

# HICEN PROJECT

## Module 9

### *Effective Inclusion*

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# Chapter 1

## Introduction

### 1.1 Module Aim

The aim of this module is to support inclusive practice in early settings<sup>1</sup> for young children with hearing impairment<sup>2</sup>.

### 1.2 Method

The aim will be achieved by enabling readers to explore the principles of inclusion and ensure it is put into practice for children with hearing impairment in early years settings. Practical suggestions will be explored which facilitate effective inclusive practice.

This Module also provides an easy to use audit tool against which readers will be able to evaluate the extent to which their settings' practice is inclusive. The audit tool will enable areas for development to be identified which will facilitate practical and low cost improvements furthering inclusive practice. Guidance is given as to how the areas identified for development can be formulated into an Action Plan to make a sustainable and positive difference to inclusive provision for children with hearing impairment which will lay the foundations for long term and successful access to mainstream school and society as a whole.

### 1.3 References

References are provided throughout this Module which will 'sign post' readers to sources of information by way of texts and web links. Links are also made to other

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<sup>1</sup> *Early Years* settings means: nurseries, kindergartens and other provision for children aged 0-6.

<sup>2</sup> *Hearing impairment* is a generic term relating to all levels of hearing loss.

modules in the Guide which underpin inclusive practice for children with hearing impairment.

## Chapter 2

### What is Inclusive Practice?

#### Learning Goals

- To understand the concept of *inclusion*.
- To explore some of the key issues in relation to inclusive practice for children with hearing impairment.
- To understand the difference between ‘inclusion’ and ‘integration’.
- To develop a working understanding of the term *inclusion* which will be the basis for the development of high quality working practices with children with hearing impairment.

### 2.1 The Concept of Inclusion

The provision of capacity and freedom to be included into society is a fundamental human right. It is the basis upon which a fair, just and democratic society functions. Inclusive societies should enable everyone to have the choice to access all aspects of mainstream life. The foundations of inclusive societies and development of the individual’s capacity to benefit from these are laid down in the early years. In this respect early years practitioners<sup>3</sup> have a considerable responsibility and it is important that they have the understanding and skills to set children in their care onto the path of an inclusive life.

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<sup>3</sup> The term early years practitioner means: all staff who work in early years settings eg teachers, assistants, nursery nurses, ‘nannies’ and volunteers.

## 2.2 What does inclusion really mean?

Inclusion is often spoken about though infrequently defined accurately. A working definition is suggested as follows:

*The delivery of systems and processes which enable every individual to participate fully in society according to their choices, beliefs and wishes.*

The definition means not only making crucial aspects of life such as education and work accessible to all but also changing the paradigms of society, in particular health, education and social care systems to facilitate this. The latter is a difficult process (although considerable progress is being made in many parts of Europe) because it entails changing long held (and often inappropriate) perceptions and systems. In other words it means moving out of ‘comfort zones’ to make inclusion, in its true sense, ‘happen’.

2.2.1 Provision for children with disabilities in the early years and indeed throughout the whole education system has been based, until recent years, on the (intuitive but illogical) notion that it is necessary to do something ‘different’ in order to overcome a perceived ‘deficit’. This is particularly the case in relation to hearing impairment. The notion of having to do something ‘different’ to meet needs, whilst well meaning, can erect barriers to inclusion often resulting in children with disabilities having no or very restricted access to mainstream activities and the wide range of life choices these offer. Good practice in early years settings should therefore avoid the perception of disability in terms of ‘deficit models’ which by their very nature militate against the principles of inclusion. Inclusive practice means emphasising the child as a whole rather than his/her disability. By the same token, however, children with disabilities should be supported by staff with appropriate skills and knowledge about the practical aspects of managing the disability which are necessary to facilitate inclusion.

## 2.3 Key features of an inclusive pre-school setting

An inclusive pre-school setting should have the following in place:

- A clear policy statement on inclusion made available to parents and staff.
- Processes which ensure **all** children take part in the main activities of the setting.
- Ongoing consultation with parents so their views are taken into account in how the setting is run.
- Systems to cater for the special needs of individual children without stigmatisation.
- Ongoing staff training on inclusive practice.
- The appropriate differentiation<sup>4</sup> of materials to meet individual special needs.
- Processes to ensure all children *actively participate* – just being present for activities is not adequate. **Inclusion requires participation and interaction.**

## 2.4 The perceived impact of hearing impairment on inclusive practice

The principles underlying inclusive practice are, of course, the same for children with hearing impairment as for their hearing peers. However, barriers to inclusion are often erected because of the *perception of hearing impairment on the part of early years settings and parents*.

