

Adventurers

Musical play for d/Deaf preschoolers



Supporting health, education and family life through inclusive early years music making



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Foundation



Adventurers: Musical play for d/Deaf/Hard of Hearing preschoolers

Adventurers brings together deaf and hard of hearing preschoolers, their caregivers and professionals to explore musical play in an inclusive, supportive environment. Delivered by Evolve Music with Plymouth City Council, Deaf Choices UK, local Qualified Teachers of the Deaf (QToDs) and other partners, the group is both a safe space for families and a hub for multi-agency collaboration.

“The approach is subtle but powerful.” – Sharon Pennack (QtoD).

This section summarises outcomes from the 12-session programme for children, caregivers and professionals and highlights key learning and next steps.

Why this work is needed

Most deaf babies are born to hearing parents with limited prior knowledge of deafness and child development. The first two years are critical; without timely, informed support, children risk auditory deprivation, social isolation and delays in language, cognition and wellbeing. Families often seek practical help with listening technologies and everyday strategies that foster connection and communication:

“Having the support around baby hearing aids... and meeting other deaf children with hearing aids has taken the worry away... I also liked the range of songs unique to the group.” – BJ, caregiver to RJ

National evidence underscores the scale of the challenge. The National Deaf Children’s Society (NDCS) reports a persistent attainment gap: by Key Stage 1, deaf pupils are on average **8.8 months** behind; by KS2, **12 months**; by KS3, **17.5 months**; and by KS4, deaf young people facing socio-economic disadvantage can be **34 months** behind hearing peers.

A recent article from the NDCS-funded 2025 research project, *An Investigation Into Pre-School Family Support Groups for Children Who Are d/Deaf and Their Families*, found that all sessions observed included songs and musical activities. The strong focus on early intervention music programmes for young children may relate to the recognised window of opportunity around neuroplasticity in early development. However, the growing number of d/Deaf role models involved in music and the work of music-focused charities and community groups demonstrates that music can be enjoyed by d/Deaf children of any age, communication preference, or level of deafness.

Deafness is not a learning disability; these gaps reflect lost access and opportunity, with knock-on effects for mental health and life chances.

Workforce constraints compound the problem. The Education Policy Institute notes lower attainment in deprived areas and only moderate progress in narrowing gaps; CRIDE (2024) highlights shortfalls in specialist staff. Locally, Plymouth's peripatetic QToD caseloads routinely exceed 100 children. Current figures: **202** permanently deaf children in the service area; **195** on caseload (permanent or temporary deafness); **20** with temporary deafness supported; **2** peripatetic QToDs (plus **2** in resource provisions). Children without hearing aids or with temporary deafness are not routinely referred for QToD support.

The Adventurers model aligns with national system fixes identified by the NDCS and British Deaf Association (BDA):

- Close gaps in specialist SEND workforce capacity.
- Improve training for mainstream early years practitioners.
- Strengthen joint working across education, health and care.
- Early, state-funded access to BSL during the critical period for first-language acquisition.

In practice, early identification via the Newborn Hearing Screening Programme, coupled with audiology and QToD input, can be undermined by stretched services and waiting times. Only 7% of specialist deaf education services currently include Deaf/BSL instructors/role models. Adventurers responds by offering a low-barrier, multi-agency, deaf-aware community where musical play acts as an accessible, non-verbal bridge to attunement, joint attention and co-regulation:

“There are rules around language but not musical play – it’s a feeling, a connection you can’t easily get through language if you’re deaf.” – Sharon Pennack

*“Music is impacted by deafness and requires intervention to get it right... concern for listening comfort and lack of understanding can devalue music in favour of core subjects.”
– Sarah Hercod (QToD)*

Pre-launch discovery session (11 March 2025)

To refine the approach, a discovery session at Plymouth’s Deaf Education Centre (Egbuckland Vale Primary) gathered feedback on instruments and activities:

- Participants: 7 deaf children (4 bilateral CIs; 3 bilateral HAs), 2 deaf adults (1 bilateral CI; 1 bilateral HA), 5 hearing adults.
- Devices: 85% of children and 100% of adults chose to keep devices on; one adult, *“would like to,”* remove and one child reflected, *“too loud – like it without.”*
- Listening comfort: Six children and four adults found loudness uncomfortable; 100% of deaf participants said sounds changed at higher volume, *“I couldn’t hear what people were saying,” “the music changed”*.

