

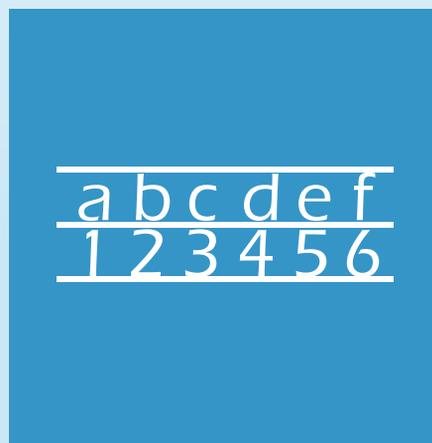
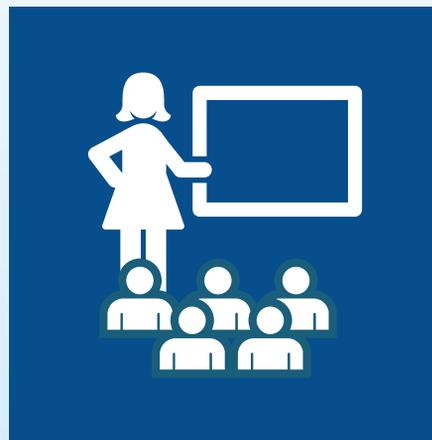


Parent Support Group
For children with hearing loss

MAINSTREAM GUIDE

For Children With Hearing Loss

using Listening and Spoken Language



For Caregivers. Educationists. Professionals.

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Team VConnect

PREFACE

WHO global estimates on prevalence of hearing loss, (Prevention of Deafness WHO, 2018 study), estimates that 466 million persons in the world live with disabling hearing loss* - > 6.1% of the world's population.

In India an estimated 63 million people (6.3%) suffer from significant auditory loss. Four in every 1000 children suffer from severe to profound hearing loss, with over 100,000 babies born with hearing deficiency every year.

Children with hearing loss have just as much potential as children with hearing given today's listening technology.

Integrating children with hearing loss into mainstream schools is a culmination of years of effort and application. Parents, caregivers, educators, professionals and society must all work together for the successful integration of the child.

VConnect Foundation, a parent support group for parents of children with hearing loss, is privileged to publish this 'Mainstream Guide' for children with hearing loss. The Guide is a culmination of our research and our experience both as professionals and as parents of children with hearing loss.

The Guide is essentially an enabler for parents, educationists and professionals to help children with hearing loss to have a smooth transition into the mainstream.

The Guide provides a holistic view and covers aspects related to hearing, hearing loss and its impact on the child, preparing and equipping them for mainstreaming along with strategies, guidelines and tips for mainstream teachers.

We have used the widely accepted expression "children with hearing loss" throughout the Guide. While the Guide is gender neutral, we use the pronoun "her" when referring to the child.

We sincerely hope that this Guide will assist you in the process of mainstreaming children with hearing loss with the ultimate goal of making them contributing members of mainstream society.

1.0 HOW WE HEAR

In this section, we will learn about hearing and hearing loss, different hearing equipment and the impact that hearing loss has on the child's overall development.

1.1 The Ear and Hearing

The ear consists of 3 sections namely the Outer, Middle and Inner Ear. The outer, middle and inner ear work together to deliver sound to the brain. The **OUTER** ear catches the sound and directs it to the **MIDDLE** ear, which transfers the sound waves into pressure waves making the eardrum and three tiny bones vibrate. The vibrations move through fluid in the **INNER** ear which contains the cochlea. Pressure waves are then converted into electrical impulses as sound moves through thousands of tiny hair cells inside the cochlea which looks like a tiny seashell. Then, these electrical impulses are sent to the brain through the 8th auditory nerve. This is the sound heard by the brain.

Hearing loss occurs when one or more components of the ear or auditory nerve do not function optimally. For example, a child with sensorineural hearing loss typically has damaged hair cells in the cochlea.

