Mental Health and Psychosocial Support Guidelines
For deaf and hard of hearing children in the Gaza Strip
Foreword

In 1967, Israel occupied the Palestinian territories of the Gaza Strip and the West Bank. Since then, the Gaza Strip has suffered continued conflict and crisis that have chronically affect the mental health of those living in the region. In 2021, this conflict escalated, and in addition to the COVID-19 pandemic, the situation in the Gaza Strip has grown worse, impacting psychological, social, and economic life. This difficult situation has impacted students at schools, where conditions are challenging, with crowded classrooms that do not meet the need of an ever increasing population, as well as a clear shortage in human resources, with limited numbers of teachers and counsellors to keep up support for the increasing number of students. Students have been the first victims of the complicated situation in the Gaza Strip, with their educational needs not met and living in an environment that does not encourage their achievement and progression. This has a negative effect on their psychological wellbeing and mental health. With ratification from the State of Palestine of the United Nations Convention on the Rights of Persons with Disabilities in 2014 and the direction of Organisations of People with Disabilities towards inclusive education, many children with disabilities were included in mainstream schools, including deaf and hard of hearing students. These students can face social stigma and can be affected more than others by the crises and complicated social situations in the Gaza Strip, because of the limited physical and psychological accommodation, in addition to limited social awareness.

On this basis, Atfaluna Society for Deaf Children has, in cooperation with CBM International and the London School of Hygiene & Tropical Medicine (LSHTM), and with funding of Germany’s Federal Ministry for Economic Cooperation and Development (BMZ), developed this guideline to support the wellbeing and mental health of deaf and hard of hearing students in schools. This guide aims to frame a plan of action, to help teachers work with deaf and hard of hearing children in a professional manner, which will help the students to build resilience and inclusion with classmates.

We would like to offer our gratitude to all who contributed to the preparation of this guideline, especially our partners CBM International, the main donor BMZ and the supervising organisation LSHTM. We thank the international researcher Nathaniel Scherer and the local researcher Ramadan Hussein, and offer huge thanks to the Ministry of Education and all teachers, counsellors and parents who participated in this work.

Naim Kabaja
Director of Atfaluna Society for Deaf Children
Acknowledgements

Lead authors
Nathaniel Scherer, Research Fellow, LSHTM; Ramadan Hussein, Head of Audiology Clinics, Atfaluna Society for Deaf Children

Development team
Naim Kabaja, Director, Atfaluna Society for Deaf Children; Dr. Sarah Polack, Associate Professor; Dr. Tracey Smythe, Assistant Professor, LSHTM; Dr. Julian Eaton, Assistant Professor, LSHTM and Mental Health Director, CBM Global Disability Inclusion; Markus Baldus, Project Portfolio Manager, CBM International; LSHTM; Fidaa Shurab, Project Manager, Atfaluna Society for Deaf Children; Dr. Ritsuko Kakuma, Associate Professor, LSHTM; Yashi Gandhi, Researcher, Sangath India; Basil Younis, Atfaluna Society for Deaf Children.

Steering committee
Khaled Abu Fada, Palestinian Ministry of Education and Higher Education; Shahir Yaghi, UNRWA Department of Education; Eyad Abu Rkhaya, Ministry of Education; Basim Kuraz, Atfaluna Society for Deaf Children; Khaled Abu Shoaiib, Dair Al Balah Society for Rehabilitation; Soha Abu Saloom, Al Amal Society for Rehabilitation; Safa Abu Sido, Ministry of Education; Abdel Haleem Siam, Ministry of Education; Hashim Ghazal, Deaf Leader, Atfaluna Society for Deaf Children; Abeer Shaghnobi, Deaf Leader, Atfaluna Society for Deaf Children; Marwan Abu Zaid, parent of Deaf or hard of hearing child; Maisa Al Ghoul, parent of Deaf or hard of hearing child; Sa’eed Baraka, Teacher, Loloa Al Qattami School; Mona Awad, School Counsellor, Al Shej’ia School; Mohammed Abu Motair, Teacher, Loloa Al Qattami School; Enas Toman, Teacher, Al Boraq School; Mohammed Qeshta, Special Education Teacher, Rafah School; Ibrahim Younis, Psychologist, Retired; Omar Shaheen, Psychologist, Gaza Program for Mental Health.

Palestinian Ministry of Education and Higher Education
Khaled Abu Fada and the Ministry of Education and Higher Education supported the development and distribution of these guidelines, providing strategic direction in the Gaza Strip.

Research support
Lorraine Wapling, UK; Tess Bright, formerly LSHTM, currently University of Melbourne; David John Musendo, LSHTM; Timothy O’Fallon, LSHTM; Chris Kubwimana, DeafReach; Shaffa Hameed, LSHTM; Hannah Kuper, LSHTM

Project support
Batool Mohra, Atfaluna Society for Deaf Children; Fady Abed, Atfaluna Society for Deaf Children; Aseel Ftaih, Atfaluna Society for Deaf Children; Lena Sivasailam-Pichler, CBM; Anthony Climpson-Stewart, LSTHM; Joanna Jeremy, LSHTM; Grit Hädicke, CBM

Technical review and contribution
World Federation of the Deaf; Al Amal Society for Rehabilitation, State of Palestine; Dair Al Balah Society for Rehabilitation, State of Palestine; Al Damair Society, State of Palestine; Lorraine Wapling, UK; Herbert Klein, UK; Lara Sirdah, Palestinian Territories; Ahmad Sheikhani, Syria/Turkey; Tim Richardson, UK; Julie Marshall, UK; Sian Tesni, UK; Diego Santana-Hernandez, Spain; James Watson-O’Neill, UK

Project participants
For anonymity, we are unable to provide the names of the participants, but we thank all of the children, parents, teachers, deaf leaders, mental health specialists, headmasters, and others who participated with us throughout the research and provided us the valuable information with which to produce the guidelines.

Design
Naima Sheikh, CBM; Mohammaed Salha, Al Halaby Printing Company
Guideline development was funded by grant from Germany’s Federal Ministry for Economic Cooperation and Development (BMZ) through CBM International and the project “Improving the Psychosocial Resilience of Children with and without Disabilities and their Families in the Gaza Strip”

Research and guideline development by the International Centre for Evidence in Disability (ICED) at London School of Hygiene & Tropical Medicine and Atfaluna Society for Deaf Children, with support from CBM Germany.

The London School of Hygiene & Tropical Medicine (LSHTM) is a world-leading centre for research and postgraduate education in public and global health.

Based within LSHTM, the International Centre for Evidence in Disability provides evidence to improve the health and wellbeing of people with disabilities globally.

Keppel St, Bloomsbury, London WC1E 7HT
Tel +44 20 79588345
disabilitycentre@lshtm.ac.uk
www.lshtm.ac.uk

Atfaluna Society for Deaf Children is a registered Palestinian NGO located in Gaza City, that has been working in the field of persons with hearing loss in education and allied services since 1992.

info@atfaluna.net

CBM International is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest communities of the world.
**Contents**

Foreword ................................................................................................................................. 3
Acknowledgements .................................................................................................................. 4
Lead authors ............................................................................................................................ 4
Development team .................................................................................................................. 4
Table of Content ..................................................................................................................... 6
Background ............................................................................................................................. 8
How have we developed this guidance? ................................................................................ 8
Using these guidelines .......................................................................................................... 9
Terminology ............................................................................................................................ 10
What do we mean by mental health and psychosocial wellbeing? ........................................ 11
A common saying is “No Health Without Mental Health”..................................................... 11
Mental Health Spectrum .......................................................................................................... 12
Risk to mental health and wellbeing .................................................................................... 13
What do we mean by disability? ............................................................................................ 14
Barriers in Society .................................................................................................................. 14
Impact of disability ................................................................................................................ 15
Disability rights ....................................................................................................................... 15
Nothing About Us, Without Us .............................................................................................. 15
What it means to be deaf or hard of hearing? ....................................................................... 17
Deaf culture ............................................................................................................................ 17
Deafness .................................................................................................................................. 17
Severity of hearing loss ......................................................................................................... 18
Assistive products .................................................................................................................. 19
Hearing aid .............................................................................................................................. 19
Cochlear implant .................................................................................................................... 19
How can the experience of deafness and barriers faced impact a child’s development? ........ 21
Speech .................................................................................................................................... 21
Language ............................................................................................................................... 21
Social skills ............................................................................................................................ 22
Impact on education ............................................................................................................... 22
Impact on emotions and behaviour ...................................................................................... 23
Myths and facts ...................................................................................................................... 23
How can the experience of deafness and barriers faced impact on mental health? .............. 24
How can we support deaf and hard of hearing children? ....................................................... 26
Addressing stigma ................................................................................................................ 26
Stigma and mental health ....................................................................................................... 27
Communication ....................................................................................................................... 28
Alternative communication .................................................................................................. 28
Two-way communication ..................................................................................................... 29
Physical environment in classroom ....................................................................................... 30
Teaching materials ............................................................................................................... 30
How can we promote mental health and wellbeing? ............................................................. 31
Building positive deaf identity ............................................................................................. 31
Building inclusion and friendship ......................................................................................... 31
Building self-esteem .............................................................................................................. 32
Evidence shows that deaf and hard of hearing children experience high rates of mental health problems, often because of language deprivation at early childhood and therefore difficulties with communication and social inclusion in their lifetime, as well as experiences of stigma and discrimination.1-3 For deaf and hard of hearing children in the Palestinian Territories, mental health may be further impacted by experiences of conflict and violence, as well as the pressures put on other aspects of life in the region, such as reduced public services and medical care.4 After the most recent Intifada in the Gaza Strip, for example, mental health problems were very common among children and adolescents, including nightmares, anxiety and depression.

