

Early Support

Helping every child succeed

Information for parents

Deafness



About this publication

This is a guide for parents with young children who have recently been told that their child is deaf, or who are in the process of getting a diagnosis.

It was developed by the Early Support programme in partnership with the National Deaf Children's Society, in response to requests from families, professional agencies and voluntary organisations for better standard information. Families were consulted about the content and the text reflects what parents who have 'been there before' say they would have liked to have known in the early days of finding out about their child's situation.

The information is free-standing. However, some people may use it alongside another Early Support publication, the Monitoring protocol for deaf babies and children. The Monitoring protocol helps parents and carers track and understand a child's development, celebrate achievement and find out what they can do to encourage their child to learn.

To find out more about [Early Support](#) and to obtain copies of other Early Support materials, visit www.dcsf.gov.uk/everychildmatters/earllysupport



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Introduction

The aim of this booklet is to give you information about the key things you may want to know as the parent of a deaf child.

The term **deaf** is used throughout to refer to children with all levels of hearing loss. You may use a different term to describe your child's hearing loss. Professionals that you meet also sometimes use different terms. Some of the common terms that are used are:

- deaf
- hearing impaired
- hard of hearing
- partially hearing.

The aims of this publication are to:

- let you know what your child's deafness might mean for you and your child
- tell you about the support that is available for you and your child
- tell you about the systems, services and people that you will come into contact with
- give you some practical tips that will help you support your child
- tell you where to find more support and further information.

You don't need to read it all in one go, unless you want to. Much of the information will be useful straight away. Other sections may be more relevant as your child gets older. You can keep the booklet and use it as and when you need to.

Each of the sections covers one area. The introduction to each section tells you what it will cover and the information you'll find there.

All the sections have details of where to get further information on the subject. This includes organisations and websites. If you don't have access to the internet at home or at work you should be able to get access to it through a local library. You may also be able to use an internet café.

Within each section there are terms, titles of professionals or names of organisations highlighted in **colour like this**. This means that the term or word is either explained straight away, or that contact details can be found at the back of the booklet.

If you have any questions about the information contained in this publication or about any aspect of childhood deafness, you could ask the **National Deaf Children's Society (NDCS)**. Contact information is at the back of the booklet. The **NDCS Helpline** is 0808 800 8880 (voice and text).



Early days

Everyone has a different reaction when they discover that their child is deaf. Some parents feel devastated by the news, others are relieved that their suspicions have finally been confirmed. Some deaf parents are glad that their child will share their culture and experience. You will have your own reactions. There is no right or wrong way to feel.

When you are first told about your child's deafness it can be difficult to remember all the information you're given. Don't be afraid to go back and ask questions when you have had time to think.

As the parent of a deaf child, you are not alone. There are more than 45,000 deaf children and young people in the UK and an estimated 840 children are born in the UK every year with significant deafness in both ears.

There's a wide range of support available to help you to understand your child's deafness and what deafness means. Support can come from family and friends; your local community; services for deaf children; voluntary organisations and from other parents of deaf children.

This section will give you information that may be useful to you in the early days after you discover that your child is deaf. It will look at three things:

- how other parents feel and how they coped
- how you can involve your extended family, friends and other children
- the professionals and services you might meet and the support they can provide.

Later sections give you more information on specific issues about having a deaf child.

This booklet has been developed with families who have deaf children. You can read what other parents say about their experiences through the whole text. Where something is written in colour and italics *like this*, it means that a parent said it.

How are you feeling?

Parents of deaf children feel a huge range of emotions when they discover that their child is deaf. Parents have talked about feeling:

Shock	Relief	Fear
Denial	Sadness	Anger
Confusion	Comfort	Guilt
Surprise	Disbelief	Grief

You may feel one of these emotions strongly. You may feel a whole range of them. Sometimes you may jump from one to another through the course of the day.

'I never thought for a minute that she might be deaf. I felt so guilty that I might have caused it.'

The arrival of a new child is a time of change for all families. Having a deaf child may mean that you have some additional things to learn about. If you have never had any experience of deafness, this can be an extra challenge.

'The audiologist talked to us for a while - I have to admit that I didn't hear a single thing after the word 'deaf'. They were really good though. I went back to see them the next day and they explained everything again.'

Learning to accept your child's deafness is a process that you go through at your own pace. For some people the process is quick, for others it takes longer. Whatever you are feeling is normal - there is no right or wrong way to react.

'I was devastated by the news. I couldn't function for days afterwards. I just thought, this must be wrong - there must be something I can do.'

Many parents talk about acceptance as an ongoing process. Accepting that a child is deaf is one part of that process. The other main part is accepting that life for the whole family has changed.

'I have been able to accept that my son is deaf, but there are still things that pop up that take me back to those feelings. It's much easier to deal with now though!'

Many parents say they began to feel more comfortable with their child's deafness when they were more able to understand the effect it would have on their child and the family.

'I needed to understand what this hearing loss was and how his ears were damaged. I needed to know that it wasn't my fault and what my options were. When I got the information, I started to focus on the important things like communication and not on who to blame.'



It can be very useful to meet other families of deaf children. This can give you an opportunity to see how others have coped. It can also allow you to meet older deaf children.

'One of the best things for us was when we joined a parents' support group. It was such a relief to be able to talk to people who understood what we were going through. Even more important was to be able to see deaf kids older than our daughter - we were amazed to see just how normal they were. We knew then that she was going to be OK!'

Gathering information and meeting other parents can help to take the mystery and some of the fear out of deafness and having a deaf child. It's important to do these things when you feel ready.

This guide contains lots of information about the issues you'll face as the parent or carer of a deaf child. It also gives details of the people, organisations and groups that can support you and give you more information.

Other people in your child's life

Extended family and friends

Your extended family and friends are an important source of support. They may babysit for you - to allow you to have a break. Some may spend a lot of time with you and your child. Others may be there for you to talk to when you feel that you need support.

If other people are not familiar with deafness, they may need your help to get used to the fact that your child is deaf. As you learn new things, you can give them information. This can help them support you.

As your child gets older other people may need more support to learn the communication approach that you decide on. For example, if grandparents are babysitting they will need to learn how to communicate effectively with your child. By learning to communicate they may come to understand more about the impact that deafness is having on you, your child and your family. This can help your child feel they are a full part of the family. Your teacher of the deaf or other support worker should be able to give you advice on this.

'I talked to them [my extended family] about his hearing loss and how to communicate with him. For example, don't shout across a noisy room and expect him to respond. I told them to go over to him and communicate face to face. Deaf children learn visually. They need to see your face. Don't get upset if he doesn't respond. You need to check if he understands and allow him to respond. I think education is the key - but don't overwhelm them with the small details. Tell them what your child needs from them.'

'For us this is simple. We tell everyone - relatives, visitors, friends - that he can't understand their words, only signing. Then we either translate for them or teach them how to sign what they're trying to say. It takes extra time, but the result is that our son knows they care enough to learn to communicate with him. That says a lot.'

Brothers and sisters

If your deaf child has brothers or sisters, it's important that they can communicate easily. Communication allows them to understand each other, resolve differences and express emotions - as well as having fun playing together!

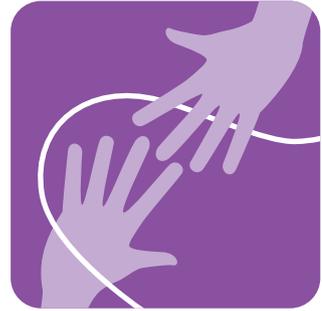
Young children learn about language and communication all the time and usually find it easier than adults to pick up new ways to communicate. By involving your other children, or any children you have in the future, in the things you do with your deaf child you can help everyone feel they're a full part of the family.

'We encouraged his brother and sister from the very beginning. We showed them the communication skills we used with him. And we made sure that they talked to him, even when it was easier and faster to communicate through one of us.'

'When my daughter's hearing loss was first diagnosed, we explained the situation to her older brother and talked about how he would need to communicate with her. We taught him signs and gave him new vocabulary when he needed it. He loved it! It was fun and he learned really quickly.'

The extra work needed to communicate with a deaf child can mean that their hearing sisters or brothers are given more responsibility. Some parents of deaf children say that, because it can be harder to explain to a deaf child, they ask hearing sisters or brothers to do tasks more often. This can be difficult for a young child to understand.

'I'm sure I've treated them differently at times. It's much easier to get the attention of my hearing daughter. It takes more time and energy to go to my deaf son and explain what needs to be done. When I'm in a hurry or tired, I will automatically call my daughter to help. I'm sure if you ask her, she will say that she has more responsibility than he does. I'm more aware of doing this now, and I try to be careful not to do it.'



Having a deaf sibling can be a positive experience for a child. It can allow them to have a positive attitude towards difference. It can also give them a deeper understanding of what makes good communication.

'I know for a fact that my hearing child shows much more tolerance and acceptance of people with a disability and people who are different in any way, than most of his friends. He knows that his sister is just like anyone else, but is seen as different by people who don't understand deafness.'

Who will you meet?

There are a range of services, professionals and groups who can offer you and your child support. The list that follows is not complete but gives some basic information about the services and professionals that you might come across.

If you're unsure of the role of people you're meeting you can always ask them to explain. If your child has another disability or special need you may have contact with more professionals and other services.

It's important to remember that you know your child better than anyone who works with you. The role of professionals is to support you and your child and encourage your child to develop as fully and quickly as possible.

The services listed on the following pages are not in order of importance. You may find that you work very closely with staff from some services and less so with others. This depends on the needs of your child.

Health services

Audiology department

The audiology department is part of the [National Health Service \(NHS\)](#). It can help by:

- performing hearing tests
- helping you to understand the information gathered by tests
- giving you information about the type and level of hearing loss your child has
- finding out if hearing aids will be useful
- supplying hearing aids if they will be useful
- providing earmoulds for your child's hearing aids
- supporting you with the maintenance of your child's hearing aids
- monitoring your child's hearing levels
- giving information about hearing loss and other forms of support
- referring you to education support services for deaf children
- working with other professionals, such as [ear, nose and throat \(ENT\) doctors](#) and [teachers of the deaf](#), to provide support to you and your child.



Audiologist

Your child's **audiologist** will carry out hearing tests and explain the information they gather. If your child needs hearing aids they will establish the best type and arrange for you to get them. They will also monitor your child's hearing to make sure that the aids are appropriate.

Your child's audiologist will also be able to refer you to a doctor who works with deaf children. Depending on where you live, this doctor could be called an **audiological physician**, a **community paediatrician in audiology**, or an **ENT surgeon**.

The doctor you are referred to can look into the causes of your child's deafness and carry out any medical tests that are needed. Your audiology department will be able to give you more information about the doctor you will see.

Ear nose and throat consultant (ENT consultant)

An **ENT consultant** is a doctor who specialises in the diagnosis and treatment of ear, nose and throat conditions. When a hearing loss has been identified, they can help in trying to discover the cause of deafness. They also offer advice and treatment when older children develop **glue ear** (also known as Otitis Media).

General practitioner (GP)

A **GP** is a family doctor who works in the community. They are the first point of contact for many families. They deal with your child's general health and can refer you on to clinics, hospitals and specialists when needed. They may also support welfare benefit applications and/or other types of help.

Health visitor

A **health visitor** is a qualified nurse or midwife with additional special training and experience in child health. They visit family homes in the early years to check on children's health and development. They give help, advice and practical assistance to families about the care of very young children, normal child development, sleep patterns, feeding, behaviour and safety. You should automatically receive a visit from a **health visitor**, as all families are visited in the early years. If you don't, they can be contacted through your **GP**. Health visitors can help you contact doctors, hospitals and other services in your area.

Speech and language therapist (SALT)

A **speech and language therapist** is a health professional specialising in communication development and disorders (and associated eating and swallowing difficulties). A **speech and language therapist** offers support and advice to parents of children with any type of communication problem. This can include deaf children. They help children develop their communication skills in spoken language or sign language. These skills may include receptive language (what your child understands); expressive language (what your child says or signs); speech skills (how your child pronounces words); and interaction skills (how your child uses language in conversation).

A **speech and language therapist** can work with you and your child at home, in nursery or school or at a clinic or hospital. Some speech and language therapists specialise in working with deaf children, but these specialists are not available in every area.

Education services

Hearing impaired services (sometimes called **sensory support services**)

A **hearing impaired service** is a local authority service. They provide services to deaf children and their parents. The support can be in the family home, at nurseries and playgroups or in a range of school settings. They also offer advice and support to nurseries, playgroups, schools and colleges that teach deaf children.

Your **hearing impaired service** can provide information and support on:

- deafness in children
- language and communication
- other support services
- making use of your child's hearing aids
- parenting issues
- your child's education
- access to nurseries, playgroups and schools.



The key professionals that work for a hearing **impaired service** are:

Teacher of the deaf

Sometimes called a **teacher of the hearing impaired**, **teacher of deaf children** or **TOD**. A **teacher of the deaf** is a qualified teacher who has undertaken further training and is qualified to teach deaf children. They provide support to deaf children, their parents and family, and to other professionals who are involved with a child's education. Some teachers of the deaf are based in one school - others are known as **visiting** or **peripatetic teachers of the deaf**.

Peripatetic teachers of the deaf travel to family homes, playgroups, nurseries, schools and colleges. In addition to teaching deaf children, they offer support, advice and information to families and other people working with deaf children.

Some **teachers of the deaf** have specialist training to work with very young children. They may be known as pre-school or early years teachers of the deaf.

Educational audiologist

An educational audiologist is a qualified teacher of the deaf who also has a recognised qualification in audiology, including hearing assessment. They provide guidance to other teachers of the deaf, parents and other professionals about hearing assessments, hearing aids and hearing support.

Educational psychologist

An educational psychologist has a degree in Psychology plus they undertake a three-year, full-time, professional training course leading to a Doctorate in Educational Psychology. Educational psychologists help children who find it difficult to learn or to understand or communicate with others. They specialise in children's development and learning. They visit schools and nurseries, working with teachers and parents to assist children's learning and behaviour, and to assess psychological development and special educational needs.

Other people who can help

Social worker

A **social worker** is a professional who supports children and families by advising on appropriate services and introducing families to some of the services they need. They are normally employed by a local authority.

Social workers provide practical help and advice about counselling, transport, home helps, and other services. They may also be able to help you with claiming welfare benefits or obtaining equipment needed at home. They sometimes help families to access other services, such as family sign language classes, parents' groups or play schemes. In some places, social care services have specialist social workers who have particular knowledge and experience of working with learning disabled, blind or deaf people. In other areas, **social workers** work within teams supporting a range of disabled children.

Deaf adults/deaf role models

Deaf adults can provide insight into the experience of growing up deaf and be a positive role model for children. They can also be a useful source of information about communication and Deaf culture. Sometimes the people that work with you in other roles listed in this section will be deaf.

In some areas there are paid workers, usually known as **deaf role models**, who can come into your home to offer support with developing communication and to answer questions about the experience of deafness. Deaf people may be employed in this role by a school, nursery or local authority. The service may be provided by social services, the hearing impaired service or sometimes by a local voluntary organisation. The **NDCS** also have Deaf role models (DRMs) who have worked with over 400 families through home visits, newly identified family weekends, visits to schools, youth clubs and training professionals.



Other parents of deaf children

Other parents of deaf children can help by:

- sharing their experiences of professionals and services with you
- telling you about organisations, people and sources of information that they have found useful
- understanding your feelings
- sharing their feelings and explaining how their feelings have changed over time
- telling you about their child's achievements and giving you an opportunity to meet older deaf children
- arranging opportunities to get together, so that your children can meet other deaf children.

You can meet other parents at local or national events or through groups around the country. Some of these groups are set up by local services and others are run by parents themselves. Your **teacher of the deaf**, **audiologist** or **social worker** should be able to tell you about local groups.

The National Deaf Children's Society can provide you with information about groups across the UK. Contact details are at the end of the booklet.

Charities/voluntary organisations

There are a wide range of charitable or voluntary organisations that can offer support, advice, information and events for deaf children and their families. Your **teacher of the deaf**, **audiologist** or **social worker** should be able to tell you about any local organisations that provide support to parents of deaf children.

Your child's deafness: audiology

This section contains information about the medical aspects of deafness, hearing and audiology. It explains:

- what sound is
- how the ear works
- types and levels of deafness
- the reasons for deafness
- hearing tests
- audiograms
- sources of further support and information.

If you have any questions about your child's deafness, your **audiologist** can give you more information. If you are in touch with a **teacher of the deaf**, they will also be able to give you more information.

Audiology is the medical term for the study and measurement of hearing and deafness. The audiology department will usually be part of a hospital or local health clinic. The staff there will be able to measure your child's hearing, give you information about deafness, fit hearing aids if your child needs them and put you in touch with other people who can help.

What is sound?

Sound is an invisible vibration. It travels in waves, spreading outwards from the source of a sound. Sounds are different in loudness and in frequency.

Loudness is measured in decibels (dB). Figure 1 shows how loud some everyday sounds can be. Audiologists sometimes describe loudness as 'intensity'.

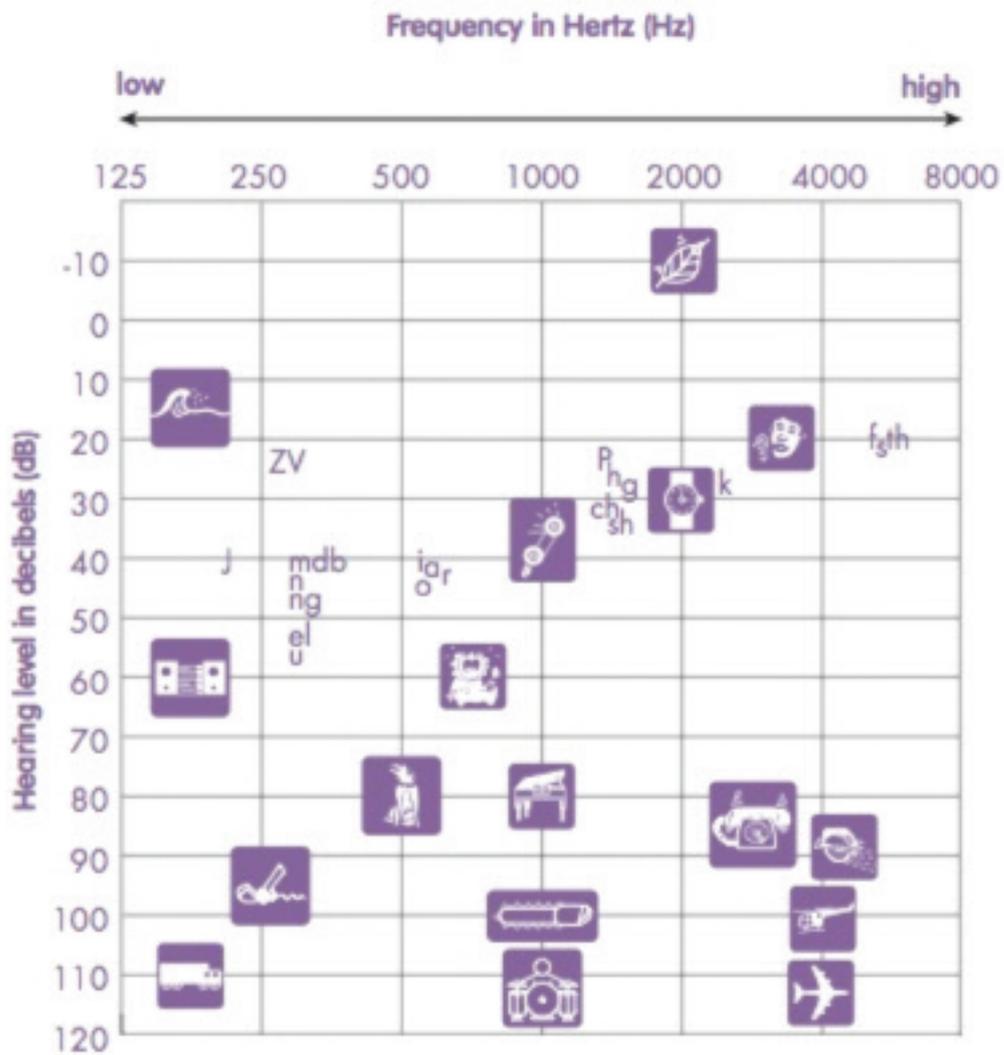
Frequency is measured in Hertz (Hz). We usually think of frequency as the pitch of the sound. Most sounds are made up of a range of different frequencies. An example of a high frequency, or 'high pitched' sound, is the noise made by a whistle. An example of a low frequency, or 'low pitched' sound, is the noise made by a big drum.