2.4.1 *Hearing impairment* is a ‘catch all’ phrase for a very wide range of hearing losses. The term hearing impairment or ‘deaf’ should **not** be interpreted as meaning no hearing or living in a world of silence. Given today’s hearing aid technology and CIs nothing could be further from the truth. Well ‘aided’ hearing can provide sufficient auditory information to the brain for normal patterns of language and interaction to

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<sup>4</sup> Differentiation means that ways are found to ensure, for example, the child/ren with hearing impairment access the same early years ‘curriculum’ as their peers. This usually involves engaging in 1:1 work to support language development.



develop. (See Module 8 for further details). It is essential, therefore, that practitioners in early years settings *avoid stereotyping* children with hearing impairment and *homogenising* the nature of hearing impairment itself. This means, in practice, dealing with each individual child with hearing impairment according to their specific needs. It is essential, of course, to know what the specific needs are. These will include understanding the nature of the child's hearing loss and his/her 'aided' levels (i.e. what the child hears through hearing aids or CI) (see Module 8), understanding the linguistic and cognitive level at which the child is functioning (see Module 4), understanding the child's home circumstances and working with 'outside' professionals such as Teachers of the Deaf, speech therapists, CI habilitationists to deliver a comprehensive support package. The stereotyping of a child with hearing impairment on the basis of little or ill informed information can lead to the failure of inclusive practice and long term adverse life outcomes.

## 2.5 Integration v Inclusion

Until the 1970s the majority of children and young people with significant hearing impairment throughout Europe were educated from the early years stage onwards in specialist environments – mainly special schools which often had 'nurseries' where children entered residentially at a very early age. Towards the end of the 1970s a trend for *integration* developed (at least in some European countries and particularly in the United Kingdom) whereby children with significant hearing impairment were 'integrated into' partially or fully mainstream environments in both the early years stage and during the school years. This acted as a catalyst for change and over the last 30 years has become common practice and the received wisdom as to best practice. Integration gradually developed into the more radical concept of *inclusion*. It is important to understand the difference as many supposedly inclusive programmes are, in fact, integrative ones!

- 2.5.1 Integration essentially meant the child had to fit the system which was already in existence whereas inclusion means the system has to fit the child's needs. Inclusion, being philosophically based upon issues of rights, entitlement, individual freedom, choice and access has far more profound implications than integration. However, inclusion is often dressed in the clothes of integration. It is very easy to claim that provision is inclusive when, in fact, it is integrative. As stated above the difference is fundamental and distinguishing between the two will help the reader's understanding of what is really meant by inclusive practice.
- 2.5.2 Integration often meant, and still means to many early years providers, simply the attendance of the child with hearing impairment in the setting. Little understanding of individual need may occur. Homogenisation of the nature of hearing impairment may be present resulting in limited understanding on the part of practitioners as to what good outcomes look like. With integration there may be an absence of fundamental changes to practice and thinking which mitigate against full participation in setting activities. Inclusion, on the other hand, focuses on individual need by promoting full participation in the activities of the setting's activities through appropriate planning, differentiation and staff training. Appropriate staff training combats stereotyping and homogenisation and should provide a clear understanding as to how, on a practical day to day basis, appropriate support to the child can be expedited - for example, how to optimise upon the use of hearing aids, CIs and other technologies. In relation to hearing impairment the advent of early diagnosis and the huge technological advances in hearing aid manufacture and fitting as well as cochlear implantation have significantly boosted the possibilities of inclusion and provided higher level outcomes in children by way of language development, 'curriculum' access and long term life choices.

## **2.6 The European perspective on inclusion for children**

The Salamanca Statement (UNESCO, 1994) whilst emphasising the fundamental rights and uniqueness of each child made it clear that education systems (for all ages) should be designed to meet individual need in an inclusive context. This was a radical leap forward in the spread of the concept of inclusion worldwide. This approach was further reinforced at a European level through the EU's Lisbon Agreement (2000) which states that a core activity of the Union is the 'combating of exclusion'. Inclusive practice in individual nursery settings is the foundation to this.