Activity preferences:

- 64% named singing as their favourite activity; two children preferred quieter activities, e.g. tent.
- Given a choice, 50% preferred instruments, 28% singing, 21% both.
- Over 50% of children liked the real guitar the most; one asked for, *“less toy music instrument.”*
- Least liked: wind chimes (2 adults), shakers (2 children), drums (1 child, 1 deaf adult).
- 50% reported that **no** instruments were disliked.
- 85% of adults and 28% of children highlighted percussion (drums, wind chimes, xylophone) as preferred.

What the adults valued: *“good for fine motor,” “free play – not enough in schools.”*

Children and adults' feelings at the start: Excited 4; Happy 8; Calm 0; Unsure 1; Uncomfortable 1..

Children and adults' feeling at the end: Happy 7; Calm 3; Unsure 3; Uncomfortable 1

Implications for future practice: Offer a mix of sounds, prioritise real instruments and free play, actively manage volume and listening comfort of all participants.

Delivery model

Each session combined structured and responsive musical play to:

- Create joyful, accessible opportunities for deaf preschoolers to experience music.
- Support caregivers to share challenges, learn practical strategies and advocate for their children.
- Enable multi-agency collaboration (including paediatric audiology) and consistent advice pathways.
- Discover each child's unique music/communication and listening preferences.
- Offer technology support (device optimisation, comfortable listening strategies, safety aspects).

Professional focus group (Session 2, 22 April 2025): perspectives on attunement

A shared definition of attunement emerged from the discussions:

“Joint attention of caregiver and child together on a task.” – Jamie Stocks (QtoD)

“Connection... both watching and responding; a two-way process.” – Kathy Kenny (Lead Choices Advisor, Deaf Choices, UK)

“Meaningful interactions... adapting with non-verbal feedback.” – Steve Kendall (QToD)

“Follow the child's lead – repeat, extend; tune in like matching radio frequencies.” – Sharon Pennack

Adventurers

MUSICAL PLAY GROUP FOR D/DEAF/HARD OF HEARING PRESCHOOLERS

When: Tuesdays
9.30-11am

Where:
Plymbridge Nursery
PL6 8UN

Dates:

- Launch session
1st April
- 22nd April
- 29th April
- 6th May
- 13th May
- 20th May



Join our **FREE** sessions to explore musical play together!

Our interactive sessions are designed to support your child's development in areas such as communication, language and creativity. Sessions give you and your little one the chance to explore through musical sensory play in a safe and fun environment as well as meeting other families.

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“Non-verbal can be as powerful as verbal/auditory for human connection.” – Sarah Hercod

“Attunement underpins co-regulation and later self-regulation.” – Beth Vleminckx (Music Leader)

This focus on attunement unified the involvement of professionals representing music, education and health sectors; guiding in-the-moment and planned decision-making that supported listening comfort, engagement and relational aspects of the group.

Participation and attendance

Two Music Leaders co-delivered every session for continuity. Across the programme: 9 children, 14 caregivers, 8 professionals attended; 5 more professionals expressed interest and 3 booked but could not attend. There were 35 family attendances, with 37 parent/carer and 35 child participation instances recorded. The final session had the highest family turnout (5 children, 5 caregivers); the lowest was 20 May 2025. Professional attendance peaked on 13 May 2025.

Family involvement included multiple caregivers for 5 children (parents, grandparents, siblings). One child attended with a professional rather than a family member, demonstrating flexible access. The patterns of participation and attendance reinforce the value of consistency in providing this type of community for families and professionals.