Speech is usually a mix of high, middle and low frequency sounds.

Consonants, like 'p', 'k' and 's', tend to be higher in frequency than some vowel sounds like 'aa' as in 'part'. Figure 1 shows the frequency of some common sounds as well as how loud they are.



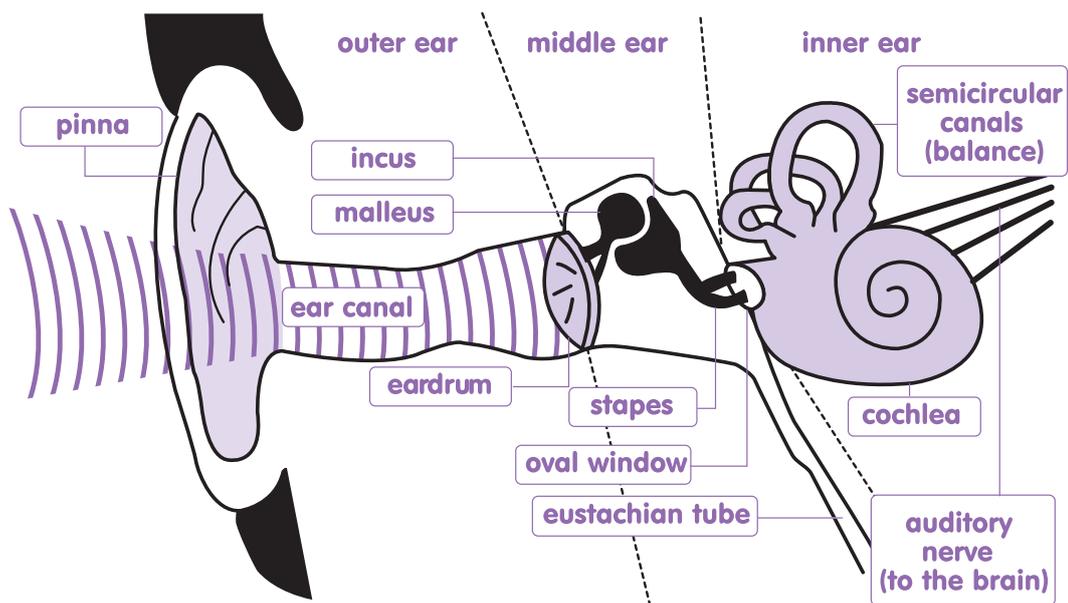
Figure 1: Frequency and loudness of some everyday sounds



How does the ear work?

The ear has two main functions. It receives sound and converts it into signals that the brain can understand. It also helps us to balance. The two functions are closely connected.

Figure 2: Diagram of the ear



The hearing system

The ear is the first part of the hearing system. The **pinna** (the outside part of the ear) catches sound waves and directs them down the ear canal. The waves then cause the **eardrum** to vibrate. These vibrations are passed across the middle ear by three tiny bones, the **malleus**, **incus** and **stapes** (sometimes known as the hammer, anvil and stirrup), collectively known as the **ossicles**. The bones increase the strength of the vibrations before they pass through the oval window into the **cochlea**.

The **cochlea** looks like a snail's shell. It is filled with fluid and contains thousands of tiny sound-sensitive cells. These cells are known as hair cells.

The vibrations entering the cochlea cause the fluid and hair cells to move, much like the movement of seaweed on the seabed when waves pass over it.



As the hair cells move, they create a small electrical charge or signal. The **auditory nerve** carries these signals to the brain where they are understood as sound.

For an ear to work fully and allow us to pick up sound, all of these parts must work well. Deafness happens when one or more parts of the system are not working effectively.

Balance

The brain uses information from the eyes (what we see), our body (what we feel) and the inner ear to balance. The semicircular canals in the inner ear are three tubes, filled with liquid and movement-sensitive hair cells. As we move, the fluid moves. This creates signals that are sent to the brain about balance.

Types and levels of deafness

In order to describe your child's deafness accurately you will need to be aware of a number of factors. The factors are:

- the **type of deafness**
- the **level of deafness**
- which **frequencies** of sound are affected
- whether your child is deaf in both ears, known as **bilateral** deafness, or in one ear, known as **unilateral** deafness
- if your child is deaf in both ears, whether the deafness is similar in both ears, known as **symmetrical** deafness, or different in each ear, known as **asymmetrical** deafness.

Most of this information can be discovered when your child is very young. As your child grows up, further information will be collected when your child can take part in different types of tests. Your audiologist will be able to tell you about your child's deafness and when further testing will be done.

There is more information about types of hearing tests and when they can be done later in this section.

Types of deafness

Sensori-neural deafness

Sensori-neural deafness is deafness caused by a fault in the inner ear or auditory nerve. This is sometimes called **nerve deafness** but this term is usually not completely accurate. Most **sensori-neural deafness** is caused by a problem in the **cochlea**. Most commonly this is because the hair-cells are not working properly. Figure 2 in the previous section shows the structure of the ear and the **cochlea**. **Sensori-neural deafness** is permanent and there is no medical cure.

Conductive deafness

Conductive deafness describes deafness caused when sounds cannot pass efficiently through the outer and middle ear to the **cochlea** and **auditory nerve**. This can be because:

- fluid in the middle ear makes it difficult for the three small bones in the middle ear to vibrate (usually known as **glue ear**)
- some part of the middle or outer ear has not formed properly
- there is a blockage in the outer or middle ear.

Most **conductive deafness** is temporary. It is usually caused by conditions like **glue ear**. This is very common among young children and will generally pass with time. There are often medical or surgical treatments that can improve this type of **conductive deafness**.

Some forms of **conductive deafness** are permanent. Some children are born without an ear canal, others may have no bones in their middle ear. The usual term for this is 'malformation' of the ear. This means the ear has not formed as it would usually. There may not be any surgical or medical treatment to improve **conductive deafness** caused by this. If there is a medical treatment that can be used it may be difficult to do until your child is older. Your **ear, nose and throat (ENT) consultant** will be able to give you more information about this.

Mixed deafness

When a child has **sensori-neural deafness** and a **conductive hearing loss** it's described as **mixed deafness** or hearing loss. One example of a mixed hearing loss is when there is a temporary conductive deafness caused by a condition like **glue ear** as well as the permanent **sensori-neural** loss.

It is very important to remain vigilant about this. If your child has a **sensori-neural** loss and they develop **glue ear**, their hearing may get worse while they have the condition. This may mean they can hear fewer sounds or be less aware of environmental noise. Your **audiologist** will be able to give you more information about mixed deafness. They can also perform tests if you are worried about changes in your child's hearing.



Levels of deafness

The level of your child's deafness can be described in two ways: as a decibel (dB) hearing level; as **mild**, **moderate**, **severe** or **profound** deafness.

Understanding these ways of describing your child's deafness can help you to explain it to others. If your child's deafness is described to you as a percentage - eg 60% deaf - you should ask for more information, as this is not normally a useful way to describe deafness.

The table below shows the terms used to describe levels and the decibel levels that they refer to:

Level of deafness*	Hearing level in dB (loudness)
Mild	20-40
Moderate	41-70
Severe	71-95
Profound	95+

*The level of deafness is calculated by establishing the average hearing loss in your child's better ear.

If your child's hearing level is close to the next level of deafness they may be described as having mild/moderate, moderate/severe or severe/profound deafness.

Any hearing that a deaf child has is described as **residual hearing**. Your **audiologist** or **teacher of the deaf** will be able to give you more information about the level of your child's deafness. They can also explain the sounds that your child can and can't hear. If your child has recently been identified as deaf then the audiologist may need to do more tests before they can give you this information.

Frequency and hearing levels

All sounds are made up of different frequencies. The frequency of a sound affects the pitch that it is heard at. The high notes on the right side of a piano keyboard are examples of high frequency sounds. It's possible to be deaf to the same level across all frequencies, or to have different hearing levels at different frequencies.

Frequency is measured in Hertz (Hz). If your child has a hearing test where the results are plotted on an audiogram, you will see the low to high frequencies marked along the top of the audiogram. If your child has difficulty hearing sounds at higher frequencies they may be described as having high-frequency deafness. If they have difficulty hearing sounds at low frequencies they may be described as having low-frequency deafness.

Frequency is very important when thinking about a child's ability to hear speech sounds as speech is made up of a range of frequencies. A good example of this is the word 'mousse'. The 'm' sound is a low-frequency sound, the 'oo' sound is a middle-frequency sound and the 's' sound is a high-frequency sound. In order to hear the word completely, a child must have appropriate levels of hearing at low, middle and high frequencies.

Your **audiologist** should be able to give you information about the frequencies affected by your child's deafness.

Why is my child deaf?

There are many reasons why a child can have **sensori-neural** deafness at birth or develop it early in life, but it is not always possible to identify the reason. You may be offered further tests to establish the cause of your child's deafness. Your **audiologist** may be able to tell you where you can get further information about these tests.

This section lists many of the common reasons for deafness. They are split into things that happen before a child is born and things that happen at birth or afterwards.

Causes before birth (pre-natal)

Around half of the deaf children born in the UK every year are deaf because of a genetic (inherited) reason. Deafness can be passed down in families even when there appears to be no family history of it. For about 70% of these children, inheriting a gene that causes deafness will not create any additional disabilities or health problems.



For the remaining 30%, the gene involved may cause other disabilities or health problems. The deafness may be part of a syndrome. A syndrome is a collection of signs or symptoms that doctors recognize as commonly occurring together. For example, Waardenburg syndrome can result in deafness, a white lock of hair above the forehead and various differences around the eyes.

Deafness can also be caused by complications during pregnancy.

Infections such as rubella, cytomegalovirus (CMV), toxoplasmosis and herpes can all cause a child to be born deaf.

Causes in infancy (post-natal)

There are a number of reasons why a child may become deaf after birth.

Being born prematurely can increase the risk of being born deaf or becoming deaf. Premature babies are often more prone to infections that can cause deafness. They may also be born with severe jaundice or experience a lack of oxygen at some point. Both of these can cause deafness.

In early childhood a range of other things can also be responsible for a child becoming deaf - for example, infections like **meningitis**, **measles** and **mumps** can all cause deafness.

There are also a range of medicines, known as **ototoxic drugs**, which can damage the hearing system. These drugs are always used with a great deal of care, but sometimes are the only treatment option available. Your child's doctor should always discuss these risks with you before these medicines are used.

Occasionally deafness is caused by an injury to the head or exposure to an extremely loud noise. This can cause damage to the hearing system.

Audiological tests

All parents of newborn babies are offered a hearing screen, either at the hospital before discharge or at a community clinic soon after. If the hearing screen shows no clear response then the baby is referred to the audiology department for further hearing tests. There are a range of tests that will have been used to give you further information about your child's deafness. These will usually be carried out in the **audiology department** of your local hospital, although sometimes they may be done at a community clinic or Child Development Centre (CDC).

If your child will benefit from hearing aids, then testing will ensure they are fitted with the most appropriate type and tuned to the right levels.

As your child grows, testing can be used to monitor their hearing and make sure that their deafness is managed appropriately. Your **audiologist** can tell you about the tests your child had in the past and those they will have in the future.

There are two main types of hearing test: **objective tests** and **behavioural tests**. **Objective tests** use technology to read responses from your child's hearing system. **Behavioural tests** need your child to make some reaction to sounds that are played. These usually involve toys and play.

None of the tests used will be painful or uncomfortable for your child. If you're worried about any of the tests or have any questions, your child's **audiologist** will be able to give you more information.

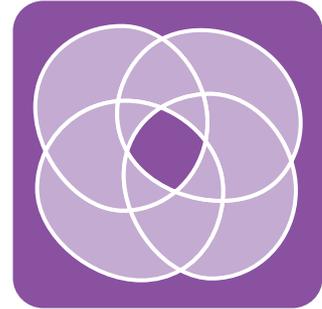
Hearing tests for children from birth to two years

Objective tests

Otoacoustic emissions (OAE) - from birth to six months

The OAE test is most commonly used as a screening test to see if there is a need to test a child's hearing further. It works on the principle that the **cochlea** of a hearing ear responds to a sound by making a quiet sound. A small earpiece, containing a speaker and a microphone, is placed in the ear.

A clicking sound is played and if the **cochlea** is functioning properly the earpiece will pick up the response of the **cochlea**. This is recorded on a computer that tells the screener if the baby needs to be referred for further testing.



The OAE test is very quick and gives a result immediately. It's not uncomfortable or painful for your baby. Being referred after the OAE test doesn't necessarily mean there is a hearing loss. It can be difficult to get a response if a baby is unsettled at the time of the test, if the room is noisy or, in very young babies, if there is any fluid in the ear from the birth process.

Auditory Brainstem Response (ABR) - from birth to six months

The ABR test measures whether sound is being sent from the cochlea and through the auditory nerve to the brain. Before beginning the test, the **audiologist** will place three small sensors and a set of headphones on the child's head. The sensors are attached to a computer. During the test the child needs to be very quiet and still so the test will work best if your baby is asleep.

A series of sounds are played at different levels of loudness. The sensors will pass information about the signals that pass along the auditory nerve to the computer. The **audiologist** will monitor and interpret this information and explain what the results mean.

The ABR test can be used to gather information about a child's hearing levels for a range of sounds. The ABR test can also be used to find out if your child's deafness is **sensori-neural** or **conductive**. Instead of using sounds played through headphones (known as air-conduction) the audiologist will place a vibrating pad attached to a headband on your child's head. When the sounds are played, the pad vibrates. This means sound travels through the bones in the head directly into the **cochlea**. If your child has a blockage in their middle ear, such as glue ear, the bone-conduction test results will be better than the air-conduction results. This allows the **audiologist** to tell how much of your child's hearing loss is **sensori-neural** and how much is **conductive**.

The **audiologist** uses the information from the ABR test to estimate your child's hearing levels for the frequencies they have been able to test. This will be used to give information about the child's deafness. If it is appropriate for your child to wear hearing aids then this test can help the audiologist ensure the right ones are fitted and tuned appropriately.

Auditory Steady-State Evoked Responses tests (ASSER) (also known as Steady-State Evoked Potentials [SSEPs])

Like the ABR test, the **audiologist** places headphones over each of the child's ears or places small ear-pieces in their ears. They will put small sensors on the child. The sensors are attached to a computer.

A series of sounds are played at different levels of loudness and at different frequencies. The sensors pass information about the signals that pass along the auditory nerve to the computer. The **audiologist** will monitor and interpret this information and explain what the results mean.

The ASSER test gives information about your child's hearing levels at a range of frequencies. This will allow the **audiologist** to build a picture of the sounds that they can and can't hear. The ASSER test is relatively new and is only available in some places. Your **audiologist** can tell you if they can perform this test.

Behavioural tests

Behavioural tests use play and games that are appropriate for your child's age. By playing as part of the testing process your child may not notice they are being tested. This means the **audiologist** may be able to get clearer results from the tests.

Visual Reinforcement Audiometry (VRA) - from six months onwards

Sounds of different frequencies and loudness are played through speakers. If your child hears the sound they will turn their head to see a visual display such as the lighting up of a toy or puppet. This test can check the full range of hearing but does not give specific information about each ear. Your **audiologist** will be able to explain the results of the test.

Bone-conduction VRA

This test is the same as the VRA test above but the sounds are played through a small vibrating pad placed against your child's head. This is not painful or uncomfortable for them. This test bypasses the middle ear and tests only the inner ear, so if they have fluid or another blockage in their middle ear this test can help give an accurate picture of the type of deafness.

Insert Earphone VRA

This test is the same as the VRA test but uses small ear-pieces to play sounds directly into your child's ears. This allows the **audiologist** to develop an accurate picture of hearing levels in both ears, and to get good information about the frequencies of sounds that your child can or can't hear.

This test will allow the **audiologist** to produce an **audiogram** for your child's hearing. An audiogram is a special type of graph that shows their hearing levels at specific frequencies.



Hearing tests for children two-and-a-half-years and older

Behavioural tests

Speech Discrimination Test

This tests your child's ability to tell the difference between words at different levels of loudness. The tester asks them to identify toys, pictures or objects from a selection. From this, the tester can assess the lowest level at which they can hear words with and without visual information from lipreading or sign language. This test is also sometimes done while your child wears their hearing aids to help assess the benefit that the aids give.

Your **audiologist** can give you further information about this.

Pure-Tone Audiometry (PTA): Air Conduction

This test uses a machine called an **audiometer**, which generates sound at an accurate level of loudness (measured in decibels - dB) and at specific frequencies (measured in Hertz - Hz).

Sounds are played through a set of headphones and your child will be asked to respond when they hear the sound. This will usually involve play. For example a younger child may be shown putting a peg into a board when they hear a sound and they will copy this. An older child may be asked to press a button. The results of these tests are displayed on an **audiogram**. This will give you information about your child's hearing level and the frequencies of sounds that they can and can't hear.

Pure-Tone Audiometry (PTA): Bone Conduction

This tests your child's inner ear and hearing system. It bypasses the middle ear and so will not be affected by glue ear or any other blockage. The test uses a small vibrating pad placed against your child's head. This passes sounds directly to the inner ear through the bones in the head. The results from this test can be used with results of other tests to show exactly what type of hearing loss your child has.

Tympanometry

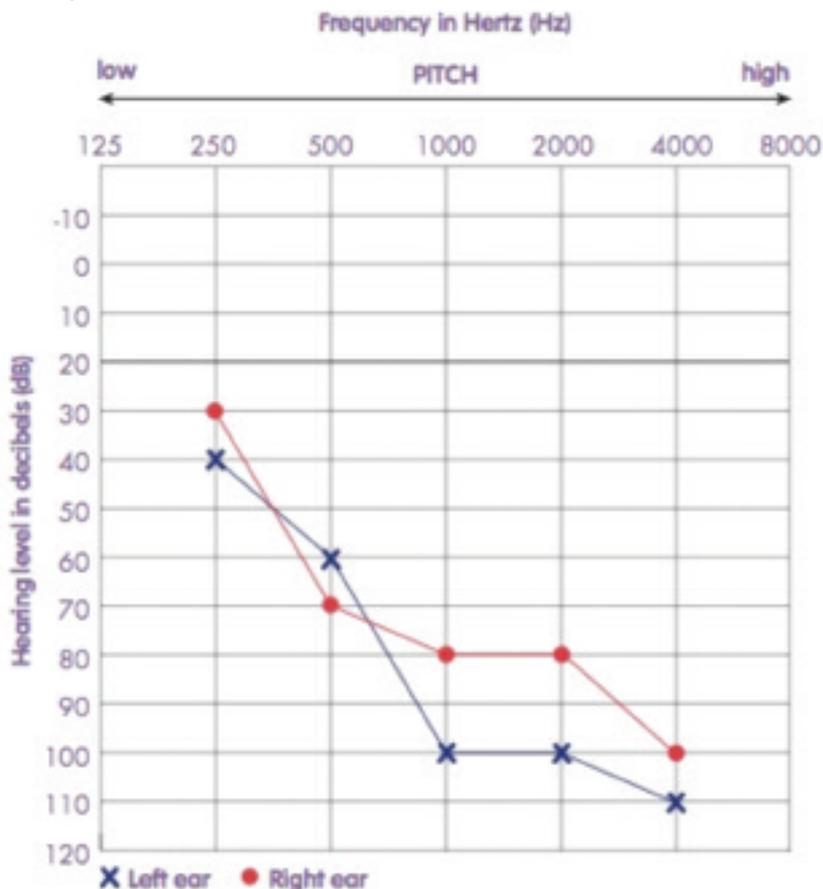
This test is used to check if there is any fluid in your child's middle ear. This condition is known as **otitis media**, or **glue ear**. Glue ear can cause a temporary conductive hearing loss. If your child has a **sensori-neural hearing** loss then **glue ear** can temporarily make their hearing worse.

A small earpiece is held gently in your child's ear canal. A pump causes pressure changes. The eardrum should be free to move in and out with the change in pressure. The earpiece measures this by checking the sound that is reflected by the eardrum. If the eardrum is not free to move then there is likely to be some fluid or another blockage in the middle ear.

