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Webinar Script:

Webinar opening: Hello everyone, I am Kelly the chairperson of today's meeting and I would like to firstly thank you all for attending today's webinar. Today, you are all invited to hear and share research on supporting children with Additional learning needs (hereafter ALN). Dewis Cymru (2020) discusses how ALN refers to children who have trouble learning at the same rate as peers of the same age, due to a physical, sensory or learning need, to which they may require short- or long-term intervention. Dewis Cymru (2020) continues to discuss how children with ALN, will be provided with an Individual Development Plan (hereafter IDP) which includes their views, aspirations and wishes. These procedures are in accordance with the Welsh Governments (2025) ALN legislative framework which supports all children and young people up to 25 with ALN, through creating a "person-centred approach", allowing for early interventions, effective planning and adaptations to the provisions to support personal outcomes. Today's agenda is for each presenter to share research and studies on a particular area of ALN, looking at how it is assessed, the barriers and positive interventions to support the children's development.

Firstly, could I ask each person to introduce themselves and the ALN you have chosen to share with us.

Thank you all and I will be sharing my studies on children with hearing impairments. Megan do you mind starting us off and sharing your screen.

Kelly (My presentation):

Thank you.

Hearing impairment is described by the World Health Organizations (hereafter WHO) (2026) as individuals who cannot hear as efficiently as others, ranging from mild to profound hearing loss. Hearing impairment can be temporary, partial or permanent, which is also known as "deafness" and impacts around 50,000 children within the United Kingdom (hereafter UK), to which 1 in every 1000 of these children are born with complete hearing loss, according to Walker (2025), NHS (2026) and National Sensory Impairment Partnership (hereafter NatSIP) (2026). Although Centres for Disease Control (hereafter CDC) (2025), states up to 60% of hearing loss within children can be through family genetics and 20% linked to a "syndrome", Walker

(2025) and the NHS (2026) research differ, stating 90% of children born deaf are born to hearing parents.

The NHS (2026) and Walker (2025) discuss two types of hearing impairments. Sensorineural hearing loss is caused by damage to the nerves, which detect sound or the cochlea within the ear not working, resulting in permanent hearing loss requiring support from hearing aids or a cochlear implant, which is an electronic device surgically placed within the head and ear (NHS, 2026 and Walker, 2025).

Another is conductive hearing loss, which is mainly related to temporary hearing loss, caused through physical blockages, such as ear wax, usually treated daily with ear drops and can resolve naturally or with extraction by an audiologist (NHS, 2026 and Walker, 2025). Alongside ear wax, another most common conductive hearing loss issue is glue ear, a sticky fluid within the eardrum mainly contracted through common infections which affect around 80% of children (NHS, 2026 and Walker, 2025). Glue ear often resolves naturally, however if impacts development and learning, grommet surgery can be undertaken or temporary hearing aids provided (NHS, 2026 and Walker, 2025).

Hearing loss is diagnosed through hearing assessments which varies depending on the age of the child (Walker, 2025). According to the NHS (2024) and CDC (2024), babies born in hospitals are usually offered a hearing test referred to as the Automated Otoacoustic Emission (hereafter AOE) which monitors sound responses from an earpiece, creating clicking sounds within the baby's ear (NHS, 2024 and CDC, 2024). However, if no response is recorded, a second test is done known as Automated Auditory Brainstem Response (hereafter AABR), similar to the AOE, however, uses sensors on the baby's head and neck along with headphones to check for sound wave responses (NHS, 2024).

These assessments can be usually implemented before being discharged from hospital but can also be done by other healthcare professionals, preferably within the first couple of weeks of birth. Younger children are assessed through play, to which the assessor will look for the child to acknowledge instructions or sounds known as Visual Reinforcement Audiometry (hereafter VRA) according to Walker (2025). If acknowledgement is not visible, referrals to the audiologist are submitted, where further tests are completed, to measure the severity of the hearing loss (GOV.UK,

2025). Through professional diagnosis, interventions can be implemented providing hearing aids or assessments for cochlear implants (NHS, 2026).

These assessments are not compulsory, and results may not be accurate according to NHS (2024) and Walker (2025), who discuss how babies and children can become unsettled or still have fluid from birth within the ear, alongside interference from background noise or distractions which can all affect the results.

Although parents can decline the assessments, all parents are given checklists or developmental books providing information on stages of hearing development as guidance to monitor children's development (NHS, 2024). Some of the early signs of hearing loss can be a lack of babbling or nonreactive to loud sudden noises, children may not respond when called or seek for sounds according to NHS (2026). Walker (2025) highlights how practitioners may notice children not meeting educational goals like their peers.

This leads us on to discuss how children with a hearing impairment experience significant impacts on all aspects of their daily lives and development, especially with linguistic skills (Auditory Verbal, 2025). According to Agrawal *et-al* (2025) hearing plays a vital role in language development, however children with hearing impairment experience de-lays within language development due to missing out on vital early speech and language phases. Agrawal *et-al* (2025) conducted a study on 103 children who experience either sensorineural or conductive hearing loss and all children posed risk of language delay. According to Awan *et-al* (2024), children with hearing impairments struggle to communicate in social situations leaving them feeling lonely or frustrated, which can lead to emotional, social, academic and behavioural issues. Awan *et-al* (2024) discusses how these behavioural outbursts are a result of feeling frustration, due to the inability to express themselves clearly or be understood by others.

