tasmania.

About us

Since 1970, The Shepherd Centre has assisted close to 2,000 children [[who are deaf or hearing impaired]], to improve their quality of life .

The organisation is recognised as a world leader in the field of early intervention Auditory-Verbal Therapy,

providing families with assistance [[to develop their child's spoken language]],

so they can reach their full potential

and ^THEY CAN be a fully contributing member of the community.

The Shepherd Centre's Mission

To work, along with partner organisations, towards every child with hearing loss (to 18 years' old) in New South Wales and the ACT [[achieving the best listening and spoken language [[they are capable of]]]];

And to support their development of skills

to maximise their social inclusion.

Services are also provided selectively to children in other areas such as Tasmania, and to adults we've supported as a child.

We strive for [[all of our work to be founded on evidence-based best practice]].

Our aim is [[to be the best in the world in terms of the standard of our clinical programs; the outcomes [[being achieved by the children]]; the efficiency of our operations; and our ability [[to connect people with our cause]]]]

Our clinical work includes integrated services [[incorporating listening and spoken language, clinical programs [[including audiological and counselling support]]; coordinated access to multi-agency services [[including cochlear implantation]]; and research and outreach in support of our mission.]]

Our core customer in [[focussing our efforts towards [[achieving this mission]]]] is the family of the child with hearing loss.

We will not invest in activities [[that significantly detract from our ability [[to fulfil this mission]]]].

The Shepherd Centre's Vision

To enable children [[who are deaf and hearing-impaired]] to develop spoken language

so they may fully participate in the world,

and in doing so,

reach their full potential.

Take the tour with Max' transcript

Hi, I'm Max

and I'm 10 years old.

When I was a baby

doctors discovered

that I was profoundly deaf in both ears

so that's [[why my parents brought me to The Shepherd Centre from [[when I was a baby]] to [[when I was five]]]].

I'm glad [[I came here]]

because it helped my speech

and I can attend school with my friends.

I still come here for a check up

so I'd like to introduce you to the staff.

[Katie Paediatric Audiologist]

The greatest thing about seeing a family from the very beginning is [[knowing || that there's so much potential]].

Potential for them as an individual [[to reach their communication goals]]

It's [[not just focussed on speech and language]]

but we look at communication and [[developing a child's social connection]],

so that they can be part of their community,

and they can be part of their family,

which is the most important thing to people

when we first meet them.

When the kids come to the Shepherd Centre

they come and play in the play room.

They get to play with kids similar to them

Max:

When I came here

this was my favourite part of the Shepherd Centre

and I had a really good friend, Aiden.

Now I'm going to go and meet some of the kids

and ^I'M GOING TO see

if they're having as much fun as [[I used to have.]]

Renee Child and Family Counsellor

One of the best things about my job, is meeting families

and ^ONE OF THE BEST THINGS ABOUT MY JOB IS watching them support their child to grow,

and ^ONE OF THE BEST THINGS ABOUT MY JOB IS for them to see

that their child can do things, [[that they didn't necessarily expect that they would be able to do]].

Victoria: Speech and Language Therapist

Children with hearing loss [[who access an early intervention centre]] do have better outcomes in terms of their speech and language.

If the children are having fun

and the families are having fun

it's a great way for learning [[to stick]].

Aleisha: Clinical Director

The Shepherd Centre is a place [[that was founded on family]].

We work with such a team of people [[that just want the best for every child and family.]]

Not settling with just ok,

but wanting more

and doing everything [[that we possibly can]] for each child and family [[that come to us]].

It is such a privilege [[to be part of their journey]].

It's an incredible place [[to be]].

Max

I hope you enjoyed [[meeting the staff]] as much as [[I enjoyed [[coming to see them again]]]].

If you have a child [[that needs assistance with hearing]],

The Shepherd Centre is a great place [[to come]].

Felix's incredible journey from birth to school at The Shepherd Centre

When Felix was born

he was screened in hospital.

We were told

that he was so deaf

that hearing aids were unlikely [[to ever be able to help him]]

and so we had two major paths [[to choose from]];

and one was [[to go down the signing path || and for him to remain unhearing]], um or [[to look at cochlear implants]].

And I guess

we were sceptical in the beginning

but it was just so lovely then [[to see families [[that were further along on that journey]] || and see [[their children listening and speaking]]]],

and that gave us hope .

Visual : ‘switch on day’

Female voice. “So we’ll start it very softly

and we’ll just keep beeping

until we see a kind of reaction”

That was just the most amazing day.

Having watched so closely for so long

looking for any hint of any recognition of sound,

then to actually see on the day [[his little eyebrows pop up || and his dummy stop sucking.]]

switch on cont....

Beeping sound

Male voice:

Felix.....Can you hear a voice?....

You can, can’t you?

His day to day life just feels so normal,

and I think

that’s the huge difference for us.

Therapy session..

Therapist: Do you eat lettuce with your rabbit?

Felix: Yeah

Therapist: Yeah?

Felix: I like lettuce

Therapist: Oh good.

group sessions, ipad activity, toy

Therapist:

“Oh, you heard that,
well done!”

Visual: Felix jumping on his bed in superman costume

Felix “? Watch me fly, doo doo do-do!”

We live in a hearing world,
we live in a world [[where most people communicate by speaking]]
he has access to that
which otherwise he wouldn’t have had.
It’s that full participation with the family, in life [[that we really enjoy]].
That he just is fully engaged with the world.

Today we are actually all feeling really excited.
Like, it’s the end of a chapter.
Um, and it’s been a really good chapter.
So, it’s all systems go from here;
going off to big school,
it’s all really exciting,
he’s *more* than ready to go,
and he’s just champing at the bit.

Graduation day:

Director into microphone: “Felix Williams” (applause)
He’s really really excited.
So we’re just sharing his excitement with him
and we can’t wait for him
because we think
he’s going to have a good time,
and we think
everything’s going to go well..

he's just so ready.
We want Felix to feel happy..
that's our main thing,
um to be whatever [[he wants to be]],
and to do whatever [[he wants to do]].
To be everything that [[he was always meant [[to be]]]]

End : text on screen

“The Shepherd Centre. Giving deaf children a voice”.

Appendix Text B Clause Divisions

RIDBC SERVICE PRINCIPLES

(NSW Disability Services Standards)

Quality service delivery incorporating current best practice is required.

All services will operate within an environment [[that is sensitive to the cultural and linguistic needs (prop +) of children and their families]].

Services will be delivered in line with RIDBC Policies and Practices and current Legislative requirements.

Copies are available on request.

RIGHTS

Each child and family receives a service [[that promotes and respects their legal and human rights || and ^THAT enables them to exercise choice and participation according to their individual and cultural needs and preferences.]]

This service is committed to [[ensuring || the dignity and privacy of all children and families is respected]].

Confidentiality will be maintained at all times with respect to information [[sought and held.]]

A safe, secure and healthy environment will be provided for all children.

PARTICIPATION & INCLUSION

Each child is encouraged and supported

to participate

and ^TO be actively included in the community and mainstream activities in the way their families choose.

The service is committed [[to developing knowledge, skills and attitudes [[that increase each child's ability [[to engage in activities [[that are valued by the wider community]] and [[supported || to develop and maintain a positive self-image]]]]]]].

INDIVIDUAL OUTCOMES

Each family is supported [[to exercise as much choice and control as possible over the design and delivery of their child's support and service.]] .

The service is committed [[to ensuring participation of each family in the planning and decision making process about the services and activities [[to be delivered to their child]]]].

FEEDBACK AND COMPLAINTS

Each child/family//school is free [[to provide feedback || and/or to raise any complaints [[they may have]] regarding the quality of service or its delivery]].

Complaints are resolved in a fair, respectful, efficient and confidential manner without negative implication for service provision or client interaction.

The resolution of complaints promotes a harmonious environment

and ^THE RESOLUTION OF COMPLAINTS improves service delivery.

SERVICE ACCESS

Each child and family has access to the service on the basis of relative need and available resources.

The service is committed [[to ensuring || all admissions and discharges follow fair and non-discriminatory processes.]]

Where services are not appropriate or available,

information and referral support about alternative options will be provided to the child and family.