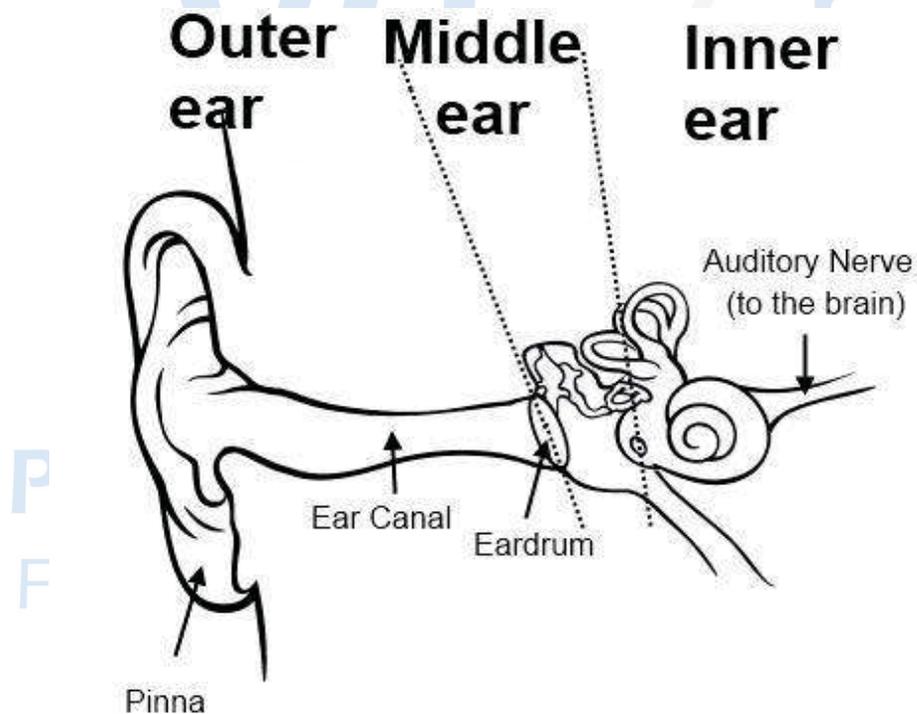


Figure 1.1 – Anatomy of the Ear (<http://www.med.uth.edu/>)

1.2 Determining Hearing Levels – The Audiogram

An audiogram is a graph that shows the softest sounds a person can hear at different pitches or frequencies. The Y-axis represents loudness measured in decibels (dB) and the X-axis represents pitch measured in Hertz (Hz)

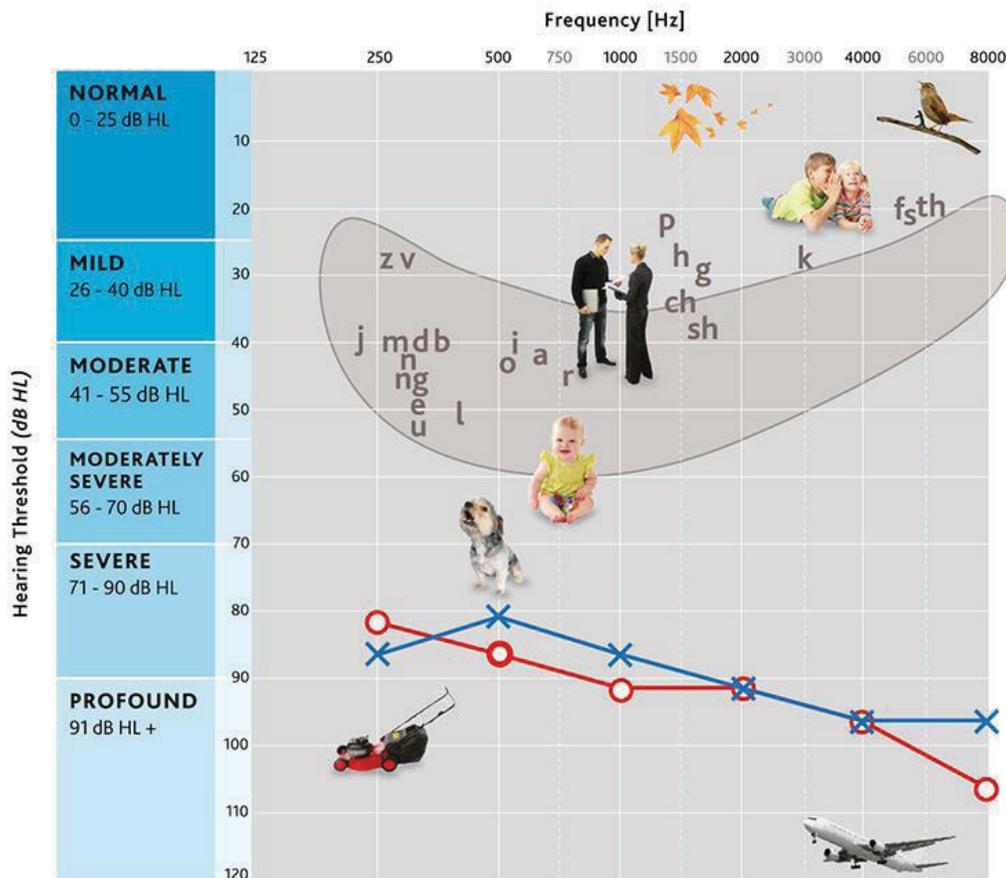


Figure 1.2 – Audiogram (<http://cochlear.com/>)

The enclosed darker grey shaded portion in the diagram shows the SPEECH BANANA. It represents the distribution of most speech sounds. It ranges from low to high frequencies and shows where speech sounds are heard in natural conversation. For children with hearing loss, the audiogram will typically be at decibel levels much higher than the speech BANANA as shown in the diagram above. The blue and red lines are indicative of audiograms of some children with severe to profound hearing loss.