For children across the world, school is one of the most important components of their lives, and it provides an opportunity for teachers and schools to use their proximity to children to support their mental health and wellbeing. Deaf and hard of hearing children in the Palestinian Territories are a group at risk of mental health problems, and it is important that we support them in schools.

To do this, Atfaluna Society for Deaf Children, CBM and the International Centre for Evidence in Disability at the London School of Hygiene & Tropical Medicine have developed this guidance for teachers. The guidance provides information on hearing loss, mental health and how to best support deaf and hard of hearing children, both in mainstream and special schools.

How have we developed this guidance?
In developing these guidelines, researchers at the London School of Hygiene & Tropical Medicine and Atfaluna Society for Deaf Children have sought input and support from various experts and people with lived experience. As a team, we have:

• Received consultation from international experts in hearing loss and mental health
• Conducted a systematic literature review, to find the best evidence for what works in other countries and identifying recommendations to include in the guidelines
  • The methods of this are published here
• Interviewed over 40 deaf and hard of hearing children and adults, parents, teachers, and mental health specialists
• Hosted participatory workshops with parents, teachers and mental health specialists to discuss the structure and content of the guidelines
• Hosted a pilot and review process with 45 teachers across 9 schools to learn lessons from their experience using the guidelines and to make the necessary amendments

This work has helped us draft these guidelines that meet the needs of deaf and hard of hearing children and the teachers that will support them.

We have included quotes and case studies of some of the children we have talked to, so you can understand their experience.
Using these guidelines

These guidelines are a resource to help teachers understand and support the mental health and wellbeing of deaf and hard of hearing students.

You can use it to help guide conversations within your school, between students and teachers. You can also use any suggested activities in your classroom to encourage participation, discussion and fun!

Try to read through these guidelines to understand the material. Discuss the content with other teachers and school counsellors, to make sure you understand the content and feel confident to support children in your class. When you feel confident in the information, try some of the activities with the children.

Don’t rush to do everything at once. Take small steps and the progress will come.

- Familiarise yourself with the information
- Check understanding with the school counsellor and other teachers
- Coordinate with the school to best implement the tips and activities in this guidance
- Be sure to ask children what helps them - every child is different

Young girl learns Palestinian Sign Language at Atfaluna Society for Deaf Children
Terminology

The language we use is important. It impacts on how others see a child and it impacts on how the children see themselves. Many terms are based on medical definitions and are often limited in the accurate reflection of the wider experience of people affected, or how they want to be referred to. Disrespectful language is damaging. We must use correct language that falls in line with how deaf and hard of hearing people talk about themselves.

There are many different terminologies related to problems with hearing. In this guidance, we will use the terms:

**Hearing Loss**
Reduced ability to hear sounds, resulting from a problem with the hearing system, from the outer ear to the brain. This is a medical term used to describe and diagnose levels of deafness. The two terms below are more culturally specific.

**Deaf**
Severe to profound situation of hearing loss. This would usually make communication through speech very limited and not natural. Deaf people have instead a visual identity, having as their priority (in many cases only) form of communication and social identity their national Sign Language.

**Hard of Hearing**
Mild to moderate situation of hearing loss that allows someone to communicate by using speech, perhaps with help from a hearing aid. The person may still face barriers to accessing information and communication through spoken language.

If in doubt, it is always best to ask on the terminology a child and their family prefer.

**Mental health**
The language we use around issues related to mental health can be confusing. It is important to use appropriate terms that are: (a) appropriate for the context; and (b) not considered insulting, derogatory and that do not reinforce stereotypes.

We’ll learn more about what we mean by mental health and wellbeing on the next page.
What do we mean by mental health and psychosocial wellbeing?

Mental health is similar to physical health - we all have it and we all need to take care of it. A common saying is “No Health Without Mental Health”

Our mental health affects how we think, feel and act. When we have “good” mental health and wellbeing, we are satisfied with life, can manage our emotions, and cope with the stressors of everyday life. Good mental health allows us to take part in and enjoy our community, family, work, school and friends.

Someone experiencing poor mental health may find themselves thinking, feeling and acting in ways that are not usual for them. It can cause them to suffer, impair their ability to function and achieve things they want to, or prevent them from getting involved in everyday life. Poor mental health doesn’t necessarily mean that someone has a mental illness or mental disorder. We all face challenges that affect us emotionally from time to time, but this usually improves over a few days. However, sometimes the difficulties can become more serious and prolonged. If this is serious enough to affect how we are managing everyday activities, we say that someone is experiencing a mental health condition or illness.

To give you an example of what someone may feel when they have mental health challenges, let’s look at two of the most common mental conditions; depression and anxiety:

<table>
<thead>
<tr>
<th>Depression</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feeling sad or low mood</td>
<td>• Feeling worried, even when there is no sufficient reason</td>
</tr>
<tr>
<td>• Feeling worthless and hopeless</td>
<td>• Persistent nervousness about everyday things</td>
</tr>
<tr>
<td>• Poor sleep and low energy</td>
<td>• Uncontrollable racing thoughts and over-thinking</td>
</tr>
<tr>
<td>• Limited motivation and engagement in life</td>
<td>• Panic</td>
</tr>
<tr>
<td>• Difficulty concentrating and confused thinking</td>
<td>• Feeling restless or irritable</td>
</tr>
<tr>
<td>• Lost interest in usual hobbies and activities</td>
<td>• Difficulty concentrating</td>
</tr>
<tr>
<td>• Thoughts of death and suicide</td>
<td>• Trouble sleeping</td>
</tr>
</tbody>
</table>

These are individual symptoms that a person might experience in ordinary life, but when severe, and when they do not go away, it can be helpful to recognise that a person has a condition that may benefit from treatment. A diagnosis is usually made when a person has many of the symptoms in the list, for a period of time (for example, persistently over 2 weeks), and the experience is negatively affecting their life. A diagnosis does not mean that a person will always have the condition, as many mental health conditions are treatable and improve over time (healing like physical health conditions do), especially if a person’s situation improves.
Half of mental health conditions start by the age of 14, but they often go undetected and untreated.  

**Mental Health Spectrum**
As with physical health, mental health exists on a spectrum and we can move along that spectrum. Someone may feel healthy and well, another may have mild symptoms that can be resolved relatively quickly, but others may have more severe symptoms that last longer and are more difficult to manage.

We don’t always feel our best and healthy, and as with physical health it is important that we care for our mental health. There are many things we can do to look after our own mental health, to stay well, and cope even when we face challenges. There are many things we can do to improve our own situation.

**Consider the example spectrum below, related to depression:**

<table>
<thead>
<tr>
<th>Healthy Functioning</th>
<th>Coping Common distress</th>
<th>Struggling Substantial impact</th>
<th>Unwell Clinical disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling well and healthy</td>
<td>Intrusive thoughts</td>
<td>Intrusive, negative thoughts and attitude</td>
<td>Suicide ideation</td>
</tr>
<tr>
<td>Stable mood and fluctuations</td>
<td>Disrupted sleep</td>
<td>Anxious and depressed feelings</td>
<td>Can’t perform duties and activities</td>
</tr>
<tr>
<td>No trouble with sleep</td>
<td>Slight mood fluctuations - e.g. feeling im-patient and irritable</td>
<td>Difficulties concentrating</td>
<td>Outbursts of emotion and aggression</td>
</tr>
<tr>
<td>Engaging with everyday activities and community life</td>
<td>Low energy</td>
<td>Avoidance and withdrawal from activities and community</td>
<td>Panic attacks</td>
</tr>
<tr>
<td></td>
<td>Decreased activity and socialising</td>
<td>Fatigue</td>
<td>Constant fatigue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restless sleep</td>
<td>Cannot sleep</td>
</tr>
</tbody>
</table>

The examples given here are not symptoms and experiences of everyone. Each person is different. But this hopefully shows you how mental health exists on a spectrum. Most of us experience life in the ‘Healthy’ and ‘Coping’ categories, but occasionally things become more serious and we can find ourselves ‘Struggling’ or ‘Unwell’. During these times, we may benefit from help from others.
Risk to mental health and wellbeing

We all experience poor mental health at times, and there are various things that can contribute to this:

- Social isolation and loneliness
- Severe stress
- Physical or emotional abuse (or neglect of children)
- Traumatic events/conflict
- Unemployment
- Poverty
- Discrimination

Poor mental health can also occur in children, and this may be particularly true for children with disabilities, including deaf and hard of hearing children. In these guidelines we’ll be thinking about some of the reasons for this and how you, as teachers, can help promote good mental health and wellbeing.