SERVICE MANAGEMENT

RIDBC has good governance, management and quality processes in place

and ^RIDBC employs sound management practices [[which maximize outcomes for the children and their families]].

RIDBC is committed [[to ensuring || that each child and family receives quality services [[which are effectively and efficiently governed]]]].

Services are well managed and delivered by skilled staff with the right values, attitudes, goals and experience.

Early Learning Program (HI)

RIDBC Early Learning Program (Hearing Impairment) provides family-centred education and therapy services for children aged 0-6 [[who have a significant hearing impairment]].

RIDBC Early Learning Program (HI) teachers/therapists work collaboratively with families

to develop and implement an individual program for each child.
Hearing

[[Learning to listen and speak, || let alone understanding others]], is usually much harder for someone [[who has hearing loss, especially from birth, or a very young age]].

Learn more about hearing loss.

1. [General Information](#)
2. [Causes](#)
3. [Learning to Speak and Talk](#)
4. [Lipreading](#)
5. [Sign Language](#)
6. [Deafness Fact List](#)

General Information

Deafness can be simply defined as the inability to hear.

Hearing impairment may be more specifically described according to its degree:

- Mild

- Moderate
- Severe
- Profound

Hearing losses are also generally categorised according to whereabouts along the hearing 'pathway' they occur.

A conductive loss occurs

when something interferes with sound travelling between the outer and inner ears (eg, infection).

These are usually medically or surgically treatable.

A sensorineural loss results from damage to the cochlea (the organ of hearing) or the auditory nerve.

It may cause reduced sound levels, distortion and other problems.

Hearing aids or cochlear implants are often recommended.

The term 'Deaf' (often with a capital D) is often used

to describe people [[who identify with the Deaf community]],

which uses Auslan (Australian Sign Language).

Causes

Some of the more common causes of hearing impairment are:

- Genetic conditions
- Infection during pregnancy, including cytomegalovirus, rubella, syphilis, herpes and toxoplasmosis
- Birth complications
- Craniofacial abnormalities
- Meningitis
- Head trauma or perforation of the eardrum
- Persistent ear infections (otitis media)
- Some syndromes and degenerative disorders

Learning to speak and talk

Most children with hearing impairment use a hearing aid or a cochlear implant to help them understand speech.

These children often require support and intensive spoken language input

to help them develop speech and listening skills.

RIDBC assists families and children to develop these skills throughout their entire schooling.

We use a range of techniques (sometimes known as auditory-verbal and auditory oral habilitation)

to help children learn to listen and talk,

choosing the best strategies for each individual.

For very young children, we help parents to learn techniques and methods for developing spoken language at home on a daily basis.

For school-aged children, we teach students to maximise the use of their residual hearing and to develop the skills, [[which enable them to learn through spoken language]].

Lipreading

Some people with hearing impairment use lipreading

to help them understand

what others are saying.

Lipreading is very difficult.

It is estimated

that 70% of sounds look the same on the lips –

for example:

- baby
- maybe, and
- pay me

...all look the same on your lips

when you say them out loud.

Lipreading gives clues [[to augment existing hearing]],

but it cannot be used alone for unambiguous communication,

and it requires a great deal of concentration.

It can be very exhausting.

Sign Language

Auslan (Australian Sign Language) is the language of Australia's Deaf community.

It incorporates signs, body movements, facial expressions, mime and gesture.

Auslan has its own grammar and vocabulary [[that are very different to English]].

It can communicate a rich variety of concepts and subtle meanings.

It uses fingerspelling for words in English without signs (such as surnames).

Auslan has its roots in English, Scottish and Irish Sign Languages.

It is different from American and French Sign Languages.

It is a naturally-evolved language, just like English.

New signs are always being created.

Auslan was officially recognised in Australia's National Language Policy in 1987.

RIDBC researchers have developed Auslan dictionaries and the interactive Auslan website, Signbank (link is external).

Other signed languages used in Australia include:

- Signed English, a straight conversion of English to signs
- Pidgin Signed English

Deafness Fact List

- On average, one Australian child is identified with impaired hearing every day.
- 1 in 1000 babies is born with significant hearing loss.
- By school age, 2 in every 1000 children will have been identified with hearing loss.
- By the end of secondary school, more than 3 out of every 1000 children will require assistance because of hearing loss.
- More than 12,000 children in Australia have a significant hearing impairment.
- Newborns identified with hearing loss get the best possible start to life || when they, and their families, receive immediate support and assistance.
- Hearing loss affects a child's speech and language ability. || RIDBC relies heavily on community support || to help a deaf child learn to speak, read and write.
- With skilled special education, children with impaired hearing have the opportunity [[to enjoy parity with their peers at school]].
- Around 90% of children with hearing impairment [[enrolled in RIDBC services]] are learning to communicate through listening and speaking.
- Less than 5% of children with hearing impairment [[enrolled in RIDBC services]] are learning to communicate through Australian Sign Language (Auslan) or an alternative form of communication.

- One in every six children [[enrolled in RIDBC services]] lives in a regional or rural area.
- At RIDBC, 11.6 per cent of families of children [[who have hearing impairment]] are from non-English speaking backgrounds.
- The number of deaf or hearing impaired children [[enrolled in RIDBC programs]] has increased by 40% in the last 7 years.
- Every year, more than 60% of Australia's new teachers of the Deaf undertake their professional training through RIDBC.
- It takes one-year of postgraduate coursework [[to professionally train a teacher of the Deaf]]. || More than 60% of Australia's new Teachers of the Deaf graduate through RIDBC every year.
- There is a worldwide shortage of highly trained Teachers of the Deaf.
- More than 500 professionals from around the world have received qualifications in education of children [[who are deaf or blind]] through RIDBC's Renwick Centre.
- Without RIDBC, there would be 500 fewer professionals in Australia qualified [[to teach children [[who are deaf or blind]]]].
- Every year RIDBC provides more than 8,000 hours of continuing education for professionals [[working with deaf and blind children]] across Australia and internationally

Funding & Family Focus

Family centred practice at RIDBC

RIDBC services are delivered with a focus on family centred practice,

meaning that RIDBC believes

parents and carers have the right [[to determine [[what is most important for their child]]]].

RIDBC believes

that parents and carers are the experts

when it comes to their own families

and that every child and family's needs are different.

RIDBC understands

that families must have information [[that is current, accurate and reliable]]

to be able to make decisions for their child.

This information will allow them to work out [[what is best for their family || and what is most important for their child]].

RIDBC is committed to working with families

to provide them with the information [[they need || to make the best decisions for their child]].

Your gift can help change lives!

Shortly after Noah was born,

his parents Michelle and Geoffrey, received unwelcome news.

Noah's newborn hearing screening test revealed that he was deaf

"Noah was our first baby," explains Michelle.

"It was a total shock to find out our little boy might be deaf."

Two weeks later when testing at the hospital confirmed bilateral profound hearing loss, the new parents were devastated.

"But we didn't dwell on the diagnosis," says Michelle.

"We started finding out as much as we could about hearing loss and what needed to happen next."

Thankfully, Michelle heard about the outstanding success of RIDBC through a friend.

Michelle and Geoffrey gave Noah the very best start possible [[when they brought Noah to us.]]

He was just one month old.

Michelle says, "RIDBC has helped us in so many ways.

At 6 months of age Noah was fitted with bilateral cochlear implants.

He started to respond to sounds a few weeks after they were switched on.

"He hasn't looked back since," says Michelle proudly.

"RIDBC has supported every stage of his development with teachers, audiologists, speech pathologists and occupational therapists."

Noah is now 4 years old and attends our Rockie Woofit Preschool at North Rocks.

He continues to make progress with his speech and language every week.

Rockie Woofit is a special kind of preschool.

It works on a model of what we call "reverse integration" –

it's a preschool that brings children with normal hearing together with hearing impaired children like Noah.

It's a brilliant place for Noah to develop his language and learning in preparation for mainstream schooling.

"He really enjoys preschool and is a typical little boy who loves playing with his superheroes and trucks," laughs Michelle.

