Caring for Children with special needs

HEARING IMPAIRMENTS

- Sandy is seven years old. She uses two hearing aids because she has a moderate hearing loss.

- Tiffany is four years old. She is profoundly deaf and her parents have chosen an “auditory-verbal” approach for her language/communication needs.

- Andy is three years old. He has normal hearing, but his parents are deaf. His mother has just started working, and although he is fluent in American Sign Language, this is his first experience with hearing children.

There are many degrees of hearing impairment in children—from a partial hearing loss that occurs in 10-15 percent of newborns, to profound deafness that occurs in about 4,000 infants born each year. For some children, hearing aids provide the help needed. For others, alternate communication strategies are required.

Because there are many different kinds of hearing losses, there are also many different needs. Consider the needs of Sandy, Tiffany, and Andy in the examples above. As you can imagine, there are no standard solutions and strategies in caring for these children, but there are likely to be local resources to help in each situation.

Strategies for inclusion

- Reduce noise in the environment.
  We use hearing to communicate and to hear environmental sounds. Even a mild hearing loss may interfere with clear communication. If a child can’t hear speech clearly and consistently, then she will have more difficulty participating fully in activities with other people.

  For a child with a mild hearing loss, you will want to make sure that background noise levels and loud music do not compete with conversation. Carpets, area rugs, and soft wall coverings help make a child care environment less noisy. Sound-absorbent material, such as cork board or carpet tiles on the walls, will help minimize noise in a room.

  Noisy environments also can be a problem for children who wear hearing aids, especially in understanding conversation. Hearing aids help the child hear better, but they do not restore perfect hearing.

  Remember that mild hearing losses may not interfere with communication. If hearing loss occurs at birth or in early childhood, a child will compensate for it. Some con-
versation may be missed, but with a bit of effort, such as seating the child near you as you read a story, there will be minimal impact. Seating is important in circle time so that a child with a mild hearing impairment can see everyone.

■ Face the child when you speak.

A child with a hearing loss needs to see as well as hear what you say to him. You do not need to exaggerate lip movements but you must speak clearly. Do not position yourself so he faces bright light and make sure visual barriers are minimized so that “line of sight” communication is possible. Furniture and bookcases should be low enough for children to see over them. When you show a child with a hearing impairment how to do something, use more demonstrations and gestures than you might with other children, but don’t overdo it.

■ Use non-verbal cues to communicate.

One way to get the attention of a child with a hearing impairment is to tap or thump on the table (if it’s not too distracting for other children). She will respond to the vibration. You can also touch her on the shoulder or arm to get her attention if she is busy playing. Other visual cues include waving your arms, stamping your foot, or flashing the lights (flip the switch up and down a few times).

Of course, wild arm-waving is not recommended (it’s better to show other children effective, but not theatrical, ways to do this). Depending on the child’s age, the child with a hearing impairment can show other children what method works best. Children in your program can “role play” interactions so they learn how to communicate with each other. Role-playing in a warm and supportive way can do a lot to explain that the child with a hearing impairment may need to be tapped on the shoulder to get her attention, or see people’s faces as they speak. Explain to other children that if she does not respond to a verbal cue, it doesn’t mean she’s ignoring them. Children often can work out communication difficulties by themselves if they are given an opportunity to practice with each other at first.

■ Know what to do in an emergency.

Have a clear and effective signal that will get the child’s attention in an emergency. Make sure he understands this signal and responds to it. Then practice the procedure. The best solution is to add flashing lights to an existing alarm system because a child with severe hearing impairments may not hear a smoke alarm.

It also is important to establish emergency communication procedures for outdoor play areas, which can pose a difficult situation for children with hearing impairments. Children playing noisily out of the immediate reach of an adult may cause a child with a hearing impairment to miss the call to return to the building. A staff person may need to go to the child when outdoor play time is over, or a whenever a dangerous situation arises.

■ Be a good role model.

Other children see how you behave and will copy you. If you develop effective communication strategies, other children will, too. If you ignore the hearing-impaired child, other children also may do the same thing. Watch for signs of isolation, such as the child with a hearing impairment playing alone rather than with a group, or other children deliberately turning their backs on that child. If you see problems, handle it the same way you would any social or interpersonal difficulty.

■ Know how to care for hearing aids.

If a child in your care wears hearing aids, you’ll want his parents to show you how to care for them. An older child may be able to take care of them himself. Children sometimes take out their hearing aids and “misplace” them, so it is a good idea to ask parents how their child deals with hearing aids. Other children in your program need information about hearing aids, too. Invite a local hearing aid vendor or an audiologist to come to your program with hearing aids that children can see, touch, and listen to.

Keep in mind that sand and dirt can cause problems for children who wear hearing aids. If possible, wood chips are a better choice than sand for outside play areas. Another option is to have the child leave his hearing aids indoors before going outside to play. Set up a specific place for him to put the device so that it doesn’t get lost (a common problem for young children).

It is your responsibility to follow whatever communication strategies a child’s parents have decided to follow. There are several schools of thought about teaching language to children with hearing impairments. If sign language is part of the child’s communication strategy, then it is a wonderful opportunity for all children to learn some signs. Regardless of whether the child uses sign or verbal communication strategies, the hours a child spends with you can be incorporated into active
language acquisition. Involve yourself and staff by having the child’s speech therapist suggest ways to make your environment language-rich.

Resources for caregivers

Most communities have people who are deaf. Invite them to your program to show children how they communicate with American Sign Language. Ask them to tell about some of the adaptive equipment that exists for people with hearing impairment. The local telephone company may be able to send a representative to demonstrate amplifying telephones, telecommunication devices for the deaf (TDDs), and flashing signalers. If you have a deaf child in your program, it would be wonderful to hire a staff person who is deaf.

There are many national organizations that provide services for people who are deaf or hearing impaired. If you are looking for a local organization, contact your nearest audiological center or audiologist. They should be able to refer you to local agencies or organizations. Also contact the special education resource person in your school system. Here are several national organizations to get you started, although many others exist.

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
(800) 638-8255

Beginnings for Parents of Hearing Impaired Children, Inc.
3900 Barrett Drive, Suite 100
Raleigh, NC 27609
(800) 541-4327

Self Help for Hard of Hearing People, Inc.
7910 Woodmont Avenue, Suite 1200
Bethesda, MD 20814
(301) 657-2248

Technical references


More information

This publication is part of a series, Caring for Children with Special Needs. You may find other fact sheets in this series with helpful information. For the most current update of these fact sheets, check the National Network for Child Care website at: http://www.nncc.org

- Caring for Children with Special Needs: Feeling Comfortable (overview)-NNCC-98-06
- Caring for Children with Special Needs: Allergies and Asthma-NNCC-98-08
- Caring for Children with Special Needs: Attention Deficit Disorder-NNCC-98-09
- Caring for Children with Special Needs: Challenging Behaviors-NNCC-98-10
- Caring for Children with Special Needs: Chronic Illnesses-NNCC-98-11
- Caring for Children with Special Needs: Developmental Delays-NNCC-98-12
- Caring for Children with Special Needs: HIV or AIDS-NNCC-98-14
- Caring for Children with Special Needs: Physical Differences and Impairments-NNCC-98-15
- Caring for Children with Special Needs: Seizure Disorders-NNCC-98-16
- Caring for Children with Special Needs: Speech and Language Problems-NNCC-98-17
Also see the National Network for Child Care web site: http://www.nncc.org

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Supported by the
Cooperative State Research
Education and Extension Service, U.S. Department of Agriculture and the Cooperative Extension System’s Children
Youth and Family Network

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