Audiograms

An **audiogram** is a chart used to record the results of **pure-tone audiometry (PTA)** tests and insert **visual reinforcement audiology tests (Insert VRA)** and similar hearing assessments. An audiogram gives a visual representation of your child's deafness. It shows how loud a sound has to be, and at what frequency before your child can hear it.

Figure 3: Audiogram





Until your child is older, it may be difficult for an **audiologist** to get enough information for an audiogram, but they will tell you when they expect a test will be possible.

On an audiogram, low-pitched sounds start on the left, the middle range is in the middle and the high-pitched sounds are right of centre.

The further down the chart that hearing levels are marked, the greater the degree of deafness. Many audiograms have more symbols and information than the examples included here. Your **audiologist** can help you understand your child's audiogram.

The following pages give examples of typical audiogram response charts.

Figure 4 shows the typical level and range for a hearing person. It illustrates that both ears show normal hearing levels.

Figure 4: Normal hearing

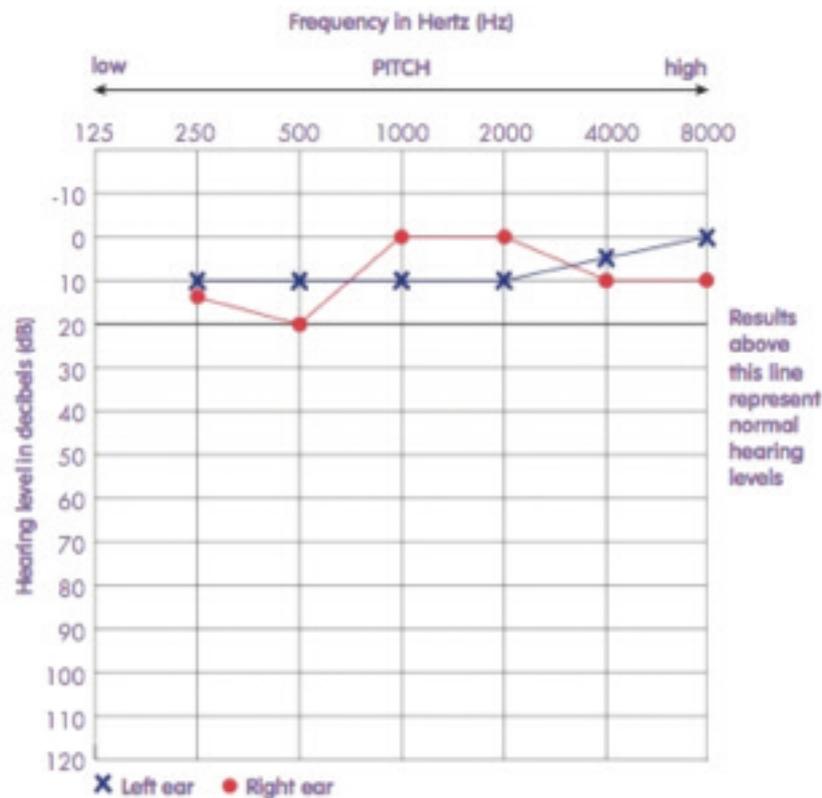


Figure 5 shows a typical picture of **conductive deafness** in a child's left ear. The **bone conduction test** shows the inner ear is receiving the signal clearly, but the air conduction test demonstrates the amount of sound being blocked out by fluid or other obstruction in the outer or middle ear. This child might have a temporary loss as a result of glue ear or a permanent conductive loss.

Figure 5: Conductive deafness

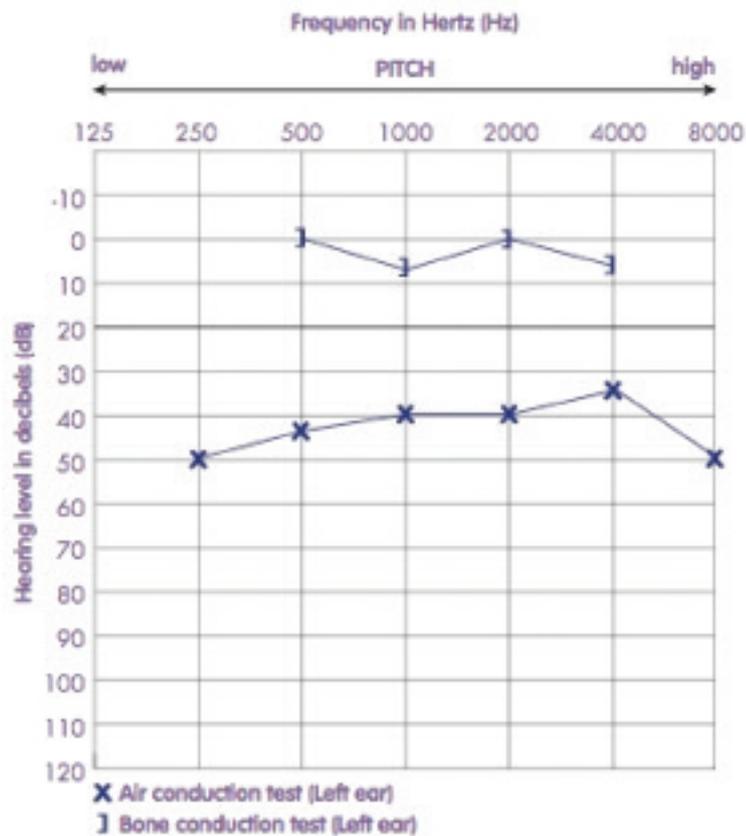




Figure 6 shows a **sensori-neural loss** in the right ear. Both the air conduction and the bone conduction tests give broadly the same result.

Figure 6: Sensori-neural deafness

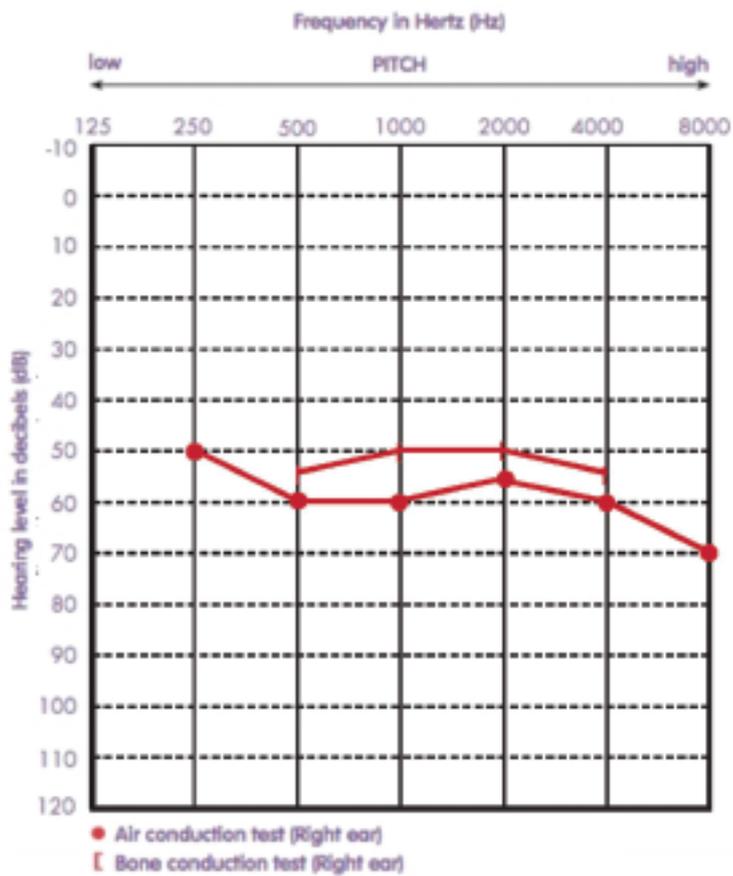
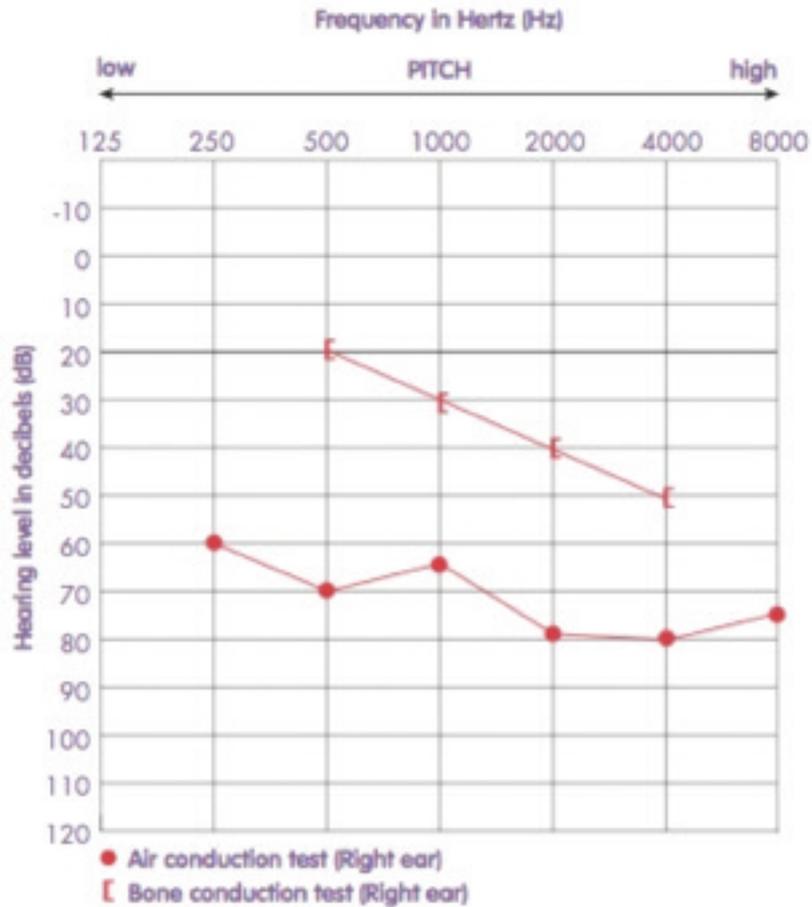
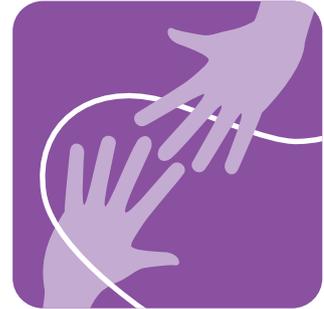


Figure 7 is an example of the right ear with **mixed loss**. Both the bone conduction and air conduction tests show a hearing loss. The gap between the results from each test, indicate that there is more than one cause of deafness.

Figure 7: Mixed deafness





Further information

If you have further questions about anything covered in this section, ask your child's **audiologist** or **teacher of the deaf**. **The National Deaf Children's Society** can also provide further information about the audiological aspects of deafness.

Your audiology department

The **audiology department** is responsible for the ongoing management of your child's hearing loss. This can include hearing testing and the fitting and maintenance of hearing aids. They may also be involved in trying to discover the cause of your child's deafness.

They can refer you to a doctor who can give you information about the medical aspects of your child's deafness. This person may be called an **audiological physician**, **community paediatrician in audiology** or **ENT surgeon**.

Hearing aids and cochlear implants

This section is about hearing aids and cochlear implants. **Hearing aids** are used to help your child hear as much as possible, using any hearing they have. **Cochlear implants** are highly specialized and surgically implanted hearing aids that are an option for children who gain little or no benefit from conventional hearing aids.

The type and level of your child's hearing loss will influence any decision to fit a hearing aid. **Cochlear implants** involve a further assessment process.

Getting hearing aids for your child

If your child will benefit from hearing aids, you'll be able to get them free of charge from the NHS through your local audiology services. The NHS uses a range of good quality digital hearing aids and the most suitable hearing aid will be chosen for your child. They will be replaced as your child grows or if their hearing loss changes.

How do hearing aids work?

Hearing aids come in various shapes and sizes. They work by making sounds going into the ear louder. Sounds are picked up by the microphone and changed into electrical signals. These signals are converted into information. Hearing aids are programmed to change the information, or certain bits of it. (This is similar to the way in which a computer processes information).

A hearing aid is programmed to closely match a child's level of deafness at different frequencies. Information is then converted back into sound and sent out through the earmould.

An **earmould** is the part of the hearing aid that is inserted into your child's ear, allowing the sound to enter the ear in the most efficient way. It's important that earmoulds are replaced regularly as your child grows.

The most common type of hearing aid fitted to babies and young children sit behind the ear. Different types of hearing aid are described in more detail later in this section.



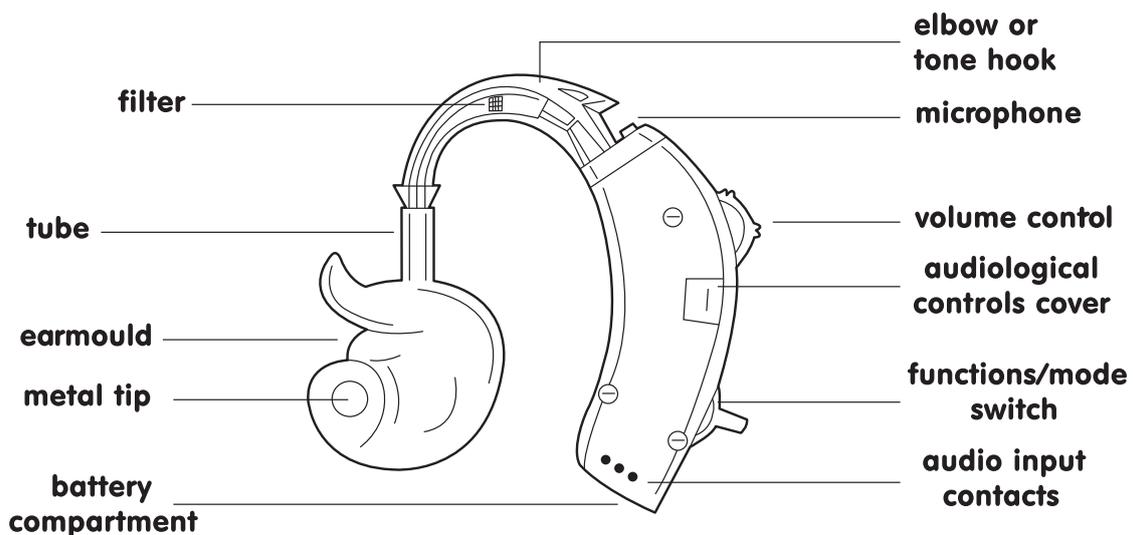
Hearing aids and good listening environments

Being in a noisy place can make listening difficult for children who are wearing hearing aids. Hearing aids are at their most effective when your child is in a good listening environment. An example of a good listening environment is a room with soft furnishings, carpet and curtains, all of which absorb sound. Sound bounces off hard surfaces and this may make it harder for your child to listen. It's also useful to be aware of noise from TVs and radios left on in the background which make it more difficult to use hearing aids well.

Your child may find it hard to pick out speech from background noise when they're wearing their aids in group situations, for example a children's birthday party or a noisy shop. This is because most aids amplify all sounds, not just speech sounds.

Different types of hearing aids

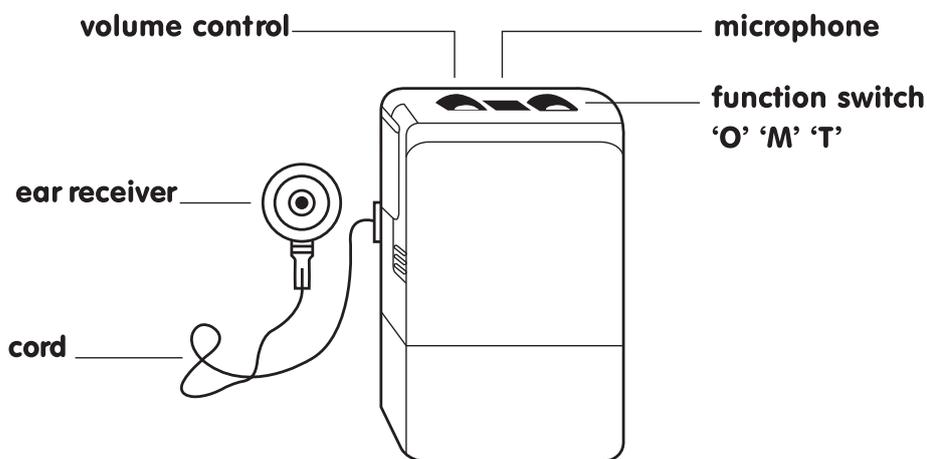
Behind the ear hearing aid



Behind the ear (BTE) hearing aids are the most common type of hearing aid. They are sometimes called **post aural hearing aids**. They can be fitted to both ears or to one ear. They can be fitted to very young babies.

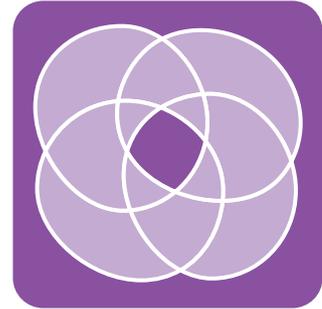
The aid sits behind the ear. The 'elbow' joins the hearing aid to the earmould that sits inside the ear canal (see diagram). The elbow, tubing and mould are all vital parts of the hearing aid system and it's important to check these regularly and replace them if they're faulty. Some aids can be fitted with smaller elbows for babies and small children. They can also be fitted with a lock to stop your child being able to get at the battery.

Body worn hearing aid

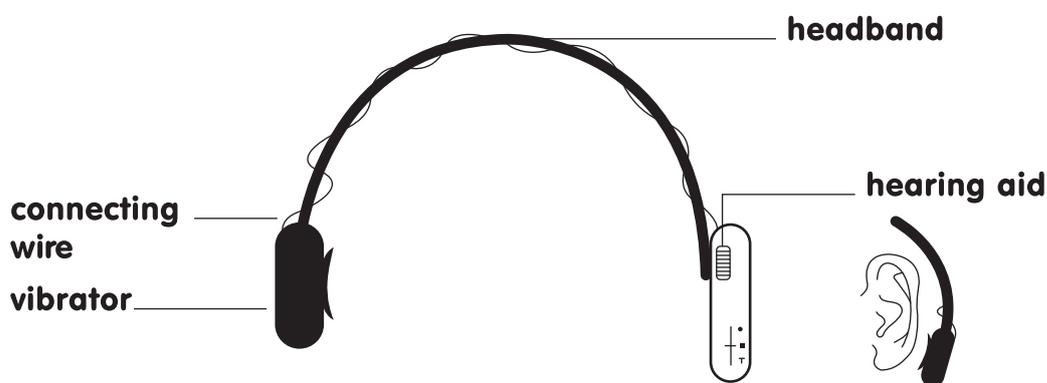


Body worn hearing aids are designed to be worn on the chest. Children who use body worn aids often wear a special chest harness. These harnesses are designed to place the microphone in the correct position and to limit movement of the aid. This can help to reduce unwanted noise.

Body worn hearing aids are sometimes given to babies and young children as the baby is lying down for most of the day. The body worn aid can be rested on or near the child when they are awake or clipped on to the side of the cot or chair so that brothers and sisters can talk to the baby.



Bone conduction hearing aid



Bone conduction hearing aids work in a different way from other hearing aids. Instead of making sounds louder they change them into vibrations. The vibrations then pass through the bone in the child's head to the **cochlea**. The vibrations are then converted into sound in the usual way.

The vibrating part of the aid is normally held against the bone by a headband or the arm of a pair of glasses. The headband needs to hold the vibrating part in place firmly to allow the aid to work efficiently.

Bone conduction aids are usually used by children who have a **conductive hearing loss** due to under-formed parts of the ear or who have chronic ear infections. They can be fitted to children of all ages.

Bone anchored hearing aid

A bone anchored hearing aid is another type of bone conduction aid. Bone anchored hearing aids are usually not considered for children under three years old. A bone anchored hearing aid can be suitable for children with a mild or moderate conductive hearing loss who have already tried a bone conduction aid. For children with severe hearing loss, there is a body worn version available, which has a separate amplifier.

To fit a bone anchored hearing aid a fixture is surgically implanted into the mastoid bone, just behind the ear. The bone in the skull grows into the fixture in two or three months, holding it securely in place. In very young children this process can take up to six months. A small screw (called an abutment) is connected to the fixture through the skin. The bone anchored hearing aid (containing a microphone, battery and processor) is attached to the abutment and is easy to take off - for example, when your child goes to bed.