1.3 Hearing Technology

Hearing Aids

A hearing aid is an electronic hearing device which amplifies and delivers sounds from the environment to the listener, thus making sounds louder but not necessarily clearer. Hearing aids are typically recommended for children with mild-moderate-severe hearing loss. It has three essential components namely the **MICROPHONE**, the **AMPLIFIER** and the **RECEIVER**

Behind-the-Ear (BTE) Device



Figure 1.3 – Parts of a typical hearing aid (EarQ)

Cochlear Implant

A cochlear implant is a different type of hearing device. It has an external set of components, namely the **RECEIVER, HEADPIECE,** and **SPEECH PROCESSOR,** and an internal component consisting of **ELECTRODES** surgically implanted in the cochlea. The implant sends electrical signals to the cochlea through electrodes which bypass the damaged hair cells, and in turn, sends electrical signals directly to the brain through the 8th auditory nerve. Cochlear implants are typically recommended for children with severe-profound hearing loss.

The HEADPIECE includes a coil and magnet. The magnet enables the headpiece to stay on the child's head because another magnet has been surgically implanted in the child, and that is connected to electrodes implanted in the child's cochlea. A cable connects the headpiece to the SPEECH PROCESSOR which includes a battery and controls for adjusting how the sound is received. The speech processor looks like a hearing aid.



Figure 1.4 – Parts of a typical Cochlear Implant (<http://cochlear.com/>)

Assistive Listening Devices

The aim of Hearing Aids and Cochlear Implants is to deal with most listening needs. However, the issues with noise, reverberation and distance still remain. Hearing technology extends beyond hearing aids and cochlear implants. It includes Assistive Listening Devices (ALDs) that help children understand spoken language in situations involving distance and noisy backgrounds. Listening systems include devices that transmit speech signals directly from the speaker to the child's hearing aid or implant. ALDs are designed to solve the problems of noise, distance from the speaker and room reverberations. These devices give the child direct access to speech, especially in noisy places or from a distance.

ALDs include a remote microphone placed close to the sound source (usually the speaker's mouth). The microphone is worn about 6 inches below the mouth. There are NO wires connecting the teacher and child allowing the teacher to move about in the classroom. When the ALD is used by the child and the teacher, the child can sit anywhere in the classroom and hear the teacher's voice as if she were nearby.

Here are a few tips for effective usage of ALDs;

1. *The ALD should be clipped or worn in the center, approximately 6 inches away from the speaker's mouth. This will ensure that speech does not fade in and out.*
2. *Ensure necklaces, dupattas and other items like books, papers or pens do not rub against the microphone.*



Figure 1.5 – Assistive Listening Devices (<http://www.phonak.com/>)

1.4 The LING Six Sound Test – a daily listening check

The 6 sound test is a must-do daily routine to check the efficacy of the hearing device as well as the proficiency with which the child can hear. It consists of administering the following sounds:

{mm} {aa} {oo} {ee} {sh} {ss}

Parents are strongly advised to consult their Auditory Verbal therapists, audiologists or speech therapist on the details of how the test needs to be administered and the outcomes interpreted.

1.5 Impact of hearing loss on children

The impact of hearing loss is often underestimated largely because it is an invisible disability. As a result, the child with hearing loss could be mistakenly perceived as being like other typically hearing children. Most of the times, this can work against the child if she is in a social situation. Age of intervention and degree of hearing loss influence the child's development. The age range from birth to three and a half years is the critical period for learning, listening and spoken language skills. This is due to the neural plasticity of the brain's auditory centers where talking, reading and making social connections are most ready to absorb and integrate the rich language that the child is exposed to. Early detection and intervention can reduce the impact of hearing loss during the child's growing years.

There are four important aspects that must be considered: audibility, auditory (listening) skills, speech intelligibility, and spoken language.

Audibility

Audibility refers to how well the child hears. All speech sounds need to be audible to the child in order for the child to learn in class and understand others. This means that each child must be appropriately fit with a hearing device, so that the child can hear all speech sounds.

Auditory Skills

Typically hearing children learn to listen naturally. However, children with hearing differences benefit from being trained to listen so that they can distinguish meaningful speech sounds from other sounds. Typically, hearing devices are limited because background noises tend to be amplified; therefore, differentiating speech sounds from noise is important. Although technology has improved tremendously in this area, a hearing device does not fully help the child to distinguish speech and meaningful sounds from background noises. A child with a hearing loss needs to develop these types of specific auditory skills. Typically hearing children acquire vocabulary and language by 'overhearing' conversations. If the child's auditory skills are not well developed, she will miss out on this crucial information.

Intelligibility

Intelligibility refers to the child's speech. It is a measure of how well others understand what the child is saying. Intelligibility is largely affected by how well the hearing technology is programmed to work for the child.

Spoken Language

One of the greatest impacts of hearing loss is on spoken language. More often than not, hearing loss in India is not identified until the age of 2 years. It is very important to fit the most appropriate hearing device(s) immediately after detection and start listening and spoken language therapy/ Auditory Verbal Therapy right away, by a trained Auditory Verbal Therapist to enable the child to develop age-appropriate language and speech.

Lack of [early intervention and appropriately fitted hearing devices](#), results in hearing loss which often results in delayed language skills. This means that long-term consequences of hearing loss tends to result in significant vocabulary delays, poor reading and writing skills, with delayed academic, thinking, and social skills.