## **2.7 The Ultimate Outcome of Inclusion**

Thomas (1997) has summed up inclusion extremely well as follows: 'The notion of inclusion ..... does not set parameters ..... Rather, it is about a philosophy of acceptance and about providing a framework within which all children ..... can be valued equally, treated with respect and provided with equal opportunities .....'. In other words it is about an agenda of rights. It is not about making concessions which was and is the reality of many integrative programmes. The rights issue, in essence, should motivate the work of practitioners in early years settings when providing for children with hearing impairment. The ultimate outcome of inclusive practice in the early years, and indeed throughout the entire education system, should be to help children become self directing adults who decide for themselves what kind of life they wish to lead. Inappropriate perceptions of hearing impairment and lack of basic understanding of its management is one of the greatest barriers to this outcome.

## Chapter 3

### What does early years inclusive practice look like?

#### Learning Goals

- To appreciate the specific factors which make inclusion effective for children with hearing impairment.
- To understand the role of the Individual Support Assistant.
- To appreciate the need for short and effective individual ‘conversation’ sessions.

### 3.1 Fundamentals

The fundamental principles and practices of inclusion which need to be in place in an early years setting are:

- Acknowledgement of the fact that we are all different.
- Proactively working against stereotyping and homogenisation of hearing impairment.
- Ensuring that individual support programmes are personalised ie designed to meet the needs of the individual child in the context of the overall activities and aims of the early years setting.
- High quality experiences for children in relation to how they are helped to learn, achieve and participate in the learning and life of the setting.
- Valuing all children equally.
- Appropriately differentiating learning strategies to maintain age appropriate ‘curriculum’ access.
- Ensuring that the setting adapts to meet child need on an ongoing basis.

## 3.2 Revolutionised Practice

Over the last 30 years a huge amount of knowledge, expertise and technology has developed which has revolutionised practice and can be readily applied in early years settings given the understanding of basic management techniques outlined throughout this Guide. These developments can bring about superb outcomes resulting in individuals with hearing impairment having a real choice of life style, occupation and high levels of inclusion into mainstream society. It is very important to be aware of these developments and not view hearing impairment as an insurmountable barrier to high level outcomes. How practitioners perceive hearing impairment is critical. It is vital that early years setting managers pay attention to this and develop in their practitioners a clear understanding of the nature of hearing impairment in all its variety and how the apparent barriers can be overcome through the application of knowledge and technology. In essence preconceived and often wildly inaccurate perceptions of what hearing impairment means for a child can become the greatest barrier to inclusion.

## 3.3 Day to day practices which need to be in place to foster inclusion

Inclusive practice for children with hearing impairment should comprise the following key elements:

### 3.3.1 Awareness of individual hearing needs of the child i.e how the child hears when wearing hearing aids/CIs.

It is important to understand that there are wide differences from one child to another with hearing impairment with regard to their hearing needs. This is why it is important **not** to stereotype the experience of hearing impairment for any particular child. The advent of digital hearing aids and early cochlear implantation throughout most regions of Europe have revolutionised the extent to which near normal hearing

levels can be achieved given appropriate management and support. This is why it is important **not** to view a child with hearing impairment as being unable to hear or living in a silent world. The vast majority certainly do not live in a 'silent' world. The achievement of good 'aided' hearing levels which is readily possible for most children with hearing impairment, means that they have the potential to access the curriculum through age appropriate language. Inclusive practice should therefore optimise on the use of hearing at all times. A very useful source of information on hearing loss, how hearing aids/CIs work to provide good 'aided' hearing can be found in 'E-Caps'. This is a CD available from Oticon Inc contactable via the internet at <http://hcl.oticondelta.com>

**3.3.2 A basic understanding of the process of language development** and how this can be fostered.

The process of language development is explored in Module 4. The purpose of language is, of course, to enable communication, the sharing of meaning and cognitive development. It is one of the most fundamental human characteristics and every child has the right to be empowered with good language and communication skills. Facilitating good language development means all staff and other children within the setting interacting with the child with hearing impairment in a normal way. Establishing limited or restricted communication with the child will only serve to further delay the language development process. The child's level of language functioning will be influenced by the type of support and 'aiding' received prior to entry to the setting. Children diagnosed with hearing impairment neonatally, even who have a severe or profound level of hearing loss and who have been appropriately aided and/or fitted with CIs, may well enter the setting with near normal language levels. Others may not due to later diagnosis and/or late hearing aid or CI fitting. Such children may well have varying levels of language delay. In all cases the setting has a key role in working with 'outside' professionals and families in fostering language development.