The situation in the Gaza Strip

Evidence indicates that mental distress is quite common in the Gaza Strip. Research has shown that as many as 60% of children show worrying signs of distress, including recurring nightmares and anxiety. There are a number of risks to poor mental health among children in the Gaza Strip:

- Experience of conflict and violence
- Fear of bombardment
- Losing family members and loved ones
- Threats to family stability and security
- Environmental pressures, e.g. power restrictions, limited public services, times of reduced food

Children participate in psychosocial activity at Atfaluna Society for Deaf Children
What do we mean by disability?

“What persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”

- The United Nations Convention on the Rights of Persons with Disabilities

Before we think about the experiences of deaf and hard of hearing children specifically, let’s have a think about the lives of people with disabilities more broadly.

Approximately 15% of the World’s population, or 1 billion people, live with a disability.

Disability is experienced through the interaction of three areas:

The Body: People with disabilities include those with long-term physical, mental, intellectual, developmental, or sensory impairments. For example, someone may not be able to walk, because they have a spinal cord injury. These impairments may stop people from participating in certain activities.

The Person: Personal factors of the person will also contribute. Someone who is wealthier will more easily afford support and the help they need, minimising their experience of disability. Someone who is Deaf that is born into a community that knows sign language for communication will have a different experience than someone born into a community that never uses sign language.

The Society: The environment in which someone lives contributes to their disability. Society does not often accommodate someone’s impairment. For example, someone who is blind is not limited, if a document is provided for them in braille. Or someone who uses a wheelchair is not blocked from working in an office if the building has ramps and/or a lift to help them get around the building. The barriers in society contribute to and exacerbate someone’s experience of disability.

Disability has historically been thought of as a medical issue only, resulting from someone’s health condition or impairment. It is important to recognise the new understanding that disability is experienced when someone’s impairment interacts with the environment they live in. Without barriers in society, people would not experience disability and would be able to participate in their community on an equal basis to others.

Barriers in Society

We mentioned there that society puts in place barriers for people with disabilities, which restricts their participation in everyday life. It is important to recognise these barriers and how they may impact on children and adults.

Barriers may include:

- Physical environment – e.g. no ramp, no lift, no hand rails in a bathroom
- Inaccessible information and communication - e.g. no sign language interpreter, no braille
- Expensive support – e.g. prohibitive cost of a wheelchair, cost of hearing aid
- Limited health services and support – e.g. not enough trained personnel to help dismantle barriers faced by people with disabilities. Assistive technologies may also not be available locally
- Attitudes – e.g. negative attitudes of staff who refuse to help someone with a disability
- Restrictive laws and policies – e.g. in some countries, people with disabilities are denied their rights by law

For deaf and hard of hearing children, communication and cultural understanding is often the biggest barrier in society. For many, sign language is their first and primary language. Speech is secondary and complimentary. If everyone knew sign language, then their difficulties interacting with the world would disappear.
Impact of disability
Evidence shows us that many people with disabilities experience negative impacts to their life.
• People with disabilities are more likely to live in poverty
  – Visit endthecycle.info to learn more
  – There are videos available in Arabic explaining the disability poverty cycle
• People with disabilities are less likely to be employed
• Children with disabilities are less likely to attend school
• People with disabilities are more likely to be victims of violence and abuse, including physical, verbal and emotional
• People with disabilities are likely to have poorer health, because of barriers to healthcare access

According to this Convention, the government of the State of Palestine is duty-bound to provide early years services that are inclusive and available to all children.

Nothing About Us, Without Us
An important mantra to remember is “Nothing About Us, Without Us”. People with disabilities know what is best for them and their community, and they should be consulted and included as valued contributors to all sectors and industries, and to all decision-making processes, to ensure inclusion. Often governments and service providers tell people with disabilities what they should receive, but it is important that people with disabilities are included in this process, so the support is best suited to their needs and community.

Read the World Report on Disability Summary in Arabic to learn more.

Disability rights
To address the inequalities experienced by people with disabilities, the United Nations released the Convention on the Rights of Persons with Disabilities in 2006. The overall aim of the Convention is to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”.

The Convention is agreed on by most countries in the world, and they have committed to promoting the inclusion of people with disabilities. The Convention provides guidance on what this means for employment, education, health, and all areas of life.

Keep this idea in your mind as we move through the guidelines. We suggest ideas for you and children, but also speak to deaf and hard of hearing children and their families to identify their strengths, challenges and solutions. Including children and their families will result in the best outcome.

Self-reflection
Think about your school
• What are the barriers you can think of for people with disabilities?
  – For example, would a wheelchair user be able to access every part of the building?
  – Would someone who is blind be able to navigate the school without help?
• What about the barriers for deaf and hard of hearing children?
  – What are the attitudes of students and staff? Is it a welcoming environment?
  – Is the school sign language friendly?

MHPSS guidelines for deaf and hard of hearing children in the Gaza Strip
Girls participate in activities at Atfaluna Society for Deaf Children
What it means to be deaf or hard of hearing?

**Deaf culture**

Before we think about deafness, let us first consider Deaf culture. Many Deaf people are extremely proud of their deafness, their community and their history. They do not see it as a hindrance and rather see their deafness as a positive diversity to their life. Being able to develop their own language, sign and communicate with one another creates a strong community and positive experiences across all aspects of life, from storytelling to sports events. Although they may face challenges, as other people with disabilities do, they see this as a failing of society, rather than with them. The Deaf community is very strong across the world, and many Deaf people come together to feel a sense of belonging. The increased use of social media in recent years has allowed the Deaf community to connect with each other across country and region. It has also allowed the Deaf community to connect with people with disabilities, and has been used as a means to bring everyone together.

Although we need to be aware of the challenges experienced by people with disabilities and deaf and hard of hearing children, we should not place children as a subject of charity and pity. We must remember that everyone across the world has their challenges and joys. If we give deaf and hard of hearing children equal opportunity to express themselves and participate in all areas of life with the environmental adjustments they need, then there is no reason they cannot lead a life to their full potential. Most importantly, people with disabilities themselves must be able to make decisions for themselves and control their own lives.

**Deafness**

Hearing is a primary sense that allows people to detect sounds. This allows us to communicate with others, connect with the world and alert us to danger. Deaf and hard of hearing people cannot hear certain sounds as well as others, or cannot detect sound at all.

The cause of deafness is not the same for everyone, nor is the level of sound which they can hear. Many have damage to a part of the inner ear, resulting in hearing loss, either in one ear or both. Children with hearing loss may experience this because of complications at birth or illness as a young child (such as an ear infection).

Some hearing loss is temporary, often if caused by an ear infection or other illness that can be medically treated. Permanent deafness is usually caused by complications during pregnancy, at birth or as a result of a serious childhood illnesses, such as high fever from meningitis. In the Palestinian Territories, and in particular the Gaza Strip, hearing loss is most commonly congenital, as a result of consanguinity (marriage of close relations).

Someone with severe or profound hearing loss in both ears is often known to be deaf. Someone with less severe hearing loss is referred to as hard of hearing.

---

**Deaf culture in the Gaza Strip**

In the Gaza Strip, the Deaf community grew during the 1990s, with leadership from Atfaluna Society for Deaf Children and with the founding of schools funded by UNRWA. The first club for Deaf people was founded, in which Deaf people could meet, talk and improve their sign language. Through these gatherings Deaf leaders emerged, who continued to build the community among all deaf and hard of hearing people in the region. Atfaluna provided support and programmes to help further develop the Deaf community, including education programmes and safe spaces to hold meetings, share concerns and discuss news. The community has continued to grow since the 1990s and this has improved the acceptance of deafness in the community and has brought deaf and hard of hearing people together.
REMEMBER hearing loss is common. And it is common among older people; it is something many of us will experience, and we should all value a world that respects and experiences human diversity, language diversity and deaf culture, including deaf and hard of hearing people on an equal basis with others.

**Severity of hearing loss**

Not all children have the same degree of hearing loss. Some will have no hearing at all (also known as profound), whilst some will have just mild hearing loss. The diagram below demonstrates the different types of sound that children cannot hear, at different severity levels.

- **Normal hearing**: Some quiet sounds are not heard
- **Mild hearing**: Some letters and spoken sounds are difficult to hear. Whispering would be difficult to hear
- **Moderate**: Most talking is not audible
- **Moderately severe**: Vacuum cleaners, crying babies and loud sounds cannot be heard
- **Severe**: Musical instruments, telephones and very loud sounds are not heard
- **Profound**: Next to no sound is audible. Even a helicopter or chainsaw would not be heard.

*Credit: Warm-up Activity by Wanqing Liu*
Assistive products

Assistive products or devices are instruments aimed to facilitate persons with disabilities’ independent living. Some children may use an assistive product, and it is important to understand why they use these.

Hearing aid

Hearing aids are simply assistive devices from an audiology perspective to help a child hear more clearly – they modify and make sounds louder, and try to focus on speech. They do not restore full hearing. They instead help create more awareness of sound, and a child will need to learn how to interpret the sounds being received. This means that most users need support and training to get the full benefit of a hearing aid.

