

Understanding sensory impairment

Educational psychologist **Julia Dunlop** outlines the key factors early years practitioners should consider when working with a young child with hearing or sight difficulties...

A sensory impairment is when one of the senses – sight, hearing, smell, touch, taste or spatial awareness – is not working as it should. This article will focus on problems with hearing and vision, and aims to give you the information you need to understand children with these difficulties and begin to intervene effectively.

Hearing impairments

There are two main types of deafness. The first happens when there is a fault in the inner ear – usually in the cochlea. This is called 'sensorineural deafness' and is permanent. The level of hearing loss may be described as mild, moderate, severe or profound and may not be the same in each ear, with only a few children totally deaf. Amplification of residual hearing may be made possible with a hearing aid. The more profound the hearing loss, the greater the likelihood that the child will be given a cochlear implant, which allows electrical signals to be sent directly to the auditory nerve, providing a sensation of hearing.



The second type happens when sounds fail to pass efficiently through the outer and middle ear to the cochlea and auditory nerve. This is most commonly caused by a build-up of fluid in the middle ear, often referred to as 'glue' ear. This is known as 'conductive deafness' and is the most common type of hearing loss. A conductive loss is likely to fluctuate and be temporary. It is often treated by inserting grommets into the eardrum: ventilation tubes which allow fresh air to enter the middle ear to keep it free of fluid.

Supporting assessment

Most children with a significant sensorineural hearing loss will have been identified before they enter an early years setting. Other children, particularly those with a fluctuating conductive loss, may not. Early years practitioners have an important role to play in noticing and recording aspects of a child's development, which might indicate a hearing loss. Look out for the following signs in children:

- Delayed development of speech
- Watching your face and lips carefully when you're speaking.
- Often failing to respond when called by name.
- Pausing after an instruction has been given, then watching other children to see what to do.
- Speaking unusually loudly or quietly.

Developmental impact

A significant hearing loss can have a major impact on other aspects of a child's development – particularly on communication and social interaction skills. The child may use sign language, speech or a combination of the two. Unless steps are taken to help the child feel confident in social situations, they are likely to be withdrawn – remaining on the edge of groups of children or preferring a one-to-one activity with an adult.

How can we help?

Firstly, it is vital to work closely with the child's parents. They will have an enormous amount

of information about the nature of their child's hearing loss and about the best means of communication. Secondly, a child with a significant hearing loss is likely to be having regular input from a specialist teacher or support assistant. It is important to make time to seek their advice.

Practitioners can help the young child with a hearing impairment by:

- providing additional visual clues to support information you give verbally;
- making sure that the child can see your face and lips when you're speaking, and that you gain their attention before speaking;
- checking that the child has understood you, repeating or giving extra clues if necessary;
- considering learning sign language;
- monitoring noise levels – a hearing aid amplifies everything, not just your voice.

Case study

BETH – AGE 4 YEARS

Since 2006, all babies in the UK have been offered a hearing screen within a few days of birth. Initial concerns were raised about Beth's hearing as a result of this screening. Further assessment, when she was still only a few weeks old confirmed a profound, bilateral, sensorineural hearing loss.

At first, a specialist health visitor visited Beth and her family regularly at home to monitor her progress and give advice. After her second birthday this input became the responsibility of a specialist teacher of the deaf, with additional input from a special support assistant (SSA). Beth and her family developed skills in British Sign Language (BSL).

Beth entered nursery at the age of three. The SSA continued to support her and

advice continued from the teacher – both in nursery and at home. Her key worker went on a BSL course and began to sign – not just with Beth, but with all the children.

Soon after Beth's third birthday a cochlear implant was inserted. Nursery staff collaborated closely with the cochlear implant team from the hospital in monitoring any changes in Beth's response to sound. It soon became clear that the implant had made a difference and that Beth was increasingly able to recognise, react to and imitate some sounds.

At the age of four Beth transferred to a specialist unit within a mainstream primary school. Her signing skills had become more sophisticated and she had begun to develop a small vocabulary of spoken words.

For further information, contact: National Deaf Children's Society www.ndcs.org.uk



Case study

DREW – AGE 3 YEARS

Drew had been born without eyes, and initial input to his family was provided by a specialist health visitor. From six months he attended a specialist parent and toddler group run by the QTVI and an SSA. He had weekly home visits from a Portage Home Visitor doing activities recommended by the QTVI.

As Drew approached his third birthday a place was sought in a nursery attached to a local primary school. Prior to Drew starting nursery his key worker was given time to spend with him at home. In this way she became familiar with his needs and he became familiar with her.

With advice from the QTVI, the nursery staff thought carefully about layout and routines before gradually introducing Drew into sessions. Mum stayed with him initially until he got his bearings.

His confidence grew and grew, and he became quite a 'character'. Eighteen months later, following a thoroughly planned transition, Drew moved into the Reception class at the same school. By this time he had a Statement of Special Educational Needs and daily input from an SSA.

**For further information, contact:
Royal National Institute of Blind
People www.rnib.org.uk**

Vision impairments

The term 'visually impaired' is used to describe a child who has sight problems severe enough to interfere with their learning. The majority of children with a visual impairment still have some vision – only five per cent are totally blind. Most blind or partially sighted children have their sight problem from birth, though a small number lose their sight later in life following illness or an accident.

Supporting assessment

Most children with a marked visual impairment will arrive in nursery with their condition already diagnosed. Early years practitioners' observations can still contribute to the ongoing assessment of the child's functional use of vision, linking with the Qualified Teacher of Visually Impaired children (QTVI).

Practitioners can look out for signs of impaired vision in children by noticing the child who:

- displays undue sensitivity to light; closes or covers one eye when attempting visual tasks;
- often trips or bumps into things;
- holds books unusually close to their face;
- tilts their head to an unusual angle when trying to focus.

Developmental impact

Since 80 per cent of communication is non-verbal, the young child with impaired vision is at a huge disadvantage when developing interpersonal skills. Unable to discern the facial expressions of others, they cannot 'read' reactions to things they say and find verbal turn-taking very difficult. These children cannot learn by watching, only by doing.

Restricted vision also leads to restricted mobility. In a typically developing child, vision is a huge motivator: seeing a desired toy just out of reach prompts the child to stretch for it or crawl towards it; the visually impaired child doesn't know the toy exists.

The development of play – leading to concepts such as conservation, classification and one-to-one correspondence – is also

negatively affected by visual impairment. When a child cannot observe others at play, it limits their own skills.

Finally, independence and self-help skills are significantly delayed in a child with sight problems.

How can we help?

Close links with parents and specialist professionals is vital. Additionally, practitioners can help the young child with a visual impairment by:

- making wall displays colourful, clear and uncluttered;
- offering toys with good colour contrast and books with simple illustrations;
- offering activities which draw upon all the senses;
- saying the child's name before giving instructions;
- giving individual demonstrations of tasks; warning of changes in routine;
- giving the child longer to explore new toys and activities;
- considering providing a secure, familiar place to play;
- if a toy rolls out of reach, leading the child towards it to encourage independent exploration;
- describing the things you or others do, to the child;
- helping the child connect with others and to link present with past experiences;
- encouraging other children to approach the child;
- taking care not to overprotect the child, becoming a barrier between them and others.

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Julia Dunlop was, for 12 years, a senior educational psychologist and early years specialist. As a teacher, she also had several years' experience working with pre-school children with disabilities in a Child Development Centre multi-disciplinary team.