Other types of hearing aids

- **In the ear and in the canal hearing aids** are not generally useful for young deaf children. They are more likely to be suitable for older children who have **mild or moderate hearing loss**. Your child's **audiologist** can tell you if they will be suitable for your child later.
- **CROS hearing aids** can be useful for children who are totally deaf in one ear, but have normal hearing in the other. They work by receiving sound at one side of the head and sending it to the other side. Sounds from a microphone on the deaf ear are routed to an aid on the hearing ear. They are then amplified and fed into the ear using tubing or an open earmould. CROS hearing aids can help a child hear sounds coming from all directions.
- **BiCROS aids** are used when there is no useful **residual hearing** in one ear and the other ear has some hearing loss. Sounds from a microphone on the side where there is no useful hearing are fed into the aid that is providing amplification for the better ear. BiCROS hearing aids can help a child hear sounds coming from all directions.
- **Vibrotactile aids** respond to sound by vibrating. The vibrating part of the aid is worn on the skin where it can be felt. Vibrotactile aids are sometimes given to children with little or no residual hearing who would not benefit from a more conventional hearing aid. A vibrotactile aid can help a child to understand how loud a sound is. This can help them to monitor and control their own voice level. It can also give them a sense of the rhythm of speech and sometimes of the frequency of sounds. The most widely used vibrotactile aid has a part that processes sounds and a part that vibrates, known as a vibrating transducer.
- There are at least two makes of hearing aid that are described as **water-resistant** or **waterproof hearing aids**. This makes them suitable for bathing and most sports where the aids are likely to get wet or muddy. Most waterproof aids are only waterproof under water for a limited amount of time and to a particular depth, so they may not be particularly useful for swimming or diving.

Your **audiologist** will be able to give you further information about waterproof hearing aids.



Hearing aid controls

Some hearing aids have controls that you can adjust. They may have a **volume control** and/or a **programme button**. The hearing aid is usually turned on and off by opening the battery compartment but there may be an on/off switch. The number of programmes a hearing aid has active will depend on the age of your child and their experience of using hearing aids. Your audiologist will be able to explain what all of the controls do.

Most hearing aids will automatically adjust the volume settings depending on the environment the child is listening in. Older children with fluctuating hearing levels may be given a hearing aid with a volume control. The audiologist will explain its use to you.

Direct audio input (DAI)

Most hearing aids have a socket that allows you to plug other equipment into it. This is known as **direct audio input**. The part that plugs into the socket is known as a shoe. The most common use of this is to connect to a **radio aid system**. It may also be possible to connect other equipment, such as a personal stereo.

Has my child got the right hearing aid?

Your child's **audiologist** is responsible for providing the most appropriate hearing aid for your child. Hearing aids should be tested regularly in a hearing aid analyser to make sure they are in full working order and that they meet the manufacturer's specifications. Tests will show if a fault has developed, even if the aid still appears to be working. These tests can be performed by your **audiologist** or your **teacher of the deaf**.

If your child has been fitted with new hearing aids and you or your child feel that the old ones were better, ask about the change. Remember that it can take a little time to get used to the sound of the new aids. Your child may also need to go back to the audiology clinic a number of times to get the aids fine-tuned.

If a baby has been fitted with hearing aids, it's important to watch their reaction to sounds, especially loud sounds. If your baby blinks often when they are listening to sounds around them, talk to your **audiologist** or **teacher of the deaf**.

Your **audiology department** will programme your child's hearing aids using **real ear measurements**. These tests allow the audiologists to ensure that the hearing aids are set correctly for your child, taking account of the size and shape of each individual's ear canal. Real ear measures will need to be repeated regularly such as when your child has new earmoulds or hearing aids are changed. Ask your **audiologist** for more information about this.

Hearing aids for babies and young children

Some hearing aids are more suitable than others for babies and young children. Your **audiologist** will be able to advise you which is best for your child.

Earmoulds

Earmoulds are a very important part of your child's hearing aids. If they don't fit well, the hearing aid can produce **feedback**. Feedback is a high pitched whistling sound which occurs when the microphone picks up the sound coming out of the hearing aid and amplifies it. It also means that some of the amplified sound is lost before getting to your child's ear.

Babies and young children grow very quickly, and therefore they need new earmoulds very often. Before earmoulds can be made, the **audiology department** will take **impressions**.

An **impression** is a cast of your child's ear canal that is used to make the earmould. The **audiologist** puts some special material into your child's ear. This sets very quickly. It can sometimes feel strange but does not hurt and is not uncomfortable. The material is then sent away to be made into a mould. The new earmoulds should be ready within a few days of an impression being taken. However, the process can be delayed for a range of reasons. If you feel it's taking too long you should talk to your **audiologist** about it.

Earmoulds can be made of different types of materials. Some are very soft and some are quite hard. Sometimes a particular material can help if your child gets ear infections. Earmoulds are sometimes made with a small hole, called a vent. This can make them more comfortable and sounds may seem more natural. Earmoulds come in a range of colours, or in clear plastic and sometimes they can include pictures such as cartoon characters or football team logos.



Safety issues

Babies and young children often try to put things in their mouths, and hearing aids are no exception. It's important to be aware of this, although most parts of a hearing aid are too big for them to swallow.

One potentially dangerous part is the battery. **It is potentially dangerous for a child to swallow any battery. If this happens, contact your nearest hospital casualty department immediately and let them know what type of battery has been swallowed and how long ago.**

Take a similar battery and the packaging with you so the hospital staff can identify the type of battery and decide what action to take.

Young children can put batteries in their nose and ears, where they occasionally remain unnoticed until they start to cause ulcers or other problems.

It's important to keep a check on the location of batteries at all times. They should be disposed of carefully, as they contain chemicals that could be harmful. Some audiology departments will ask you to return used NHS batteries. If you put them back into their original packaging after use you will be able to see if any are missing. Batteries that have energy remaining may get hot if they are not stored correctly. Always make sure they are stored so that the terminals do not touch. If your audiology department does not ask for used batteries to be returned you should dispose of them safely. This can be done in your normal household waste. However, many local councils or stores will recycle batteries so try and find out what happens locally.

Try not to let young children see batteries being changed. It's safer if they don't know that the battery compartment opens. Most NHS hearing aids have, or can be, fitted with a childproof battery compartment. Ask your audiologist for further information.

Hearing aid batteries

Hearing aid batteries are sometimes called **cells** or **button cells**, and are available in various sizes. Batteries are issued free of charge with NHS hearing aids. Your **audiologist** can give you more information about this.

The length of time that a battery lasts will depend on the type of hearing aid your child uses, and how often and for how long it is used. Batteries can last a few days or several weeks. Hearing aid batteries lose power very quickly at the end of their life. They can be working one hour and not the next. Your child's **audiologist** should be able to tell you approximately how long the batteries should last.

Keeping hearing aids in place

It can be difficult to get hearing aids to stay on a young child. As they crawl and run about a hearing aid can move about or fall off. There are things that can be done to make sure aids stay in place. Your **audiologist** and **teacher of the deaf** can advise you.

Behind the ear hearing aid

Behind the ear hearing aids can be difficult to keep in place on babies and small children. They can also be difficult to keep in place if the **pinna** of the ear is small or malformed.

If the hearing aid is flopping around, ask your child's audiologist if a smaller **elbow** is available. They may also be able to give you double-sided adhesive discs to stick the aids in place.

You may also be able to use toupee or wig tape to stick the aids in place. This is available from some high street chemists. It won't work for all children as some of them find the removal of the tape unpleasant. Others are allergic to the adhesive.

Hearing aid retainers, known as **huggies**, can help hearing aids stay in place. They are thin plastic tubes which go around your child's ear. Attached to this tube are one or two circular bands of soft plastic which are pushed over the hearing aid to keep it in place.

If you're worried about your child losing their hearing aid, try using special hearing aid clips. These include a cord which hooks over the hearing aid elbow. On the other end of the cord is a clip which you attach to your child's clothing. Some of these clips come in fun shapes, such as animals or dinosaurs.



Body worn hearing aid

Body worn hearing aids need to be worn in the correct place – usually in the centre of the chest. It's important to keep this type of hearing aid as still as possible because the microphone may pick up noises from the movement of the aid or rubbing of the aid against clothing. Your audiologist should be able to provide you with a suitable harness.

Bone conduction hearing aid

Bone conduction hearing aids have a part called the **transducer**. This is the part that vibrates against the bone. It needs to be held firmly against the skull, and is usually attached to a plastic, steel or fabric headband. As your audiologist about suitable options for your child.

Tips on how to get your child to wear hearing aids

Introducing hearing aids to a young child can be a difficult time for a child and parents. Many children immediately accept hearing aids and wear them with enjoyment. Other children struggle and complain. This section gives some suggestions from other parents who have been through the experience.

When your child first starts wearing hearing aids, it's important that you encourage them to wear their aids regularly. This allows them to get used to the aids and lets you and the audiologist see how beneficial they are.

The first task is to encourage your child to like their hearing aids. Your own attitude towards them is important. If you are positive, your child will be more accepting and positive about wearing them.

Remember that you're putting something in your child's ear that hasn't been there before. If you're fitting hearing aids on your baby, the chances are they won't be bothered by them unless they feel that you're nervous or upset.

The suggestions listed here may help you to encourage your child to wear their hearing aids. It's important to remember that children are all different. Some ideas may work with your child and some may not.

- Hold the earmoulds in your hand for a couple of minutes before trying to put them in. This makes them warmer for your child, and can make them feel less strange as they're put in. It also makes them more flexible, easier to put in and more comfortable.
- If your child is very young, try putting the hearing aids in before they wake up. Remember never to leave babies and young children unattended with hearing aids, as they may put them in their mouths.
- Slowly build up the length of time that your child wears hearing aids. If they're not happy wearing the aids, you could start with just a couple of minutes several times a day. If you're feeling stressed because you have already put the aids in many times that day and each time your child took them out, then stop trying and have a rest. Otherwise, your child will sense that you're feeling stressed, and this will only make it more difficult. Try again later or the next day when you're both feeling a bit more relaxed.
- Distracting your child with a toy can make it easier to put the hearing aids in. This can be their favourite toy or a special toy they only play with when they're wearing their hearing aids.
- There are soft toys that wear pretend hearing aids to encourage your child. Ask your [audiologist](#) if they can supply them or know where you can get them.
- Keep the hearing aids in a special and safe place. If your child gets the hearing aids out, take them to the special place and put the aids away. Your child will learn to put the aids somewhere safe when they take them out and you won't have to go looking for them every time they disappear.
- Don't force your child to wear their hearing aids. It's much better to encourage your child to like wearing them. It is better for them (and you) in the long run if they have a positive attitude towards their aids.
- You may be able to learn from the experiences of other parents. Meeting other families may also give your child the chance to see other children wearing hearing aids. This can help them feel they're not the only one. It may also be useful to meet adults with hearing aids so children can see that people of all ages wear them.
- Decorate the aids with stickers and personalise them. This is also useful to help you tell which one is for the left ear and which is for the right.
- Let your child have choices. Ask if they are going to wear them. Perhaps offer them two of their favourite things to choose from as rewards when they wear their hearing aids.
- Your child may remove their hearing aids because they are uncomfortable or painful. Check for any sign of an ear infection - if you're concerned contact your [audiologist](#) or GP. It is also possible that the hearing aids are not working properly or your child is uncomfortable with the sound. Your [audiologist](#) or [teacher of the deaf](#) will be able to advise you.



Looking after hearing aids

Getting into a daily routine of checking hearing aids and batteries will help you to make sure they're working as well as possible. Your **audiologist** should tell you the things you can do and any equipment you will need. Your audiology department may be able to provide this equipment.

Battery testers

Hearing aids need batteries to work. As batteries run low, hearing aids work less effectively. Battery testers allow you to see if a battery has power or not. Some battery testers have been designed for use with hearing aid batteries. They usually have lights or a meter to tell if there's life left in a battery. If you don't have a battery tester, you can do a simple test to make sure the battery is not dead. Hold the hearing aid in your cupped hand. If it whistles the batteries are still working.

Care and maintenance of earmoulds

It's important to wash your child's earmoulds regularly. If there is a strong or unusual smell from the earmould your child may have an ear infection and you should see your family doctor (**GP**) as soon as possible. Remove any obvious debris from the earmould or tubing and wash thoroughly in warm soapy water. Rinse under a running tap before drying with a tissue.

You can use an **air puffer** to blow dry air through the tubing to remove any moisture droplets. Do not be tempted to blow through the tube. This can make the moisture worse. Your **audiologist** will be able to provide you with an air puffer.

Feeding

If you have a young baby who is wearing **behind the ear hearing aids**, you may find that feedback occurs when you hold your baby close, for example while feeding. You may need to hold your baby in a different position or turn the volume level down on the aids temporarily.

Further information

Your child's **audiologist** or **teacher of the deaf** can give you more information about your child's hearing aids. They will also be able to answer any questions that you have. You could also contact **The National Deaf Children's Society** if you have any questions about hearing aids. Contact details are at the end of the booklet.

Cochlear implants

This section gives basic information about **cochlear implants**. A cochlear implant is a device that turns sound into electrical signals. It uses a surgically implanted part to stimulate the auditory nerve directly. Cochlear implants are most often used to provide some sensation of hearing to children who gain little or no benefit from conventional hearing aids.

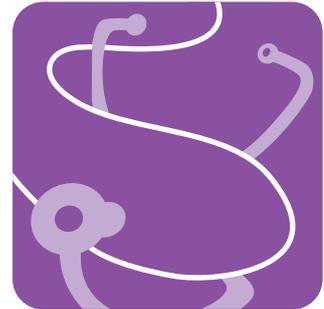
Cochlear implants are increasingly used with young children, but they remain controversial. Some deaf people argue that they are unnecessary and that deaf children should not have an implant before they are old enough to make up their own mind. Other people argue that a cochlear implant gives a profoundly deaf child their best, and only chance, of accessing spoken language.

The cochlea

The **cochlea** looks like a snail's shell. It's filled with fluid and contains thousands of tiny sound-sensitive cells known as cilia, or hair cells. As the vibration of the bones in the middle ear enters the **cochlea** it causes movement in the fluid. This causes the hair cells to bend.

As the hair cells bend they create small electrical charges. These move along the auditory nerve to the brain where they are converted into signals that can be understood.

Most **sensori-neural** deafness is caused by damage to these hair cells. Hearing aids can be helpful if enough hair cells work well. Children with severe to profound deafness may not have enough working hair cells for hearing aids to be useful. **Cochlear implants** are helpful for some of these children.

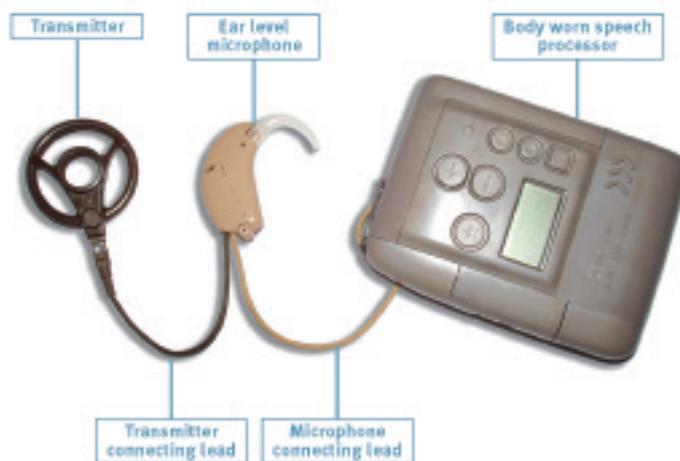


What is a cochlear implant?

A typical ear level cochlear implant



A typical body worn cochlear implant



A cochlear implant system has two parts. One part is worn externally like a hearing aid, the other is surgically implanted internally.

The part that is worn externally is made up of four elements:

- a speech processor (which either sits behind the ear or is worn on the body)
- a lead
- a transmitter coil
- a microphone.

The internal part is surgically implanted under the skin behind the ear. It includes a receiver and a number of electrodes that directly stimulate the auditory nerve.

The assessment process

In order to be referred for a **cochlear implant**, your child will usually need to show a limited ability to hear the full speech range while wearing powerful hearing aids. They will be monitored over a period of time to see if they benefit from aids. If it is found that hearing aids are helping them hear the full speech range, they are unlikely to benefit from a cochlear implant and will not be offered an assessment.

If you are offered a referral for a cochlear implant assessment, there are a series of tests that will need to be done. A medical assessment will be done, including special x-rays and scans of the ear, to find out if an implant is suitable and if an operation is possible.

There will also be an assessment of your child's communication abilities and general development. These assessments are usually carried out by a number of professionals, including **speech and language therapists** and **teachers of the deaf**, at a specialist centre.

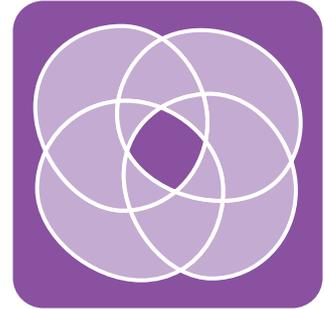
After the implant

A few weeks after the operation, the microphone and speech processor are provided. These are tuned over a period of time to meet each child's needs. Following implantation, you and your child will need long-term support from the implant team, who will work closely with local professionals. This support is crucial to encourage your child to learn to listen to, and understand, the new signals from their implant.

Further sources of information

The **Cochlear Implanted Children's Support Group (CICS)** can share first-hand experience of the impact of a cochlear implant on family life. Parents and children considering implantation can exchange information either in writing or personally at one of their many social activities.

Early Support has funded the development of some other information about cochlear implants in young deaf children for families who are considering this option. The pack is called **Cochlear implants for deaf infants** and contains a videotape and a written booklet. Additional information for families with young children who are already cochlear implant users has also been developed. Contact the **Ear Foundation** for either of these resources, or visit their website for information about cochlear implants for young children at www.earfoundation.org.uk. Contact details for the **Ear Foundation** are given at the end of this booklet.



Communication and language choices

Developing good communication is vital to all children and their families. Good communication skills allow us to build and sustain relationships, to share experiences, to express our thoughts and feelings and understand those of others, to negotiate and to learn. They also allow a child to learn from others and influence the world around them. They are essential to the development of emotional, personal and social skills. Deaf children are no different, but sometimes the methods they use to communicate are different.

Deaf children can learn to communicate through sign or spoken language, or a combination of both. The following factors can make it easier for your child to develop good communication and language skills:

- early and accurate identification of deafness
- your family having access to clear, balanced information, advice and support
- where appropriate, access to technology such as hearing aids to make the best use of your child's hearing
- positively accepting that your child is deaf
- support and commitment from your family
- your child and family having the opportunity to learn about deaf awareness and other deaf issues.

The natural development of good language and communication skills is affected by two major influences

- the quality of the language and communication environment (i.e. the language and communication children are surrounded by in their everyday lives)
- the quality of the language and communication interaction children experience with the adults who care for them (i.e. how adults talk with children and support them to take part in conversations)

For children to develop a language well they need to be surrounded by capable users of that language.

This section is about the different communication approaches available to deaf children and their families. The sections on each approach tell you things you will need to do if you decide to use that approach. There are also tips on how to communicate more effectively with your deaf child.

Some things to be aware of

There is an ongoing debate about the best communication approach for deaf children. Some professionals you meet may hold very strong views about this, and they may encourage you to follow one particular approach.

It's important to ask questions and get as much information as you can about a range of approaches and to talk to other professionals and parents of deaf children. You are entitled to choose the communication approach that you feel will best meet the needs of your child and your family.

Some local authority services are not able to support some communication approaches. For example, some areas may not have nurseries or schools that have experience of working with children who use sign language. However, it may be possible for your child to go to school or nursery in another area that does have appropriate support. Your **teacher of the deaf** will be able to tell you about the types of support that are available in your area. You may also want to ask about the support available in surrounding areas.

Communication with your baby

Communication between babies and their parents begins from birth. Babies are born wanting to communicate and wanting you to communicate with them. Early communication is the starting point for learning language.

When your child is very young, communication happens when you are cuddling, caring for or playing with them. This can involve using words, sounds, gestures, touches, facial expressions, hugs and games - this is the same for deaf and hearing babies.

It's important to communicate in a way that feels natural and comfortable for you.