1.6 Self-Image and Social Adjustment

We live in a society where we interact with people every day. Hearing loss can have a major effect on the child's behavior and self-esteem. A reduced ability to listen and speak may also interfere with age-appropriate social skills. The child may appear socially immature and miss out on important social cues. Thus, the child may feel left out even when surrounded by people.

This negative self-image can further be compounded if an uninformed adult faults it to day-dreaming, being naughty, not paying attention, disturbing the class, etc. Often with hearing loss, socialization with peers and classmates can be difficult, especially in noisy surroundings during lunchtime or recess. These children are more fatigued at the end of the day due to the effort levels needed to listen throughout the day thereby increasing the child's frustration levels and irritability. Teachers, professionals and parents need to play a vital role in supporting and giving the children appropriate strategies and assurance at all times.

2.0 PREPARING AND EQUIPPING FOR MAINSTREAMING

In this section, we discuss the role of **SELF-ADVOCACY** and **AUDITORY VERBAL THERAPY** in building a strong foundation for the mainstreaming journey. We will also provide some guidelines on how to prepare the child for school.

2.1 Self- Advocacy

Self-advocacy is an individual's ability to effectively communicate about one's own interests, desires, needs, goals and rights. It is about speaking up and asking the right questions and making appropriate requests. Self-advocacy skills need to be learned by both parents and children.

Self-Advocacy for Parents

Parents need to have the ability to present their point of view in a positive manner to a variety of constituencies. They need to have meaningful conversations with other family members, their friends, the child's teachers, and those who work in government agencies, funding agencies, and hearing device companies.

An important aspect for parents is to be knowledgeable about the essential aspects of hearing and hearing loss such as parts and functioning of the ear, hearing devices and ALDs. Parents must also be familiar with the brand of hearing device used by the child, its functioning, unique features and testing and trouble-shooting procedures. This will help them to equip their children with the knowledge to advocate for themselves.

Self-Advocacy for Children

Children with hearing loss benefit from developing and mastering self-advocacy skills. Self-advocacy is a key educational component in a child's life, regardless of age. These skills develop over time with practice and guidance. Children need opportunities to practice their skills in a range of settings and with various people. This skill development will allow children to become more successful in their daily interactions and in getting their needs met.

The child should be given ample opportunity to practice self-advocacy. Every child can develop inner strength and good capabilities. Adults are trained in the art of 'stepping back' and allowing the child to become independent.

Self-advocacy at Different Ages

Some of the ways in which parents can inculcate self-advocacy in their child are given below:

Babies

Have a bedtime routine where your baby hands over her hearing device(s) to you when you put your hand out and ask for it and you show her where you are putting it. This part of the routine is a foundation in her journey to being a self-advocate. The goal is that eventually the child will place the hearing device(s) in the designated spot every night by herself.

Toddlers

Teach them to speak up if they have not heard clearly or understood what was said by using words like "what" and "huh". As language develops over time you can teach them to say "please repeat" or "I did not hear it" or "I did not understand it", indicating to the adult that they have missed what was said.

Children

Teach them how to indicate to their teachers and parents that the hearing device(s) is not working, where exactly the problem is, i.e. the battery is dead, the sound is intermittent, there is a disturbance in hearing, etc. If the child does not yet have the language to indicate so, she needs to be taught to use gestures to be able indicate that there is a problem.

Encourage the child to independently manage her hearing device(s):

- Wear the hearing device(s) during all waking hours
- Turn on/off the hearing device(s)
- Change and charge up the hearing device batteries
- Carry spare batteries to school every day
- Put the hearing device(s) in the dry-aid kit every night
- Take appropriate care of the hearing device(s) while playing sports
- Use a headband to protect hearing devices from sweat, keeping a napkin in the pocket and wiping the sweat off
- Take the ALD to school and use it daily
- Turn on/off the ALD and pass it to each teacher when the classes change
- Inform a parent when the hearing device is not working properly or is intermittent

2.2 Auditory Verbal Therapy (AVT)

Perhaps the most important component of the mainstreaming journey is the ability of the child to 'listen and speak'. Children with hearing differences who receive hearing aids or cochlear implants

at a young age have the potential to achieve age appropriate speech and language, subject to additional issues not playing a limiting role in this regard.

AVT is an approach which uses audition as the primary sensory modality without lipreading or sign language to develop speech and language, using the residual hearing of children with hearing loss who consistently wear appropriate hearing devices.

The goal of **AUDITORY VERBAL THERAPY** is to ensure that the child reaches the level of speech and language equivalent to her chronological age. For example, if a child is 4 years old but her current level of functioning for audition, speech, language, cognition and social communication is that of a 2-year old, then the gap of two years between her current level of functioning and chronological level needs to be narrowed. To achieve this, the AV therapist and parents must realize that intensive and long term auditory-verbal therapy is essential.