"His RIDBC teacher has really helped him become more confident with his expressive language. He's now trying new words without being scared"

It's amazing when you consider what the outcome might have been if we hadn't met Noah as a baby.

Our early and intensive work with children like Noah requires significant investment.

But it's just so valuable because it changes lives.

Noah's mum and dad are very positive about Noah's future.

Appendix 2 Appraisal Analysis Spreadsheet (Text A and B)

Text	Target	Instance	Insc/Inv	P/N	Appraisal Type	Justification	Target group
A	(if) your child	has hearing problems	insc	N	judge:norm/cap		2
A	their (your child)	speech and language can be affected	insc	N	judge:norm/cap	flawed	2
A	therapy	the right	insc	P	app:val	appropriate	5
A	(to seek professional help)	it's vital	insc	P	app:val	priceless, valuable	5
A	help	professional	insc	P	app:comp/val	considered/valuable	5
A	The Shepherd Centre	if your child has hearing problems, its vital to seek professional help immediately with an early intervention provider like The Shepherd Centre	inv	P	judge:cap/prop	expert, competent/caring,helpful	4
A	we (TSC)	are incredibly proud of our work	insc	P	affect: Pos (hap)	chuffed	5

		helping children with hearing loss learn to listen and speak					
A	our work (TSC)	helping children with hearing loss learn to listen and speak	insc	P	judge:cap/prop	competent expert/caring, altruistic	4
A	(our) cohort of graduates the class of 2015	largest ever	insc	P	judge:norm	special, exceptional/ successful	4
A	largest ever cohort of graduates	have just started big school	inv	P	judge:norm/cap	competent,experienced	2
A	big school	big school	inv	P	app:val	real, valuable	7
A	we (TSC)	each year we help over 400 children and families from our five centres in NSW and ACT	insc	P	judge:cap/prop	competent/caring,helpful	4
A	teleintervention service and residential workshops	enables [sic] us to access families living in Tasmania,overseas and rural and remote parts of Australia	insc	P	app:comp/val	considered, well designed/effective	5
A	TSC	more than 90 per cent of our grduates enter mainstream school,	inv	P	judge:cap		4
A	more than 90 per cent of our graduates (TSC)	enter mainstream schools	inv	P	judge:norm/cap	normal/successful, competent	2
A	schools	mainstream	inv	P	app:val	worthwhile, valuable	7
A	the majority (of graduates)	on par with their hearing peers	insc	P	judge:norm/cap	normal/competent, accomplished	2
A	peers	hearing	insc	P	judge:norm/cap	normal, able	2
A	results	wonderful	insc	P	app:react	exciting/exceptional	5
A	our commitment	these wonderful results developed from	insc	P	judge:tenac	perservering, resolute	4
Text	Target	Instance	Insc/inv	P/N	Appraisal Type	Justification	Target group
A	principles	key	insc	P	app:comp/val	precise/valuable	5
A	TSC	These wonderful results developed from our commitment to three key principles	insc	P	judge:tenac	successful/persevering,tireless	4
A	TSC (key principles)	family focus	insc	P	app:val	good, law abiding* (FCEI)	5
A	TSC (key principles)	quality	insc	P	app:val	expert	5
A	TSC (key principles)	industry leadership	insc	P	app:val	exceptional/expert	5
A	approach to childhood hearing loss	core principles have underpinned	insc	P	app:comp/val	considered, structured, unified/effective	5
A	approach to childhood hearing loss	is unparalleled	insc	P	app:val	inimitable, exceptional	5
A	our (TSC)	approach to childhood hearing loss that is unparalleled	insc	P	judge:norm	celebrated, normal (better than) /successful	4

A	other centres	no other centre we know of across the globe has published results matching ours	inv	N	judge:norm	pedestrian, average, common	4
A	TSC	no other centre we know of across the globe has published results matching ours	insc	P	judge:norm	celebrated, normal (better than)	4
A	results	matching ours	inv	P	app:val	exceptional, landmark	5
A	we (TSC)	are a world leader in the field of Auditory Verbal Therapy	insc	P	judge:norm	exceptional, celebrated/expert, experienced	4
A	world leader	world leader	insc	P	judge:norm	exceptional, inimitable	4
A	we	we can't wait for him	inv	P	affect: Pos (sat)	thrilled, chuffed	3
A	tools and strategies	to build their child's language and listening skills	insc	P	app:comp/val	considered, logical/effective	5
A	a future	full of sound and speech	inv	P	app:comp	rich	7
A	we (TSC)	have given hundreds of parents the tools and strategies they need to build their child's language and listening skills and create a future full of sound and speech	insc	P	judge:cap/prop	experienced, expert	4
A	standards	high	insc	P	app:val	valuable, effective	5
A	programs	quality	insc	P	app:val	considered, logical/worthwhile, valuable	5
A	programs	that are tailored to the individual needs of each family	insc	P	app:comp/val	considered, well designed/original, appropriate	5
A	needs of each family	Individual	inv	P	judge:norm	special, unique	3
Text	Target	Instance	Insc/Inv	P/N	Appraisal Type	Justification	Target group
A	high standards in delivering quality programs	high standards in delivering quality programs	insc	P	judge:cap		4
A	research and analysis	global	inv	P	app:comp/val	considered, extensive/valuable	5
A	high standards	placed us in the unique position to change the lives of all Australian children with hearing loss	insc	P	app:comp/val	unique/altruistic	5
A	us	in the unique position to change the lives of all Australian children with hearing loss	insc	P	judge:norm	celebrated, normal (better than)	4
A	position to change the lives of all Australian children with hearing loss	unique	insc	P	app:val	original, exceptional	7
A	our high standards	backed up by global research and analysis	insc	P	app:comp	expert, educated	5

A	The Shepherd Centre	If your child has hearing loss, (TSC) can help	insc	P	judge:cap/prop	experienced/helpful, altruistic	4
A	People affected	tend to have trouble listening in the presence of background noise	insc	N	judge:cap	"crippled" or not capable	2
A	people	affected	inv	N	judge:norm/cap	not normal	2
A	we	make life easy for you	inv	P	judge:cap/prop	competent/caring, helpful	4
A	life	easy	insc	P	app:comp	simple, clear	7
A	our aim	is to make the process as easy as possible for you	inv	P	judge:prop	caring, sensitive	4
A	the process	as easy as possible for you	inv	P	app:react	appealing	5
A	other service providers	what sets us apart from	insc	P	judge:norm	also-ran, unexceptional	4
A	us (TSC)	what sets us apart from other service providers is that we are a one-stop shop with everything you need under the one roof	inv	N	judge:norm	exceptional/accomplished, competent	4
A	a one-stop-shop	a one-stop-shop	inv	P	app:comp/val	unified, considered/helpful, effective	5
A	outcome for your child	best possible	insc	P	app:val	worthwhile, exceptional	7
A	our team of audiologists, listening and spoken language therapists and child and family counsellors	work collaboratively to ensure	insc	P	judge:prop	experienced, expert, competent	4
A	our team of audiologists, listening and spoken language therapists and child and family counsellors	ensure the best possible outcome for your child	insc	P	judge:tenac	dependable, accommodating, flexible	4
A	speaker (mother)	to actually see on the day	inv	P	affect: Pos (sat)	thrilled, chuffed	3
A	We (TSC)	can also assist you with navigating your way through funding issues including the National Disability Insurance Scheme (NDIS)	insc	P	judge:cap/prop	experienced, competent/caring, helpful, altruistic	4
A	we (TSC)	want (to make life easy for you)	insc	P	affect: pos (desire)	Want, desire	4
A	life	easy	insc	P	app:react	appealing, fine	5
A	we	make life easy for you so all your energy is put into helping your child with hearing loss to be the best that they can be	inv	P	judge:prop	caring, generous	4
A	your (energy)	all your energy is put in to helping your child with hearing loss to be	insc	P	judge:tenac	persevering, resolute	3

