NETAJI SUBHAS OPEN UNIVERSITY

B. Ed. Spl. Ed. (M.R./H.I./V.I.)-ODL

PSYCHO-SOCIAL AND FAMILY ISSUES

C-16 (H.I)

B. Ed. Spl. Ed. (M. R. / H. I. / V. I)- ODL Programme

AREA - C

C - 16 (H. I.) : PSYCHOSOCIAL AND FAMILY ISSUES (H. I.)

A COLLABORATIVE PROGRAMME OF
NETAJI SUBHAS OPEN UNIVERSITY
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AREA - C
DISABILITY SPECIALIZATION
COURSE CODE - C-16 (H.I.)
PSYCHOSOCIAL AND FAMILY ISSUES (H.I.)

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The Self Instructional Material (SIM) is prepared keeping conformity with the B.Ed.Spl. Edn.(MR/HI/VI) Programme as prepared and circulated by the Rehabilitation Council of India, New Delhi and adopted by NSOU on and from the 2015-2017 academic session.

Mohan Kumar Chattopadhyay
Registrar

Netaji Subhas Open University

From the Vice-Chancellor's Desk

Dear Students, from this Academic Session (2015-17) the Curriculum and Course Structure of B. Ed.- Special Education have been thoroughly revised as per the stipulations which featured in the Memorandum of Understanding (MoU) between the Rehabilitation Council of India (RCI) and the National Council for Teacher Education (NCTE). The newly designed course structure and syllabus is comprehensive and futuristic has, therefore, been contextualized and adopted by NSOU from the present academic session, following the directives of the aforesaid national statutory authorities.

Consequent upon the introduction of new syllabus the revision of Self Instructional Material (SIM) becomes imperative. The new syllabus was circulated by RCI for introduction in the month of June, 2015 while the new session begins in the month of July. So the difficulties of preparing the SIMs within such a short time can easily be understood. However, the School of Education of NSOU took up the challenge and put the best minds together in preparing SIM without compromising the standard and quality of such an academic package. It required many rigorous steps before printing and circulation of the entire academic package to our dear learners. Every intervening step was meticulously and methodically followed for ensuring quality in such a time bound manner.

The SIMs are prepared by eminent subject experts and edited by the senior members of the faculty specializing in the discipline concerned. Printing of the SIMs has been done with utmost care and attention. Students are the primary beneficiaries of these materials so developed. Therefore, you must go through the contents seriously and take your queries, if any, to the Counselors during Personal Contact Programs (PCPs) for clarifications. In comparison to F2F mode, the onus is on the learners in the ODL mode. So please change your mind accordingly and shrug off your old mindset of teacher dependence and spoon feeding habits immediately.

I would further urge you to go for other Open Educational Resources (OERs) - available on websites, for better understanding and gaining comprehensive mastery over the subject. From this year NSOU is also providing ICT enabled support services to the students enrolled under this University. So, in addition to the printed SIMs, the e-contents are also provided to the students to facilitate the usage and ensure more flexibility at the user end. The other ICT based support systems will be there for the benefit of the learners.

So please make the most of it and do your best in the examinations. However, any suggestion or constructive criticism regarding the SIMs and its improvement is welcome. 1 must acknowledge the contribution of all the content writers, editors and background minds at the SoE, NSOU for their respective efforts, expertise and hard work in producing the SIMs within a very short time.

Professor (Dr.) Subha Sankar Sarkar
Vice-Chancellor, NSOU

B. Ed. Spl. Ed (M. R. / H. I. / V. I)- ODL Programme

AREA - C

C-16 (H.I) : PSYCHOSOCIAL AND FAMILY ISSUES

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AREA - C
C-16 (H. I.) : PSYCHOSOCIAL
AND FAMILY ISSUES

C - 16 (H. I.) ▫ PSYCHOSOCIAL AND FAMILY ISSUES

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Unit -1 □ Psychosocial Aspect and Disability

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1.7.1 Challenges of psychosocial development

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1.9 Check your progress

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1.1 Introduction

Psycho-social aspect is a most important factor of children with hearing impairment. Because Psycho-social aspect influence of most important development of children with hearing impairment. These are language, speech, literacy, education, cognitive function and that function can forward in good and quality of life. So good and quality of life is an essential factor of the children with hearing impairment. In the field of special education one of most important issue is Psychosocial aspect.