You should not assume that a hearing aid is a magical fix that means a child can hear you perfectly. The sound signals they receive will still be difficult to interpret and you must be mindful of this. We will talk more about communication later in the guidance.

If a child is using a hearing aid, talk to them about it, and make sure they know that they are welcome to discuss with you if they are having any issues with it, or from other students. Some children report being teased, socially excluded and misunderstood by other children because they use a hearing aid, which causes them distress. A child should never feel ashamed when using them, and their using a hearing aid should not stop them taking part in the same activities as other children. Indeed, you have an important role in ensuring that you and other children accept and encourage the use of hearing aids when needed, and you should teach all children about respect and dignity in human diversity.

Cochlear implant

The Cochlear is a part of your inner ear that helps you to hear sound. A cochlear implant is a small electronic device surgically implanted to provide the user a sense of sound, when their cochlear is not working. It turns sound into electrical signals that the brain can recognise. A child with a cochlear implant with have a piece of the equipment sitting behind their ear, from which a wire goes into the implant under the skin. As with hearing aids, this does not reproduce perfect sound as hearing people receive. It can sound metallic and tinny, and not all sound is picked up. Children need to learn how to perceive these sounds, which will take time, and it is not always easy to hear everything.

As with those using a hearing aid, those with a cochlear implant should not be ridiculed or excluded from activities. It is simply another medical device.

"Some children try to take my hearing aid out of my ear. They think I am listening to music"
- Child, aged 9

Activity: Understanding assistive products

Ask children if they know someone using a hearing aid or cochlear implant and how they think it works. To help explain, why not play a child’s favourite song or video through headphones with the volume nearly all the way down. Increase the volume to demonstrate how hearing aids also increase the volume of sounds.
Young boy undertaking an exam at Atfaluna Society for Deaf Children
How can the experience of deafness and barriers faced impact a child’s development?

Communication barriers and language deprivation experienced by deaf and hard of hearing children can impact on a child’s development, and may make it more difficult for them to acquire developmental skills in the same way as other children. Most deaf and hard of hearing children are born into hearing families, and parents often don’t know how to communicate with them. Many deprive their deaf children of the right to exposure to the national sign language, during the key ages for language acquisition. This language deprivation impacts on their development and social inclusion.

Speech
Deaf and hard of hearing children grow up not hearing sounds particularly well. There are certain sounds that are more difficult to hear for some, and a child may not then learn to use these. Deaf and hard of hearing children may not hear quiet speech sounds such as “s,” “sh,” “f,” “t,” and “k”, “th”, “h”, “h-”, and may not learn to include them in their speech.

We often see that deaf and hard of hearing children rarely produce the sound “s”, when they use a hearing aid. “s” is a high frequency sound that hearing aids cannot amplify. This is typically not an issue for children with a cochlear implant, and the device is better at picking up all spoken sound.

In addition to the above, many children may not hear their own voice when they speak, making it difficult to further learn these sounds and things like volume control. These challenges can mean that deaf and hard of hearing children do not speak at all, or do not speak as clearly as others. They may mumble or sound different to most people.

Language
Most of deaf and hard of hearing children face language deprivation, especially in the critical age for language acquisition (0-5 years old).

Children acquire language without instruction as long as they are regularly and meaningfully exposed to an accessible human language. Evidence shows us that children who have not acquired a first language in the early years might never be completely fluent in any language. If they should miss exposure to a natural language during this critical period, their development of cognitive activities that rely on a solid first language might be negatively impacted.

An alternative to speech-exclusive approaches to language acquisition for deaf and hard of hearing children exists in the use of sign languages. Acquiring a sign language is subject to the same time constraints of spoken language development.

However, society and hearing people’s ideology often affirms that only spoken language is valid and this creates pressure for parents. More than 90% of deaf and hard of hearing children are born to hearing parents who may be advised not to expose their child to sign language. This absolute position might jeopardize the real developmental needs of deaf and hard of hearing children.

“What we do know is that cochlear implants do not offer accessible language to many deaf children. By the time it is clear that the deaf child is not acquiring spoken language with cochlear devices, it might already be past the critical period, and the child runs the risk of becoming linguistically deprived. Linguistic deprivation constitutes multiple personal harms as well as harms to society (in terms of costs to our medical systems and in loss of potential productive societal participation)”.

Only 2% of deaf children can access education in
their sign language. Language is the pathway to good mental and physical health, to citizenship and perceived belonging. Language plays a critical role in fulfilling social needs and it is necessary for people to participate fully. The right to access natural language is the key to realising all other human rights.

As we’ve just seen, many deaf and hard of hearing children are asked to learn oral language, when it is not natural for them. Depriving them of their natural language can make it difficult for deaf and hard of hearing children to learn some concepts and to learn oral vocabulary.

For some, it is easier to learn words for objects and things, such as car, house, dog. More abstract concepts may be more difficult. Think about trying to learn word ‘jealous’ if you have communication challenges. It would be very difficult. This also means that words for feelings and emotions may be difficult for a child who has language deprivation to learn.

For some children, it can also be difficult to understand and use oral sentences.

• They may use shorter sentences than hearing children
• They may have problems understanding long, complex sentences. This is something to be mindful of, and something we’ll discuss later in the guidance
• They may sometimes lose the correct grammatical order of a sentence (e.g. they may say “school child go”)
• Language deprivation in the critical period of development can mean that some deaf and hard of hearing children may fall behind hearing children as they get older. If they were exposed to their natural language (sign language) at an early age, then they would have no issues learning complex concepts and

Social skills
Difficulties with language and speech can negatively impact a child’s social development. Many deaf and hard of hearing children report feeling alone and unhappy at school, as they may find it difficult to communicate with other children using the hegemonic oral language. When children are in contact with other deaf and hard of hearing children, they tend to develop better social skills, as they are with others who communicate in a similar way. This is why we often see issues with social interaction among deaf and hard of hearing children at mainstream schools, with hearing teachers and classmates, who they find it difficult to communicate. They experience cultural and sign language restrictions in mainstream schools, which create these difficulties.

Deaf and hard of hearing children can be lonely and isolated, and may spend much of their time withdrawn from their classmates when schools are not sign language friendly. It is important we help them be included in class on an equal basis to others.

Impact on education
Hearing loss does not impact on a child’s intelligence nor on their skills. What impacts them is language deprivation and cultural oppression. This is very important to understand.

However, it can make it harder for them to do as well academically. Difficulties with oral speech and language can impact on a child’s ability to read and keep up with school work.

Many children may find themselves tired and their attention waning, as they strain to keep up with communication in a language not natural to them. Interactions can require tremendous attention for deaf and hard of hearing children. Listening becomes a multi-sensory task, involving a much greater level of visual and general attention than it does for their hearing counterparts. While the child may communicate effectively, it requires a great deal of energy to do so.

The gap in academic achievement can widen and widen as children grow, and deaf and hard of hearing children may fall behind other children in their class. It is important that children are supported to achieve the same education as others. This will include good communication by teachers. Many of the things we will discuss in this guidance will help children be included in the classroom, and will ultimately help their academic achievement, as well as our goal of making deaf and hard of hearing children happy and welcomed.
Impact on emotions and behaviour
Challenges to communication with much of society can negatively impact on a child’s emotional development. Language is important for people to navigate the world and their lives, and challenges for deaf and hard of hearing children can mean they have difficulties maintaining attention, managing their emotions and organising their behaviour. Some children can be hyperactive, impulsive and aggressive. In fact, the prevalence of behavioural disorders in deaf and hard of hearing children is over double that in children with normal hearing.3

Evidence shows us that children who receive more and better support from parents and teachers (including exposure to their natural language and regular communication) are less likely to show these behaviours. The ideas in this guidance will go a long way to helping a child be better included, happier and ultimately in better control of their emotions and behaviour.

Myths and facts
Before we move on, let’s consider some myths and facts about hearing loss, so we can all be confident in our knowledge.

<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All hearing loss is the same</td>
<td>• There are of course many kinds of hearing loss, at different severity levels, affecting different areas – clarity, volume, etc.</td>
</tr>
<tr>
<td>• Hearing aids restore hearing</td>
<td>• Hearing aids cannot replace damage to the inner ear. They can help amplify sounds, but they are still often difficult to interpret</td>
</tr>
<tr>
<td>• Deaf and hard of hearing children have lower cognitive abilities</td>
<td>• Most deaf and hard of hearing children perform well at school but they can fall behind without an inclusive, bilingual and intercultural environment</td>
</tr>
<tr>
<td>• Deaf and hard of hearing children will all show the same challenges and respond to the same support</td>
<td>• Every child is unique and it is important to speak with children and families about the support they need</td>
</tr>
<tr>
<td>• Deaf and hard of hearing children should attend a special school only</td>
<td>• Many deaf and hard of hearing children study successfully in mainstream schools when communication is supported</td>
</tr>
</tbody>
</table>
How can the experience of deafness and barriers faced impact on mental health?

Unfortunately, a lot of the challenges we have listed mean that many deaf and hard of hearing children experience poor mental health.