		the best that they can be					
A	child with hearing loss	to be the best that they can be	inv	P	judge:norm/cap	competent/special	2
A	TSC	All you need to do is pick up the phone and call us on (02 93704400)	inv	P	judge:cap	experienced, competent	4
A	our focus	is on you	inv	P	judge:cap/prop	accomplished/kind, caring	4
A	We (TSC)	don't just work with the hearing loss, we work with you	inv	P	judge:cap/prop	competent/caring, helpful, respectful	4
A	you	as your child's primary teacher	insc	P	judge:cap	accomplished, educated/good	3
A	you	as your child's...role model	insc	P	judge:cap	accomplished, educated/good, moral	3
A	skills and knowledge	required to give your child every opportunity for listening, learning, language and social development at home and in everyday life	insc	P	app:comp/val	considered, precise/valuable, effective	5
A	We(TSC)	we aim to equip you with the skills and knowledge required to give your child every opportunity for listening, learning, language and social development at home and in everyday life	insc	P	judge:cap/prop	through, meticulous, dependable, accommodating	4
A	We(TSC)	basically we train your family up	insc	P	judge:cap	expert	4
A	speech therapy	becomes a fun part of your family's life	insc	P	app:react	appealing	5
Text	Target	Instance	Insc/Inv	P/N	Appraisal Type	Justification	Target group
A	we	were told that he was so deaf that hearing aids were unlikely to ever be able to help him	inv	N	judge:norm	anxious, startled	3
A	us (TSC)	you'll first meet with a child and family counsellor followed by a specialist therapist and paediatric audiologist	inv	P	judge:cap	expert, competent, experienced	4
A	therapist	specialist	insc	P	judge:cap	expert, experienced	4
A	audiologist	paediatric	insc	P	judge:cap	expert	4
A	program	tailored	insc	P	app:comp/val	customised, considered	5
A	tailored program	specifically created to suit your particular needs	insc	P	app:comp/val	effective, valuable, worthwhile	5
A	tailored program	able to achieve your vision for your child and family	insc	P	app:val	worthwhile, effective	5

A	we	were sceptical in the beginning	inv	N	affect:neg (insec)	*sceptical, not trusting, wary,	3
A	hearing and speech	don't let hearing and speech seem out of reach for deaf children like Thomas	inv	P	app:val	difficult, complex/worthwhile, valuable	6
A	deaf children like Thomas	don't let hearing and speech seem out of reach of deaf children like Thomas	inv	N	judge:norm/cap	disadvantaged, not normal/not able	2
A	program	tailored	insec	P	app:comp	considered	5
A	teleintervention program	popular	insec	P	app:react	popular, notable	5
A	TSC	Since 1970, The Shepherd Centre has assisted close to 2000 children who are deaf or hearing impaired to improve their quality of life	insec	P	judge:cap/prop	experienced, expert/caring	4
A	children who are deaf and hearing impaired	improve their quality of life	insec	P	judge:norm	lucky, fortunate/competent, successful, productive if assisted	2
A	The organisation	is recognised as a world leader in the field of early intervention Auditory Verbal Therapy, providing families with assistance to develop their child's spoken language	insec	P	judge:norm	celebrated/experienced, competent	4
A	the field of early intervention Auditory verbal therapy	providing families with assistance to develop their child's spoken language so they can reach their full potential and be a fully contributing member of the community	inv	P	app:comp/val	logical, considered /worthwhile, effective, inimitable	5
A	your	able to achieve your vision for your child and family	insec	P	judge:cap	competent	3
A	families	develop their child's spoken language (so they can reach their full potential and be a fully contributing member of the community)	insec	P	judge:cap	competent, successful	3
A	child's spoken language	so they can reach their full potential and be a fully contributing	insec	P	app:val	priceless, valuable	6

		member of the community					
A	potential	full	insc	P	app:comp	full	7
A	child	so they can reach their full potential and be a fully contributing member of the community	insc	P	judge:norm/cap	normal/successful,productive	2
A	member of the community	fully contributing	insc	P	judge:norm/cap	normal/successful, productive	2
A	they (children)	can reach their full potential	insc	P	judge:norm/cap	competent, successful	2
A	our mission	our mission	insc	P	app:comp/val	good, moral, altruistic, charitable	5
A	The Shepherd Centre's mission	to work, along with partner organisations towards every child with hearing loss....achieving the best listening and spoken language they are capable of	insc	P	judge:prop	helpful, moral	4
A	every child with hearing loss	achieving the best listening and spoken language they are capable of	inv	P	judge:norm/cap	normal/successful, productive	2
A	TSC's mission	to work to support their development of skills to maximise their social inclusion	insc	P	judge:cap/prop	caring, altruistic/expert	4
A	listening and spoken language	best	insc	P	app:react	good (quality)	6
A	their (^EVERY CHILD WITH HEARING LOSS)	development of skills to maximise their social inclusion	inv	P	judge:norm/cap	competent/normal	2
A	services	are also provided selectively to children in other areas such as Tasmania and [^] to adults we've supported as a child	insc	P	app:comp	considered	5
A	we (TSC)	strive (for all of our work to be founded on evidence-based best practice)	insc	P	judge:tenac	expert, educated, competent/ethical *law abiding	4
A	our work (TSC)	founded on evidence-based best practice	insc	P	app:comp	expert, competent	5
A	best practice	evidence based	inv	P	app:comp/val	logical, considered/worthwhile, effective	5
A	our aim (TSC)	to be the best in the world in terms of the standard of our clinical programs; the outcomes being achieved by the children; the efficiency of our operations	insc	P	judge:cap/prop	exceptional, advanced	4

A	our clinical work (TSC)	includes integrated services incorporating listening and spoken language clinical programs including audiological and counselling support; coordinated access to multiagency services; and research and outreach in support of our mission	insec	P	judge:cap	accomplished, expert, educated	4
A	standard of our clinical programs	best in the world	insec	P	judge:norm	inimitable	4
A	outcomes being achieved by the children	best in the world	insec	P	judge:norm	inimitable	4
A	efficiency of our operations	best in the world	insec	P	judge:norm	inimitable,	4
A	our ability to connect people with our cause	best in the world	insec	P	judge:norm	inimitable	4
A	services	integrated	inv	P	app:comp	considered, unified	5
A	services	incorporating listening and spoken language	insec	P	app:comp	considered/worthwhile, valuable	5
A	clinical programs	including audiological and counselling support	inv	P	app:comp/val	well-designed/helpful, valuable	5
A	support	audiological and counselling	insec	P	app:comp	considered	5
A	coordinated access	to multi-agency services	inv	P	app:comp	well designed	5
A	our mission	outreach in support of	inv	P	app:val	tireless, persevering	5
A	our (TSC)	core customer in focussing our efforts towards achieving this mission is the family of the child with hearing loss	inv	P	judge:prop	ethical, caring	4
A	we (TSC)	will not invest in activities that significantly detract from our ability to fulfil this mission	insec	P	judge:cap/prop	resolute, persevering	4
A	activities	that significantly detract from our ability to fulfil this mission	insec	N	app:comp/val	flawed /ineffective, not worthwhile	6
A	our (TSC)	ability to fulfil this mission	inv	P	judge:tenac	resolute, persevering	4
A	spoken language	so that they may fully participate in the world, and in doing so, reach their full potential	insec	P	app:val	priceless, valuable	6
A	potential	full	insec	P	app:comp/val	full/valuable	7
A	The Shepherd Centre's Vision	to enable children who are deaf and hearing-impaired	insec	P	judge:cap/prop	moral, altruistic	4

		to develop spoken language so that they may fully participate in the world, and in doing so, reach their full potential					
A	I (Max)	was profoundly deaf in both ears	insc	N	judge:norm/cap	unfortunate, anomalous	2
A	speaker (Felix's mother)	his day to day life just feels so normal	inv	P	affect: pos (sat)	pleased	3
A	I	I'm glad I came here because it helped my speech and I can attend school with my friends	insc	P	affect: pos (sat)	pleased, chuffed	2
A	I (Max)	I can attend school with my friends	insc	P	judge:norm/cap	normal/capable	2
	here/it (TSC)	helped my speech and I can attend school with my friends	insc	P	judge:cap	expert, experienced	4
	speech	(it helped my) speech and I can attend school with my friends	inv	P	app:val	valuable, effective, priceless	6
	seeing a family from the very beginning	greatest thing	insc	P	app:react	exciting, remarkable	5
	a family	there's so much potential	insc	P	judge:cap	special/competent	3
	we	think everything's going to go well	inv	P	affect: Pos (sat)	chuffed, proud	3
	it (TSC)	it's not just focussed on speech and language (TSC)	inv	P	judge:cap/prop	balanced, expert/ethical, good	4
	we (TSC)	we look at communication and developing a child's social connection so that they can be part of their community	insc	P	judge:cap/prop	expert, insightful, balanced, effective/altruistic, moral	4
A	knowing there is so much potential	best things about my job	inv	P	app:react	splendid, good	5
A	communication and developing a child's social connection	so they can be part of their community and they can be part of their family	insc	P	app:val	considered(developing)/valuable	6
A	they	can be part of their community and they can be part of their family	inv	P	judge:norm/cap		2
A	which (being part of community/family)	is the most important thing to people when we first meet them	insc	P	app:react	priceless, worthwhile	7
A	The Shepherd Centre	when the kids come to The Shepherd Centre they come and play in the play room	inv	P	app:comp	well designed, harmonious	5