### 3.3.3 An understanding of the need to **maintain normal patterns of interaction.**

This is vital. Altering patterns of interaction e.g. slowing speech down or using very restricted vocabulary (relative to the child's age) or using 'telegraphic' language will only result in delayed or further delayed language development. Inclusive practice means the avoidance of stereotyping with regard to the nature of hearing impairment which can result in the development of abnormal patterns of interaction. All staff in the setting should be encouraged to interact with the child with hearing impairment in a normal relaxed way. Certainly the child should not be pressured to 'learn' language (see Module 4 for more detail in relation to this). The child should be encouraged to participate socially with other children and **share meaning**. This is very important and readily achievable as young children are generally not 'hidebound' by stereotype views of disability and are therefore inclined to communicate and interact spontaneously. In terms of interaction it is important to ensure that the meaning of the interaction is conveyed and that the child's utterances are accepted as conveying meaning and **not** continuously corrected.

### 3.3.4 **Planning** which ensures the child has appropriate support to access the 'curriculum' being delivered.

It is vital not to deliver 'different' activities throughout the day for the child with hearing impairment or restrict participation in the mainstream activities of the setting. This means facilitating access to normal play, story, drama and other activities. An important form of provision to facilitate access to the early years curriculum is the provision of some additional individual support to work with the child and talk through nursery activities and stories – preferably before these are given to the group as a whole – so that the child with hearing impairment is able to 'key in' more quickly to group activities.

### 3.3.5 **A thorough and appropriate use of hearing aids** and related technology.

This is investigated in detail in Module 8. It is a point which cannot be overemphasised as it can mean the difference between success and failure in terms of inclusive practice.

### 3.3.6 **Detailed liaison with families.**

This is extremely important. An early years settings which is open and welcoming to families is, of course, key to an inclusive approach. It is well worth spending a short time each day with parents to discuss the progress of the child and activities he/she has been engaged in. This can help greatly to allay parental fears and anxieties – so important in fostering an inclusive approach. A practical and very useful mechanism for supporting families is to set up a **‘home/setting’ notebook**. In this photographs or simple drawings of setting activities can be included which will provide many useful talking points for the child at home. Also families should be encouraged to do the same in relation to home activities and write a few sentences/include a few pictures about these for nursery staff so they have a clear understanding of the child’s home based activities and can talk with him/her about these at the setting.

### 3.3.7 **Detailed liaison with ‘outside’ professionals.**

Teachers of the Deaf/habilitationists who support the child will be able to provide much information and guidance with regard to how to use hearing technology. It is important to establish with ‘external’ professionals a regular programme of support. This is particularly important in terms of general advice, advice regarding the use of hearing aids/CIs and the monitoring of development. Such outside professional support should provide the setting with detailed reports on progress and guidance. It may be the case that such external support is also provided in the home and ‘external’ professionals can fulfil a valuable link between the home and settings. However, in



some regions external support may be limited or non-existent. In such cases settings are very much ‘on their own’ and must rely upon information and advice available in this Guide and the links it provides. Where external support is very limited it would be advisable to contact or better still visit the child’s audiology clinic for advice as to hearing aid/CI settings and health and safety advice in relation to them.

### 3.3.8 **The provision of a quiet environment for individual work/conversation** in order to optimise on the use of hearing aids/CIs.

External professionals should be able to advise on this – particularly with regard to the provision of a ‘quiet’ area for individual work<sup>5</sup>.

### 3.3.9 **The writing of an Individual Support Plan for the child with hearing impairment**

If constructed appropriately this can be a very useful tool for focusing attention upon the child’s specific needs. The plan should be reviewed with key setting staff, parents and ‘external professionals’ on at least a 6-monthly basis. The plan should contain information relating to the child’s hearing impairment and their needs in general as well as objectives to be achieved over the next six months through the setting, family and external professionals working in partnership. When the plan is reviewed data and objectives must be updated. The development of Individual Support Plans is a useful tool for ensuring that all involved in supporting the child, including the family, are fully involved in delivery and ensuring optimum progress and achievement. A suggested family support plan template is given at the end of this chapter in Section 3.6.

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<sup>5</sup> Ideally this quiet area should have a reverberation time of less than 0.4 seconds and an ambient background noise level of less than 40 dB(A). External professionals should be able to provide advice as to how this can be achieved. See also Module 2 for guidance on this, especially where external support is not available.