Difficulty communicating with the hearing world and language deprivation can have a negative effect on mental health and wellbeing. Trouble communicating may result in social isolation and low self-esteem. Deaf and hard of hearing children may also experience stigma, discrimination and bullying, and may be made to feel different to others in the community and their family. These experiences can increase mental health issues.

Evidence shows that deaf and hard of hearing children can be more likely to experience symptoms of a mental health condition compared with hearing peers.17,18

One key factor for many deaf and hard of hearing children is whether they are born to a family that has a member with deafness that communicates in sign language. If they are, then they may learn sign from a young age and may feel welcome in a community of people who know sign language. However, most deaf and hard of hearing children live in a hearing family who perhaps don’t know sign language or how to support their child. As we’ve discussed, this can result in challenges for the child, as well as poor mental health.

Risk factors for mental health conditions among deaf and hard of hearing children include:

- Communication difficulties with a hearing world
- Social isolation
- Disconnect from hearing family
- Bullying and discrimination
- Exclusion from community events

Poor mental health can mean that children aren’t able to engage in school, family life and their community. This can have a ripple effect. Deaf and hard of hearing children with poor mental health may withdraw from friends, making them feel more lonely, and this negatively impacts on their mental health even further.

We all need to care for our mental health and wellbeing, but children don’t often know how to do this. Hearing aids and other devices can help children better engage with a hearing world, but there are many areas in which we can support children and allow them to develop their natural identity.

These guidelines are here to help you provide that support
Children participating in psychosocial activity at Atfaluna Society for Deaf Children
How can we support deaf and hard of hearing children?

There are many factors to supporting the mental health and well-being of deaf and hard of hearing children. There is of course direct mental health support, but we also need to think about the classroom environment. Let’s go through some things we need to do in order to include deaf and hard of hearing children on an equal basis with their hearing counterparts.

Addressing stigma

Deaf and hard of hearing children may be subjects of negative attitudes and excluded by other classmates. We must dispel this. All children should feel valued and included. Human diversity is the essence of humanity.

Stigma refers to negative attitudes and beliefs that motivate the general public to fear, reject and discriminate against people who are different in some way.

Stigma negatively and disrespectfully labels people who are different in some way. It can lead further to discrimination, abuse and persecution.

For many, the fear of stigma and discrimination can act as a barrier, and means that someone may not seek the help they need.

Deaf and hard of hearing children who experience stigma and discrimination often feel negatively about themselves, and many then internalise these negative beliefs toward themselves and their hearing loss.

“My biggest fear is how other students will treat him”
-Mother of child aged 8

Some issues of stigma to consider:
- Mental health issues and deafness are often misunderstood and stigmatised, even though they may not be seen physically
- Increased stigma for children with both deafness and mental health concerns
- Stigma and discrimination can cause mental health issues and make them worse
- It can stop people asking for help when they need it
- Discrimination can result in self-stigmatisation. Children may believe they aren’t capable of doing certain things at school or in the community
- It can lead to withdrawal, low confidence and self-esteem
- Stigma and discrimination aren’t always obvious. It can be subtle. Our language, for example, can mean a child feels stigmatised
- Reinforcing certain stereotypes can also be a form of stigma and discrimination

All children should feel valued and proud of themselves

So how do we address stigma in our classrooms
- Educate yourself about deafness, deaf identity, deaf culture, sign language
- Challenge your preconceived ideas and notions about deaf and hard of hearing people (think about the myths and realities previously listed)
- Imagine how deaf and hard of hearing children might be feeling growing up in a hearing world, where they may experience restrictions to their natural language and respect for their identity
- Recognise that opening up to a teacher about problems can be daunting. Create an open and welcoming environment in which problems can be discussed
- Include stories of deaf and hard of hearing people (and indeed those with other disabilities) in your teaching
- Understand that deafness is only one part of the child
- Be patient and supportive
We must create an open and welcoming environment in the classroom that is about togetherness and belonging

To reduce stigma we need to create an environment that stands against bullying and negative attitudes. The classroom should be a community and should not stand for any negativity against deaf and hard of hearing students. School is where we all learn to be inclusive and not discriminating. If you notice other children being unkind to deaf and hard of hearing children because of their deafness, do not ignore it. Talk to the children involved and resolve it.

Be on the look out for subtle signs, such as eye rolling, ignoring/exclusion, staring/pointing. Some children don’t realise that laughing at others can be very damaging to another’s mental health and sense of self-esteem.

Idea
One thing to do may be celebrating Deaf Awareness Week, so all children in the class are aware and comfortable to talk about this community. You could speak to your headteacher about this. Perhaps you can have a deaf or hard of hearing adult come and speak to the school about deaf identity, deaf culture, sign language and deafness. It would be great for deaf and hard of hearing children to see this role model!

Stigma and mental health
It is also important to understand that some other children, and indeed teachers, may also have negative views towards mental health issues.

In some cultures, people are afraid to talk about their mental health and feelings, as they may be ridiculed or worse. This means that many communities do not talk about mental health, and this can mean those experiencing issues may not understand them or they may not seek help.

Keep in mind all of these ideas on stigma with relation to mental health also. Have your classroom be a place where children are comfortable to talk about how they are feeling, both to you and other children. It is usually less stigmatising to talk about emotions and mental health as being important for all of use, and try to avoid labelling people who have mental health problems as different or strange.
Communication
As we’ve seen, communication barriers can have a negative impact on deaf and hard of hearing children, especially when in a mainstream school. It is vital that teachers consider how best to support communication with deaf and hard of hearing children.

Not all of these tips will be relevant to every child, depending on their specific situation. It is important to speak to the child and their parents in private to find out what works for them, as needs vary from child to child.

Communication tips:
• Speak clearly but don’t over-exaggerate. Speak naturally and try not to mumble
• Think about your volume and the speed at which you are speaking (be loud enough, but do not shout)
• Make use of physical gestures and facial expressions. These can act as a cue for children to pay attention to certain words and phrases
• Always face the child when you talk to them – this will improve clarity of sound and some may lip read to help their comprehension
• When giving new and important information, do so from the front of the class, rather than when you are walking around the students, and use visual support (infographics, presentation slides, etc.)
• Teachers should try not to stand in front a window when speaking, as the glare can make it hard for those children that lip read (note that not all children lip read and not all information can be picked up through lip reading – see next page for more details)
• Repeat and rephrase your communication if a child says they don’t understand
• Where possible, use subtitles in videos and presentations, to help a child
• Try to have children speak one at a time in the class. This will mean sound is not overwhelming for a hard of hearing child
• Positive encouragement from teachers and other students (and avoiding criticism) can help children who have different ways of communication build confidence and feel appreciated the way they are

Idea
For some children, it may be suitable to allocate them a ‘hearing buddy’. This could be their closest friend, who can help them out if they are struggling to understand. They could help prompt where you are in a lesson if the student has lost their place. This hearing buddy can help when a child with hearing loss has missed information.

It is best to implement the buddy system across the whole class, as this will ensure that deaf and hard of hearing children are not differentiated. Having the buddy system is generally a good way to promote learning, friendship and support, and you will see positives for all children.

Alternative communication
Lipreading
Some children may lipread. Only about 30% of information from lipreading is understood, so do not rely on this if you know a child can lipread.

To support a child’s lipreading:
• Position yourself so the child can see your face
• Make sure there is good lighting
• Don’t stand with your back to bright light
• Try not to move around when you speak, so your lips are easier to follow
• Don’t eat when talking
• Don’t cover your mouth when talking (this is difficult when using masks in COVID!)
Sign language
Some children may use sign language. For some, this may be a sign language they have developed at home, whilst others may have received lessons in official sign language. Along with this guideline, we have distributed a guide on sign language. Although you aren’t expected to learn an entirely new language if you are a mainstream school teacher, knowing some simple sign may help communication, and help a child feel more welcome. If possible, try to engage the school administration about sign language training and support for teachers.

When it comes to communication, the best thing to do is ask the child what would help them.

**Activity: Communication**
How about coming together as a classroom to discuss what works when communicating together? This can include things that work well for all children, including deaf and hard of hearing children. Ask if the deaf or hard of hearing children would be willing to share what helps them when communicating.

**Two-way communication**
Effective communication is two-way.

One-way communication has information come from the teacher only. This is of course sometimes needed, especially when teaching, but one-way communication is limited and doesn’t always help children to learn and engage. It is authoritative and may mean some children keep quiet.

Two-way communication is interactive and gives children an opportunity to relay back their thoughts, questions and feelings. It is important that children feel comfortable to tell you when they don’t understand something in class.

How do we achieve two-way communication?
• **Active listening:** Active listening involves listening to students, checking you understand them, building on their ideas and asking them questions. Adopt this yourself and encourage children in class to use it also
  • **Be receptive:** Encourage children to contribute and give positive feedback for their contributions. Even if they are incorrect, thank the child for participating and build on their answer
  • **Ask questions:** Two-way communication values the ideas of children. Ask them questions to understand them and their needs and value their responses. You can ask questions in class and also outside in break times
  • **Body language:** Listen without interrupting, maintain eye contact, nod with encouragement and clearly pay attention to a child. This will let them know that you value what they are saying

It isn’t just important that you as a teacher communicate well with deaf and hard of hearing children. All of their classmates need to as well. Model good communication and other children will follow. Help other children in class improve their communication with deaf and hard of hearing children.