Getting started

In the early weeks and months of your baby's life, you and your baby will make many discoveries about how to communicate. Your baby can:

- respond to your facial expressions and voice
- kick and move their arms to show excitement
- look into your eyes, respond to you and watch intently as your facial expressions change.

These are normal and enjoyable parts of being with a baby. They are also the start of learning to communicate with each other.

During the first 7- 9 months of life, babies are learning how to pay attention to those around them and how to engage in social routines with others. This early social and emotional development is important. Interactions we think of as 'baby games' are essential for getting communication started.

Communication with your deaf baby starts in much the same way as it does with any child. In the early days, communication is about using your face, voice and body to show love and make your baby aware that you are there.

Here are some tips to help you start communicating effectively with your baby.

- Pay attention to your baby's mood. If they are unsettled and agitated, respond with a sympathetic face and soothing noises. If your baby is happy and giggly, you can encourage this by using an animated face and voice or signs in response.
- Encourage your baby to look at your face and pay attention to you. They'll be interested in looking at you if you use a number of different facial expressions. You can also play games that build anticipation -like 'peek-a-boo'. Vary your voice, gestures and signs to encourage your baby to pay attention to you.
- Enjoy your baby. Parents of deaf children say that it can sometimes be hard to focus on ordinary baby routines if you're worrying about hearing loss. It can really help to talk with other parents and discover the enjoyment they have found as they learn more about having a deaf child. Everyday care routines are great ways of really communicating with your baby and sharing experiences.

Responding to your baby's communication

All babies start to communicate before they know any words or signs. When your baby is smiling they're saying, 'I like that' or 'Play that game again'. When your baby is crying they're saying, 'I'm hungry' or 'I'm uncomfortable'.

From the earliest days, babies pay attention to important voices. They discover their own voices and play with sound in squeals, grunts, coos and gurgles. Later on, babies discover that they can join sounds together to babble. Babies can also start to join hand movements together to create hand babble. When babies start to point or reach, these gestures may mean, 'I want that' or 'Look at me'.

You and the other members of your family can help get communication started by following two simple guidelines - you are likely to do these things naturally anyhow.

- Recognise your baby's attempts to communicate. You can do this by being aware of their facial expressions, the way they move their body and the noises they make.
- Respond to these attempts with appropriate facial expressions, noises, words, gestures or signs.

Recognising your baby's attempts to communicate

You'll notice over time that your baby uses a variety of ways to express their thoughts and feelings. These might include:

- gestures
- vocal sounds
- body movements (kicking and reaching)
- eye gaze
- cries
- vocal protests or whines
- smiling
- anticipating (looking excited when they know a game is going to start)
- watching
- touching
- facial expressions
- getting frustrated



Take time to observe your baby - it will help you to communicate well. Some of the questions you can ask are:

- How is your baby communicating without words?
- What do you think the baby means?
- Are they asking for attention or help?
- Do they want you to look at what they are looking at?
- Do they want more of something or want you to stop?
- Are they trying to have fun with you?
- Do their cries seem to have different meanings?

Responding to your baby's attempts to communicate

Responding to your baby's attempts to communicate is important. It lets your baby know you've heard them, helps them to realise that different ways of communicating are effective, and encourages them to use the same method again.

Your baby is learning that communication is a two-way process and that it's important to take turns. Babies love to communicate. Because your deaf baby finds it difficult to hear you, you may have to try different ways to ensure that communication remains satisfying.

If your baby is learning to use hearing aids, try to stay close, use a pleasant but clear voice, and talk about what your baby is interested in and has been trying to tell you about. You should try to stay in the baby's line of vision, look at what the baby looks at, match the baby's facial expression, and use simple gestures or signs.

The most important thing at the beginning is to be sure that your baby knows you have responded. This will help them begin to predict that you will respond, which makes conversation exciting for both of you. Words, gestures or signs will come in time.

Tiny babies make lots of funny sounds, and it's not always clear how to answer. But as a parent, you have many ways of showing your baby approval and support. You can:

- maintain eye contact while you communicate with each other
- smile and nod
- let your face show the same feeling that your baby is showing
- speak or sing a song to them
- wait expectantly for more communication.

One way to be sure you and your baby are understanding each other is to establish joint attention. If your baby points to something, you point too, before you try to add to the communication.

Making choices

Some parents say that they feel under a lot of pressure to make choices about the communication approach they use with their child. It's important to remember that you don't have to make a choice for life. You may want to change your approach as you learn more about your child's needs and preferences.

The right approach to communication is the one that works best for you, your family and your child. It needs to fit in with the family's culture and values and most importantly, allow the child to develop good self-esteem, a positive self-image, successful relationships and to achieve potential in all aspects of life. The three main options are:

- auditory-oral approaches
- sign bilingualism
- total communication.



These approaches are discussed in more detail later in this section. Here are some questions that may help you to think about communication choices.

- Will the communication approach allow all of your family - brothers and sisters and the wider family - to communicate with your child?
- Will the communication approach you're considering be best for your child? Will it allow them to influence their environment, discuss their feelings and concerns, and express imagination and abstract thought?
- Have you been given good information about the full range of communication approaches? Have you talked to a range of people and heard a variety of views on each option?
- Will the communication approach help develop your relationships with each other as a family? It should promote enjoyable, meaningful communication among all family members and enable your child to feel part of your family and know what's going on.
- Do you think the information you have received about communication approaches has been unbiased?
- Will the approach you use allow your child to communicate with the wider world?

Communication approaches

Features of communication

Communication is made up of different elements. Everyone uses a combination of different things to make themselves understood. For instance, a conversation between two hearing people can involve speech, tone of voice, gesture and facial expression. A conversation between two deaf people who use sign language can include sign language as well as gesture, facial expression, fingerspelling and lipreading.

The diagram below shows the different building blocks of communication and the different ways they can be put together. You do not need to include all the elements to make up a communication approach.

For example, many parents following an **auditory-oral approach** do not use **cued speech**. Similarly, some children will not use speech as part of a **sign bilingual approach**.

Features of communication

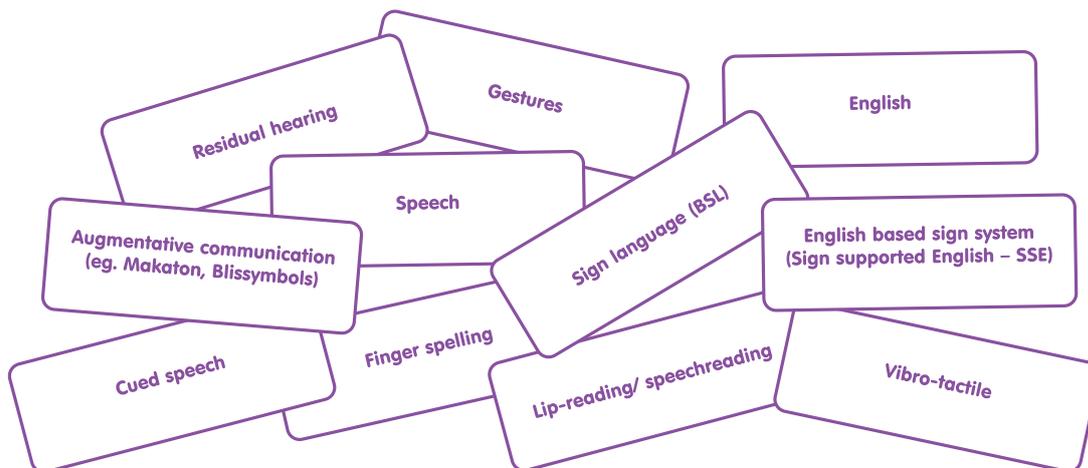
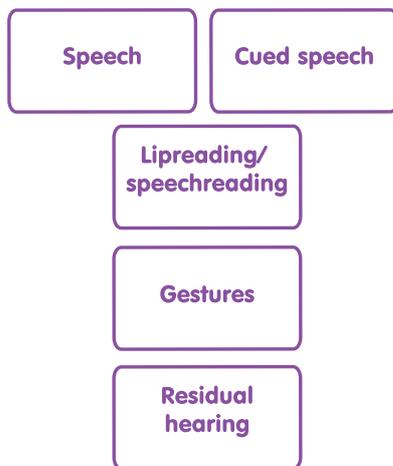


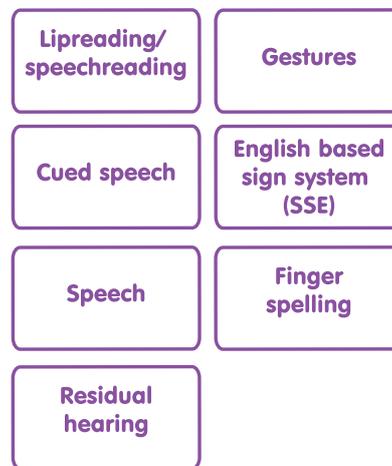


Diagram showing how different communication approaches combine features:

Auditory-oral



Total communication



Sign bilingualism



Auditory-verbal



With thanks to the Colorado Home Intervention Programme (CHIP) USA.

This section gives more detail about the most common communication approaches used with deaf children. Each approach has advantages and disadvantages - and these vary in importance depending on the needs of your child and your family.

Before choosing an option to try, it's important to get information and discuss your thoughts with different professionals and other parents. Remember that some people hold strong views on the best way to communicate with deaf children, so don't be afraid to ask questions.

Auditory-oral approaches

Auditory-oral approaches aim to develop listening skills and spoken language in deaf children. They emphasise the use of **hearing aids**, **radio aids** and **cochlear implants** to maximise the use of any hearing a deaf child has. This hearing is known as **residual hearing**. Most auditory-oral approaches also use **lipreading** to help the child's understanding.

These approaches are used with children with all levels of deafness, from mild to profound. Auditory-oral approaches do not use sign language or fingerspelling to support the understanding of spoken language.

The main aim of these approaches is to allow deaf children to develop good, effective speech.

Your family will be expected to encourage your child to use their **residual hearing** as part of everyday life. You will need to make sure that your deaf child is making best use of their hearing aids, cochlear implant or radio aid.

Your family will normally learn how to use this approach with support from a **speech and language therapist** or **teacher of the deaf**. This means you will all need to work closely with the professionals working with your deaf child, so that you can learn the methods and use them at home. The following list gives more detail about **auditory-oral** approaches.

Natural aural approach

The **natural aural approach** is the most widely used of **auditory-oral approaches**. It emphasises the role of the family in helping deaf children to develop spoken language naturally.

The approach aims to achieve this through using natural everyday experiences of childhood and consistent use of well-maintained **hearing aids** or **cochlear implants**. The results expected by people using this approach are that deaf children will achieve good, effective speech.



Structured oral approach

The Structured oral approach is more often used in education than for supporting a deaf child's communication development in the early years. This approach uses a lot of structure and systematic teaching to support the development of speech and language. It uses residual hearing and lipreading, combined with a particular structured teaching system or language programme. This approach often uses written language to help children learn.

Maternal reflective approach

The **maternal reflective approach** also sometimes called the 'Graphic Oral' method is based on the way mothers and others encourage the development of language in children through conversation. It is 'reflective' because older children are encouraged to look back at what was said and how it was said in conversations in which they have participated. This helps them to understand the structure and rules of the language they are learning. The approach uses three elements: reading, writing and spoken language. It also emphasises the use of residual hearing. It is more likely to be used in an educational setting where groups of deaf children are taught together.

Auditory verbal therapy

Auditory Verbal Therapy concentrates on the development of active listening (auditory) and speaking (verbal) skills. Through doing this, it aims to ensure that the rate of language learning for deaf children keeps pace with that of hearing children, so that deaf children can start mainstream school with equal language skills. This means that the child needs to be fitted early with the best possible hearing aids or other technology.

Families using this approach have regular sessions with a qualified **Auditory Verbal Therapist**, and work towards goals set for their child using everyday activities at home between sessions. Planning, goals and activities follow the pattern of typical development in young children. Listening and auditory understanding are actively promoted throughout a child's day-to-day experience, and there is no special emphasis on other sensory cues such as lipreading.

Parents and other carers using this approach work closely with a specialised therapist who is a qualified and experienced teacher of hearing-impaired children, speech-language therapist or audiologist and who has also been trained and certified as an **Auditory Verbal Therapist**. AVT is really an early intervention strategy rather than a communication method.

Lipreading/speechreading

Lipreading or **speechreading** is the ability to read words from the lip and face patterns of the speaker. Deaf children naturally try to lipread when they are communicating.

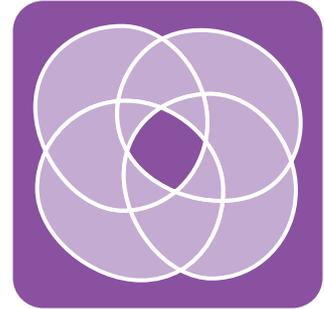
It is difficult to measure how much of a conversation can be understood by relying on **lipreading** alone, as lip patterns vary from person to person. It's estimated that about 30 to 40 per cent of speech sounds can be lipread under the best conditions. There are many things that can make lipreading difficult, for example:

- facial hair, such as beards and moustaches
- talking while eating
- covering your mouth while talking
- poor lighting.

When children are still building up an understanding of the language they may find it difficult to lipread words unfamiliar to them. It also relies on a speaker having clear lip patterns. An adult, who has a good understanding of the language being spoken, may understand more.

Your child will need a good understanding of the English language to get the most out of lipreading. This means they'll need to be aware of grammar and how sentences are constructed. Your child will also need to know what the conversation is about. For example, explaining a trip to the dentist will help your child to follow the lip patterns more accurately. The dentist will say: 'Say ahh'... 'Open wide' ... 'Does this hurt?'... 'You will need some fillings'. When the dentist says 'fillings' your child will know that they're talking about his teeth and not fillings in a sandwich, as that is not a normal flow of conversation at the dentist.

Lipreading can be used with other communication approaches - for example **fingerspelling** and **gestures**. Your child will also watch the facial expression and body language of the speaker to get more clues. The combination of these things makes it possible to understand more of a conversation.



Sign bilingualism

A **sign bilingual approach** uses sign language and the spoken language of the family. In England the main languages are usually **British Sign Language (BSL)** and **English**. If a family speaks another language in the home, such as Urdu or Bengali, then children may learn that as the second language, with or without English. When they have become confident in BSL, they can use this as the medium to learn English. BSL also allows them access to the Deaf community. Learning English as a second language is essential for children to develop reading and writing as there is no written form of BSL.

The aim of using a sign bilingual approach is to allow your child to communicate using sign language and develop skills in your home language.

British Sign Language (BSL) is the language of the British Deaf community and it is officially recognised as a language. It is estimated that over 70,000 people use BSL as their first or preferred language. It has developed over hundreds of years. BSL is a visual language using hand shapes, facial expressions, gestures and body language to communicate. It has a structure and grammar different from that of written and spoken English. It is an independent and complete language with a unique vocabulary. Like other languages, it has developed over time and has also developed regional dialects.

When 'Deaf' is spelt with a capital D like this, it usually refers to people who identify with the Deaf community rather than the wider community of hearing people, as part of a cultural and linguistic minority using **British Sign Language** as their first or preferred language.

If you decide to use this approach, your child will need access to deaf or hearing adults who are fluent users of **British Sign Language** so they can learn **BSL** as their first language. If your family does not already use **BSL**, over time, you will also need to become fluent in the language to be able to communicate with your child. You may also need to seek out information and education about Deaf culture.

Fingerspelling

Fingerspelling is used as part of sign language. It uses the hands to spell out words. Each letter of the alphabet is indicated by using the fingers and palm of the hand in a specific pattern. It is used for spelling names, places and words that don't have an established sign.

A 	B 	C 	D 
E 	F 	G 	H 
I 	J 	K 	L 
M 	N 	O 	P 
Q 	R 	S 	T 
U 	V 	W 	X 
Y 	Z 		

Total communication

Total communication uses a combination of methods to communicate with a deaf child at any time. It isn't a language in the way spoken English or British Sign Language are, but it can be an effective communication approach. The idea is to communicate and teach vocabulary and language in any way that works. The child and their family are encouraged to use:

- fingerspelling
- natural gestures
- lipreading
- body language
- speech
- amplification, such as hearing aids or radio aids.



They may also use other methods of communication within this approach. More details are given later in this section.

The aim of **total communication** is to provide an easy method of communication between your deaf child and their family, friends and others they are in contact with. Your child is encouraged to use **speech** and **sign language** at the same time, as well as any other clues to help them communicate effectively.

If your family chooses to use a sign system, it should be learnt by as many members of the family as possible, so that your child can communicate freely with everyone around them and develop their language skills.

Learning a sign system and vocabulary is a long-term, ongoing process. As your child's **sign language** skills develop and become more complex the rest of the family's skills will need to keep pace to provide them with a stimulating language learning environment. The family will also be responsible for encouraging consistent use of **hearing aids, cochlear implants** or **radio aids**.

The rest of your family must sign consistently while speaking to your deaf child. Sign language courses are routinely offered in the community and at local colleges, adult education centres, etc. Additionally, many books and videos are widely available. To become fluent, signing must become a routine part of communicating with your child.

Other commonly used communication methods and sign systems

Sign Supported English (SSE)

Sign Supported English uses signs taken from **British Sign Language**. It is used in English word order but does not attempt to sign every word that is spoken. Many hearing parents find this an easier way to become familiar with sign language as it means that you can use signs with your own language. As it uses the same signs as BSL, it can be helpful to both you and your child if you wish to develop BSL skills at a later stage. SSE is a visual representation of English and is not a language in its own right.

Signed English

Signed English uses signs to represent English exactly by using a sign for every spoken word. It uses BSL signs, fingerspelling and specifically developed signs to represent important grammatical information.

Signed English is not a language like **BSL** but has been designed as a teaching tool to be used at the same time as spoken English. Its aim is to develop reading and writing skills.

Cued speech

Cued speech is a sound-based system that uses eight hand shapes in four different positions (cues), together with natural mouth movement of speech. Some words which sound different to hearing people can look very similar when they are lipread by deaf people - for example, 'pat' and 'but'. **Cued speech** is visual and the cues are placed near the mouth. This helps to make every sound and word clear to a deaf child. It can be used either as part of an approach that uses **sign language** or to complement an **auditory-oral approach**.



Communication methods for deaf children with additional needs

Children who have another physical or learning disability may use other ways to communicate. The methods listed below are commonly used with children who have additional needs.

Signalong

Signalong is a form of **Sign Supported English**. It is a relatively new signing system devised by professionals for children (and adults) who have language difficulties associated with learning disabilities and autism. The signs are mostly based on BSL and are used in spoken word order.

It can be used with other languages too. Signalong is intended to support spoken language and is sometimes used with deaf children who have not developed a spoken language but use some gestures.

Makaton

Makaton is a language programme that uses signs from **British Sign Language** together with unique Makaton symbols to provide basic communication, develop language and teach literacy skills. Grammatical signs are taken from **Signed English**. Makaton is not a language, but was designed as a tool for teaching children with severe communication and learning disabilities.

Makaton comprises a small key vocabulary of 450 concepts. It also has a larger resource vocabulary of approximately 7,000 concepts - for example, for animals, food, growth and development, and many others. Concepts are visual images illustrated with signs and symbols.

Further information

Your **teacher of the deaf** and **speech and language therapist** can give you more information about communication options. The following organisations can give you more information on particular communication approaches. Some hold strong views about the right way to communicate with deaf children, so for this reason it's always good to talk to others before making decisions based on their information.

Auditory Verbal UK

UK-based group promoting the use of **auditory-verbal therapy (AVT)**.

British Deaf Association (BDA)

The BDA represents Britain's Deaf community. They promote the rights of **sign language** users and campaign for equal access. They can provide information on **British Sign Language**.

Signature excellence in communication with deaf people (formerly Council for the Advancement of Communication with Deaf People (CACDP))

Signature provides **sign language** courses and training for tutors throughout the UK. They can provide you with details of sign language courses in your area.

Cued Speech Association UK

The Cued Speech Association provides information and training for parents and professionals interested in **cued speech**. They create and supply teaching materials and campaign for increased use of cued speech.

Deaf Education Through Listening and Talking (DELTA)

DELTA promotes the **natural aural approach** to communication for deaf children and provides a range of information and events for parents. They also publicise and campaign for increased use of the **natural aural approach**.