Auditory Verbal therapists guide and coach parents and the child on the auditory verbal approach, the importance of daily linguistic interaction, developmental milestones and stages of listening, speech and language with the intention of integrating the child into the mainstream. Success is best realised when parents are guided and coached to engage in linguistic interaction with their child at home through their daily routine activities.

The essential steps in the practice of **AUDITORY VERBAL THERAPY** are shown in the model below:

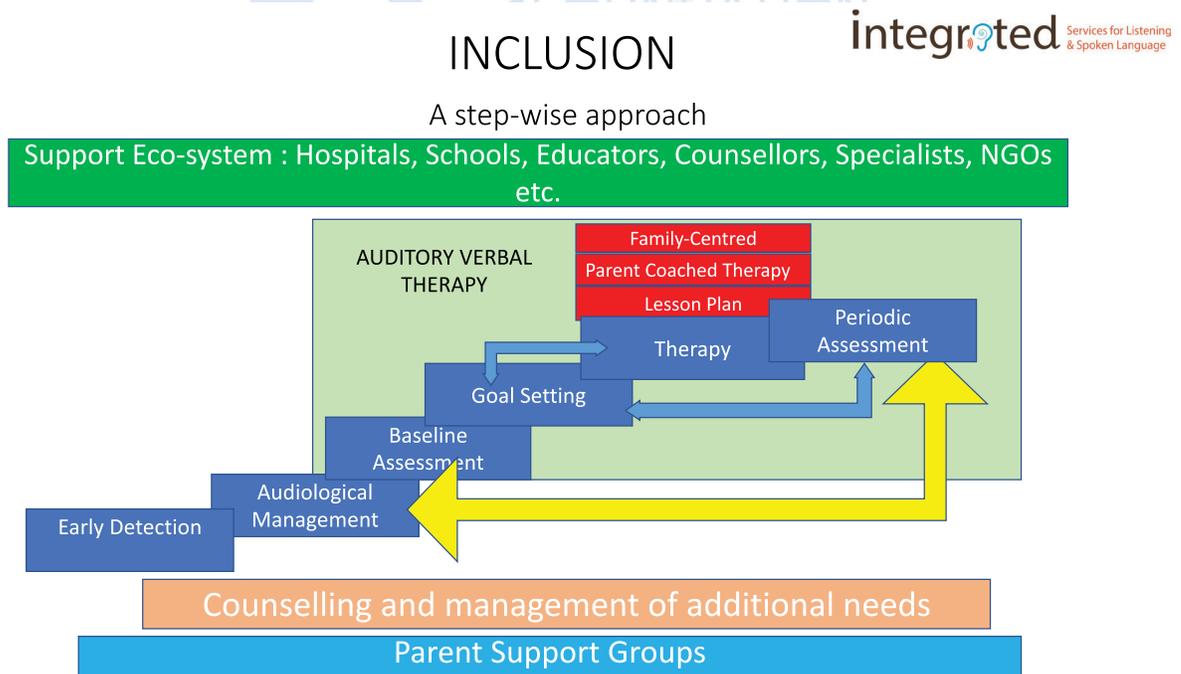


Figure 2.1 – The Practice of AVT

2.3 School Readiness Skills

In preparing the child for entering a mainstream school, parents are advised to focus on and develop the following skills:

Communication skills

The child should be able to use and understand an age-appropriate range of vocabulary, follow instructions, respond to questions orally or through a combination of speech and gestures, until speech and language is fully developed. The child needs to be equipped to be able to advocate for herself to seek help whenever she is unable to comprehend instructions given by the teacher and/or needs repetition for the same.

Social and Emotional skills

The child must be taught how to take turns and how to understand others' feelings. Story books can be used that depict examples of people's feelings and emotions in different situations.

Early Literacy and Fine Motor Skills

Although children are not expected to read or write before their first year of school, some phonological awareness and early literacy skills should be developed during the preschool years. Such skills can be developed through simple stories and pictures. Through daily interactions at home, the child can learn about counting and numbers, colours, and the vocabulary of familiar daily home and school routines.

Fine motor skills include using crayons, tearing and cutting paper, holding a pencil, tying shoelaces, buttoning and zipping clothing, eating with a fork and spoon, unwrapping food, brushing teeth, picking up tiny objects, folding paper, and combing hair. It is important to incorporate these fine motor skills into daily language activities.

Simulating the Classroom

Parents need to expose the child to standard words, objects and actions that the child would encounter in her school. This enables the child to become aware of school related vocabulary such as **PRINCIPAL, TEACHER, CLASSROOM, BLACKBOARD, CHALK, SCHOOL BAG, BOOKS** and phrases such as **TURN THE PAGE, TAKE OUT YOUR BOOK, STAND UP, SIT DOWN, COME HERE, OPEN YOUR BOOK, PUT ALL YOUR BOOKS IN THE BAG, TIME FOR RECESS, TAKE OUT YOUR TIFFIN BOX.**

Parents should seek permission for the child to become familiar with the school and class teachers prior to the start of the academic year, thereby helping the child feel at ease in the school environment.