• Establish with all pupils how best to communicate with one another and encourage deaf and hard of hearing to tell everyone what is most helpful to them
• Make sure other students understand how background noise affects deaf and hard of hearing children
• If a deaf or hard of hearing child signs, teach all students some simple words/phrases, such as ‘thank you’ and ‘how are you?’

It may also be useful to talk to other teachers and staff about communication and the issues they are seeing for deaf and hard of hearing children. Working together can help teachers identify when they need to step in and make change to help.
Physical environment in classroom

The classroom environment can create a number of challenges for deaf and hard of hearing children. Noise and seating arrangements can make it difficult for children to learn and be included in the class. Here are some things to consider:

• Keep the classroom door closed, as this will minimise unwanted noise that will disturb deaf and hard of hearing children
• Think about adding felt or a soft material to the bottom of chairs – this will stop scraping sounds
• Consider where children sit
• Some may like to sit at the front, as their hearing aid may have a limited range
• Others may like to sit where they have a good view of the room and activities, and where they don’t have to rely on hearing
• Be sure to ask the child what is best for them
• For some children, listening whilst taking notes is difficult. Think about sharing notes with the children, so deaf and hard of hearing children can focus on listening to you, rather than note-taking

It can also be beneficial for a teacher to help a child check their hearing aid is working. A daily check of battery levels and fit, even if brief, can help make sure the child’s hearing is maximised. Check in the appendix for guidance.

Teaching materials

As we have learned, deaf and hard of hearing children can fall behind in class. Accommodating the needs of deaf and hard of hearing children in your class will help them learn. This includes everything we have talked about so far.

Additionally, you can help deaf and hard of hearing children with the teaching materials you provide:

• Provide students with written materials to supplement what you are teaching them. This will help deaf and hard of hearing children not to miss information
• Writing main points, key words and topic headings on the board can help deaf and hard of hearing children gather information
• Notes on a bulletin board and walls can also help reinforce information
• Make worksheets visual to help deaf and hard of hearing children learn and engage. For example, pictures, cartoons, diagrams and animated stories
• Use activities that require a range of responses, not just written answers or activities
• Any videos or films shown should have captioning/subtitles, where possible. When it is not possible, consider helping deaf and hard of hearing children access the information in a different way
• If giving students a test or quiz, consider giving deaf and hard of hearing children a little more time, if they struggle to read at the same speed
• And as we have discussed, make sure to teach using good communication techniques for deaf and hard of hearing children

NOTE: Language deprivation can make it difficult for deaf and hard of hearing children to read and understand written language. For many it is a second language, not their first. Don’t assume they will gather all information from writing along. Visual support and simple language should be used to facilitate learning and understanding.

In the appendix you will find a self-assessment checklist, which can help you identify areas that you as a teacher can improve on and prioritise. Revisit this regularly, to see how your behaviours have changes since using these guidelines.
How can we promote mental health and wellbeing?

Creating an inclusive classroom environment is the first step in building up a child’s wellbeing. But how do we actively promote good mental health and wellbeing more directly?

Building positive deaf identity
Deaf and hard of hearing children should feel welcomed and part of the community they are in on an equal basis with other children. As we all should, they should be proud of who they are.

- Allow them to feel comfortable discussing their deaf identity, deaf culture and experience of deafness with you. Don’t discuss diagnosis and don’t discuss it as a negative aspect of their identity or a disadvantage. The problem isn’t their deafness; it isn’t the child but the stigma and the inaccessible environment that is the problem
- Actively engage with them and what you can do to help. Let them know you care and want them to feel included in your class
- Encourage deaf and hard of hearing children to connect with other deaf and hard of hearing children in the school (even if they are integrated into a social circle with hearing children). It is beneficial to know and talk to their peers and support each other in their experience of diversity in a hearing world
- A positive identity will start at home, and teachers should speak to parents, in order to understand how the parent supports their child at home, and how they can continue this at school

Building inclusion and friendship
Social inclusion is so important for good mental health. Deaf and hard of hearing children may find themselves a little isolated at school if they have any difficulties talking with other children or getting involved in activities.

Activity: Inclusion
Ask all children in your class: “When do you feel included and that you belong? What does it feel like to be included and to belong?”

Children could share their ideas with the class. By including all children, we can see commonalities of needs and desires, irrespective of disability.

We’ve already talked about addressing stigma and appropriate communication, all of which you should be teaching to all children, to create an inclusive environment

Other great ways to promote inclusion include:
- Group work/activities: Deaf and hard of hearing children can be isolated. Opportunities for group work can really benefit them and help them get involved with other children. Be sure to help this group include deaf and hard of hearing children, and if possible, more than one in each group, to promote cultural identity and a common language. Sitting students in a circle can help everyone communicate well and be involved. Ask children to speak one at a time to help a hard of hearing child communicate.
- Buddy system: As we discussed before, having a ‘hearing buddy’ can help children learn in the classroom, and it can also help children integrate in with new friends and the rest of the class. Think carefully about who you buddy deaf and hard of hearing children with. They should be sociable, understanding, patient and good communicators. It is best to have everyone in the class have a learning buddy, so deaf and hard of hearing children do not feel differentiated from their peers.

Activity: Identity and support
Could you host a lunchtime get together with hard of hearing students at your school?

We’ve also included information on deaf groups in the appendix. Encourage parents to communicate with these groups. Many of these groups may be run by deaf adults, who can act as a strong role-model for a child outside of school.
• **Compliment cards:** All children write their names on a piece of card and each member of the classroom write one nice thing about them. These can be kept by the children or pinned up around the classroom.

• **Encourage friendship outside of the classroom:** Extra-curricular activities (including community events) can help strengthen friendships outside of school. Speak to parents about getting children involved with the classmates in some activities after school.

**Activity: Getting to know each other**

How about a get-to-know-you session for all students at the beginning of the school year (especially if it is a new class for the children)? Each child could tell a little about them, their hobbies and their family. This may help classmates bond, if there are difficulties.

---

**Building self-esteem**

All children are developing a sense of self and self-esteem as they grow. Having strong self-esteem can help prevent mental health concerns and promotes good wellbeing.

Some deaf and hard of hearing children can be lacking in self-esteem for some of the reasons we have been discussing. This may show in different ways; some children may be perceived to be quiet and shy, for example. So how do we help build their self-esteem?

• Involve them in activities: actively encourage them to get involved. Don’t stop them taking part in an activity because of their deafness or because you are worried about their hearing aid.

• Give them responsibility: feeling useful makes a child feel important. Ask children to help you with tasks they can do, so they feel needed. Perhaps give each child in class a small daily duty? Or have some tasks on a rota? These can be small and should be age-appropriate. We want the child to succeed and feel confident.

• Examples of activities could include having a deaf or hard of hearing child lead the class reading group for one week, or asking them to be the classroom secretary for one month.

• Celebrate success: when children do well, celebrate that success.

---

**Building resilience**

Resilience is the ability to cope and thrive in the face of negative events, challenges or adversity. Resilience is a skill. So, how can we help deaf and hard of hearing children to be resilient:

• With a child, explore their abilities, strengths and achievements. If appropriate, share these with the class and other teachers.

• Understand their likes and dislikes.

• Identify a challenge they are facing for the week. Come up with a plan together to address this.

• If a child is struggling, provide them support but encourage problem-solving skills. Help them find the solution, rather than simply telling them. This builds up skills, confidence and will make them more capable of dealing with personal issues in the future.

  • Ask children to reflect on their tasks – what worked? What didn’t?

  • Ask children that are struggling – how could we work on this together?

• If a child is feeling upset, angry, anxious, etc. ask them to identify:

  • “How am I feeling?”

  • “What is the problem?”

  • “What could I try to solve the issue?”

Building resilience is very linked to emotional literacy and building self-esteem. The more children build up skills in recognising their own emotions and solving issues, they will feel more confident to tackle problems as they grow up.

**Activity: Confidence**

Once a week, ask every child in your class to share something they have achieved and are proud of. This can be anything and doesn’t have to be big.

It could be that they were on time to school. Or it could be that they helped their parent cook a meal at home. Anything that will help them start to recognise even the small accomplishments in life.
Emotional literacy

Children are never too young to learn about mental health. Emotional literacy is where children (and indeed adults) can recognise, understand and share their emotions and feelings in a positive way.

Talk to all of the class about mental health, emotions and feelings. You could even have a 5-minute session at the start of class where students can talk about things that are bothering them. Talking about feelings should be completely normal. This reduces stigma and helps promote good mental health.

Deaf and hard of hearing children may lack the vocabulary to talk about their own emotions and feelings and struggle to understand how they and others feel. As we’ve talked about, some words and oral language can be difficult for deaf and hard of hearing children, as it is not natural for them. This may impede their ability to recognise and talk about emotions.

