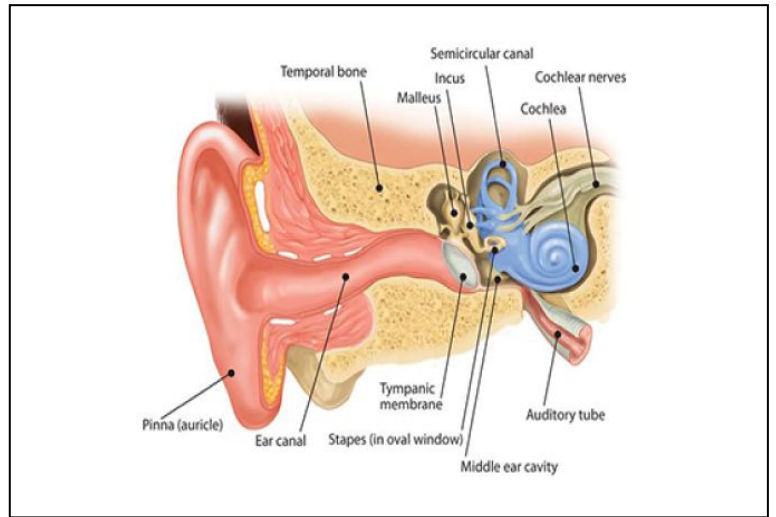


# SEND Bulletin No. 3



## Hearing impairment

There are two types of hearing impairment or loss - conductive and sensori-neural. Some individuals suffer from both conditions at the same time.

Conductive hearing loss is commonly known as glue ear (see last bulletin) and is very common in young children after colds and/or earache. Most children outgrow this problem by the time they are seven years old.

Sensori-neural hearing loss is much less common than the conductive type. It's caused by damage to the hearing mechanism itself – usually in the cochlea or along the nerve to the brain. Sensori-neural losses are found in four or five children per 1,000 with one or two of these cases being described as profound. This type of loss is permanent. It can range from mild to profound in degree and is unlikely to be corrected surgically, except in extreme cases by cochlea implants. Early diagnosis of this type of loss is crucial in order to cut down the long-term effects on the child's language and speech development.

Most pupils with hearing impairment in mainstream education have a moderate to severe hearing loss. Some will have been equipped with a hearing aid and possibly with a box for the teacher to wear to conduct the sound more clearly. Some mainstream schools have a hearing-impaired unit.

## Key characteristics

Children with a hearing impairment may:

- rely on visual cues and lip-reading
- have some speech and language difficulties
- need ongoing support from a speech and language therapist
- need ongoing support from the local hearing-impaired service
- need to wear a hearing aid
- have difficulties with hearing when there is background noise in the classroom
- misunderstand instructions and appear to copy others
- need to use some sign language
- have difficulty following audio or visual programmes.

## Support strategies

In a mainstream school you may need to:

- seek the guidance and support of the hearing-impaired service
- seek the guidance and support of the speech and language therapist
- ensure the pupil is seated where she can see the teacher clearly
- keep background noise to a minimum
- be familiar with the type of hearing aid the child is wearing
- speak clearly, but with no exaggeration of lip patterns
- simplify your statements and, if necessary, rephrase a sentence if it is obvious that the child has not understood
- use facial expressions to convey clues to what you are saying
- learn some basic sign language
- use subtitles when watching television programmes
- modify tasks to suit the learner's language level
- teach other children ways to communicate with the hearing-impaired child.

## Support agencies

- British Association of Teachers of the Deaf: [www.batod.org.uk](http://www.batod.org.uk)
- British Deaf Association: [www.bda.org.uk](http://www.bda.org.uk)
- Deaf Action (Scotland): [www.deafaction.org](http://www.deafaction.org)
- Deaf Education through Listening and Talking: [www.deafeducation.org.uk](http://www.deafeducation.org.uk)
- National Deaf Children's Society: [www.ndcs.org.uk](http://www.ndcs.org.uk)
- RNID (Royal National Institute for Deaf People): [www.rnid.org.uk](http://www.rnid.org.uk)

If you would like a particular theme covered, have any interesting information or resources which you would like to share with your colleagues via this fortnightly bulletin, please e-mail me and I will share accordingly.

[ari@st-peters.bournemouth.sch.uk](mailto:ari@st-peters.bournemouth.sch.uk)

Many thanks  
Anne