A	TSC	they get to play with kids similar to them	inv	P	judge:prop	good, moral	4
A	kids	similar to them	inv	P/N?	judge:norm	not different	2
A	I	When I came here, this was my favourite part of The Shepherd Centre	inv	P	affect:pos (hap)	my favourite - like	2
A	this	was my favourite part of The Shepherd Centre	insec	P	app:react	inviting, appealing	5
A	friend (Aiden)	really good	insec	P	judge:norm	better than average*, special	2
A	I (Max)	to see if they're having as much fun as I used to have.	inv	P	affect:pos (hap)		2
A	they (some of the kids)	Now I'm going to go and meet some of the kids and ^I'm going to see if they're having as much fun as I used to have.	inv	P	affect:pos (hap)	(behaviour) fun, joy	2
A	meeting families and watching them support their child to grow	best things about my job	insec	P	app:react	lovely, good	5
A	families	see that their child can do things that they didn't necessarily expect that they would be able to do	inv	P	affect:Pos (sec)		3
A	speaker (mother)	having watched so closely for so long looking for any hint of any recognition of sound	inv	N	affect:neg (insec)		3
A	their child	can do things that they didn't necessarily expect that they would be able to do	inv	P	judge:norm/cap	special/capable	2
A	children with hearing loss who access an early intervention centre	do have better outcomes in terms of their speech and language	insec	P	judge:norm/cap	fortunate/successful	2
A	an early intervention centre	children with hearing loss who access an early intervention centre do have better outcomes in terms of their speech and language	insec	P	app:val	worthwhile, effective	5
A	outcomes (in terms of their speech and language)	better	insec	P	app:val	worthwhile	7
A	children	having fun	insec	P	affect:Pos (hap)	cheerful, having fun	2
A	families	having fun	insec	P	affect:Pos (hap)	cheerful, having fun	3
A	it's (children and families are having fun)	if the children are having fun and the families are having fun it's a great way	insec	P	app:comp/val	considered, harmonious, well-designed/valuable, effective	5

		for learning to stick					
A	The Shepherd Centre	a place that was founded on family	inv	P	judge:prop	good, moral	4
A	such a team of people	that just want the best for every child and family	insc	P	judge:prop	moral, altruistic	4
A	^We (TSC)	Not settling with just ok, but wanting more	insc	P	judge:tenac	thorough, resolute	4
A	We	doing everything that we possibly can for each child and every family that come to us	insc	P	judge:tenac	tireless, persevering, thorough, constant	4
A	their journey	to be part of their journey is such a privilege	insc	P	judge:norm	moving, remarkable/profound, worthwhile	4
A	it's (TSC)	it's an incredible place to be	insc	P	judge:norm	incredible*, remarkable/exceptional, valuable	4
A	I	hope	insc	P	affect:pos (incl)		2
A	you	enjoyed meeting the staff	insc	P	affect:pos (hap)		2
A	I	enjoyed coming to see them	insc	P	affect:pos (hap)		2
A	a child	that needs assistance with hearing	insc	N	judge:norm/cap	Unusual/flawed, 'helpless'	2
A	The Shepherd Centre	a great place to come	insc	P	judge:norm	exceptional	4
A	Felix's	incredible journey from birth to school	insc	P	judge:norm/cap	fortunate, celebrated/successful, accomplished	2
A	journey from birth to school	incredible	insc	P	app:react	moving, remarkable, sensational	7
A	The Shepherd Centre	Felix's incredible journey from birth to school at the Shepherd Centre	inv	P	judge:norm	celebrated/expert, accomplished	4
A	hundreds of parents	build their child's language and listening skills and create a future full of sound and speech	inv	P	judge:cap	competent, educated (create)/persevering (build)	3
A	he	was so deaf that hearing aids were unlikely to ever be able to help him	insc	N	judge:norm/cap	unfortunate/helpless	2
A	hearing aids	were unlikely to ever be able to help him	inv	N	app:val	ineffective, not appropriate	6
A	paths to choose from	major	insc	P/N?	app:react	notable	6
A	the signing path	him to remain unhearing	inv	N	app:val	ineffective, not appropriate	6
A	him (Felix)	to remain unhearing	insc	N	judge:norm	unlucky, not normal/ not capable	2
A	cochlear implants	for him to remain unhearing, or, um to look at cochlear implants	inv	P	app:val	worthwhile, appropriate	6
A	my parents	so that's why my parents brought me to The Shepherd Centre from when I was a baby to when I was 5	inv	P	judge:cap	sensible, practical	3

A	it [to see families that were further along on that journey]	so lovely	insc	P	app:react	Appealing, good	7
A	it [see their children listening and speaking]	so lovely	insc	P	app:react	lovely	6
A	their children	listening and speaking	inv	P	judge:norm/cap	normal/accomplished	2
A	that (to see families...to see children...)	gave us hope	inv	P	app:react	welcome	7
A	day	most amazing	insc	P	app:react	exciting, moving, remarkable	7
A	your	particular needs	inv	P	judge:norm	unique, special	3
A	your family	we train your family up so that their speech therapy becomes a fun part of your family's life	inv	P	judge:cap	competent, expert, productive/familiar, natural	3
A	his (Felix's)	little eyebrows pop up and his dummy stop sucking	inv	P	judge:norm/cap	normal/able	2
A	"Felix" (speaker)	Felix...can you hear a voice? You can, can't you?	inv	P	judge:cap	successful, capable	2
A	his (Felix's)	day to day life just feels so normal	inv	P	judge:norm	normal, natural	2
A	them	potential for them as an individual to reach their communication goals	inv	P	judge:cap	accomplished, expert/unique	3
A	that's (life feels so normal)	the huge difference for us	insc	P	app:val	appealing, wonderful*/valuable, worthwhile	7
A	us	that's the huge difference for us	inv	P	affect: Pos (sat)	thrilled, chuffed	3
A	a world	where most people communicate by speaking	insc	P	app:comp	unified/worthwhile	7
A	communicate by speaking	most people	inv	P	app:val	valuable, worthwhile	6
A	he (Felix)	has access to that, which otherwise he wouldn't have had	inv	P	judge:norm	lucky, fortunate	2
A	(target unclear)	he has access to that, which otherwise he wouldn't have had	inv	P	app:val	expert, experienced, effective/altruistic	6
A	that full participation with the family, in life	that we really enjoy	insc	P	app:react	pleasing, appealing/valuable, worthwhile	7
A	we	really enjoy	insc	P	affect: Pos (sat)		3
A	participation with the family, in life (Felix's)	full	insc	P	judge:norm/cap	normal, natural/competent, successful	2
A	he (Felix)	is just fully engaged with the world	insc	P	judge:norm/cap	normal/capable, competent, successful (fully)	2
A	we	Today we are actually all feeling really excited	insc	P	affect:Pos (hap)	excited, buoyant	3
A	chapter	really good	insc	P	app:react	complete, balanced/worthwhile, priceless	5