One activity you can use to help the children in your class is learn and talk about some basic emotions and feelings:

• happy
• sad
• love
• hate
• angry
• nervous

You could use pictures matched to each feeling. You could start the day with a 5 minute look at each of these and talk about it as a class. This benefits all of the children in your class and creates a comfortable environment to talk about feelings.

You could have the pictures stuck around the classroom walls and you can encourage children to use these to tell you how they are feeling, if they can’t find the words. And you could have regular check ins with children at the start of a day, or after a particular activity.

For younger children, you may want to keep to simple emotions. For older children who learn to be comfortable with basic emotions, you could build up to slightly more complex terms:

• anxious
• worried
• embarrassed
• confused
• confident
• excited
• content

It is helpful to talk to parents about this. Maybe they could also have cards around the home for their deaf or hard of hearing child.
**Idea**

Instead of pictures matching feelings, how about using colours to represent different feelings and emotions?

Ask children which colour they feel like and they talk to them about it.

Younger children may prefer colours to start with, before building up to pictures.

As well as recognising these feelings in themselves, and being confident to talk about them openly, it is also important that children recognise these feelings in others. If you read a book, you could ask the children to think on how the characters may have felt and how they resolved their feelings.

Once children have an understanding of emotions, you will see them engaging with and supporting each other.

**Be a role model:** If you are open about your feelings, then the children will follow your example.

**Idea**

Creating a quiet space: Think about creating a space in your classroom for a child to take 5-minutes of quiet time if they need to calm down when feeling angry or sad. This could have some books or pictures.

**Positive behaviour**

Some deaf and hard of hearing children may exhibit challenging behaviour, as we’ve discussed. This may contribute to them being excluded, isolated and unhappy.

So how can we help them to maintain good behaviour?

- Provide clear expectations of behaviour
- Identify and resolve challenges that can aggravate a child (e.g. difficulties communicating, exclusion from the class, pressures to respond and produce in the same way as peers)
- Model and role-play positive behaviours you want to see
- Reinforce positive behaviours with a reward system
- Encourage children to collaborate and help one another with tasks
  - This helps build connections and relationships
  - It presents opportunities for good work to be positively recognised
  - Builds skills in listening, sharing and attentiveness
  - Discuss conflict resolution when there are challenges between students

**Activity: Behaviour**

Many children learn by seeing words put into action. Why not ask another teacher to help you demonstrate good behaviour?

“Act out” a child having an inappropriate response to a situation. Ask the children what they think the child should have done instead. End by acting out the desired behaviour.

**TIP** — You can use role-modelling across lots of the ideas we’ve been discussing, including communication, emotions, etc.

Many of the negative behaviours seen by deaf and hard of hearing children may be a reaction to negative attitudes towards them from other children in the class. As we talked about, reducing stigma and promoting inclusion is key. Share stories of positive attitudes and behaviours towards children with disabilities, so other children in the class learn that difference is normal and we should all promote dignity, respect and equality for everyone.

**Promote good physical health**

We’ve talked a lot about mental health throughout this guidance, but what about physical health?

Maintaining physical health is important to maintain good mental health. The two go hand in hand. Children with hearing loss reported to us that they were excluded from physical activities, sometimes because teachers were worried about their hearing aid breaking. As with everything, it is important to include deaf and hard of hearing children in activities. Modern hearing aids should be water and dust resistant, and should fit well, so they don’t fall out. Some children may like to wear a headband, that can be positioned to stop a hearing aid slipping or falling out.

Encourage children to be active out of school and at
Identifying an issue

Early identification of a mental health issue is vital. You are one of the first points of contact with deaf and hard of hearing children, and you are best placed to identify an issue. You will know these students better than most, and will likely intuitively know when something is wrong. Follow your instincts. The below steps can help:

1. Be on the lookout for signs of poor mental health:
   a. More quiet than usual
   b. Mood swings
   c. Anger or aggression
   d. Avoiding activities and social interaction, or refusing to go to school
   e. Student complains of persistent tiredness and cannot keep attention
   f. They regularly refer to themselves in a negative way
   g. They become disorganised and show a dramatic decrease in completion of schoolwork

2. Ask questions if you have a concern (in private)
3. Take any concern seriously
4. Encourage solutions if they are classroom-based
5. Refer to a counsellor, if needed

If the problem seems quite serious, do talk to the school counsellor. They are there to support you and children, and can provide expert support. If the issue is very serious indeed, then they have mechanisms to get the child help from district specialists.

You are the first point of contact a lot of the time, but you are not expected to be able to diagnose children or to provide direct mental health treatment. This is up to the counsellor, so do talk to them when you think there may be any issue and they can help you.

Note: the information above is not just relevant to deaf and hard of hearing children, but for all children!

Idea
It can help to keep a wellbeing diary for each child. Taking short notes each week, can help you learn about each child and help you recognise when their behaviour and emotions are difficult to their norm. This can help you recognise an issue and respond quickly.
Working with others at your school

There is a lot covered in this guidance and you shouldn’t feel you need to tackle all issues alone! Work with others at your school to support you and support deaf and hard of hearing children.

**Coordinating with other teachers**

Talk to other staff openly about mental health and the wellbeing of their children. Perhaps ask if the school counsellor could speak to all staff about mental health, so everyone is on the same page. We need the entire school to promote mental health and wellbeing for all children.

We also need all teachers to understand about deafness, deaf identity, deaf culture, sign language and the needs of the child. Teachers need to respond appropriately at break time, promote good communication and attitudes etc.

Idea

Why not ask a Deaf adult from a local organisation can come and speak to you and other teachers? This will help you learn and best support children throughout their school experience.

Some teachers find it helpful to form small groups, with whom they can discuss these guidelines and plan joint activities. Why not try this yourself?

**Coordinating with counsellor**

Throughout this, we’ve focused on the role you can play in your classroom. But we’ve not talked about an important partner; a school counsellor.

Every school has a counsellor. This individual is not just there for serious issues, but can help you coordinate mental health promotion in the classroom.

When we spoke with counsellors and teachers, there was a clear lack of communication and partnership between you, but a desire for this going forwards.

So, reach out to your counsellor and start working together. The school counsellor can help you:

- Inform a class about mental health and wellbeing
- Advise on strategies to support deaf and hard of hearing children in your classroom
- Develop an individual plan for a deaf or hard of hearing child with active participation of the child
- Talk to parents about support at home

Counsellors are also available for referral, when a child is exhibiting a difficulty. They will be able to provide more specialist support, but that identification may need to come from you in the first instance.
Working in partnership with parents

We are providing this support at school, but for it all to be fully effective, we need the support to be continued at home. And so much of the child’s individual needs can be learned from parents, so you can both present a united and consistent front in the support of a child.

Understanding the family context

Raising a child with a disability or a deaf child can have many positives for parents and families, including improved family closeness, personal growth and of course joy.

However, when you are working with parents, keep in mind that parenting a deaf or hard of hearing child (and indeed any disability) can have also put strain and difficulty on some families.

Evidence shows us that parents of deaf and hard of hearing children and other disabilities can experience stress and burnout.

Many parents we interviewed told us that they:

• Faced strain on their time and capacity to meet the needs of their deaf and hard of hearing children
• Experienced additional financial pressures on their family, including payment for specialised healthcare (such as hearing aids)
• Could in some cases not work, as they adapted their life to support their child
• Experienced stigma from the wider community
• Did not receive the support or information they needed to care for their deaf or hard of hearing child when they received a diagnosis
• Find it difficult to find the correct school for their child that supported their needs
• Worry about their child not being included

When working with parents, understand that they may have stress and may be overworked. Be supportive of them, but do not pity them. Parents we spoke to do not want pity! They love their children and are glad of their situation, but they expressed their appreciation for the support given to them and their children by teachers.

Effective partnership

Parents are the experts of their child. They know their strengths and weaknesses, their likes and dislikes. They are the constant in their child’s life, when services and programmes may come and go. Work with them to provide the best support for deaf and hard of hearing children in your school. Parents we interviewed were eager to work with teachers.

Below is some guidance on building an effective partnership with parents:

• Seek the advice of parents. Value their knowledge and experience. Parents know their children and can help you discuss their support in the classroom
• Ask parents and children about the child’s needs:
  – What have you found helps your child to learn?
  – What helps them to get involved with other children?
  – How does your child best like to communicate?
  – If your child doesn’t understand me, what should I do?
• Invite them to come and discuss ideas on how to support them and their child
• Establish good communication between home and the school
• Learn what is being done at home to support and implement it yourself at school
• Keep parents up-to-date with their child’s development and progress. This includes information about their wellbeing
• If a parent raises a concern, respond quickly and work together to come up with the solution
• Avoid making judgements for families and their children; speak to them about a situation and how best to resolve it
• Don’t just contact parents when there is a problem, also let them know when their child is doing well and is getting involved in class
• Speak to parents about this guidance and the activities within. The home environment is incredibly important to reinforce learning at school, and many of the same principles should apply
Parents could be given a version of this guidance, or invited to discuss it with you, so they can apply the lessons and activities at home.

Idea

Why not put together a child wellbeing notebook or communication journal? Each week, you could write a sentence or two for parents on the progress their child has made, and any challenges they are facing. Parents can then continue the support at home.