### **3.4 The role of the Individual Support Assistant**

In some settings funding may be available to provide an individual Individual Support Assistant for the child with hearing impairment. This can be a hugely valuable asset in terms of supporting the child's understanding and facilitating inclusion. This member of staff should:

- Deliver individual conversation sessions of approximately 20 minutes once or twice per day.
- Be the lead person on ensuring that hearing aids/CIs and other audiological equipment is functioning and used properly in accord with guidance given by external professionals.
- Facilitate the child's access to group and social activities – whilst at the same time avoiding an over-intrusive approach. It is important to facilitate independence and a careful balance has to be struck between promoting understanding and language development on the one hand and independence and normal social development on the other.
- Be the main contact point for families.
- Foster the use of a 'home/setting' book.
- Be the key point of liaison with external professionals/agencies.

### **3.5 Individual support sessions**

It is difficult to describe the nature of these. They may involve taking the child to a quiet area and, for example, talking through or acting out with them the main story theme of the day/week. This will help to ensure the child has an understanding of the basic language relating to the story and its meaning. It is important in individual sessions to set up an effective age-appropriate conversation. *Conversation* is the key word and it is important to avoid interrogating the child with questions or providing them with a limited and highly structured form of language which is not effective at

conveying meaning. A good guide for this is to be natural and interactive as one would be with a mainstream child in the setting without hearing impairment. Individual sessions can also involve talking about pictures or notes made by families in the home/setting book. This is particularly valuable as it encourages the child to recall activities (relative to the child's age) and describe them to someone who has not directly experienced them themselves. This is an important but challenging aspect of language development and the sharing of meaning.

### **3.6 Individual Support Plan template**

Section 3.3.9 refers to an Individual Support Plan and its benefits. A suggested template for this is given below.

## INDIVIDUAL SUPPORT PLAN

Details of Child	
Name:	
Date of birth:	
Hearing level unaided:	
Hearing level with aids/CI:	
Other equipment used by the child:	
Details of other disabilities (if applicable):	
Factors relating to the child and his/her family:	

## INDIVIDUAL SUPPORT PLAN OBJECTIVES

This Plan is for: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Agreed objectives and next steps for the child, setting and family</b>	<b>Actions</b>	<b>Who will do what and by when?</b>

Parents / Educational Agencies / Support Assistant

## Chapter 4

### Vignette of inclusive early years provision

#### Learning Goals

- To examine an example of inclusive practice in an early years setting.
- To identify the key factors which makes this an effective and inclusive early years placements for a child with hearing impairment.

#### 4.1 Example

The following box contains a real life vignette exploring the key aspects of effective inclusive provision for a child in an early years setting. It is a ‘real life’ situation although anonymised for reasons of confidentiality.

##### Sunshine Nursery

Sunshine Nursery is an independent early years setting in an urban area. It is a large nursery making provision for 80 children aged 2 ½ to 5.

The setting is attended by Emily who has a profound hearing loss. Emily was diagnosed with hearing impairment at 6 weeks of age when she was fitted with two powerful digital hearing aids. At the age of 18 months she was fitted with a CI.

Emily and her family have been visited by a pre-school Teacher of the Deaf at home on a weekly basis since diagnosis. At the age of 2 years 9 months Emily commenced attending Sunshine Nursery five mornings a week where she is visited weekly by her Teacher of the Deaf and occasionally by habilitation staff from her local Cochlear Implant Centre.

Prior to Emily's entry Sunshine Nursery had no experience of a child with a significant hearing impairment through they have, over the years, supported children with other disabilities.

Emily has good aided levels through her CI which enable her to hear the normal range of speech sounds. She is also beginning to use an FM system. In the nursery environment Emily, as would be expected, has difficulty hearing at a distance or in a noisy environment. She is now 4 although her language structures and development are more like those of a 2 years 9 months to 3 year old child. However, she is making good language progress and is a very keen communicator.

Prior to entering Sunshine Nursery Emily's Pre-school Teacher of the Deaf provided training to the nursery staff on her needs. This training involved 'hands on' experience in checking the CI and FM system, training on how to facilitate inclusion for Emily, and training sessions using video examples of how to promote understanding and spontaneous language development.