A	it's	all systems go from here	inv	P	app:react	exciting	7
A	(Felix)	going off to big school	inv	P	judge:norm/cap	normal/successful	2
	big school	big	inv	P	app:comp/val	big*/worthwhile	7
	it's (going off to big school)	all really exciting	insc	P	app:react	exciting, notable/worthwhile, long awaited	7
	he (Felix)	he's <i>more</i> than ready to go	insc	P	judge:cap	competent, successful, able*	2
	he's	just champing at the bit	insc	P	affect:Pos (hap)	excited, buoyant	2
	he (Felix)	he's really really excited	insc	P	affect:Pos (hap)	excited, buoyant	2
	we're	so we're just sharing his excitement with him	insc	P	affect:Pos (hap)	cheerful, joyful, jubilant	3
	he's (Felix)	just so ready	inv	P	judge:norm/cap	normal/capable	2
	we	think he's going to have a good time	insc	P	affect:Pos (hap)		3
	he's	(going to) have a good time	insc	P	affect:Pos (hap)		2
A	you	navigating your way	inv	P	judge:cap	persevering	3
A	families	support their child to grow	inv	P	judge:tenac	tireless, persevering (grow = ongoing process)	3
A	we	want Felix to feel happy	insc	P	affect:Pos (incl)	desire, yearn for	3
A	that's (Felix to feel happy)	our main thing	inv	P	app:val	valuable	7
A	he (Felix)	to be whatever he wants to be	inv	P	judge:norm/cap	special/capable, successful	2
A	he (Felix)	wants to be	insc	P	affect:Pos (incl)	special/capable, successful	2
A	he (Felix)	to do whatever he wants to do	inv	P	judge:norm/cap	normal, natural/competent, successful	2
A	he (Felix)	wants to do	insc	P	affect:Pos (incl)	special/capable, successful	2
A	(he) Felix	to be everything that he was always meant to be	inv	P	judge:norm/cap	exceptional, successful, capable N:	2
A	everything	that he was always meant to be	inv	P	app:val	worthwhile, valuable, profound	7
B	service delivery	quality	insc	P	app:val	effective	5
B	best practice	current	insc	P	app:val	timely, worthwhile	5
B	quality service delivery	incorporating current best practice is required	insc	P	app:comp/val	timely, appropriate/worthwhile, effective	5
B	environment	that is sensitive to the cultural and linguistic needs of children and their families	insc	P	judge:prop	considered/appropriate, helpful	4
B	All services	operate within an environment that is sensitive the the cultural and linguistic needs of children and their families	insc	P	app:comp/val	considered/appropriate, helpful	5
B	services	delivered in line with RIDBC policies and practices and	insc	P	app:comp/val	considered, logical/appropriate, helpful	5

		current legislative requirements					
B	A service (RIDBC)	that promotes and respects their legal and human rights	insc	P	judge:prop	considered/appropriate	4
B	a service	(that) enables them to exercise choice and participation	inv	P	app:comp/val	considered/helpful, effective	5
B	each child and family	individual and cultural needs and preferences	inv	P	judge:norm	special	3
B	This service	is committed to (developing knowledge, skills and attitudes....)	insc	P	judge:tenac	dependable	4
B	this service	(is committed) to ensuring the dignity and privacy of all families is respected	insc	P	judge:prop	ethical, respectful	4
B	all families	the dignity and privacy of	insc	P	judge:norm	special	3
B	(RIDBC)	confidentiality will be maintained at all times with respect to information sought and held	insc	P	judge:prop	ethical, law abiding	4
B	environment	safe, secure and healthy	insc	P	app:comp/val	considered/appropriate	5
B	(RIDBC)	a safe, secure and healthy environment will be provided for all children	inv	P	judge:cap/prop	expert, competent (maintained)/good,caring	4
B	each child	(encouraged and supported) to participate and to be actively included in the community and mainstream activities	inv	P	judge:norm/cap	normal,natural	2
B	(RIDBC)	each child is encouraged and supported be actively included in the community and mainstream activities in the way their families choose	insc	P	judge:cap/prop	competent, expert/respectful, sensitive	4
B	activities	mainstream	inv	P	app:val	worthwhile, valuable	7
B	knowledge, skills and attitudes	increase each child's ability to engage in activities that are valued by	insc	P	app:val	worthwhile, valuable	5

		the wider community					
B	activities	that are valued by the wider community	invc	P	app:val	worthwhile, valuable	7
B	^knowledge, skills and attitudes	to develop and maintain positive self-image	inv	P	app:val	valuable	5
B	self image	positive	invc	P	app:comp/val	good/valuable	6
B	each child's	ability to engage in activities that are valued by the wider community	invc	P	judge:norm/cap	normal/successful, capable	2
B	The service (RIDBC)	is committed to (ensuring participation...)	invc	P	judge:tenac	persevering, thorough/expert	4
B	The service (RIDBC)	(is committed) to developing knowledge, skills and attitudes that increase each child's ability to engage in activities that are valued by the wider community and supported to develop and maintain a positive self-image.	invc	P	judge:cap/prop	expert, competent/altruistic, helpful	4
B	RIDBC	each family is supported to exercise as much choice and control over the design and delivery of their child's support and service	invc	P	judge:cap/prop	respectful, ethical/competent, expert (supported)	4
B	their child's support and service	the design and delivery of	inv	P	app:comp	considered, well designed	5
B	services and activities	planning and decision making process about	inv	P	app:comp	considered, logical, precise	5
B	The service (RIDBC)	is committed to (ensuring all admissions...)	invc	P	judge:tenac	ethical	4
B	RIDBC	Each child/family/school is free to provide feedback and/or raise any complaints they may have regarding the quality of service or its delivery	inv	P	judge:prop	law abiding, ethical, respectful	4

B	RIDBC	Complaints are resolved in a fair, respectful, efficient and confidential manner without negative implication for service provision or client interaction	insc	P	judge:cap/prop	competent/fair, respectful, confidential	4
B	manner	respectful, efficient, confidential	insc	P	judge:cap/prop	expert/ethical	4
B	RIDBC	the resolution of complaints promotes a harmonious environment	inv	P	judge:cap/prop	competent/sensitive, caring	4
B	environment	harmonious	insc	P	app:comp	harmonious	5
B	^THE RESOLUTION OF COMPLAINTS	improves service delivery	insc	P	app:comp/val	worthwhile, helpful	5
B	RIDBC	each child and family has access to the service on the basis of relative need and available resources	inv	P	judge:prop	fair	4
B	processes	fair and non-discriminatory	insc	P	app:comp/val	consistent, clear/effective	5
B	all admissions and discharges	follow fair and non-discriminatory processes	insc	P	app:comp/val	consistent, clear/fair, effective	5
B	the service (RIDBC)	is committed to (ensuring that each child and family)	insc	P	judge:tenac	fair, ethical, law abiding	4
B	the service (RIDBC)	ensuring all admissions and discharges follow fair and non-discriminatory processes	insc	P	judge:prop	ethical, moral, law abiding	4
B	services	not appropriate or available	insc	N	app:val	appropriate (not)	5
B	RIDBC	where services are not appropriate or available, information and referral support about alternative options will be provided to the child and family	inv	P	judge:prop	expert, educated	4
B	governance, management and quality processes	good	insc	P	app:comp/val	considered, detailed, consistent, logical/fair, effective	5
B	RIDBC	has good governance,	insc	P	judge:cap	productive, competent, expert	4

		management and quality processes in place					
B	RIDBC	employs sound management practices which maximise outcomes for the children and their families	insc	P	judge:cap	expert, sensible/altruistic	4
B	management practices	sound	insc	P	app:comp/val	robust	5
B	which [sound management practices]	maximise outcomes for the children and their families	insc	P	app:val	worthwhile, valuable, helpful, effective	5
B	services	quality	insc	P	app:val	quality, well designed	5
B	services	effectively and efficiently governed	insc	P	app:comp/val	consistent, considered/effective	5
B	RIDBC	is committed to(working with families...)	insc	P	judge:tenac	resolute, careful, thorough	4
B	each child and family	receives quality services which are effectively and efficiently governed	inv	P	judge:norm	fortunate	3
B	RIDBC	(is committed to) ensuring that each child and family receives quality services which are effectively and efficiently governed	insc	P	judge:cap		4
B	services	well managed	insc	P	app:comp/val	effective	5
B	services	delivered by skilled staff with the right values, attitudes, goals and experience	insc	P	app:comp/val	considered/effective, genuine, helpful	5
B	staff	skilled	insc	P	judge:cap	expert, competent	4
B	skilled staff	with the right values, attitudes, goals and experience	insc	P	judge:cap/prop	experienced/moral, kind	4
B	values	right	insc	P	app:val	appropriate, valuable	5
B	attitudes	right	insc	P	app:val	appropriate, valuable	5
B	goals	right	insc	P	app:val	appropriate, valuable	5
B	experience	right	insc	P	app:val	appropriate, valuable	5
B	family-centred education and therapy services	family-centred education and therapy services	inv	P	app:comp/val	considered, consistent/timely, appropriate, worthwhile, effective	5