3.0 STRATEGIES, GUIDELINES AND TIPS FOR TEACHERS

In this section we discuss certain practices that teachers can possibly adopt to facilitate the mainstreaming process for the child. The school leadership team needs to take the ownership of ensuring that the various aspects of the mainstream guide are understood by all the teachers with special attention given to hearing devices and the strategies, guidelines and tips given below.

3.1 Introduction

Every child is unique, with her own strengths and limitations. A team approach is essential to mainstreaming a child with hearing loss. The team includes teachers, the principal, parents, Auditory Verbal therapists, counselors and audiologists. Regardless of degree of hearing loss, a teacher can greatly improve a child's ability to function in the classroom. Being the gatekeeper to a successful academic career, the child benefits from the teacher's awareness of techniques available to help provide the best learning environment.

3.2 Positivity

Children with hearing loss may perceive themselves as different because they use hearing devices and may experience some difficulty in communicating with others; this can influence their self-esteem. Listed below are some ways in which a teacher can address this issue and foster a supportive classroom environment.

- Reinforce positive coping strategies. For example, when a child with a hearing loss asks why she has a hearing loss or why she needs to wear her hearing device, explain to her why some children need to wear hearing devices to enable them to hear, just like others who need to wear eyeglasses to see better.
- Support daily use of hearing devices used by the child. For example, make sure the ALD microphone is worn appropriately and is turned on.
- Provide opportunities for the child with hearing differences to share information with the class about the ear, hearing loss and how her hearing devices work. (Refer to the section on SELF-ADVOCACY)
- Provide opportunities to meet other children with a hearing loss and join parent support groups.
- Never use the child's hearing loss as an excuse or a limitation. Help each child achieve her maximum potential.
- Prepare differentiated tasks keeping the child's ability in mind, thereby helping the child gain success and build confidence in herself.

3.3 Communication

In order to better understand what others say, many children with hearing loss rely on both visual and auditory cues. Sometimes understanding someone else can be difficult if the speaker does not face the child. To supplement the child's hearing in a noisy classroom, here are a few strategies that teachers can implement.

- Use the ALD provided by the parent to help the child listen better in the classroom.
- Speak at a normal volume. Do not exaggerate, or over-emphasize words.
- Try getting the child's attention before addressing her. For example, call the child's name or tap her shoulder before talking to or instructing her.

- It is preferable not to walk around the room or face the board while giving instructions. Instead, face the child while speaking. Instructions should be brief, simple and clear. Long and tedious tasks can be broken down to a series of shorter tasks.
- Children with hearing differences can have difficulty understanding what others say when those speakers are seated in different areas of the classroom. So, during class discussions, the teacher can call out the name of the person who is about to speak or repeat what each speaker said during the discussions.
- Announcements delivered over the PA System should be repeated in class.
- Daily classwork instructions, new vocabulary, and assignments should also be given in writing.
- Form the habit of outlining important paragraphs and key words as the lesson progresses.
- Try to keep in mind the skills of each child. Use visual supplements such as charts and captions, for promoting understanding.
- Explain the meaning of new words whenever applicable. Create an outline of major points of the topic being discussed.
- Provide step-by-step instructions so that children with hearing differences can better understand them.
- Check whether the child is following the pace of the class by asking her what she understood, or repeat what was said or discuss the content taught instead of accepting the child's YES or NO answer.
- Provide positive reinforcement and allow the child to speak up, ask questions and seek assistance.
- For children in pre-primary and primary schools, share the curriculum with the parents in advance. This way, parents can teach their children the meaning of new words; this will help the children better understand and learn what is being taught in the classroom.
- Assign a BUDDY that the child can sit next to and share her notes or verbal instructions. The 'buddy' can also help the child with hearing loss.
- If there is a sudden change in the child's behavior, do a "listening check" with the Ling six sound test. If you notice any changes, inform the parents right away.
- Have periodic meetings with parents and caregivers to understand the child's auditory progress and any difficulties that she may be experiencing.

3.4 Classroom and Playground guidelines

Appropriate classroom-seating plays a role in boosting the child's self-confidence and self-image:

- In a classroom with desks and chairs, the ideal position for a child with a hearing loss is the first or second row in the center, away from windows and the door.
- When teaching is being conducted in circles or semi-circles, it will be most beneficial for the child to be seated in the middle of the semi-circle facing the teacher. If the semi-circle is layered, the child with hearing loss should sit in the center of the first layer that directly faces the teacher. This will enable the child to see everything that the teacher is referring to, like stories being read. Use animated expressions with varied intonation patterns. How a teacher speaks is important for the child with hearing differences. Enunciating words that clearly reflect emotions are more easily heard and understood, especially during the telling of nursery rhymes and stories. Speaking softly is not helpful.
- Typically hearing children should be encouraged to include the child with hearing differences during playtime and all other activities.
- The child's BUDDY can also help on the playground, especially when instructions need to be followed, as in cases of emergency.