In liaison with the Teacher of the Deaf and family an Individual Support Plan is in place for Emily which is reviewed every six months. The nursery identified one of the staff to be Emily's Individual Support Assistant who is responsible for liaising with parents, checking the function and use of the CI and FM system, and providing two short but focused 1:1 sessions with Emily each day. In addition the Individual Support Assistant's role was to keep a discreet eye on Emily to foster her engagement with all the nursery activities and other children.

Although Emily was initially reluctant to engage with other children, as her language has developed this has improved considerably. She wears her CI consistently and during group, story and 1:1 sessions the FM system is also used. The nursery have designated a small room for 'quiet' work with Emily in which they have installed carpeting and soft furnishings to provide a good 'acoustic' environment with low reverberation levels. For focused 1:1

conversations this is an ideal environment. All nursery staff work together to encourage Emily to participate fully.

Emily's Individual Support Assistant completes a home/setting notebook each day putting in simple drawings or a photograph of activities along with any notes or information for Emily's parents. Emily's family do the same at home and this has built a valuable resource for Emily to talk about both her nursery and home life. Each day when Emily is collected from nursery by her parent the Individual Support Assistant has a quick word to clarify on any particular points with regard to CI usage/breakdowns in order to keep the family fully informed. Emily's parents are feeling increasingly confident that she is included into the nursery and that this will be an excellent prelude to inclusion into a mainstream school where eventually they wish her to attend.

## **4.2 Activity**

Note your responses to the following two questions:

- What are the key factors from the above vignette which result in the delivery of inclusive and effective practice?
- Could your setting do the same, even if external support was very limited?



## Chapter 5

### Early years setting – inclusion mind map

#### Learning Goals

- To use a mind map to develop a construct of inclusive practice

#### 5.1 Mind Map

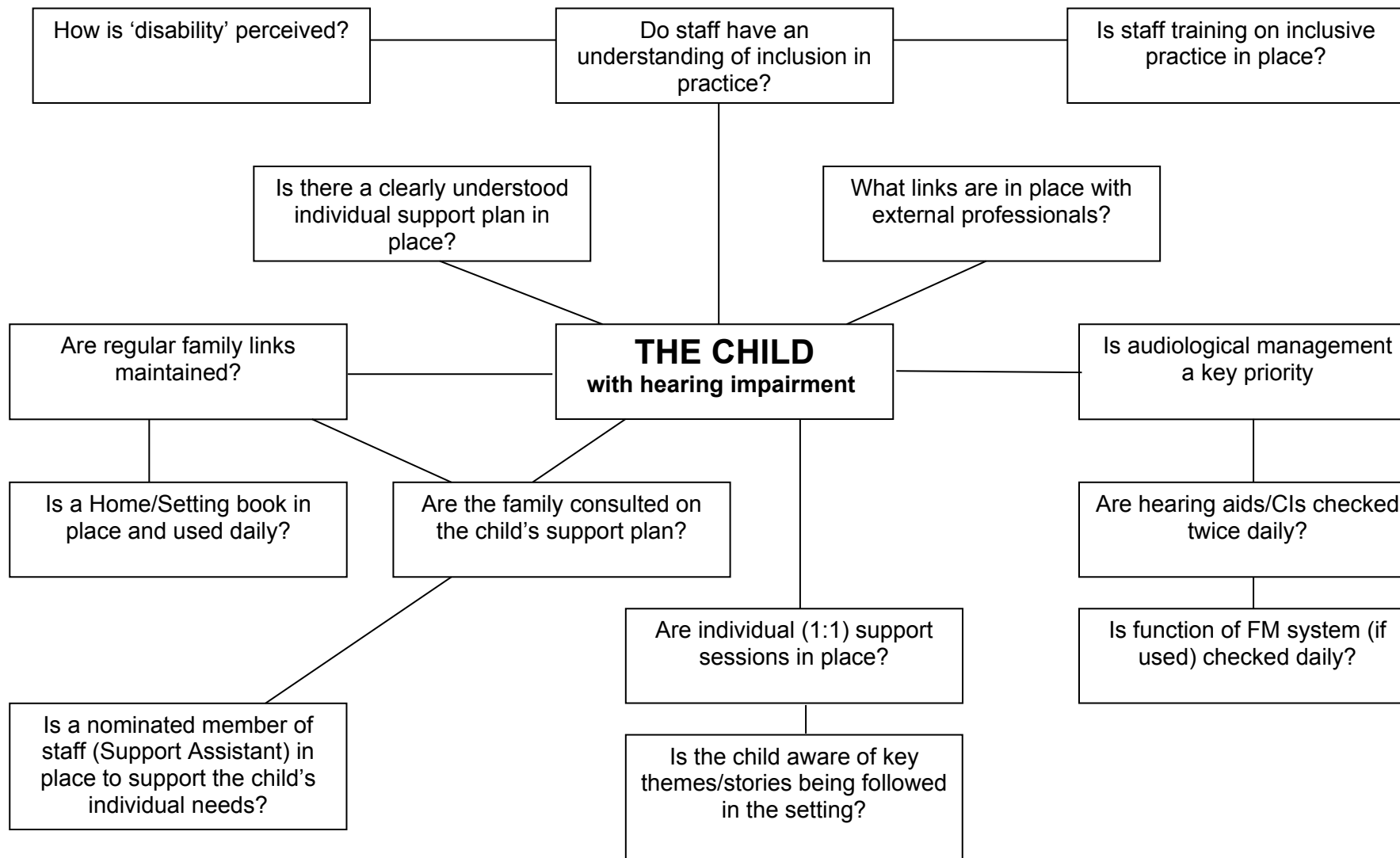
The following mind map is intended as an *aide memoire* for readers as to the key principles and practices which will result in effective inclusive early years provision for a child with hearing impairment. The mind map encompasses the concepts and practical issues discussed throughout this Module.