Forest Bookshop

The Forest Bookshop is a specialist supplier of books, videos, CD-ROMS and other resources on deafness and deaf issues. Their catalogue includes a wide range of resources on sign language and communication issues. They operate a mail order service.



The Makaton Charity

The Makaton Charity offers information, training and resources for parents and professionals who want to learn or use **Makaton**.

The Signalong Group

The Signalong Group provides resources on, and information about, Signalong as a communication option.

Other organisations such as **RNID** and **NDCS** can give advice on communication options. Their contact details are at the end of this booklet.

Parenting and childcare

Parents of deaf children often say that parenting a deaf child is in many ways just the same as parenting any other child, but there are some differences. Like all children, deaf children need love, support, security, and guidance. Differences can arise because most parenting is based on communication. Being able to communicate well with your child makes parenting easier.

It's very normal to want to compare your child to other children of the same age. Every mother who has ever been in a group of mothers and babies has found themselves taking note of which babies are already smiling, which ones are starting to walk or which are starting to say their first words.

Success is not measured by how quickly your child smiles, walks, talks, signs, or whatever the particular goal may be. Achieving the goal at their own pace is important, not how fast they get there. Learn to appreciate and enjoy the little successes along the way. Parenting a deaf child can be a very positive experience.

This section gives information about some of the common questions that parents ask about parenting a young deaf child. The subjects covered include:

- social and emotional development
- play, toys and books for deaf children
- managing behaviour
- outdoor safety
- sleep routines
- toilet training
- childcare.

Communication

Good communication is important for successful parenting. It is the means by which you show your baby that you love them and help them to understand the world around them. It also allows you to encourage their development in a positive way.



Social and emotional development

All babies develop emotionally and mentally through the contact they have with their parents, family and other people. The early months are an important time for their emotional and mental growth. Early experiences play an important part in their future development.

At first, a baby develops emotionally and physically by having all their needs met. A newborn baby can't bear to wait and needs you to respond very quickly. Security comes from not having to wait too long to be comforted, fed or cuddled.

As the baby gets older and starts to develop some independence, their social and emotional development comes as a result of their experiences. They learn to take turns, communicate, gain some control of conversations and learn that they can influence what happens.

Emotional language

Later, when a child is older but can't quite manage to do what they're trying to do or express how they feel, they will become frustrated. It's important to develop your child's emotional vocabulary, which helps them say how they're feeling. This can stop frustration building up.

You can use emotional vocabulary from the beginning. For example, when your baby is hot and fussy, you might say or sign 'Are you feeling grumpy?' When Mum or Dad comes home from work and the baby smiles, Grandma might say or sign 'You're really happy to see Mummy/Daddy, aren't you?'

Other emotional vocabulary includes words like 'upset', 'worried', 'disappointed', 'excited', 'safe', 'calm', etc. These are all words that describe feelings, not things. When your child is very young, you might use only very simple words, like happy and sad. As they grow older you will be able to introduce more complicated terms, like disappointed.

Play

Very early play

Play is usually thought about as playing with something. Very young babies play, but on a more basic level. This can be simple games like peek-a-boo or games played while feeding. Remember that play should not be seen as something that has to be different because your child is deaf. A very young baby is only concerned with their own needs and desires. As they get older they start to take more notice of the world around them.

It's important that parents give young children as many opportunities as possible for exploring the world. Play is a very good way of doing this and gives babies and young children a wide set of experiences. It also gives them a reason to communicate.

Early play provides reasons for feelings. When the ball rolls out of reach or the mobile stops turning, your baby feels frustration as well as relief when you retrieve the ball or wind up the mobile again. When a toy is very interesting, your baby feels contented. When it is hidden, your baby gets curious. It's never too early to talk or sign about those feelings: 'Ooo, you're curious. Wind the mobile. Make it go.' Or 'You can't find your ball. You're upset. Let mum help.'

Feelings come naturally from play. When your child gets older, those feelings will be seen when they play with dolls, animals and action figures. Later on, pretend play with other children will help them to understand the feelings of others.

Play can also help your child learn how to solve problems. If the circle block won't go into the square hole, your child will learn to try a different hole, then to match the shapes before trying, and eventually to name the shape they need. If a toy disappears, your child will learn to look for it, move the box or paper bag it's hiding under, or ask for it. Later on, as children play together and disagree, they learn to use their language to reach a compromise and express their feelings.

As your child gets older play will still be important for their development.

Why is play important?

The main point of playtime is to have fun, but it can also help your child get to know more about themselves and the world around them. Activities that use toys, books and other materials may also help your child to express themselves and improve their vocabulary. It can help them to gain confidence with language, whether they use spoken or sign language. If your child has some hearing, there are activities that may help them to become familiar with different sounds and their range of hearing. If they use sign language, it can be a good opportunity to introduce new signs or concepts.



It's important to remember that all children like to play and have fun. They also need a lot of stimulation and attention in their early years. Playing with your child and communicating with them will help with their development and help you to get to know your child.

What can I do to help my child enjoy playtime?

The following suggestions may help to make playtime more enjoyable for you and your child.

- Games and activities should be short enough to keep your child's concentration so they can finish what they set out to do.
- Activities should present a challenge, but not be too difficult for them to do. If a game is too easy they may get bored and if it's too hard they may become frustrated and give up.
- Try to play with your child when you are most likely to gain their full attention. It will be difficult for them to enjoy themselves if they are tired, fed-up or distracted. It may help if you allow some time each day to play without interruptions.
- If your child lipreads, have regular breaks as the level of concentration needed can be very tiring.
- Choose games and activities that allow your child to maintain eye contact with you, as this will make communication easier.
- Give praise throughout the activity and try to end the game or activity on a positive note. Acknowledging the things that your child has done will increase their confidence and encourage them to try again next time.
- Try to communicate with your child as much as possible.
- Use everyday events, such as bath time, mealtimes or going shopping to have fun with your child, while helping them to develop their vocabulary, language and understanding of the world around them.
- If you feel that you are not making progress, don't give up. Try an alternative approach or take a break for a while.

Are there special toys for deaf children?

There's no reason to search for toys especially made for deaf children. Most toys are suitable, although your child may find it difficult to hear sound-based toys. There are toys specifically designed for deaf children, but there are very few to choose from and they tend to have an additional purpose, such as helping with speech and language development.

Like all children, your child will have toys they like and toys they don't like. Toys don't have to be expensive. Everyday objects and home-made toys can provide just as much fun as shop-bought toys. Here are some basic principles that might help with your choice of toys.

- Look for toys that are appropriate for your child's age and level of development, and toys that help them to learn new things and develop new skills.
- Toys that allow your child to play make-believe games, such as play tea-sets, shops and kitchens will help to stimulate their imagination. These toys may also help them to understand different kinds of real-life situations, such as how to use money, and encourage them to develop social skills.
- Toys with a purpose may help your child to understand different concepts, for example, where a child pushes a button or pulls a lever and the toy moves or a light flashes.
- If your child has some hearing, toys that make noises may help your child to use their hearing and so come to understand different sounds.
- Toys that have an interesting texture, feel nice to touch or are visually attractive (those with bright colours, flashing lights, etc) may be especially interesting to your child.
- Remember that toys should be fun for your child.

Books

Reading to your baby can be a useful way of engaging them in communication. Later, it can be a useful way of teaching your baby about new things and new words and concepts.

When you are reading to your child it's important that they can see you and see the pages of the book. You can sit side-by-side or place your baby at an angle on your lap so they can see your face and the book. If you use sign language with your child, you may need to experiment to get a comfortable position that allows you to sign and read. There are lots of books available for very young children and all of these will be suitable for your baby.



Managing behaviour

It's important for all children to learn to behave in an acceptable way, but different families often have different ideas about what behaviour is acceptable and what isn't. There are rules that your child will have to follow when they go to a childminder, playgroup and school. The following sections pass on some ideas about managing behaviour.

Using routines

Clear routines can help avoid problems with your child's behaviour. Routines can help children to co-operate because they come to expect certain ways of doing things. For example, if you have to pick up an older child from school, you might prepare your younger child by having a routine that helps them anticipate what's coming. This could be getting toys ready to take in the car or getting a snack ready for your return.

Routines can also be used to encourage your child to go to bed at a certain time every evening. When they grow older, you may use routines to encourage them to stay in bed until a certain time in the morning.

Planning with your child

It's important that your child knows what's going to happen in a day so they can be prepared and everything doesn't come as a surprise. One practical way of encouraging this is to have an activity board where you can stick photographs of things you do often, places you go to and people you often see. Moving the photos around allows for planning and anticipation.

It also allows you to discuss what has happened and what is going to happen soon. This will increase your child's vocabulary and help their language development. If you regularly take photographs of your activities and contacts, it can become a valuable resource for both you and your child.

As your child grows older they will be able to use the board to negotiate with you about what they want to do. For younger babies, key objects can serve the same purpose. For example, if you are going swimming, putting a swimming costume and armbands out will tell your baby where you are going. Visiting grandma might be anticipated by picking out an object you keep at home which your baby associates with their grandmother.

Making choices

Allowing your child to make choices for themselves is an important part of their development. It can help them to become more independent, develop their communication skills and form good relationships.

It recognises your baby's growing ability to have a small say in things that are important to them. It can also help children to make decisions and express their own preferences from an early stage. Even a six-month old baby can choose between two toys and make a selection by pointing or looking. Later, offering choices can be a way of avoiding tantrums and managing frustration.

Saying 'no' and offering alternatives

There are times when saying no is essential for your child's safety and security and also a way of setting clear boundaries. It's important to be consistent and clear about what is OK in your family and what is not, and keep to the boundaries you have set. There is no reason why the boundaries for your deaf child should be any different to the ones you would set for a hearing child of the same age.

There are some situations in which you will always need to say no - for example, when your child is in danger of hurting themselves or others. As children grow and start to explore the world around them, they need to understand why some behaviour is OK and some is not. If for example, your child is just about to try something that you know will have a bad outcome, you will need to say no and explain why. For example, if your child is about to pull the dog's tail, you will want to say no and then explain that the dog might bite.

Explaining why something is wrong can be difficult and take time. Experienced parents of deaf children sometimes say that giving reasons for saying no can be a bigger challenge because of the difficulty of finding language that allows their child to understand why something is wrong. However, it's very important that children have access to experiences of the world and opportunities to develop their language and understanding. This can be limited if things are not explained to them.

Your body language should reinforce your message. For example, if you are giving praise, your body language and facial expression need to be positive. In the same way, if you are very cross you need to show it on your face and in your tone of voice.



Outdoor safety

All parents worry about their child's safety when they are outside. Parents of deaf children often say they are concerned about their child not being able to understand road safety.

Your child won't be crossing the road independently until much later but you can begin to introduce them to looking, waiting, and noticing this very early on. As your child gets older you can start to explain why you follow this routine when crossing the road. You might want to explore road safety through pretend play with toys.

Another problem that parents of deaf children often worry about is calling a child back if they run ahead. If your child can't hear you shout to them they may not be aware of dangers. Teaching your child the rules of road safety can help with this.

A practical method for dealing with this might be to agree with your child that they are only allowed to run for a short distance and then they must stop and check with you. For example, when your child is older, you can agree that they are allowed to walk to the next lamp post but that they must stop when they get there. After practice, they can learn that when they get to the lamp post they need to look at you before it is OK to carry on.

If your child uses a **radio aid** it might be particularly useful when you are out and about.

Getting lost

Getting lost can be a frightening experience for any young child. Parents of deaf children say they worry more because their child may not be able to explain well enough what has happened to anyone who finds them. It's a good idea to agree with your child beforehand what they should do if they get lost.

You will have your own ideas about what will work - the important thing is to agree it beforehand and ensure your child knows exactly what to do should it happen.

The same issues apply in relation to children going off with people they know or who are strangers: good communication is the key to feeling more confident. Although explaining the issues may take more time, it is very important to make sure your child understands what to do and what to expect. For example, if you have arranged for your child to be collected by another mum it's good to explain this in advance. You could use your activity board to explain what will happen. Your child also needs to learn who the key people in their, and your, lives are, so they know who they can trust and be safe with.

Sleep routines

Sleep routines can be difficult for all parents. Parents of deaf children often say that strategies that can work with hearing children, such as music and story tapes, don't work very well with deaf children.

If your baby uses hearing aids they may not like the quiet when the aids are taken out at night. If the room is dark as well they may become scared and disorientated. Leaving the hall light on can help. Rotating light mobiles which throw patterns onto the wall or ceiling can help by focusing the baby's attention elsewhere. Glow-in-the-dark stickers can also help with this.

You can help your child to feel safe by leaving a bit of your clothing with them, so that they can be aware of your familiar smell. It is also good to let your child know that you are leaving the room. If your child turns around and you are gone they may become worried.

Toilet training

Potty training can be a challenge for all parents. This section gives some suggestions that can make the process less stressful. Before you start to try and train your child to use a potty it's important to be sure they're ready. Your health visitor will be able to give you more information about this.

When you feel they're ready they need to understand the difference between wet and dry and have a way of communicating their needs. At first it is a good idea to introduce the potty, make your child aware of it and what it's for but don't ask them to do anything with it. Let them go at their own pace. Over time your child may start to get comfortable about sitting on it even if nothing happens. When something does happen it is good to celebrate it to let your child know that they've done something good that you approve of. The celebration can be a treat, a favourite toy to play with, or even just a big round of applause.



When your child gets comfortable with the potty you can move on to pants rather than nappies. Use pull-up pants that they like. These might have a favourite cartoon character or bright colours on them. Your child will have some accidents but if you remind them frequently this can help. Try to remind them about the toilet every hour or so, and make sure they try to go before going out and when you come home. When you are out anywhere you can take your child to the toilet as soon as you arrive so they know where it is. You may also find a travel potty useful. These are available from suppliers of baby products and come with bags for easy disposal.

Over time you will begin to see the signs that your child needs to go to the toilet. Children often start hopping from one foot to another or fiddling with their clothes when they want to go. Always remind them that they should tell you when they want to go.

Parents often say it's important not to get stressed about the process, or make it a battle in any way at all.

Childcare

There are many kinds of childcare. It can be formal care provided by a childminder, nursery, playgroup or crèche. It can be less formal care provided by a relative, friend or babysitter. Childcare can be for a brief period of time, or for longer, to allow you to go back to work or to study. It's important that you feel comfortable with your childcare arrangements.

It's also important that anyone working with your child is able to meet their needs. It may be difficult to find someone who has experience of working with deaf children but it's worth asking around. Your local [Family Information Service](#), [teacher of the deaf](#) or social services department may have more information.

One main need that arises for deaf children in childcare is communication. The people who look after them should be able to communicate effectively with them. You may need to spend some extra time explaining the ways you communicate with your child. You may be able to get support with this from your [teacher of the deaf](#).

Your child may need to attend appointments and meet with professionals. Your child's carer may be happy to be flexible around this, so discuss it with them.

There will be many factors involved in deciding what kind of childcare is suitable for your child. There is lots of information around that can help you make the decision. Your **health visitor** or **teacher of the deaf** may be able to help. The Family Information Service in your local area may be able to give you more information. For contact details about your local FIS contact **The National Association of Family Information Services** - see their website www.nafis.org.uk



Education and your deaf child

This section introduces some basic information about education. Deaf children often need support to be able to take full advantage of education. If your child needs extra or different help from the support that other children of the same age need, you may begin to hear people talking about their **special educational needs**. You can read more about this later.

In the pre-school years, support is usually provided by a teacher of the deaf, who visits you at home.

When your child starts nursery or school a **teacher of the deaf** can provide the school with information about deafness and help your child settle in. If your child requires extra help in the nursery or classroom, it's usually given by a **teacher of the deaf** who visits the school, or by a learning support assistant who works with your child in the school.

All children are different and have different abilities and support needs. Your child's abilities and needs may be very different from another child with a similar level of deafness.

If you'd like to find out more about education services, read the **Early Support Background information booklet** on **Education**. Details of how to get hold of a copy are at the back of this publication. Some families use the **Family file** in the **Early Support Family pack** to help with the process of settling in when their child starts to go to a playgroup, nursery or school. There is a separate section in the **Family File** that can help families to do this.

Why should you think about education now?

The extra support that many deaf children need can be provided from a very young age. There are also decisions you will have to make at different stages as your child grows. Being aware of the educational system for deaf children well ahead of time can help you gather the information you need to make important decisions later.

Early education support

When your child is first identified as being deaf, you'll probably meet someone from the local authority's **hearing impaired service** (sometimes called a **sensory support service**). If you don't meet them in the clinic you should meet them within the next few days.

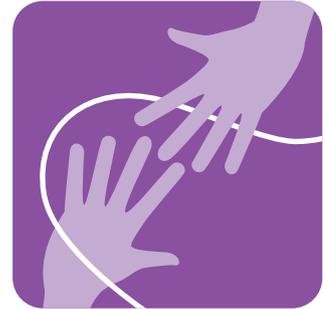
The person who normally makes contact is a pre-school **teacher of the deaf**, who is likely to stay in contact with you through the early years of your child's life. Their role is to support you in developing your child's educational potential and to help you and your child to communicate effectively together. They will also monitor your child's progress and work with the audiology clinic to support you with hearing aids.

If your child is cared for by other people during the day, then your **teacher of the deaf** can support them too. The teacher can also give you information about other useful contacts and voluntary agencies.

Pre-school teachers of the deaf usually provide a **home visiting service**. This means they visit families in their home. You and the teacher will decide together how often this will happen. The support that you, your family and your child receive depends on how much extra help your child needs.

If you receive regular support in the home, you may also use a **Family pack**. The pack contains a **Family file** and a Family Service Plan that helps you discuss and plan the support your child receives with your **teacher of the deaf** and anyone else who is involved. Family service plans help with co-ordination and joint planning and set out what everyone has agreed will happen next - including what extra help you can expect to receive. Plans are usually reviewed and updated every six months or so.

The **Early Support Monitoring protocol for deaf babies and children** may also be useful for you. This material helps you track your child's development through the first years of life and to share your understanding of your child with other people. Ask the people who work with you about these materials if you have not seen them and think they might be helpful.



Whatever approach and materials you use, you should ask what support is available and tell your teacher if you're not happy with anything. When the pre-school **teacher of the deaf** visits you at home, they will be able to advise you on:

- early language and communication development
- making the most of play
- developing social skills
- looking after and checking your child's hearing aids and earmoulds, if they wear them
- encouraging your child to wear their hearing aids
- getting the most benefit from the hearing aids
- creating the best listening environment for your child
- general child development issues
- school placement.

There may be other people working to support you with the care and development of your child, for example a **speech and language therapist**. If so, the **teacher of the deaf** usually works with them, so that support is co-ordinated.

If there are a number of professionals working with you and your child, or you are using a number of different support services, you may be given a **key worker**. This is someone who maintains regular contact with your family and takes responsibility for ensuring that:

- you have all the information you need
- services are well co-ordinated
- information about your child is shared efficiently with everyone who is working with your family.

Because pre-school teachers visit families in the home regularly, they often take on the role of key worker, but it could be another professional or even someone from a specialist **key worker** service. Your **teacher of the deaf** will be able to explain whether a key worker service is operating in your area and if so, how it works.

It's important that you can work well with your key worker and that you're comfortable with them. If you would like a particular person to be your **key worker** you can tell the professionals that you are working with. However, not all families with a deaf child want, or have, a key worker.

Your **teacher of the deaf** will also be able to support you by giving information about choosing a pre-school placement, such as nursery, playgroup or childminder. They will also be able to support you later when you choose a school. When it's time for your child to go to nursery or school your **teacher of the deaf** can support you with your choice of placement by providing information about the range of educational options available. They can also provide information about choosing a school placement, including the types of questions to ask when visiting different schools. They can help prepare your child for starting nursery or school and can also help prepare the nursery or school by offering training and support to staff.

Types of early education setting

Places that offer education to young children, like nurseries and playgroups, are known as early education settings or **early years settings**.

Deaf children can go to a variety of types of early education setting. Some settings are for all children, with special support provided for deaf children. Some schools and settings welcome deaf children but offer no special support and there are other settings that are especially for deaf children. Specialist support for deaf children often includes a visiting **teacher of the deaf** who works with nursery staff and your child.

Support in early education or early years settings

When your child starts their formal education, a range of support can be given. The level of support should depend on what they need. If your child needs extra, or different support than other children, teachers and schools describe them as having **special educational needs**. For many children, extra support is provided by the staff in the school they attend. If more support is needed, then the school can bring in specialists.