Children's outcomes

Children explored a wide range of instruments and sensory materials. Over time, professionals observed:

1. Increased listening, attention and shared focus.
2. More turn-taking, mirrored play and joint attention.
3. Greater confidence, self-expression and calm engagement with peers and adults.
4. Progress in physical development, e.g., from supported sitting to crawling; independent instrument play.
5. Use of music for emotional regulation, eg. self-expression and settling in.

Illustrative journeys

- **RJ (4.5 months):** Increasingly vocal and physically confident; high wellbeing; loved guitar, scarves and parachute songs; used hands to create sounds and actively responded to mum's signing.
- **JD (8 months; complex medical needs):** Progressed from supported sitting to crawling; moved from quiet to vocalising; developed a strong sound-based "conversation" friendship with RJ.
- **RB (3.5; CODA):** Shifted from shyness to confident adult engagement; began leading musical play with peers – a marked change noted by his caregiver.
- **HB (3; BSL user):** Benefited from 1:1 musical play; drumming and physical games channelled "big feelings"; continuous involvement with strong moments of focus; confidently anticipated routines, e.g., "tidy up", "snack time".

Children consistently demonstrated gains in communication, social interaction, emotional regulation and agency through musical play. In some cases, the benefits went beyond emotional and social development: one caregiver described how their child, after taking part in sessions, "will tolerate wearing his hearing aids for longer periods," showing that musical play can also influence physical comfort and resilience.

Caregiver outcomes

Caregivers reported reassurance, reduced isolation and practical strategies to support play and listening at home. Several who previously avoided groups attended regularly. Peer connection and deaf role models were especially valued:

“We wouldn’t have these resources at home.”

“I was worried about other groups... Adventurers gave me the confidence to try.”

“Seeing older children using BSL gave me hope.”

Informal peer support flourished (sharing technology tips, navigating disability support). One parent’s conversation with a deaf evaluator about hearing-aid sound discrimination opened new understanding for this caregiver. Key impacts:

- Confidence to engage through play and music.
- Reduced isolation via peer connection.
- Practical learning (songs, activities, vibration/sound exploration) taken into the home.
- Emerging peer-to-peer guidance among parents.

Parents and caregivers recorded positive change across all five domains: confidence; mood/wellbeing/enjoyment of life; social skills; communication skills; and motor/physical skills, resulting in 100% positive reports in every domain. Caregivers also experienced changes in their own practice and at home. They reported bringing music into everyday routines in new ways, whether through making instruments from household objects or experimenting with vibrations as part of play. One parent shared, *“we explored vibrations with X and he really loved it – it’s something we wouldn’t have thought of before.”* Another said, *“now we’re making noises with everyday objects, turning them into instruments.”* This extended impact reinforced the value of Adventurers not only for development within sessions but also for the wider home learning environment.

Professional outcomes

Adventurers created rare opportunities for observation and co-practice:

“Time and space to observe children in a way home visits don’t allow.” – QToD

Music Leaders, Lead Choice Advisor and QToDs worked seamlessly, offering high-quality BSL and cued speech with a balance of focused play and pastoral support. Professionals reflected on shifting assumptions: *“With hearing technology, deaf children can access music – even if it’s heard differently. Those with less hearing enjoy feeling vibrations. These opportunities matter.”*

Multi-agency collaboration strengthened with increasing interest from wider services, e.g., potential NHS audiology drop-ins; closer links with local deaf groups.

Interview insights from Sarah Worrell (Paediatric Audiologist, Joint Team Leader, University Hospitals Plymouth NHS Trust), following her visit to the group.

- **Expectations:** *Met. Safe, inclusive environment; children built listening skills and peer connections; parents gained confidence and practical guidance.*
- **Music Leaders:** *Passionate, inclusive, knowledgeable; effectively empower parents; responsive to individual needs.*
- **Child development:** *Musical play supported listening, speech and language; peer interactions improved social communication; parent-professional exchanges built parental confidence.*
- **Parenting a deaf child:** *Can feel isolating; this group reduces isolation and supports wellbeing; helps parents nurture listening and communication on par with hearing peers.*
- **Overall:** *Unique, invaluable local resource; strong sense of community.*

Strengths

- Inclusive innovation: Music as an accessible, relational bridge across health, education and family life.