B	RIDBC early learning program (HI)	provides family-centred education and therapy services for children aged 0-6 who have significant hearing impairment	inv	P	judge:cap/prop	expert, competent/ethical, respectful	4
B	RIDBC early learning program (HI) teachers/therapists	work collaboratively with families to develop and implement an individual program for each child	insc	P	judge:cap/prop	expert, experienced, competent/respectful, sensitive	4
B	program	individual	inv	P	app:comp/val	customised/original	5
B	therapy services	therapy services	inv	P	app:comp/val	considered/helpful	5
B	learning to listen and speak	is usually much harder for someone who has hearing loss	insc	N	app:react	complex,	6
B	understanding others	much harder for someone who has hearing loss	insc	N	app:react	complex,	6
B	someone who has hearing loss	learning to listen and speak let alone understanding others is usually much harder for someone who has hearing loss	insc	N	judge:norm/cap	unfortunate/ not capable	2
B	hearing aids or cochlear implants	are often recommended	inv	P	app:val	helpful, effective, worthwhile	6
B	most children with hearing impairment	use a hearing aid or a cochlear implant to help them understand speech	insc	P	judge:norm	normal	2
B	hearing aid or cochlear implant	to help them understand speech	insc	P	app:comp/val	well designed/worthwhile, effective, helpful	6
B	these children	often require support and intensive spoken language input to help them develop speech and listening skills	inv	N	judge:norm/cap	unfortunate, unusual/ need help	2
B	support and intensive spoken language input	to help them understand speech	insc	P	app:comp/val	considered, well designed/effective, worthwhile	6
B	spoken language input	intensive	insc	P	app:comp	considered, well designed/effective, valuable	6
B	RIDBC	assists families and children to develop these skills throughout	insc	P	judge:cap/prop	expert, experienced/helpful	4

		their entire schooling					
B	RIDBC	(assists families and children) to develop these skills throughout their entire schooling	inv	P	judge:cap	competent, capable	4
B	We (RIDBC)	use a range of techniques (sometimes known as auditory -verbal and auditory oral habilitation)	inv	P	judge:cap	experienced, expert	4
B	We (RIDBC)	help children listen and talk	insc	P	judge:cap/prop	expert/kind, caring	4
B	techniques (sometimes known as auditory -verbal and auditory oral habilitation)	to help children listen and talk	insc	P	app:comp/val	helpful, effective, worthwhile	6
B	auditory-verbal and auditory oral habilitation	auditory-verbal and auditory oral habilitation	inv	P	app:comp/val	logical, considered/helpful	6
B	we (RIDBC)	choosing the best strategies for each individual	inv	P	judge:cap/prop	experienced, expert/sensitive, respectful	4
B	strategies	best strategies for each individual	insc	P	app:comp/val	helpful, appropriate, effective	6
B	techniques and methods	for developing spoken language at home on a daily basis	inv	P	app:comp/val	logical, systematic, considered/valuable, effective, helpful, appropriate	6
B	we (RIDBC)	For very young children, we help parents to learn techniques and methods for developing spoken language at home on a daily basis	insc	P	judge:cap	expert, experienced	4
B	students	maximise the use of their residual hearing and develop the skills which enable them to learn through spoken language	insc	P	judge:cap	competent, successful if helped	2
B	skills	which enable them to learn through spoken language	insc	P	app:comp/val	helpful, effective	6
B	we (RIDBC)	For school aged-children, we teach students to maximise the use of their residual hearing and to develop the skills, which enable them	insc	P	judge:cap	expert, experienced	4

		to learn through spoken language					
B	Lipreading	to help them understand what others are saying	insc	P	app:val	helpful	6
B	lipreading	gives clues to augment existing hearing	insc	P	app:comp/val	helpful	6
B	clues	to augment existing hearing	insc	P	app:comp/val	helpful	6
B	it (lipreading)	cannot be used alone for unambiguous communication	inv	N	app:val	helpful (not) effective (not)	6
B	it (lipreading)	requires a great deal of concentration	inv	N	app:react	uninviting, tedious	6
B	it (lipreading)	can be very exhausting	inv	N	app:react	uninviting	6
B	Auslan (Australian Sign Language)	is the language of Australia's Deaf Community	inv	P	app:comp	real, genuine	6
B	It (Auslan)	incorporates signs, body movement, facial expressions, mime and gesture	inv	P	app:comp	considered, logical	6
B	Auslan	has its own grammar and vocabulary that are very different to English	inv	P	app:comp	logical, considered	6
B	variety of concepts	rich	insc	P	app:comp	rich	6
B	meanings	subtle	insc	P	app:comp	intricate, detailed	6
B	It (Auslan)	can communicate a rich variety of concepts and subtle meanings	insc	P	app:comp	rich, detailed, subtle/effective	6
B	It (Auslan)	is a naturally-evolved language, just like English	inv	P	app:comp	considered	6
B	RIDBC researchers	have developed Auslan dictionaries and the interactive Auslan website, Signbank	inv	P	judge:cap	accomplished, productive, expert	4
B	more than 3 out of every 1000 children (by the end of secondary school)	will require assistance because of hearing loss	insc	N	judge:norm/cap	not normal, unfortunate/not fit, healthy	2
B	start to life	best possible	insc	P	app:val	appropriate, helpful, worthwhile	7
B	support and assistance	immediate	insc	P	app:val	timely	5

B	newborns identified with hearing loss	get the best possible start to life when they, and their families receive immediate support and assistance	inv	P	judge:norm/cap	lucky, fortunate	2
B	RIDBC	relies heavily on community support to help a deaf child learn to speak, write, and read	inv	P	judge:prop	altruistic	4
B	special education	skilled	insec	P	app:val	considered, well designed/efficient, valuable	6
B	children with impaired hearing	have the opportunity to enjoy parity with their peers at school	inv	P	judge:norm/cap	lucky, fortunate/capable	2
B	parity with their peers at school	enjoy	inv	P	app:react	appealing	7
B	Around 90% of children with hearing impairment enrolled in RIDBC services	are learning to communicate through speaking and listening	inv	P	judge:norm/cap	normal/competent, successful	2
B	RIDBC	Around 90% of children with hearing impairment enrolled in RIDBC services are learning to communicate through speaking and listening	inv	P	judge:cap	expert, experienced, successful	4
B	Less than 5% of children with hearing impairment enrolled in RIDBC services		inv	P/N	judge:norm	unusual, out of the ordinary	2
B	RIDBC	Less than 5% of children with hearing impairment enrolled in RIDBC services are learning to communicate through Australian Sign Language (Auslan) or an alternative form of communication	inv	P/N	judge:cap		4
B	RIDBC	The number of deaf or hearing impaired children enrolled in RIDBC programs has	inv	P	judge:cap	experienced, successful	4