Many deaf children fall into the category of having **special educational needs**, but some do not. Your teacher of the deaf will be able to tell you if this applies to you. If your child has special educational needs and needs extra help, it's important for you to have an opportunity to influence the support that's provided for them.



Who will support your child in nursery or school?

A range of people work with deaf children in nurseries and in schools. The number of people involved with your family depends on how much support your child needs. Some pre-school **teachers of the deaf** continue to work with deaf children in early years settings, others gradually pass support over to another teacher of the deaf as your child grows and is supported more in their educational setting than at home.

The list that follows includes most of the professionals that work on a regular basis with deaf children in school, but it only provides a general introduction. Your child will continue to receive support from the audiology clinic alongside any advice and help provided by other people.

Teacher of the deaf

A **teacher of the deaf** is a qualified teacher who has taken further training and is qualified to teach deaf children. They provide support to deaf children, their parents and family, and to other professionals who are involved with a child's education. Some teachers of the deaf are based in one school - others are known as **visiting** or **peripatetic teachers of the deaf**.

Peripatetic teachers of the deaf travel to homes, playgroups, nurseries, schools and colleges. In addition to teaching deaf children, they offer support, advice and information to families and other people working with deaf children.

Educational audiologist

An **educational audiologist** is usually a qualified teacher of the deaf who also has a recognised qualification in audiology, including hearing assessment. They provide guidance to other teachers of the deaf, parents and other professionals about hearing assessments, hearing aids and hearing support.

Speech and language therapist (SALT)

A speech and language therapist is a health professional specialising in communication development and disorders (and associated eating and swallowing difficulties). They offer support and advice to parents of children with any type of communication problem. This can include deaf children. They work to enable children to develop their communication skills, in sign language or in oral language. These skills may include receptive language (what your child understands); expressive language (what your child says or signs); speech skills (how your child pronounces words); and interaction skills (how your child uses language in conversation).

A **speech and language therapist** can work with you and your child at home, in nursery or school or at a clinic or hospital. Some speech and language therapists specialise in working with deaf children, but these specialists are not available in every area.

Communication support worker (CSW)

Communication support workers help deaf pupils who use sign language to communicate and learn in school. A CSW should be trained in communication skills, teaching methods and deaf issues. As a minimum, they should have CACDP level 2 certificate in BSL - the officially recognised intermediate level in **British Sign Language**. Some organisations, such as **NDCS**, suggest that every deaf child for whom BSL is their first or preferred language should be supported by a communication support worker qualified to a minimum of CACDP BSL Level 3. They suggest that any qualification less than CACDP BSL Level 3 is insufficient to give full access to the national curriculum at either primary or secondary level education. CSWs work closely with other professionals, complementing the roles of **teachers of the deaf** and interpreters. Their job is varied and they are trained to communicate, take notes for pupils, and explain technical language. They also work in partnership with the class teacher to make teaching materials accessible for deaf children.

Educational psychologist

An **educational psychologist** has a degree in Psychology plus they undertake a three-year, full-time, professional training course leading to a Doctorate in Educational Psychology. **Educational psychologists** help children who find it difficult to learn or to understand or communicate with others. They specialise in children's development and learning. They visit schools and nurseries, working with teachers and parents to assist children's learning and behaviour, and to assess psychological development and special educational needs.



Special educational needs co-ordinator (SENCO)

A **SENCO** is a teacher in a school or early years setting who has responsibility for identifying children with special education needs and making sure they receive appropriate support. This may involve working directly with the child, supporting mainstream staff in assessing a child's needs or a combination of both of these. SENCOs also work with external support services.

Classroom teacher

Your child's classroom teacher can provide important support for them at school. They will take advice from the SENCO or a visiting teacher of the deaf about the best ways to help your child.

Deaf role model

In some areas there are paid workers, usually known as **deaf role models**, employed by the school, nursery or local educational authority to help deaf children to develop their communication skills, to have a positive view of their deafness, and to be a positive role model for your child. They can also make children aware of Deaf culture and the Deaf community. They are likely to work with other staff at the school to promote deaf awareness and good communication.

Nursery nurse

A **nursery nurse** supports the work a teacher does in a classroom or nursery. They can support children on an individual basis or in a small group to reinforce lessons or help a child to develop communication skills. A nursery nurse can specialise in working with deaf children and children with special needs. It's important for a nursery nurse to be able to communicate effectively with the children they work with, which may mean developing sign communication skills.

Learning support assistants (sometimes known as **teaching assistants** or **classroom assistants**)

Learning support assistants are employed by schools or services to work with children with special educational needs. They work closely with the class teacher and liaise with specialist teachers. They carry out a range of tasks such as providing in-class support, helping children with their school work and working with children on their speech and language therapy programmes.

Benefits and financial support

There are a range of benefits and tax credits you may be able to claim as the parent of a deaf child. The main benefits are:

- Disability Living Allowance (DLA)
- Carer's Allowance
- child tax credit
- working tax credit.

You may be entitled to one or more of these benefits or tax credits. You can download a DLA application form from www.direct.gov.uk/en/Diol1/DoltOnline/DG_10017715

Or call the [Benefits Enquiry Line](#) on 0800 882 200.

If you would like help filling out the form, ring the [NDCS Helpline](#) on 0808 800 8880 or the [Contact a Family Helpline](#) on 0808 808 3555.

Your entitlement will be judged on the needs your child has because they are deaf or on your income.

This section introduces some basic information about benefits and financial support. There is an [Early Support Background information booklet](#) on [Financial help](#). More information about these materials can be found at the back of this book.

Why you should claim

You may find that having a deaf child means you spend extra time visiting hospitals or clinics, going for tests and attending therapy sessions. Your child may need more help on a day-to-day basis than other children of the same age. Later on, they may go to a school that is further away from home than the one your other children attend. All this is time consuming and can cost money.

It may also be important to expose your child to a wide range of experiences, to stimulate their interest and language development. Claiming benefits may allow you to make more visits and allow your child to participate in a wider range of activities than would otherwise be possible.

Other sources of financial help

There are a couple of sources of financial support which may be particularly relevant for families with deaf children.



The Freddy Bloom Children's Equipment Fund

This is a fund for parents, families and carers of deaf children provided by the **National Deaf Children's Society**. It offers grants to families on low incomes towards the cost of new equipment which is considered to be essential for your child's educational or social development and which cannot be provided by any other means. There are some restrictions on the grants. The fund does not provide grants for equipment that can be provided by education, health or social services. Grant giving is also dependent on the limited budget and the **National Deaf Children's Society** can only offer one grant per family. If you would like further details of The Freddy Bloom Children's Equipment Fund please ask the **National Deaf Children's Society**. Contact information is at the back of the booklet.

The Meningitis Trust

The Meningitis Trust can provide financial support if a child has had meningitis. Grants are discretionary and can be made available for:

- special equipment
- travel and/or accommodation costs to attend treatment
- care or training
- respite care.

For more information, contact:

Meningitis Trust
Fern House
Bath Road
Stroud
Gloucestershire
GL5 3TJ

Tel: 01453 768000

Fax: 01453 768001

Freephone helpline: 0800 028 18 28

Email: info@meningitis-trust.org

Web: www.meningitis-trust.org

Equipment for home and school

Introduction

There is a wide range of equipment that can be useful to deaf children. Some of it is designed to make them more independent around the home. Other things have been designed to work with their hearing instruments to overcome some of the problems caused by background noise. There is a range of equipment that can help them access entertainment and educational material and equipment to help deaf children and other people communicate.

Some equipment is available from social services. Equipment that is necessary for your child's education may be provided by your local education authority.

The [National Deaf Children's Society](#) also has a service called the [Technology Test Drive](#) that allows families to borrow and try equipment that could be helpful. They can also give advice and information about any of the equipment described here. Contact details are at the end of this booklet.

This section provides basic information about the range of equipment that's available and about ways you can get equipment for your child.

Children's needs change as they grow and most children will only need some of the items mentioned. The case studies later in this section are to give you an idea of how children of different ages might use technology.

This section will describe the four main types of equipment for deaf children. The four types are:

- listening devices
- alerting devices
- TV, DVD and films
- communication technology.



Listening devices

Listening devices are designed to help deaf children make the best use of the hearing they have. Many devices work with hearing aids, bone anchored hearing aids or cochlear implants to reduce problems created by background noise.

Some examples of listening devices are:

- radio aids
- soundfield systems
- loop systems
- infra-red listening aids
- personal listening aids.

Very young deaf children are most likely to use **radio aids** and **soundfield systems**. The others may become relevant for your child as they get older.

Radio aids

These are mainly used in school to help overcome problems caused by background noise and the teacher being at a distance. By using a radio aid, a child is able to hear the teacher at a consistent level wherever they are standing in the classroom. Radio aids are increasingly used out of school as well. They can be useful for after-school activities, such as cubs or guides, at children's parties or to help them hear in the car.

Radio aids have two main parts: the transmitter and the receiver. The person talking wears the transmitter. A microphone picks up the speaker's voice. The sounds are then transmitted by radio waves to the receiver. The deaf child wears the receiver. This picks up the radio signal from the transmitter and converts it back to sound, which is amplified by the child's hearing aids or implant.

Soundfield systems

Soundfield systems can be used alone or with radio aids. They are particularly useful for children who can't wear a conventional hearing aid, have unilateral or mild deafness, Auditory Processing Disorder or Attention Deficit Disorder. **Soundfield systems** include a radio transmitter and microphone, which is worn by the teacher, and speakers in the classroom. The sound of the teacher's voice is amplified and played through the speakers so that children can hear the teacher's voice clearly above background noise and the teacher does not have to raise their voice.

Alerting devices

Alerting devices are designed to make deaf children aware of things that are happening around them. Many of these use lights or vibrations to make deaf children aware that something is happening.

Some examples of alerting devices are:

- doorbell alerting devices
- telephone indicators
- alarm clocks
- smoke alarms
- pager systems
- baby alarms
- enuresis (bed-wetting) alarms

Most of the devices listed work by making sounds louder than normal, using flashing lights, or being attached to a vibrating pad.

Pager systems use a pager worn by your child which vibrates to let them know something is happening. The system can be connected to different devices around the home, such as smoke alarms, doorbell, telephone, etc.

Very young deaf children are unlikely to use these devices. When they are a little older they can be useful for making your child aware of things that are happening around the house. For example, a six-year-old is unlikely to answer the door by themselves but it's good for them to know that when the doorbell is pressed it means that someone has come to visit.



Subtitles and sign language

Many deaf children and adults use subtitles to access TV and video and computer software. An increasing number of TV programmes include **sign language** interpretation and/or subtitles. CD-ROMs, videos and DVDs may be helpful if you are learning **sign language**. If your child signs, they may find signed study aids on these formats useful.

Subtitles

Subtitles use text to show what is being said. They can also show other sounds that are important to what is happening on screen. Sometimes subtitles are in different colours to allow you to see who is talking.

Subtitles on TV

There are two ways to access subtitles on TV. If you have digital TV, you can access subtitles by going to the setup menu and switching them on. Many remote controls have a subtitle button so you can easily turn subtitles on and off. Viewers using analogue TV can access subtitles by selecting teletext page 888. It's possible to record programmes with subtitles if you have digital TV. Listings in newspapers and magazines usually say if programmes are subtitled. A large proportion of programmes on the main channels (BBC1, BBC2, ITV1, Channel 4 and Five) have English subtitles. New requirements have also recently been introduced on a number of other channels licensed in the UK to provide access services, which include signing and subtitles.

Subtitles on DVD

Most DVDs have subtitles in several languages – most offer English subtitles as an option. Some have subtitles especially for deaf or hard of hearing people. Subtitles for deaf and hard of hearing people include information about sounds that happen on screen - for example a doorbell ringing. There should be information on the back of the DVD box that tells you if a film has subtitles. You can switch the subtitles on or off using your remote control.

Subtitles on computer software

Some computer games and other software have subtitles. You will usually need to switch these on in the options menu. The website, www.deafgamers.com, offers reviews of games and how accessible they are to deaf people.

Subtitles at the cinema

An increasing number of cinemas have the technology to show subtitled films, usually shown at special screenings. To find out about subtitled performances near you, check your local listings or visit www.yourlocalcinema.com

Sign language on TV

Sign language appears on TV in two ways. The first uses presenters who use sign language. The second uses sign language interpreters on screen. Some broadcasters provide information about which programmes will be signed on their websites. You can find links to their websites from the NDCS website at www.ndcs.org.uk

Sign language on DVD and video

Many DVDs and videos include sign language. Some are purpose-made with signing presenters, others have a sign interpreter on screen. Some of these videos are educational and others are children's stories. You may be able to access some of these through your local library. The [Forest Bookshop](#) sells a comprehensive range of resources about deafness and for deaf children and adults. Contact details are at the back of the book.

Sign language on CD-ROMs

There is a range of CD-ROMs to help you learn or practise [sign language](#). There are also CD-ROMs to help children who use BSL to study for particular school subjects.

Communication technology

There is a wide range of equipment that deaf children can use to communicate with others. The main types are:

- adapted telephones
- textphones and Tynetalk
- videophones
- mobile phones and text messaging
- email
- internet chat rooms and instant messaging (with or without webcams)
- faxing
- social networking sites.

When your child is very young they are unlikely to have the skills to use these things. Older children can use them to contact friends and family without needing help from anyone else. This can increase their independence. Many of these technologies can also help your child to gain confidence in using written English.



Typetalk (or Text Relay)

Typetalk is the national telephone relay service that allows a textphone user to contact someone who uses an ordinary telephone. Typetalk works by connecting the caller to an operator who relays a message back and forth between the textphone user and the telephone user.

Typetalk is accessed through a special service from BT called Text Direct. You dial the appropriate prefix followed by the number you wish to call.

The prefixes are:

- 18001 - for calls made from a textphone
- 18002 - for calls made from a hearing person using a voice telephone to a textphone
- 18000 - for emergency calls from a textphone.

Contact [Typetalk](#) for further information. The contact details can be found in the useful organisations section at the back of this booklet.

Case studies

These case studies of deaf children of different ages show how equipment might be useful to your child at different stages in the future.

Aliyah is one year old

Aliyah is learning to use her [hearing aids](#). When she started to crawl, her parents became worried that the hearing aids would get lost. They asked for advice from their audiologist and teacher of the deaf. They suggested a special cord that hooks round the hearing aid. At the other end there's a clip shaped like a rabbit that clips to her clothes. Now if her hearing aids come out they won't get lost.

Aliyah's parents have a special teddy bear with a loop inside. They connect this to a tape recorder and play nursery rhyme tapes. They switch Aliyah's hearing aids to 'T', and when she cuddles the teddy bear she can hear the sound. They can tell she enjoys listening to the teddy bear.

Billy is five years old

Billy has a **cochlear implant**. He uses a **radio aid** at school. The radio aid receiver connects directly to his cochlear implant processor. This allows him to understand much more of what his teacher is saying.

At school they have a videophone which they use to sign with children at a school 50 miles away. It isn't very clear yet but the teacher says it will get better in the future. Billy really enjoys using the videophone but his favourite time is when he gets to use the computers. The game where he has to pick the word that means the same as the sign that the man does is best.

At home he has a collection of children's stories on video. All the stories are told in sign language. He enjoys watching them with his parents. His favourite story is Goldilocks and the Three Bears.

Social services have fitted a flashing light doorbell at home. Billy isn't old enough to answer the door but it's very important for him to be aware of what's happening around the home. He also has a flashing light smoke alarm in his room. He will never be in the house on his own but every second counts if there is a fire.

Chloe is 10 years old

Chloe wakes up every morning using an alarm clock with a vibrating pad under her pillow. She used to have one with a flashing light but she likes the vibrating one better.

At school she uses a **radio aid**. She has two small radio aid receivers which attach to the bottom of her hearing aids. Usually, her teacher wears the transmitter with a microphone clipped to her clothing. If they are working in small groups, Chloe uses a microphone that she puts in the middle of the table. She is allowed to take the radio aid home with her. It's really helpful at her dance lessons and when all the family have dinner at the big table.

Chloe has a telephone with an amplifier at home. When the phone rings it's much louder than a normal phone so she can hear it. By switching her hearing aid to 'T' she can hear the phone more clearly. She finds this works really well when she's talking to someone she knows, like her Grandad, although it can still be difficult to understand a new person.

Her family recently got a computer and Chloe is starting to learn how to send emails. She sends messages to her cousin in Australia and to her friends from school during the school holidays. Chloe loves watching television. She has a loop system connected to the TV and sometimes uses this by switching her hearing aid to 'T'. Usually, she switches on the subtitles. Most of her favourite programmes have subtitles.



How to get equipment for your deaf child

The equipment that your child will need as they grow up is usually provided by:

- social services
- education services
- health services.

Social services

Social services have a responsibility to provide equipment that your child needs at home. Under current legislation, deaf children have a legal right to an assessment of their needs for equipment carried out by a social worker. If your child is assessed as needing certain equipment, then your local authority social services department should consider providing it free of charge. Contact your local authority for more information.

Education services

Your local authority (LA) will usually provide equipment that your child needs at school or nursery. Many children use radio aids to help them hear the teacher in the classroom. LAs can also provide special software, and communication aids. If you think your child would benefit from special equipment at school, talk to any of the following people:

- class teacher
- **teacher of the deaf**
- special educational needs co-ordinator (SENCO)
- head of the **hearing impaired service**/sensory support service.

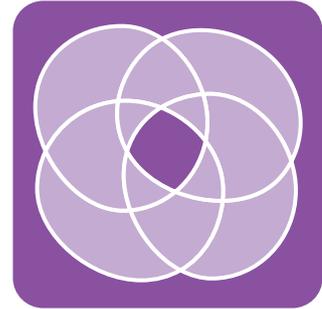
Some deaf children have a **statement of special educational needs**. This is a document that sets out a child's needs and all the extra help they should get. The provision of special equipment can be included in a statement. This means that the LA has a legal responsibility to provide the equipment. If your child does not have a statement, the LA and the school still have an obligation to meet their needs.

The equipment that your child uses at school may also be useful to them at home or at out-of-school activities. Many schools and services allow children to use equipment at home - for example, a **radio aid** - and you should discuss the options with your child's teacher.

Health services

Hearing aids and **cochlear implants** are provided through the National Health Service (NHS). The NHS also provides any other audiological equipment your child needs - for example, vibrotactile aids or equipment to help you check and look after your child's hearing aids. NHS hearing aid services are available free to UK residents. Batteries and other accessories are also supplied by the NHS.

Your local health service has a duty to provide the most appropriate hearing aids for your child's needs. If you have any questions or feel you want a referral to another service, you should talk to your child's consultant or your GP.



Useful organisations

The following organisations provide information, advice or support. Some of them may have information or services that will help you, while others may not be relevant for your family. They're listed in alphabetical order. There are sure to be other organisations that could provide information and advice that are not listed here. Ask your health visitor, teacher of the deaf, GP or anyone else working with you. You could also ask parents and carers of other deaf children.

Association of Speech and Language Therapists in Independent Practice

This is a professional body for speech and language therapists working independently. All members are registered and qualified therapists. They provide information on independent Speech and Language Therapy throughout the United Kingdom, including local contacts.

ASLTIP

Coleheath Bottom

Speen

Princes Risborough

Buckinghamshire HP27 0SZ

Tel: 01494 488 306 (answerphone)

Fax: 01494 488 590

Web: www.helpwithtalking.com

Auditory Verbal UK

Auditory Verbal UK is a registered charity providing Auditory Verbal (AV) services, including intensive, family based intervention that aims to enable babies, infants and children who are deaf to learn to listen and talk. AVUK offers independent assessment of children's functional listening and spoken language, auditory verbal therapy and specialist training to professionals. Contact them to find out about the services, information and advice they may offer.

AVUK
Bignell Park Barns
Chesterton
Bicester
Oxon OX26 1TD

Tel: 01869 321492

Email: info@avuk.org

Web: www.avuk.org

British Deaf Association (BDA)

The BDA is the UK's largest national organisation run by Deaf people, for Deaf people. The BDA works to increase Deaf people's access to facilities and lifestyles that most hearing people take for granted, and ensures greater awareness of their rights and responsibilities as members of society. The BDA has several main service areas, with teams covering: education; BSL; video production; and community services offering advice and help. They have a national helpline that provides information and advice on a range of subjects including Welfare Rights, benefits and the Disability Discrimination Act.