#### 5.2 Activity

A useful exercise at this point would be for readers to look at the mind map comparing it with practice and provision in their own setting. Can readers answer ‘yes’ to each box?

Identifying the key elements which are not in place will be a useful prelude for carrying out the audit in Chapter 6.

## INCLUSION MIND MAP



## **Chapter 6**

### **Audit Tool**

#### **Learning Goals**

- To appreciate the value of ‘auditing’ practice to determine its inclusivity.
- To explore the use of a ‘quick’ audit tool.
- To explore a format for an Action Plan to identify improvements in practice.

#### **6.1 The Tool**

This chapter contains a simple audit tool which can be used quickly to determine the inclusivity of a setting in relation to provision for the child/children with hearing impairment. It will form the basis of an action plan (explained in 6.3) to enhance inclusive provision. It is suggested that the audit tool be carried out as an exercise by all workers at the setting in a staff meeting in order to ensure the exercise itself is inclusive!

The audit tool is laid out in a simple questionnaire format which will enable areas for development to be readily identified.

## 6.2 Audit Tool – How inclusive is your early years setting?

Place a tick in either column 2, 3 or 4, whichever is most applicable. The questions assume a child/ren with hearing impairment is placed in the setting.

Inclusion criteria	In place	Partially in place	Not in place
1. Does the setting have a policy statement in relation to inclusive practice?			
2. Have staff of the setting undertaken training on inclusive practice – particularly in relation to provision for children with hearing impairment?			
3. Have all setting staff received basic training in relation to the needs of a child/children with hearing impairment?			
4. Has a member of staff been nominated/appointed as the support worker for the child/children with hearing impairment and liaison point with families?			
5. If a member of staff has been nominated/appointed to support the child/children with hearing impairment – has this person received detailed training in relation to the management of a child with hearing impairment?			
6. Do staff/the nominated member of staff (if appointed) know how to check the function of hearing aids/CIs and FM systems confidently?			
7. Do setting staff know what the hearing aid settings are?			

8. Are the hearing aids/CI checked at least twice daily in the setting?			
9. Is the function of the FM system, if used, checked daily in the setting?			
10. Has external guidance been given on the use of hearing aids/CIs and FM systems if used?			
11. Does the child have a support plan agreed with external support agencies (e.g. a Teacher of the Deaf) and parents?			
12. Is the child's progress and support plan formally reviewed on a 6-monthly basis?			
13. Is a home/setting book in place and used daily?			
14. Are regular (e.g. weekly) meetings held with parents to discuss progress in person?			
15. Are both (if applicable) parents encouraged to meet with staff at the nursery?			
16. Are details of the child's language level and cognitive development known?			
17. Is the child facilitated to interact normally with his/her peers?			
18. Does the child actively participate in all setting activities?			

19. Does the child have regular 1:1 conversation sessions to supplement the themes delivered by the setting?			
20. Have any adaptations been made to the setting environment to improve listening conditions, for example is there a carpeted 'quiet' area or room?			

