

Script for poster presentation webinar

Good evening and welcome everyone. Thank you for joining our Additional Learning Needs webinar this evening. My name is Kerri McLachlan. Also in attendance, we have Pandora Oates, Wing Yi Chu and Salmah Begum, who have been working hard to prepare some useful information posters for you.

During this session, we will discuss four additional learning needs, namely Speech and Language, Dyslexia, Attention Deficit Hyperactivity Disorder (ADHD) and finally Hearing Impairment. Whilst discussing these topics, we will be thinking about inclusive education and ways that we can achieve this for our young people with additional needs. According to The Alliance for Inclusive Education (2025), inclusive education means that all children, disabled, non-disabled, with or without additional learning needs, should learn together in their chosen place of education. UNICEF (2025) take the same view, stating that all children should learn together, in the same rooms and the same schools and that this should be to the benefit of everyone involved. These statements align with articles 23, 28 and 29 of the United Nations Convention on the Rights of the Child (1989).

There will be an opportunity to ask questions at the end of each individual presentation and I'm sure our speakers will be happy to answer your queries.

Pandora, would you be happy to start us off with your presentation on Speech and Language please?

(Pandora delivers)

Thank you, Pandora. If you don't mind, I have a question. Could I please ask you to explain the difference between expressive and receptive language?

(Pandora replies)

(Salmah: How does camouflaging look in a young child?)

(Pandora replies)

Thanks Pandora, for answering those queries. That was very helpful. Wing, are you happy to give your presentation on Dyslexia next please?

(Wing delivers)

Thank you Wing, that was really interesting. Could I ask please, how do early years practitioners distinguish between a child learning English as an additional language and a child who is showing signs of dyslexia?

(Wing answers)

(Pandora: Why isn't dyslexia formally diagnosed before age six and does that mean early screening is unreliable?)

(Wing answers)

Thanks Wing, there was some very useful information there. Moving along, Salmah, I understand you are going to talk to us about ADHD. Are you happy to deliver now?

(Salmah delivers)

Thank you, Salmah, another interesting and helpful presentation. Does anyone have any questions for Salmah?

(Pandora: How can practitioners support a child who may have undiagnosed ADHD without labelling them?)

(Salmah answers)

(Wing: Can ADHD symptoms be mistaken for behavioural issues?)

(Salmah answers)

Thank you, Salmah, that was very informative. For our last presentation this evening, I will be talking to you about Hearing Impairment. As before, there will be a chance to ask questions at the end.

This session will explore how hearing impairments are identified and diagnosed and the effect they can have on a child.

Anyone who cannot hear sounds at 20 dB or lower, in both ears, is considered hearing impaired and this can range from mild to profound (World Health Organisation (WHO), 2025). Impairment can be caused by ear infections, fluid build-up, impacted earwax, trauma to the head or ear, exposure to loud noise, and viral infections (Children's Choice for Hearing and Talking (CCHAT) Center, 2025; WHO, 2025).

There are some other causes of impairment, for example, hereditary/non-hereditary conditions, Rubella during pregnancy, severe jaundice or low birth weight, meningitis or other infections.

Over 5% of the population (430 million people) have disabling hearing loss. Thirty-four million of those diagnosed are children. The total figure is expected to rise to around

700 million by the year 2050 (WHO, 2025). According to Lasak *et al* (2014), 3% of white children and adolescents suffer hearing loss and cases are more prevalent in some minorities, or in children from poorer socioeconomic backgrounds.

Whether or not a deaf person identifies as disabled, is their choice, however, under the *Equality Act 2010*, if hearing impairment affects their day-to-day activities, they may be considered disabled (Royal National Institute for Deaf People (RNID), 2021)

In relation to identification and diagnosis, children can present differently depending on their age.

Babies may suffer red ears or pull at their ears, whereas older children may not respond when called, become withdrawn, frustrated, or struggle to concentrate, especially if there is background noise. Speech and language development may be delayed and reading difficult also (National Deaf Children's Society, 2024).

Impairments are mostly identified through routine screening processes, on newborn babies, pre-school and school-age children. Newborns screening is usually offered for hospital births, however NHS (2021) states if screening is not offered, parents can contact their health visitor or GP themselves. This process is not robust in reaching every parent, and the test could be overlooked. Hearing loss in babies is more difficult to diagnose, as they develop at differing rates. However, as a guide, NHS England (2024) provides a checklist for use in monitoring the sounds a baby makes at different stages. If concerns arise, an appointment can be made with a health visitor or GP.

The success of this system could depend on whether parents/carers can read and understand the instructions and whether they are aware of the checklist. A diagnosis can depend on the parent/carers' willingness to accept that their child has an impairment.

Often as practitioners, we encounter two very different reactions from parents, when we suggest that their child has additional needs. Firstly, they may be upset or shocked and reluctant to have a label put on their child but alternatively there are parents who are grateful for support and potentially a diagnosis, as this can help them get the support they feel necessary for their child.

Hamzah *et al* (2021) state that parental emotions pose the biggest challenge to diagnosis. Emotional responses usually stem from a lack of understanding or concern about other people's views. Involving parents/carers from the outset can help to alleviate any concerns. (Scarinci *et al* (2017) states that where parents have received a diagnosis, 11% of them experienced breakdowns in communication between healthcare professionals, causing additional stress. Parents/carers also reported difficulties in accessing early help and intervention. The school Special Educational Needs Co-ordinator (SENCO) or Family Support Worker (FSW), could help to give reassurance and support to families with hearing impaired children.