4.0 WORKING TOGETHER

Successful mainstreaming is a result of a well-coordinated team effort. There are many individuals and agencies that need to work closely with the child, parents and caregivers in order to do the best for the child. Hearing device companies, ENTs, audiologists, auditory-verbal therapists, and parents/caregivers represent the core group collaborating to promote the child's listening and spoken language skills.

An **ENT** looks after the complete hearing health of the child and performs the cochlear implant surgery for children with hearing loss.

An **Audiologist** diagnoses the child's hearing loss through a battery of tests and fits the child with appropriate hearing devices and does the programming for the same.

An **Auditory Verbal Therapist** is a specialist who has received training in the Auditory Verbal Approach. The AV therapist teaches the child how to listen and speak, by guiding and coaching parents to use various techniques and strategies, to enable their child to learn to listen and use spoken language to communicate.

Parents/ Caregivers are the most important part of the team as they are the central figures whom the entire team will be interacting with for the holistic development of their child.

Principals, teachers, and special educators also play a significant role in the imparting of knowledge and skills as well as the overall intellectual and emotional development of the child. The child may also benefit from counselling and guidance from experts to help develop a positive self-image and deal with mental stress.

While a lot of focus needs to necessarily be around the child, the emotional and mental well-being of the parents is of crucial importance. Parents and caregivers need ongoing support, guidance and hope throughout the mainstreaming journey. At VConnect we provide much of this to our members and this mainstream guide is yet another initiative that we have undertaken in this direction.

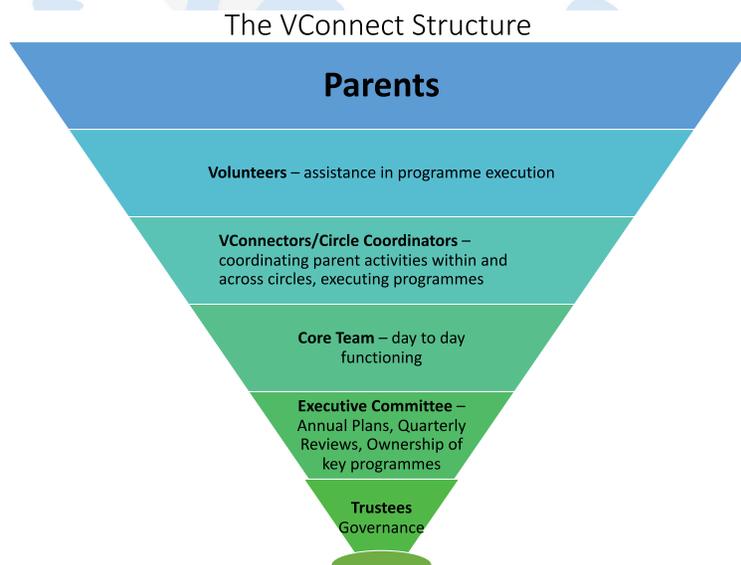
Parent Support Group
For children with hearing loss

ABOUT US

VConnect Foundation is a parent support group for children with hearing loss. It is a supportive network for families of children committed to using 'Listening and Spoken Language' to communicate. We are a charitable organization founded in 2007 by two parents of children with hearing loss – Vahishtai J Daboo and Fatema Jagmaag – who are also professionals in the field.

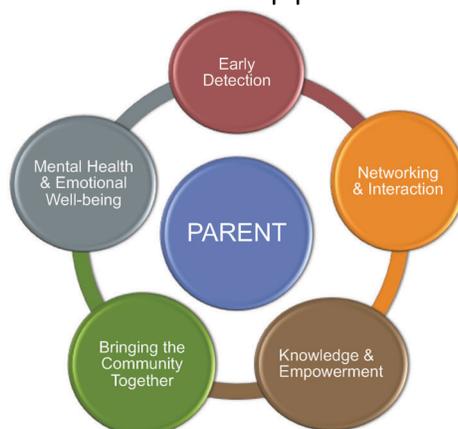
Our purpose at VConnect is to support, educate, empower, provide hope and guidance to parents in their journey to mainstream their children as successful, contributing members of society. We achieve our purpose by creating platforms and networks, both real and virtual, to help connect parents with experts, device companies, agencies, centres, clinics and educational institutions, as well as provide forums for parents and children to interact with and draw support from. Our organisation services over 1300 parents across twelve circles in seven cities in India and also has an international circle in Kenya.

We are a team of dedicated parents and professionals all working towards a common cause. Here is who we are:



We follow a parent-centric model that focuses on four key areas:

VCONNECT Holistic Parent Support Model



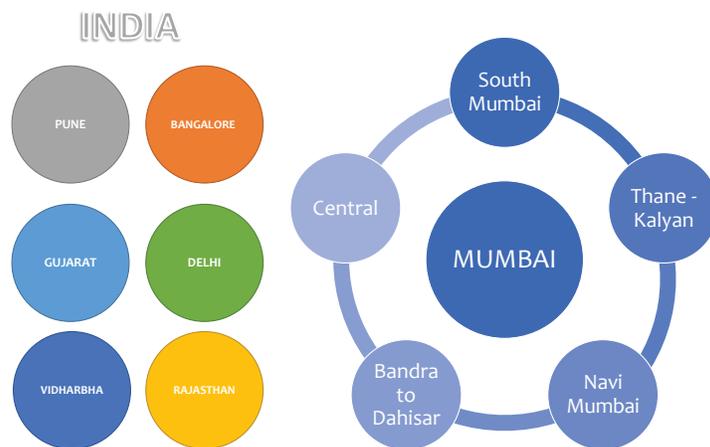
Early Detection

Given the lack of early detection facilities, VConnect has set up a newborn hearing screening programme that has screened over 7500 babies. The initial resistance from the hospitals and doctors was overcome through constant interaction and education on the need and the importance of newborn hearing screening.