Parental involvement in education and wellbeing

Getting parents involved in a child’s education and learning is evidenced to improve academic outcomes, social skills, behaviour and emotional wellbeing.

There are typically six ways to get parents more involved in their child’s education and we recommend you support these where you can (some of these may need the support of your school administration):

1. Help families establish home environments to support children as students
   - Suggest home conditions that support learning
   - Meetings to help parents understand the value of schools and to help schools understand families
2. Improve school-to-home and home-to-school communication about the child’s progress
   - Hold regular meetings with parents about their child’s needs and progress. Include specific discussion on their mental health and wellbeing and needs as a deaf or hard of hearing child
   - Communication journals to give information between parents and teachers about their child’s education and wellbeing
   - Clear information on school policies and programmes (including these guidelines)
3. Give parents the opportunity to volunteer and support the school
   - Offer parents the opportunity to get involved with the school to help teachers, students and other parents
   - These activities can be small but will help parents become more comfortable with the school
   - Provide information and ideas to families to help students at home with homework and other related activities and decisions
     - Give families information on the skills students should be developing at each grade
     - Involve families in setting student goals each year
     - Give families information on homework policies
     - Provide some tips on how to assist students to improve their skills and complete homework
     - Set some homework tasks that require family involvement
4. Include parents in school decision-making, developing parent leaders
   - Promote advocacy groups in your school, led by parents
   - Encourage parents of deaf and hard of hearing children to get involved in any school parent councils or committees and to discuss the needs of deaf and hard of hearing children
5. Integrate services from the community to strengthen school programmes, family practices and student learning
   - Give families the information in this guideline and give them the information in the Appendices on available services in the community for hearing loss and mental health support
   - Partner with organisations like Atfaluna Society for Deaf Children who can give guidance on supporting children with hearing loss at your school
   - Ask graduate deaf and hard of hearing students to come and speak to parents and children to offer their own experiences and guidance

Not all of these activities will be immediately achievable, but have a think about what small things you could do now and what you may want to have in place one year from now. Speak to your headmaster and school administration about the support they can provide.
Continuing support at home

Working with parents to identify support in the classroom is one step. To further the support for deaf and hard of hearing children, that support needs to be continued at home.

We recommend holding a session with parents to explain that you are using the guidelines and the changes you will be making. Suggest that they continue the support at home, with a focus on:

- Building positive deaf identity
- Building self-esteem
- Emotional literacy
- Resilience
- Positive behaviour
- Physical health
- Identifying mental health concerns

Many parents we spoke to in our interviews said that they had never been given much information on hearing loss and how best to support their child.

If you have enough copies at your school, why not give them a copy of these guidelines to take home? They can read about the support you are providing at school and can look to which elements could be implemented in their own home. Some of the tools and activities can be used by parents themselves; for instance, learning the emotion cards and giving children small responsibilities.

If you are able to hold a meeting with them, you can discuss together the key actions and behaviours you will aim to keep consistent across both school and home.

As we’ve suggested before, using a communication journal would be a great way to keep up to date with progress both at home and school, and to help consistency of support. You could review and discuss a child’s mental health and wellbeing as regularly as is feasible, but at least twice a year at a minimum would be a good place to start.
Remote learning and support

The COVID-19 pandemic has changed and impacted the lives of everyone across the world. It has also meant periods of school closure and remote learning.

The mode of this may differ from school to school, and region to region, but all teachers should try to maintain the principles of the guidance, where they can.

**The virus**
Children will understandably have questions and anxieties about COVID-19 or any other reason for lockdown and school closure. Provide clear and factual information to them on why school is closing.

**Supporting parents**
As we talk on before, hopefully you will have had the opportunity to discuss these guidelines with parents, so they can continue the supportive environment at home. Continue this conversation with parents during periods of lockdown and remote learning. Try to talk with parents about the support you have been giving at school, and discuss how this can be continued at home. Suggest some mental health activities that have worked in the classroom, and see if parents can continue these at home.

If you are communicating via WhatsApp, why not send a weekly or daily video of yourself outlining your support for children and their continued wellbeing.

**School-work**
Children may need to keep learning at home for some time. It is of course important to maintain school activities at home, but also be aware of the stresses they are under. Try not to overload them and their parents. Their mental health and wellbeing is more important than some missed classes.

Encourage physical activities to support physical and mental health.

If you are hosting live-sessions over video, remember all of the components in this guidance, and be particularly mindful of communication and other issues for deaf and hard of hearing children. Use pictures, infographics, presentation slides and videos with captions/sign language over Zoom or WhatsApp to help facilitate learning.

**Check-in**
If you know a child was facing some difficulties in the classroom, then they may be facing similar difficulties at home. Try to check-in directly with children that you know need a little extra support.

**School counsellor**
When schools close, work with the school counsellor to identify and suggest mental health activities to be done at home.
This guidance has hopefully given you an understanding of how to support the mental health and wellbeing of deaf and hard of hearing children.

Further resources, including mental health and deaf support organisations, are provided in the appendix.

Let’s work together to make our classrooms inclusive and welcoming for deaf and hard of hearing children!! Let’s move towards a perspective of equality and human rights and a fairer world for everyone.
References


Appendices

List of hearing services in the Gaza Strip
1. Atfaluna Society for Deaf Children
2. Jabalya Rehabilitation Society
3. The Palestinian Company for Hearing Services
4. Dair Al Balah Rehabilitation Society
5. Palestinian Red Crescent
6. Palestine Specialized Centre
7. Astemed Centre for Hearing Solutions
8. Al Shifa Hospital Hearing Clinic

List of mental health and psychosocial support services in the Gaza Strip
1. Gaza Mental Health Program
2. Gaza Mental Health Hospital
3. The Palestinian Centre for Conflict Solving
4. The Palestinian Red Crescent

Simple Palestinian Sign Language
Atfaluna Society for Deaf Children have developed a book of Palestinian Sign Language which should be available in your school. If not, please contact (+972-8) 2828495 or 2865468 and they will be able to provide you with a copy.

Additional Mental Health Resources
For further readings on mental health and psychosocial support, please visit the website below, where you can download and read references to further your knowledge.
Check Hearing Aid Batteries

The following guidance is taken from the World Hearing Organization ‘Basic Ear and Hearing Care Resource’. If a hearing aid is not be correctly inserted:

• Remove the hearing aid from the ear and take off the ear mould
• Switch the hearing aid on and turn the volume control to the highest setting
• Place the hearing aid in the palm of your hand
• If there is a continuous whistling sound, it indicates the battery is working
• If there is no whistling sound:
  • Check the earmold, it may be blocked by earwax and may need to be cleaned
  • The battery may need to be replaced (ask the parents if you can keep some batteries with you, for such occasions)

Guidance on wider hearing aid care:

• If a child is hearing a whistling when they put the hearing aid in their ear, then the earmold may not be correctly inserted
• The earmold should be replaced every year. The child may also hear a whistling if it is too small for them
• If a child shows discomfort when using one, ask them why. It may not fit correctly
• Hearing aids should be kept dry. Help children keep it away from water

Credit: World Health Organization ‘Basic ear and hearing care resource’
Creating an inclusive environment: Self-assessment for teachers

<table>
<thead>
<tr>
<th></th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stigma</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you address any stigma or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>discrimination you witness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>towards deaf and hard of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hearing children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you encourage other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>children in the class to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>understand hearing loss and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hearing aid use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you support deaf and hard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of hearing children to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>actively participate in the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lesson?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you check with deaf and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hard of hearing children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>about their communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>needs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you make sure your face</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is visible for deaf and hard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of hearing children when</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>speaking and teaching?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you make sure to have</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the students’ attention for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>speaking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you repeat or rephrase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>anything that deaf and hard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of hearing children have not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>understood?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you encourage all children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to speak one at a time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you check deaf and hard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of hearing children’s hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aids to make sure they are</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in good working order and in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment</td>
<td>Frequently</td>
<td>Sometimes</td>
<td>Rarely</td>
<td>Never</td>
<td>Not applicable</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
<td>-----------</td>
<td>--------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>Do you take steps to reduce noise and background noise in the classroom?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you support deaf and hard of hearing to sit in the position that is best for them?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching materials</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you write out complex topics to ensure deaf and hard of hearing children can learn key concepts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you vary lessons to include visual and hands-on learning options?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Classroom – Child Feedback

We should always try to work with children to identify their own individual needs. Try using the questions below to help have that conversation in private together.

At school, what is:
1. Easy? ___________________________________________
2. OK?  _____________________________________________
3. Hard?  __________________________________________

Do you always understand and hear what the teacher says?
If no, what would help?

Do you have any difficulties learning in the class?
If yes, what would help?

Do you feel included with your classmates?
If no, what would help

Is there anything else the teacher can do to support you?
Feelings and emotions cards

Angry

Embarrassed

Nervous

Happy

Annoyed

Excited
This publication has been supported by The Federal Ministry for Economic Cooperation and Development (BMZ), The London School of Hygiene & Tropical Medicine, Atfaluna Society for Deaf Children, The International Centre for Evidence in Disability and CBM Christian Blind Mission