This is something I have witnessed when supporting children with hearing impairment, they became easily frustrated when peers did not understand them or when faced with something challenging, they would seem to shut off and either become non-responsive or aggressive.

However, medical interventions to provide children with hearing aids or Cochlear Implants have made slight improvements, according to Parola *et-al* (2024) report,

which states with early intervention children can begin to access language and communication skills as the devices enhance the auditory signals. These types of medical interventions can also be known as medical models of disability, where people believe that healthcare professionals can fix the issues, through treating the impairment using medical interventions to “cure” it (Care learning, 2024 and Disability Wales, no date, p4).

Alongside language delays, hearing impaired children are also subject to social model of disability barriers. Social model of disability refers to the environmental barriers people with disabilities face (Disability Wales, no-date, p6). This is affecting hearing impaired children currently, who are now having to adapt to mainstream settings, after widespread closures of specialist deaf schools, further adding to the challenges of accessing learning with their environment according to Gilbert (2024). Gilbert (2024) continues to discuss how 95% of teachers believe that the cut to school budgets and lack of resources is “detrimental” to deaf children’s education. However, Berry (2017, p132) highlights how specialist teachers of the deaf which currently visit individuals within mainstream, can be assigned on average between 40 to 60 children each, placing strain on giving quality individual support. Gilbert (2024) adds the rest of the day these children are left in mainstream lessons to enhance their independence and prepare them for life in “*the hearing world*”, with Berry (2017, p132) adding with possible support from a teaching assistant who has little to no experience or training in supporting children with hearing impairment. Berry (2017, p132) writes this is down to lack of funding and access to training.

I can personally relate to this, as when I was supporting children with hearing impairments, I had no prior knowledge or training, the only training received was how to use the hearing devices. I learned and adapted on the job daily, seeking advice and resources from the specialist teacher on visits or in my personal time.

However, across the United Kingdom (hereafter Uk) the government are “committed to embedding equity” and inclusion throughout all educational settings, the aim is to give all children equal opportunities though support and interventions (GOV.UK, no-date). In 2023, Wales was the first place within the Uk to include British Sign Language (hereafter BSL) in addition to English, within the Welsh curriculum (Welsh Government, 2023). BSL is visual language combining hand actions, facial

expressions and body language (Royal Association for Deaf People, no-date). Corresponding with BSL experts of the Deaf community the Welsh government created resources and videos on HWB based on the four purposes and other basic interventions in BSL, to support with implementation within schools (Welsh Government, 2023).

Through providing this platform, schools can access these resources and incorporate BSL into the classrooms, which effectively supports both hearing impaired and hearing children (Welsh Government, 2023).

I personally found this type of strategy helpful as together as a class we began learning basic BSL. I noticed the confidence grow amongst our hearing-impaired children, as they enjoyed “teaching others”, and all the children seemed to enjoy it, which developed friendships and enhanced communication skills.

Park (2025) promotes how BSL significantly benefits hearing children alongside hearing-impaired children, as it supports language and social development. Park (2025) also adds, how it creates inclusive environments, offering more ways to communicate and express themselves. Park (2025) goes on to discuss how children who sign alongside spoken language develop speech skills faster, due to paring words with actions, whilst boosting listening and concertation skills.

However, whilst integrating BSL within the classroom is beneficial it can be difficult for some settings. According to ASB-archives (2025) a lack of funding results in a shortage of qualified BSL teachers or staff able to participate in training, alongside settings not seeing it as a priority compared to other subjects can all affect the implementation of BSL.

Overall, from what I have shared today, it is likely at some point within our settings, we will encounter a child with either temporary or permanent hearing impairment. As professionals acknowledging these early signs and understanding the barriers these children face, we can input interventions early such as BSL, in attempt to decrease these barriers and make positive impacts on the children’s educations and daily life.

Are there any questions?

Questioned asked:**Do children benefit more from Cochlear implants than hearing aids?**

My response: Cochlear implants are for those suffering from profound or severe hearing loss and as mentioned previously are surgically implanted. Cochlear Implants directly stimulate the nerves making sounds clearer, offering wider frequencies, giving a more natural version of sounds than hearing aids. Whereas hearing aids mainly amplifies sounds for those with moderate to mild hearing loss. However, although Cochlear implants create better sound frequencies the surgery can damage any signs of hearing, which is irreversible (Bradshaw and Harrison, 2022).

Is BSL training free?

My response: Yes, there are many online or in person BSL courses options available, offering basic to higher level BSL. However, according to Positive Signs (2024), going through as accredited BSL course ensures trustability, structure and is nationally or internationally recognised, which employer's values (Positive signs, 2024).

Closing webinar: Thank you all for sharing today, it is clear from what you have all discussed how without positive interventions and support, children with ALN's daily life and education is impacted greatly. However, as professionals understanding these barriers and early signs, we can put these strategies in place to help bridge gaps and create inclusive environments which offer equal opportunities for all. Thank you.

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