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There was a little girl, who was four years-old and used callipers and a walking frame to get around. She chatted 10 to the dozen in a world of her own while being examined and, after her developmental records had been perused, was assessed to move on to a school for children with severe learning and physical disabilities. The doctor's comment at the end of his examination and our assessment was, "I'm glad I worked to save her, she's a pretty little thing!"

Next to be assessed was a fouryear-old boy, who was severely disfigured with open lesions on his back and very little use of his legs. He had a specially adapted small wheelchair, which he manoeuvred around extremely competently. He was well known at his dad's local for his ability to add up any score on the dartboard, and loved to shout out "180!" whenever appropriate. After the examination and team assessment of his developmental records it was decided that a mainstream school with provision for physically disabled children would suit the young man well. As the little boy left the room, the doctor suggested that perhaps he should have

No one said anything. The doctor had made the judgement that a pretty child who had severe learning difficulties, was more worthy of life than a little boy who was bright but severely physically disabled. I so wish I had questioned his ethics, but back then I was just glad that the children were not within earshot.

left him to die rather than work to save

life has he got?"

him when he was born, as "what sort of a

In the 70s I was young, inexperienced and in awe of this eminent physician, who was held in high regard by everyone at the school. The doctor knew very little about the lives of these two children. He saw

them once a year, for 10 minutes, chatted with professionals, and then made comments and decisions about their futures. As their preschool teacher, I was asked about their intellectual development, the physiotherapist about physical skills, but nothing was asked about their social and emotional development. Would the doctor have spoken in the way he had if the parents had been present, knowing their child's strengths and weaknesses and family life?

The experience described above was a steep learning curve. I was shocked and dismayed, but it did make me very aware of the importance of listening, and the need to think about what I said and how I said it. I came to realise that often whether or not I would make a particular comment depended on who I was talking to. Some things would never be said in the company of a colleague, my parents, a child or their parent, a friend or stranger. We choose what we say for the person or group we are with.

Growing understanding

Occasionally a judgement is made because of embarrassment, a misunderstanding or a lack of knowledge. A particular incident happened at a nursery where I worked in the 80s. A three-year-old girl with Down's Syndrome had started after the autumn half-term. All the other children knew each other, and had formed friendship groups. I introduced Lucy to the children and led her to a floor activity, where a couple of girls were playing. We shook maracas and tambourines to the music tape, swaying and dancing and singing along to the tune. Later, I heard the two girls telling a couple of others that Lucy was a baby because she didn't talk properly: "She must be baby

Lucy, let's call her that". I'm glad I was around to hear it, as it is important to nip teasing, name-calling or potential bullving in the bud.

Explanations were needed about Lucy's lack of speech - why it was so, and what we could all do to help. Once I had everyone sitting in the story corner for a chat, I talked about how our tongues work and help us to speak, eat and drink; how they are very flexible and we can wiggle them around; and how some people can touch their noses or chins with their tongues. We all had a bit of fun making faces and sticking our tongues out at each other. I pointed out the membrane under our tongue, which helps us to keep our tongues in our mouths most of the time, but explained that Lucy's was short and so her tongue could pop out of her mouth easily. Some people have a long membrane, which prevents their tongue from moving much at all - they are literally tongue-tied.

After I'd explained that the position of our tongues help us to speak, we played with keeping our tongues behind our top teeth, rolled them up to the roof of our mouths, and then experimented with having our tongues floppy outside our mouths. Each time, we tried to say our names and make ourselves understood. Most of the children soon found out how difficult it was to speak, let alone understand what was being said, and realised that Lucy had a big problem.

I had already spoken to Lucy's parents about my approach, and they agreed that it would be helpful if everyone reminded Lucy to close her mouth, keeping her tongue from protruding to help with her overall language development. During speech therapy sessions, other children in the group practised the sound-making games, and Lucy was accepted as being a three-year-old with problems and not a baby. Providing opportunities for the children to experience a little of what Lucy had to cope with may, I hope, have made them less iudgemental adults.

Putting yourself in Lucy's shoes for only a few steps may help you understand one of her problems. How focused do you have to be to remember to protrude your tongue and speak? Is it easy to talk? Imagine the opposite for Lucy.

Learning to listen

I feel that it is really important for everyone working in early years settings to think about what they are about to say and do before and during conversations. Listen carefully to phrases and passing comments that you, your colleagues and the children in your setting make. Listen out during the next session. If there had been CCTV in place and recordings made of what went on, would you or your colleagues change anything that was said or done?



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