- Attunement-led practice: Shared professional language with clear links to communication, language, co-regulation and self-regulation.
- Observed developmental gains: Communication, interaction, agency and emotional regulation in children.
- Family empowerment: Confidence and practical tools transfer into home routines.
- Workforce alignment: Consistent messaging across professionals; improved pathways and collaboration.

“Modelling from Music Leaders helps everyone get over the fear of being different.” Steve Kendall

“Multiple professionals giving the same advice.” Jamie Stocks

“I can already take elements into QToD practice... seeing the child light up.” Sharon Pennack

Challenges and learning

- **Venue change mid-project:** some family drop-off; emphasises the need for consistent location and advance communication.
- **Attendance fluctuations due to illness, shift work, group-anxiety:** build flexible, accessible attendance pathways; maintain approachability.
- **Professional presence:** parents could feel they are being observed; set clear ground rules, agree evaluation etiquette and balance “voice-off” culture with caregivers needing to chat (scheduled shared reflection times helped).
- **Listening comfort:** Manage sound levels dynamically; prioritise real instruments and free play; provide sensory accommodating spaces, e.g. tent.

Despite these issues, benefits strongly outweighed challenges. Parents and professionals described Adventurers as a unique, much-needed space: *“As a deaf parent I hadn’t attended a group since my child was born... this helped me meet others and find out about specialist equipment for home.”* – CS, caregiver to RB

“Two sets of parents realised they’d met in transitional care after NICU.” Steve Kendall

Next steps

The programme has clear demand and demonstrable value, particularly in Plymouth where there are no playgroups for deaf preschoolers, despite being standard provision in other local authorities (Devon, Torbay, Wiltshire and Somerset). Priorities include:

- **Sustainable investment** to continue and expand provision.
- **Integrated NHS audiology links**, e.g., drop-ins, and local deaf-sector partnerships to widen reach.
- **Develop a drop-in hub model** combining creative play, technology support and signposting.
- **Maintain and resource the multi-agency model** – families benefit from the combined expertise of Music Leaders, QToDs, Audiologists, Deaf Role Models and Advisors such as QToDs and Deaf Choices UK.
- **Position Adventurers (alongside Sound Explorers) as a scalable response** to specialist workforce gaps, mainstream EY training needs and joint-working ambitions identified nationally.

Appendices

1. Partners
2. Data Sources

Appendix 1: Partners

Funders & Supporters

With thanks to

- Children in Need
- Deaf Choices UK
- Devon Community Foundation
- Early Years South West Stronger Practice Hub
- Oticon Foundation
- Vernon Ellis Foundation

Local Authorities & System Partners

- Department for Education – context: Early Years Education COVID-19 Recovery Package; Early Years Experts & Mentors Programme.
- Devon County Council – Family Hubs; peripatetic QToDs; health visitors
- Early Years South West Stronger Practice Hub (programme supported by Education Endowment Foundation and National Children’s Bureau).
- Plymouth City Council – Early Years Directorate & Inclusion Teams.
- University Hospitals Plymouth NHS Trust – Paediatric Audiology (music & audiology pilot partner).
- University of the West of England- Music Therapy Masters internship

Research, Advocacy & Evidence Referenced

- British Deaf Association (BDA).
- National Deaf Children’s Society (NDCS).
- Consortium for Research into Deaf Education (CRIDE).
- Education Policy Institute (EPI).

Third-Sector & Community Partners

- Action for Children.
- Barnardos, Plymouth (delivery venue).
- Community childminder networks (Plymouth, Torbay, Devon).
- Deaf Choices UK (Lead Choices Advisors).
- ELM Community Centre, Plymouth (delivery venue).
- Fourgreens community trust, Plymouth (delivery venue).

Schools / Deaf Education Centres (DECs)

- Countess Wear Primary (Exeter DEC).
- Egbackland Vale Primary (Plymouth DEC) – host of the pre-launch discovery session.
- St Margaret's (Torbay DEC).

National Programmes Referenced

- Newborn Hearing Screening Programme (NHSP).