Networking and Interaction

Each VConnect circle is formed based on a geographical area comprising of fifty or more parents. Every circle has a WhatsApp chat room where parents and VConnectors interact on a regular basis discussing various issues, problems, concerns and experiences. Children's achievements are shared and celebrated by parents which gives families a lot of motivation and pride. Advice and solutions are provided and experiences shared by parents, the Core team and Executive Committee. The chatrooms and circles help in better bonding amongst parents and the experiences provide hope and solutions to the parents.

VCONNECT'S REACH - THE CIRCLES



Parent Support Group

VCONNECT'S REACH - THE CIRCLES

INTERNATIONAL



VCONNECT FOUNDATION



Knowledge and Empowerment

Periodic workshops and seminars are organised across circles covering topics around device care and maintenance, rights, benefits and concessions, parent advocacy, habilitation, genetic counselling, behaviour management, home programme, bimodal fitting, importance of early detection and intervention, bilateral cochlear implantation and importance of occupational therapy.

Workshops on mental health and mental wellbeing are being conducted in partnership with a renowned NGO, Ummeed Child Development Centre. We have big plans to reach out to parents, caregivers, teachers, principals and professionals with our mainstream guide. Both these initiatives will be the key strategic thrust areas for VConnect in the coming years.

Bringing the Community together

VConnect provides platforms for parents and children to express themselves to a larger audience. Platforms are created to enable our children and parents to go up on stage during talent shows or annual days. Various activities such as sports, picnics, outings and cultural events are organised to encourage parents and children to build confidence, interact, enjoy, learn from each other and form lasting bonds.

A Last Word ...

Given the scale and scope of our activities we are always grateful for any support and assistance that comes our way. If you wish to know more about us please visit us at:

www.vconnectfoundation.org, <https://www.facebook.com/VConnectfoundations/>,

<https://www.linkedin.com/company/vconnectfoundation/>

<http://www.instagram.com/vconnectfoundation>

<https://www.youtube.com/channel/UC1ptCMLYAdzA2oxPIPmzpxw>

If you wish to make a donation (we have 80G Exemption and FCRA for foreign funds) or just want to reach out to us please connect with us at:

vconnect.foundation@gmail.com

TESTIMONIALS

- ◆ "I must say that it is a brilliantly conceptualized, well researched (peppered with so many vital facts), comprehensively covered and concisely presented handbook that I can imagine would be an invaluable guide for those in need. Your labour of love requires commendation! But definitely get this out in print! It will surely serve a societal need."

Benaifer P. Kutar

Principal

*The J. B. Petit High School
Mumbai*

- ◆ "You have done a wonderful job. I think everything has been mentioned and it is so concise but clear. Will be a fab ready reckoner!"

Dr. Pervin Dadachanji

M.D. Psychiatry

*Consultant Psychiatrist with a special interest in child and adolescent mental health
Mumbai*

- ◆ "I was impressed with the contents of 'Mainstream Guide' being launched for the benefit of parents of children with hearing impairment. Particularly so because it deals with a very important aspect of their education in schools where children with normal hearing are studying. Parents need to be guided on this aspect of integration of their child in regular schools. It is one of the weakest areas in habilitation and education of children with hearing impairment. Congratulations to VConnect Foundation for this effort and providing practical guidance to parents and special educators for hearing impaired persons."

Prof. Ramesh K. Oza

Senior Audiologist,

*Honorary Director KDN Shruti School for the Deaf,
Practising Consultant for Speech and Hearing at Calipsonic
Mumbai*

- ◆ "I just went through your mainstream guide and I must congratulate you guys on putting together such a comprehensive and informative piece of work! As a teacher I found your tips and strategies very useful and I am sure the parents too will benefit from the strategies offered in the guide. With your permission I would like to share these with my co-teachers."

Gulshan Shroff

*Montessori Teacher and Integrated Educator and Counsellor
Casa Montessori
Mumbai*

- ◆ "It is a great initiative with a direct focus."

Mala Chadha

*Special Educator and Narrative Therapist (Narrative Practices)
Mumbai*

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Parent Support Group

For children with hearing loss

Contact Us

Correspondence Address: R-7, Cusrow Baug, Shahid Bhagat Singh Road, Colaba, Mumbai 400001.

Email: vconnect.foundation@gmail.com | **Website:** www.vconnectfoundation.org



VConnect Foundation