Turning to the barriers a child with hearing impairment might face, we know that

Hearing impairment can delay children's speech and language development and reading abilities. If they cannot hear people talking, they will not pick up conversation skills and may mishear words, causing them to mispronounce them later. Empirical research shows that if hearing impairment is detected before the age of six months, children show better levels of language development and syntax, than children whose impairment was identified between the age of 12-15 months (Shoejaei, Jafari and Gholami, 2016; Ching, 2015; Meinzen-Derr *et al*, 2020). Similarly, Latifah *et al* (2023) concur, suggesting that early identification enables children to fulfil their potential and thrive.

The medical model of disability (Toro et al, 2020, p.1.) is often the model practitioners follow, when dealing with hearing impairment, as observation forms a large part of their role.

It is much easier to identify need, based on what we can observe and clearly see, than to guess how they might be feeling about all they are trying to process and overcome.

In addition, however, thinking holistically, the social model of disability also needs consideration (Shape Arts, 2025). This model focuses more on the children's strengths, rather than the deficits brought by their condition.

Children with hearing impairment may suffer from feelings of loneliness or isolation, as they can be unable to effectively join in with discussions (Theunissen et al, 2014; Fellingner, Holzinger and Pollard, 2012; Mason and Mason , 2007; Stevenson et al, 2010).

Nursery World (2019) state that more than half of British adults do not feel confident when talking to deaf children, contributing to their isolation. Impairment can limit access to education and employment opportunities (SENSE, 2022), which may make children feel inadequate. Whilst early interventions such as speech and language therapy and use of sign language can be implemented (Davis & Hoffman, 2019), Latifah *et al* (2023) suggest that a language-rich environment, collaboration with parents/carers and a customized environment can provide a more holistic approach and give children a better school experience. As with all additional learning needs, using the 'assess, plan, do, review' structure as mentioned in the Special Educational Needs and Disability Code of Practice (2015), will help to ensure that robust planning is put in place for children with hearing impairments.

When we look at supporting children with hearing impairment, there are lots of options, such as visual timetables and picture exchange systems. However, one of the most effective strategies I have seen in my setting is the use of the Makaton signing system.

The Makaton sign language system uses signs, speech and symbols, to help children understand the meaning of what they see and hear. Although not officially recognised, Makaton provides a universal means of communication. Unlike standard British Sign Language, it has no regional variations. Using Makaton regularly, alongside spoken language, benefits children with a hearing impairment, but also those with Autism or speech and language delays. Conway (2024) states that Makaton is a tactile and visual way for children to express their thoughts and feelings, as well as improving fine motor and social skills. Online resources and training are available through the Makaton charity.

Such strategies can have barriers however, such as the cost of training and the ratio of staff to children in the setting. Trained staff need regular opportunity to use Makaton, otherwise skills can quickly be forgotten (Sin, 2020).

I can recall many instances in my setting where a child has signed something to us using Makaton and as we have not taught that child for a couple of years we have forgotten the actions. This often results in a frantic run down the corridor to dig out your old Makaton symbol sheets and look for the one you need! It can also be tricky if a child does not yet know all the signs they may need. Sometimes they choose the one closest to what they mean and this can confuse matters. I found a child in my setting very upset and when I asked what was wrong, he signed 'sun', after pointing to his chest. It was a hot day so my colleague and I suggested all the obvious ideas, such as my sun hat, my sun cream, my sunglasses but it finally transpired that he was trying to sign 'star' but did not know the correct hand sign for that. He had received a sticker earlier in the day with a 'well done' star on it and was upset that he had lost it.

Parents/carers should be consulted as if they already have a favoured signing method, introducing Makaton could cause confusion for all parties. Makaton signs could also be shared with parents/carers, giving consistency at home and at school. Makaton suits all levels of need and can be taught to the whole class, promoting an inclusive environment (The Children's Trust, 2020).

To conclude, whilst barriers due to hearing impairment can be difficult, when effective strategies are implemented, children can be supported well, in an inclusive, enabling environment. With relevant training and collaboration with parents/carers and external agencies, the best outcomes can be secured for the children in early years settings (National Deaf Children's Society, 2015).

That concludes my presentation. Does anyone have any questions relating to hearing impairment?

(Wing: What methods are used to test a child's hearing?)

Firstly, the screening at birth involves a soft probe being inserted into the baby's ear, which produces clicking sounds. If the inner ear (cochlea) is working correctly, it should produce a faint response to the clicks. This test is called an Automated Otoacoustic Emissions Test (AOAE)

If there is not a clear response, there will be an AABR test (Automated Auditory Brainstem Response). Three sensors are placed on the baby's head and clicks are played through headphones. If you would like to find out more, there is some really helpful information on the National Deaf Children's Society website.

From the age of four, children may undergo a Pure Tone Audiometry test (PTA), where they raise a hand or press a button in response to hearing sounds played through headphones. The softest sound heard will be recorded as their threshold, on a graph known as an audiogram and this will determine whether or not they have an impairment.

(Salmah: How long does the test take?)

The newborn test takes between 5 and 10 minutes and the test for four years and above lasts between 15 and 30 minutes.

Thank you everyone for listening and being such a good audience! I hope we have managed to enlighten you about some of the challenges faced by children with different learning needs. You may have had experience with some of these needs, or you may come across them in the future. Whichever the case, it is always useful to know a little about each one or perhaps refresh your memory on things you may have forgotten. Even a little knowledge can be a big help to our young learners, helping them to feel valued and included in their settings and I can guarantee they will be appreciative of your help, no matter what form that takes.

That concludes our webinar this evening. I'd like to thank all of the speakers this evening, and I hope you have a safe journey home and thank you again.

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