British Deaf Association
Bushell Street Mill
Bushell Street
Preston
Lancashire PR1 2SP

Tel: 01772 259725

Textphone: 05603 115295

Email: England@bda.org.uk

Web: www.bda.org.uk



British Deaf History Society

Produce a journal that is issued three times annually and hold workshops for local Deaf History. They also organise visits to Deaf History places abroad, publish books and documents on Deaf History and collaborate with schools, universities and colleges.

Web: www.bdhs.org.uk

British Retinitis Pigmentosa Society (BRPS)

RP Fighting Blindness (British Retinitis Pigmentosa Society) is a membership organisation, run by volunteers, with branches throughout the UK. It aims to raise funds for scientific research to provide treatments leading to a cure for Retinitis Pigmentosa (RP). It provides a welfare support and guidance service to its members and their families.

BRPS
PO Box 350
Buckingham MK18 1GZ

Helpline: 0845 123 2354
Tel: 01280 821334 (General enquiries)
Fax: 01280 815 900

Email: info@brps.org.uk
Web: www.brps.org.uk

Burwood Centre

Independent assessment centre for deaf children from anywhere in the UK. Assessments include hearing, speech and language, educational and psychological assessments.

Burwood Centre
Pigeons Farm Road
Thatcham
Berkshire RG19 8XA

Tel: 01635 573 820 (voice and text)

Fax: 01635 231 445

Email (about assessments): assessments@maryhare.org.uk

CHARGE Syndrome Family Group

The word CHARGE is made up from the initial letters of some of the most common features seen in this condition – the 'E' is for Ear anomalies. It is a syndrome with multiple conditions, which include hearing loss. The group supports a network of families who aim to promote and support all activities leading to an improved quality of life for their children.

First point of contact in England for new families:

Simon Howard and Flo Njeru
CHARGE syndrome family group
59 Elmer Road
London SE6 2HA

Tel: 020 8265 3604

Email: si_howard@hotmail.com

Web: www.chargesyndrome.org.uk



Cochlear Implanted Children's Support Group (CICS)

Provides contact, information and support at any time before, during or after a child's cochlear implant. Organises social events and information days for families and distributes periodic newsletters to members. Will also assist students, implant manufacturers, implant teams and other professionals, on specific projects.

CICS
PO BOX 28843
London SW13 0WY

Tel: 020 8876 8605
Fax: 020 8241 8177

Email: info@cicsgroup.org.uk
Web: www.cicsgroup.org.uk

Signature (formally Council for the Advancement of Communication with Deaf People (CACDP))

The primary aim of Signature is to promote communication between deaf and hearing people by offering high-quality, nationally recognised assessments and accreditation in sign language and other forms of communication used by deaf people.

Signature
Mersey House
Mandale Business Park
Belmont,
Durham DH1 1TH

Tel: 0191 383 1155
Text: 0191 383 7915
Fax: 0191 383 7914

Email: durham@signature.org.uk
Web: www.signature.org.uk

Cued Speech Association UK

A national charity that provides information, advice, courses and learning materials on cued speech. Cued speech gives an exact visual representation of spoken language, which allows deaf children to develop their inner language and improve literacy and lipreading.

Cued Speech Association UK
9 Jawbone Hill
Dartmouth
Devon TQ6 9RW

Tel: 01803 832 784
Textphone: 01803 832 784
Fax: 01803 835 311

Email: info@cuedspeech.co.uk
Web: www.cuedspeech.co.uk

Deaf Education Through Listening and Talking (DELTA)

DELTA is a nationwide support group of teachers and parents of deaf children. DELTA provides support, information and advice to guide parents in helping their children develop normal speech and to live independently within a hearing society. There are regional branches which hold regular meetings and conferences. DELTA also runs courses for parents and families including summer schools for parents with hearing impaired children.

DELTA
The Con Powell Centre
3 Swan Court
Peterborough PE7 8GX

Tel: 0845 1081 437 or 01733 569 911

Email: enquiries@deafeducation.org.uk
Web: www.deafeducation.org.uk



Deafness Research UK

The UK's only national medical research charity for hearing impaired people. Deafness Research UK supports high quality research, which will bring significant improvements in the prevention, diagnosis and treatment of all forms of hearing impairment. It also runs the information service dedicated to providing medical and research information relating to deafness and hearing impairment.

Information Service:
Freepost WC4938,
London WC1X 8BR

Helpline: 0808 808 2222
Tel: 020 7833 1733 (General enquiries)
Textphone: 020 7915 1412
Fax: 020 7278 0404

Email: info@deafnessresearch.org
Web: www.deafnessresearch.org.uk

Deaf Parenting UK

They aim to enable confidence, empowering and supporting Deaf Parents, highlight the gaps in services in UK, work with various organisations including Health, Social Services, Deaf & mainstream parenting organisations to improve access to information and services to Deaf Parents. The service is for parents, parents to be and professionals working with disabled parents.

Nicole Campbell
Deaf Parenting UK Coordinator
SMS: 07789 027186
Fax: 0871 2643323

Email: info@deafparent.org.uk
Web: www.deafparent.org.uk

DeafSign.com

DeafSign.com is a publisher of **British Sign Language** resource materials. It is a free information service website, which is approved by the National Grid for Learning. The website includes a schools' section, games, fingerspelling keyboard, regularly updated news, notice board and guest book with personal replies and online resource ordering. There are also comprehensive links.

DeafSign
16 Highfield Crescent
Hartburn
Stockton on Tees TS18 5HH

Tel: 01642 580 505
Fax: 01642 808 959

Email: cath@deafsign.com
Web: www.deafsign.com

The Ear Foundation

Supports children and young people with cochlear implants, their families and professionals. Provides information, workshops, training materials and carries out research into outcomes from cochlear implantation.

Ear Foundation
Marjorie Sherman House
83 Sherwin Road
Lenton
Nottingham NG7 2FB

Tel: 0115 942 1985 (voice and text)
Fax: 0115 942 9054

Email: info@earfoundation.org.uk
Web: www.earfoundation.org.uk



Equality and Human Rights Commission

The Equality and Human Rights Commission is an independent body set up to secure civil rights for disabled people.

Equality and Human Rights Commission Helpline England
FREEPOST RRLG-GHUX-CTR
Arndale House
Arndale Centre
Manchester M4 3EQ

Tel: 0845 604 6610
Minicom: 0845 604 6620
Fax: 0845 604 6630

E-mail: englandhelpline@equalityhumanrights.com
Web: www.equalityhumanrights.com

Family Action (formerly Family Welfare Association)

Provides a wide range of support to children and families living with poverty, ill-health and social isolation. Help includes specialist work with children with disabilities and financial support to families.

Family Action
Grants and Advice Manager
501-505 Kingsland Road
Dalston
London E8 4AU

Tel: 020 7254 6251
Fax: 020 7249 5443

Web: www.family-action.org.uk

Family Fund

An independent organisation funded by the government administrations of England, Scotland, Northern Ireland and Wales. The Fund provides grants and information to families caring for a severely disabled child under 16.

Family Fund
Unit 4, Alpha Court
Monks Cross Drive
Huntington
York YO32 9WN

Tel: 0845 130 4542
Minicom: 01904 658 085
Fax: 01904 652 625

Email: info@familyfund.org.uk
Web: www.familyfund.org.uk

Forest Bookshop

Bookshop specialising in books, CD-ROMs and videos about deafness and deaf issues. Next day service, free 64 page colour catalogue and web-shopping site.

Forest Bookshop
Unit 2 New Building
Ellwood Road
Milkwall,
Coleford
Gloucestershire GL16 7LE

Tel: 01594 833 858 (voice and textphone)
Fax: 01594 833 446

Email: forest@forestbooks.com
Web: www.forestbooks.com



Genetic Interest Group (GIG)

The Genetic Interest Group (GIG) is a national alliance of organisations which support children, families and individuals affected by genetic disorders. Its primary goal is to promote awareness and understanding of genetic disorders so that high quality services for people affected by genetic conditions are developed and made available to all who need them. GIG publishes a quarterly newsletter and seeks to educate and raise awareness amongst opinion formers, people of influence and the public about human genetics and genetic disorders.

GIG

Unit 4D Leroy House
436 Essex Road
London N1 3QP

Tel: 020 7704 3141
Fax: 020 7359 1447

Email: mail@gig.org.uk
Web: www.gig.org.uk

Hearing Aid Council

A statutory body regulating those that sell hearing aids. It does not regulate hearing aids supplied by the NHS or mail order or e-commerce sales and holds a register of hearing aid dispensers.

Hearing Aid Council
70 St Marys Axe,
London, EC3A 8BD

Tel: 020 3102 4030
Fax: 020 3102 4476

Email: hac@thehearingaidcouncil.org.uk
Web: www.thehearingaidcouncil.org.uk

Independent Panel for Special Education Advice (IPSEA)

Independent organisation working across England and Wales providing free advice to parents on the Local Education Authorities' duty to assess and provide for children with special educational needs.

IPSEA
6 Carlow Mews
Woodbridge
Suffolk IP12 1EA

Helpline: 0800 018 4016
Tel: 01394 384 711 (General enquiries)
Fax: 01394 380 518

Web: www.ipsea.org.uk

Jewish Deaf Association

An independent organisation offering social clubs for deaf and hard of hearing people, resource centre, family support, tinnitus group and courses in deaf awareness, managing hearing loss and sign language. They welcome all faiths.

Jewish Deaf Association
Julius Newman House
Woodside Park Road
London N12 8RP

Tel: 020 8446 0214
Textphone: 020 8446 4037
Fax: 020 8445 7451

Email: mail@jda.dircon.co.uk
Web: www.jewishdeaf.org.uk



Kidscape

Kidscape is committed to keeping children safe from abuse. Kidscape is the first charity in the UK established specifically to prevent bullying and child sexual abuse. It works UK-wide to provide individuals and organisations with practical skills and resources necessary to keep children safe from harm. It works with children and young people under the age of 16, their parents/carers, and those who work with them.

Kidscape
2 Grosvenor Gardens
London SW1W 0DH

Helpline for parents of bullied children: 08451 205 204
(Mon: 10am-8pm. Tues - Fri: 10am-4pm)
Tel: 020 7730 3300 (General enquiries)
Fax: 020 7730 7081

Email: info@kidscape.org.uk
Web: www.kidscape.org.uk

The Makaton Charity

Makaton is a recognised approach to teaching communication skills for those with communication and learning difficulties of all ages. Makaton provides access to education, training and public information through the use of symbols and signs with speech. Resources, training and translation available.

The Makaton Charity
Manor House
46 London Road
Blackwater
Camberley
Surrey GU17 0AA

Tel: 01276 606760

Email: info@makaton.org
Web: www.makaton.org

Meningitis Trust

Offers facts, information, literature and support to people affected by meningitis and meningococcal disease. Support services include financial support grants, counselling, one-to-one contact and home visits. They work closely with volunteers to raise awareness and funds for the Trust.

Meningitis Trust
Fern House
Bath Road
Stroud
Gloucestershire GL5 3TJ

Freephone helpline: 0800 028 18 28
Tel: 01453 768000
Fax: 01453 768001

Email: info@meningitis-trust.org
Web: www.meningitis-trust.org

National Cochlear Implant Users Association (NCIUA)

NCIUA aims are to provide a forum for users of cochlear implants, their partners, families etc; to promote and publicise the benefits of cochlear implants; to encourage best practice and to provide information.

NCIUA
PO Box 260
High Wycombe
Buckinghamshire HP11 1FA

Fax: 01494 484 993

Email: enquiries@nciua.demon.co.uk
Web: www.nciua.demon.co.uk



The National Deaf Children's Society (NDCS)

Supports families of deaf children. They provide clear and balanced information on all aspects of childhood deafness, including temporary conditions such as glue ear. NDCS also campaigns on behalf of deaf children and their families.

NDCS
15 Dufferin Street
London EC1Y 8UR

Freephone helpline: 0808 800 8880
Email helpline: helpline@ndcs.org.uk

Tel: 020 7490 8656
Minicom: 020 7490 8656
Fax: 020 7251 5020

Email: ndcs@ndcs.org.uk
Web: www.ndcs.org.uk

Royal College of Speech and Language Therapists

Professional body of and for speech and language therapists (SLTs) in the UK and Ireland, setting professional standards. Produces leaflets, runs an information service and offers individual advice to its SLT members and the general public.

RCSLT
2 White Hart Yard
London SE1 1NX

Tel: 020 7378 1200
Fax: 020 7403 7254

Email: info@rcslt.org
Web: www.rcslt.org

The Royal National Institute for Deaf People (RNID)

Aims to achieve a better quality of life for deaf and hard of hearing people. It does this by campaigning, lobbying, raising awareness of deafness by providing services and through social, medical and technical research. They have offices across England where they work hard to maximise their impact on the lives of deaf and hard of hearing people.

RNID

19-23 Featherstone Street
London EC1Y 8SL

Tel: 020 7296 8000
Textphone: 020 7296 8001
Fax: 020 7296 8199

Information Line (Freephone): 0808 808 0123
Textphone: 0808 808 9000
SMS: 0780 000 0360

Email: informationline@rnid.org.uk
Web: www.rnid.org.uk

SENSE

The major UK voluntary organisation for children and adults born with multi-sensory impairment (MSI) and their families. The website has information about the help and services available to children with MSI, their families and professionals.

Sense

101 Pentonville Road
London, N1 9LG.

Tel: 0845 127 0060
Textphone: 0845 127 0062
Fax: 0845 127 0061

E-mail: info@sense.org.uk
Web: www.sense.org.uk



Shared Care Network

Shared Care's vision is of a society where disabled children & young people and their families can enjoy full social inclusion. Their mission is to increase significantly the quality, diversity and availability of short breaks for disabled children & young people. They aim to do this by: providing an information service; lobbying to promote appropriate services; organising conferences and training events; encouraging good practice; and promoting the rights of carers and their families. Shared Care Network publishes a directory of family-based, short-term care services in the UK.

Shared Care Network
34-36 Easton Business Centre
Felix Road
Easton
Bristol BS5 0HE

Tel: 0117 941 5361
Textphone: 0117 941 5364
Fax: 0117 941 5362

Email: enquiries@sharedcarenetwork.org.uk
Web: www.sharedcarenetwork.org.uk

The Signalong Group

Offer a communication approach that is a sign-supported system based on British Sign Language (BSL). They have a range of visual communication resources and offer training.

The Signalong Group
Stratford House
Waterside Court
Neptune Way
Rochester
Kent ME2 4NZ

Tel: 0845 4508422
Fax: 0845 450 8428

Email: info@signalong.org.uk
Web: www.signalong.org.uk

Treacher Collins Family Support Group

Provides support, information and advice to families with Treacher Collins Syndrome and also First and Second Arch syndrome, Atresia of the Ear and any other condition combining conductive deafness with facial/head malformations.

Treacher Collins Family Support Group
114 Vincent Road
Norwich
Norfolk NR1 4HH

Tel: 01603 433 736
Textphone: 01603 433 736
Fax: 01603 433 736

Email: mail@treachercollins.net
Web: www.treachercollins.net

Typetalk (also known as Text Relay)

This is the national telephone relay service which enables deaf, deafblind, deafened, hard of hearing and speech-impaired people to communicate with hearing people anywhere in the world.

Typetalk
John Wood House
Glacier Building
Harrington Road
Brunswick Business Park
Liverpool L3 4DF

Telephone Helpline: 0800 7311 888
Textphone Helpline: 18001 0800 7311 888

Email: helpline@typetalk.org.uk
Web: www.textrelay.org



UCL Ear Institute and Royal National Institute for Deaf People Libraries

A co-operative venture between RNID and University College London. It covers all aspects of hearing, speech and language and specialises in literature on deafness - from academic journals to children's books.

UCL Ear Institute & RNID Libraries, at the RNTNE Hospital
330-336 Grays Inn Rd
London, WC1X 8EE

Tel / Minicom: 020 7915 1553
Fax: 020 7915 1443

E-mail: rnidlib@ucl.ac.uk
Web: www.ucl.ac.uk/library/rnidlib.shtml

Working Party on Signed English

The Working Party on Signed English offers training on the use of Signed English with deaf children. They also monitor the use of Signed English and can offer assessments.

Working Party on Signed English
20 Magdalen Road
Exeter EX2 4TD

Tel: 01392 431647 (voice and text)

Email: david@bakerwpse.freereserve.co.uk

YourLocalCinema.com

Subtitled & audio described cinema enables people with hearing or sight loss to enjoy films at the cinema, with the aid of on-screen subtitles, and a narrated soundtrack. Join the email list to receive full details of 'accessible' cinema shows in your area, every week.

SMS/text: 0793 1341 377

Email: subtitles@yourlocalcinema.com
Web: www.yourlocalcinema.com

Early Support

Early Support is the Government's programme to improve the quality, consistency and coordination of services for young disabled children and their families across England. Early Support is funded and managed by the Department for Children Schools and Families (DCSF) and is an integral part of the wider Aiming High for Disabled Children (AHDC) programme, jointly delivered by DCSF and the Department of Health. The AHDC programme is seeking to transform the services that disabled children and their families receive.

Early Support is targeted at families with babies or children under five with additional support needs associated with disability or emerging special educational needs although the principles of partnership working with families can be applied across the age range. This partnership working between families and professionals means that families remain at the heart of any discussions or decisions about their child - their views are listened to and respected and their expertise is valued by the professionals working with them.

To find out more about the **Early Support** programme and associated training or to view or download other materials produced by the programme, visit www.dcsf.gov.uk/everychildmatters/earllysupport

This booklet is one in a series produced in response to requests from families, professional agencies and voluntary organisations for better standard information about particular conditions or disabilities. This is the third edition of the booklet, which up-dates information and incorporates comments from those who used the material in 2004-2009.

The other titles in the series are:

Autistic spectrum disorders (ASDs) and related conditions (ES12)

Deafness (ES11)

Down syndrome (ES13)

If your child has a rare condition (ES18)

Multi-sensory impairment (ES9)

Speech and language difficulties (ES14)

Visual impairment (ES8)

When your child has no diagnosis (ES16)

Three additional Information for parents booklets, one on Sleep, one on Neurological disorders and one on Behaviour will be available by Spring 2010.

Other Early Support information about services is available separately, or as part of the [Early Support Family pack](#). The Family pack helps families who come into contact with many different professionals to co-ordinate activity and share information about their child through the first few years of life, using a [Family file](#).

These are resources that families say make a difference. If your family is receiving regular support from professionals, please feel free to ask them about the [Early Support family pack](#). It may help and is available free of charge.

[Early Support](#) would like to thank the many families and professionals that have been involved in development of these resources and to thank the [National Deaf Children's Society](#) and all the parents and families who were involved in producing this material for their help in writing and more recently updating this booklet.

The information in this booklet is free-standing. However, some people may use it alongside another [Early Support](#) publication, the [Monitoring protocol for deaf babies and children](#). The Monitoring protocol helps parents and carers track and understand a child's development, celebrate achievement and find out what they can do to encourage their child to learn.



The **National Deaf Children's Society (NDCS)** works to support families of deaf children. The National Deaf Children's Society's vision is of a future without barriers for every deaf child. The NDCS works to achieve this by:

- Offering clear, balanced information and support to families; advocating for deaf children, young people and their families
- Providing opportunities for young deaf people to develop social skills, confidence and independence
- Working with professionals and policy makers to ensure high quality services are available for all
- Campaigning and lobbying on behalf of deaf children, young people and their families

The NDCS services include:

- A freephone helpline offering support and information to families, professionals and young deaf people
- A wide range of publications for both families and professionals
- Information and support on audiology issues, including glue ear
- Training and consultancy for professionals
- Education and technology advice and support
- Family weekends, special events, training and activities for families.

NDCS

15 Dufferin Street
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Email: ndcs@ndcs.org.uk
Web: www.ndcs.org.uk

Copies of this publication can be obtained from:

DCSF Publications
PO Box 5050
Sherwood Park
Annesley
Nottingham NG15 0DJ

Tel: 0845 602 2260
Fax: 0845 603 3360
Textphone: 0845 605 5560

Please quote ref: ES11

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or e-mail: licensing@opsi.gsi.gov.uk

3rd edition

www.dcsf.gov.uk/everychildmatters/earllysupport

We acknowledge with thanks the contribution of the following organisation in the production of this resource.