### 6.3 Drawing up an Action Plan

First of all it will be important to scan down the second to fourth columns of the Audit Tool in Section 6.2 to identify, overall, the pattern of ticks. If 18 or more ticks are in the first column this is an indicator that provision is reasonably child needs led and inclusive; however if over 18 of the ticks are in the second or third columns then considerable concerns must be raised as to the inclusivity of the provision. It must be remembered when looking at the placing of ticks overall that questions 4, 5, 6, 7, 8, 9, 10, 15 and 19 are crucially important and if it is not possible to tick 'in place' against these the gain from factors in other questions in the audit ticked 'in place' will be significantly diminished.

### 6.4 Action Plan

Following the audit it will be vital to draw up an *Action Plan* to aid in developing inclusive practice. Clearly this will have to be based upon the identification of points from the audit which are not in place or only partially in place. In addition the action plan needs to be supplemented by any specific actions identified for an individual child through consultation with parents and external support (e.g. Teachers of the Deaf). The action plan can be drawn up in the following way:

Action	How will the action take place?	Who will be responsible for taking the action?	Target date by which the action will be in place.

The above headings of the Action Plan will enable actions to be identified and give a clear indication as to how they will be actioned and by what date. It is important to set clear target dates and to achieve these as rapidly as possible. It will be important to share the Action Plan with the child's family as this will give them confidence that the setting is being proactive in supporting their child. In addition the Action Plan should be shared with external support colleagues who may have specific additional recommendations to add to the action plan to meet a specific requirement, for example in relation to health and safety.

## Chapter 7

### Early Support

#### 7.1 Sources

References have been provided through out this Module which will direct readers to key texts/sites which will help in their thinking around issues of inclusion and how to develop inclusive practice in general. This chapter identifies a key source of information which will greatly aid in developing inclusive and high quality practice for children with hearing impairment (and indeed other disabilities) in the early years stage. Whilst dealing with pan-disability issues it has a powerful focus on hearing impairment and is being used extensively as a key mechanism for the development of high quality inclusive practice in several countries. It is called *Early Support*.

#### 7.2 *Early Support*

*Early Support* was developed by the English government from 2003 onwards. It is ‘*the central government mechanism for achieving better co-ordinated, family focused services for young children with disabilities and their families*’. *Early Support* has produced a vast array of resources (some of which are available in a range of languages other than English) which are freely available via the internet. The main portal site into *Early Support* is <http://www.earlysupport.org.uk>

*Early Support* provides materials that can be used in many different circumstances. It is relevant to many agencies including mainstream early years settings. Materials can be downloaded and have been produced following considerable consultation and resourcing. The *Early Support* site has a very clear guide to the materials available on it. It contains support materials focused on families but also for early years settings. The focus of the materials is on supporting partnership working with families and between agencies.



Particular aspects of the site which readers are advised to explore in terms of inclusive practice are:

- The **Monitoring Protocol** for deaf babies and children, 0-3 years.
- **Information booklets** for families, which will be of equal value to settings, on hearing impairment (and other disabilities).
- A detailed **Service Audit Tool**. This or parts of it will help settings review in detail the quality of their family links and support.

7.3 It is recommended that readers consult the Early Support site and materials as they will enable greater detail to be developed in terms of inclusive practice once the key principles provided in this Module have been implemented. The Early Support site provides a clear pathway for the use of materials and how these can be implemented, to achieve good quality outcomes.

## References

The following references will help to develop your thinking and practice further in relation to the principles and practices of inclusion.

Centre for Studies on Inclusive Education (CSIE) (2006) Index for Inclusion – developing play, learning and participation in early years and childcare. CSIE, Bristol, UK  
ISBN 1-872001-45-9

*This is an excellent resource supporting 'inclusive development of nurseries, playgroups, parent and children centres, crèches, childminding, home care, clubs and play schemes. The materials are designed to challenge and help any setting to become more inclusive, however inclusive it is thought to be currently. The index includes a CD version. Also readers are advised to visit the website of the CSIE on [www.csie.org.uk](http://www.csie.org.uk). CSIE materials are available in a number of languages.*

Thomas, G (1997) Inclusive Schools for an Inclusive Society. British Journal of Special Education. 24 (3) 09/1997

*This article discusses definitions of inclusion and how its meaning is different from that of integration along with a discussion of the broader aspects and principles of inclusion. A thought provoking article.*