		increased by 40% in the last 7 years.					
B	RIDBC	More than 60% of Australia's new Teachers of the Deaf graduate through RIDBC every year	inv	P	judge:cap	expert, successful, productive	4
B	Teachers of the Deaf	highly trained	insc	P	judge:cap	expert, competent	4
B	RIDBC	there is a worldwide shortage of highly trained Teachers of the Deaf.	inv	P	judge:prop	altruistic, good	4
B	RIDBC	More than 500 professionals from around the world have received qualifications in education of children who are deaf or blind	inv	P	judge:cap	timely, worthwhile (context - early identification/early intervention linked with better outcomes)	4
B	RIDBC	without RIDBC there would be 500 fewer professionals in Australia...	inv	P	judge:cap/prop	tireless, resolute	4
B	professionals in Australia	qualified to teach children who are deaf or blind	insc	P	judge:cap	expert, competent	4
B	RIDBC	every year RIDBC provides more than 8,000 hours ...	inv	P	judge:cap/prop	tireless, resolute, persevering, accomodating	4
B	professionals	working with deaf and blind children	inv	P	judge:cap/prop	expert, competent/caring, kind	4
B	continuing education	for professionals working with deaf and blind children	insc	P	app:comp/val	considered, detailed/worthwhile, effective, valuable	5
B	RIDBC services	delivered with a focus on family centred practice	insc	P	judge:prop	expert, insightful, law abiding, ethical	4
B	family-centred practice	family-centred practice	insc	P	app:comp/val	considered/effective, helpful	5
B	RIDBC	believes parents and carers have the right to determine what is most important for their child	inv	P	judge:prop	good, respectful, reverent, ethical	4
B	every child and family's needs	different	inv	P	judge:norm	special	3
B	RIDBC	believes parents and carers are the experts when it comes to their own families	inv	P	judge:prop	respectful, ethical	4

B	parents and carers	the experts when it comes to their own families	insc	P	judge:cap	expert, competent	3
B	RIDBC	understands that families must have information that is current, accurate and reliable	inv	P	judge:cap/prop	educated, insightful, learned/ethical, respectful, caring, altruistic	4
B	information that is current, accurate and reliable	(parents) must have	insc	P	app:val		
B	information	that is current, accurate and reliable	insc	P	app:comp/val	logical, considered, well designed/timely, valuable, helpful	6
B	families	to be able to make decisions for their child	insc	P	judge:cap	expert	3
B	information that is current, accurate and reliable	to be able to make decisions for their child	insc	P	app:comp/val		6
B	This information	will allow them to work out what is best for their family and what is most important for their child	inv	P	app:comp/val	clear, considered/helpful, valuable	6
B	them (families)	work out what is best for their family and what is most important for their child	insc	P	judge:cap	expert, insightful,	3
B	what	is best for their family	insc	P	app:val	effective, worthwhile, appropriate	6
B	what	is most important for their child	insc	P	app:val	appropriate, valuable	6
B	RIDBC	working with families	inv	P	judge:prop	good, respectful, ethical	4
B	RIDBC	provide them with the information they need to make the best decisions for their child	insc	P	judge:cap/prop	educated, expert/ethical, respectful	4
B	information	they need to make the best decisions for their child	insc	P	app:val	appropriate, valuable, helpful	5
B	decisions for their child	best	insc	P	app:val	appropriate, valuable, helpful	6
B	Your gift	can help change lives	inv	P	app:val	powerful	6
B	he (Noah)	was deaf	insc	N	judge:norm	normal N	2
B	it (to find out that our little boy might be deaf)	was a total shock	insc	N	affect: Neg (insec)	was a total shock	3
B	all children and families	the dignity and privacy of	insc	P	judge:norm	special, important	3

B	our (little boy)	might be deaf	inv	N	judge:norm	normal N	2
B	Michelle and Geoffrey	received unwelcome news	inv	N	judge:norm	unlucky	3
B	the new parents	were devastated	insc	N	affect:neg (unhap)		3
B	we (the new parents)	"But we didn't dwell on the diagnosis"	inv	P	judge:tenac	brave, flexible, plucky	3
B	We	started finding out as much as we could about hearing loss and what needed to happen next	inv	P	judge:tenac	plucky, thorough	3
B	Michelle heard about the outstanding success of RIDBC through a friend	Thankfully	inv	P	app:react	welcome, good, appealing	5
B	Michelle and Geoffrey	gave Noah the very best start possible when they brought Noah to us	insc	P	judge:cap	sensible, shrewd	3
B	success of RIDBC	outstanding	insc	P	judge:norm	successful, expert	4
B	Noah	Michelle and Geoffrey gave Noah the very best start possible when they brought Noah to us	inv	P	judge:norm	lucky	2
B	start	very best.....possible	insc	P	app:val	valuable, priceless	5
B	us (RIDBC)	Michelle and Geoffrey gave Noah the very best start possible when they brought Noah to us	inv	P	judge:norm	inimitable	4
B	He	was just one month old (bold)	inv	P/N	judge:norm	special	2
B	Michelle	Michelle says, "RIDBC has helped us in so many ways."	inv	P	affect:pos(sat)		3
B	RIDBC	"RIDBC has helped us in so many ways"	inv	P	judge:cap/prop	expert, experienced/caring	4
B	bilateral cochlear implants	At 6 months of age Noah was fitted with bilateral cochlear implants. He started to respond to sounds a few weeks after they were switched on.	inv	P	app:comp/val	well-designed/valuable, effective, helpful	7

B	He (Noah)	hasn't looked back since	inv	P	judge:cap	competent, successful	2
B	Michelle	says Michelle proudly	insc	P	affect:pos (sat)		3
B	RIDBC	has supported every stage of his development with teachers, audiologists, speech pathologists and occupational therapists	insc	P	judge:cap/prop	expert, competent	4
B	He (Noah)	continues to make progress with his speech and language every week	insc	P	judge:cap	successful, clever	2
B	Rockie Woofit	is a special kind of preschool	insc	P	judge:norm	special, unique	4
B	it (Rockie Woofit)	works on a model of what we call "reverse integration" - it's a preschool that brings children with normal hearing together with hearing impaired children like Noah	inv	P	judge:norm	unique, special	4
B	"reverse integration"	a model...that brings children with normal hearing together with hearing impaired children	inv	P	app:comp/val	considered/worthwhile	5
B	children	with normal hearing	insc	P	judge:norm	normal	2
B	hearing impaired children	like Noah	insc	P/N	judge:norm/cap	similar	2
B	mainstream schooling	mainstream schooling	inv	P	app:comp/val	regular/valuable	7
B	It's (Rockie Woofit)	a brilliant place for Noah to develop his language and learning in preparation for mainstream schooling	insc	P	judge:norm	celebrated/expert, successful, productive	4
B	place	brilliant	insc	P	app:react	splendid	5
B	Noah	(to) develop his language and learning in preparation for mainstream schooling	inv	P	judge:norm/cap	normal (mainstream)/capable, competent	2

B	He	really enjoys preschool	insc	P	affect:Pos (hap)		2
B	little boy	typical	insc	P	judge:norm	normal, typical	2
B	^HE	is a typical little boy who loves playing with his superheroes and trucks	insc	P	judge:norm	normal, natural	2
B	he	loves (playing with trucks)	insc	P	affect:Pos (hap)		2
B	Michelle	laughs Michelle	inv	P	affect:Pos (hap)	happy (surge of behaviour)	3
B	His RIDBC teacher	has really helped him become more confident with his expressive language	inv	P	judge:cap	expert/kind, caring	4
B	him	more confident with his expressive language	inv	P	judge:cap	not timid	2
B	He (Noah)	He's now trying new words without being scared	insc	P	affect: Pos (sec)	not scared	2
B	we (RIDBC)	it's amazing when you consider what the outcome might have been if we hadn't met Noah as a baby	inv	P	judge:cap/prop	expert, successful/caring, good	4
B	work	early and intensive	insc	P	app:comp/val	detailed, considered/timely	5
B	children	like Noah	inv	P/N	judge:norm		2
B	our work (RIDBC)	it's just so valuable because it changes lives	inv	P	app:val	effective, valuable	5
B	Noah's mum and dad	are very positive about Noah's future	insc	P	affect:Pos (hap)	feeling positive	3
B	the outcome	it's amazing when you consider what the outcome might have been if we hadn't met Noah as a baby	inv	P	app:val	valuable,	
B	Noah's future	very positive	insc	P	app:comp/val	fortunate, normal/successful, productive	7
B	our work (RIDBC)	just so valuable	insc	P	app:val	valuable	5
B	it (our work)	changes lives	insc	P	app:react	appealing, good	5