1.2 Objectives

After learning this unit, the learmers will be able to understand

- Overview of psychosocial development, wellbeing and quality of life.
- Implication of hearing impairment on domains of psychosocial development.
- Role of family in psychosocial development of children with hearing impairment.
- Role of peers and community in psychosocial development of children with hearing impairment.
- Challenges and issues in psychosocial development of children with hearing impairment.

1.3 Overview of psychosocial development, wellbeing and quality of life.

1.3.1 Psychosocial Development

Psychosocial series develop by Erik Erikson in collaboration with Joan Erikson and it is broadpsychoanalytic theory that classifies in to an eight stages and it should pass from infancy to late adulthood of all individual.In each and every stage, the person confronts, and hopefully masters, new challenges. Each stage builds upon the successful completion of earlier stages. The challenges of stages not successfully completed may be expected to reappear as problems in the future.

Approximate Age	Virtues	Psychologycal Crisis	Significat Relationship	Existential Question	Example
Infancy 0.23 months	Hope	Basic trust vs. mistrust	Mother	Can I trust the world?	Feeding. abandonment
Early childhood 2-4 years	Will	Autonomy vs. shame and doubt	Parents	Is it okay to be me?	Toilet training, clothing themselves
Pre-school age 4-5 years	Purpose	Initiative vs. guilt	Family	Is it okay for me to do, move, and Exploring. using tools or act?	Exploring, using tools or making art
School age 5-12 years	Competence	Industry vs. inferiority	Neighbors, school	Can I make it in the world of people and things"?	School, sports
Adolescence 13-19 years	Fidelity	Identity vs. role confusion	Peers, role model	Who am I? Who can I be?	Social relationships
Early adulthood 20-39 years	Love 20-39 years	Intimacy vs. isolation	Friends, partners	Can I love?	Romantic relationships

Source: https://en.wikipedia.org/wiki/Erikson%27s_stages_of_ psychosocial_ development

1.3.2- Overview of psychosocial development

Erik Erikson designated psychosocial development. It is also call in series of stages. At each of these stages, success or failure is dependent upon the interaction between the individual's characteristics and whatever support is provided by the social environment. With positive experiences, children work through their challenges and develop skills (e.g., autonomy, trust, initiative) to help them positively resolve the developmental challenges still ahead. If, however, children's attempts at problem resolution result in consistent failure, they will not be prepared for future challenges. In this view hearing loss has a negative impact on communication skills and, therefore, creates additional challenges. So Audiologists and Special educator can support successful experiences at each of Erikson's developmental stages by working with the child and their family. So support is

- Ensure that a child has the opportunity to fully participate in the environment by providing access to auditory and/or visual environmental cues
- Inform families about developmental milestones
- Provide the tools for the child, family, and educators to develop good communication skills, including amplification, assistive devices, and instruction on creating effective listening environments
- Encourage the development of appropriate social skills
- Coach caregivers on creating positive and successful experiences when the child attempts new skills

A Building Trust

From birth through approximately 3 years of age, Erikson postulates that children experience two distinct stages of psychosocial development.In this stage, children learn whether they can trust their surroundings and if their basic needs will be regularly met. When caregivers meet children's basic needs, children learn to trust them and their surroundings in generally. But Children with hearing loss may be at a disadvantage at this stage of development because of several factors. For example, their parents may not be able to respond consistently to their needs because parents suffering pain their child's diagnosis he/she hearing impairment and child may not have access to the auditory cues also not be aware in auditory stimulation.

The audiologist and educator can support psychosocial development at this stage by:

- Working with families toward healthy acceptance of and adaptation to their child's hearing loss so that the parents are emotionally prepared to meet their child's needs.
- Reminding parents that children with hearing loss may perceive a situation very differently from a child with normal hearing sensitivity
- Ensuring that the child has access-either visual or auditory-to the parents' communication with the child and his/her environment (e.g., consistent use of amplification during waking hours, visual alerting devices for the home) and teaching parents about the characteristics of good listening environments, effective communication strategies, and appropriate attention-getting skills

B Developing Autonomy

Erikson's second stage is the development of autonomy versus shame and doubt. At this stage, children from about 1 to 3 years of age are challenged to explore their environment and start to take some control over it. Children will develop a sense of autonomy if their attempts at manipulating their world are successful or if they are reassured and encouraged when their attempts fail. Shame and doubt may develop if their attempts at independence are met with disapproval, if every need is anticipated and provided, or if they are prevented from exploring their world. Children with hearing loss may be at a disadvantage for developing independence because they do not have access to developmentally appropriate tools (sound knowledge) in their environment and they may be overprotected and not encouraged to try new activities or exert their independence. That's why this overprotection teaches children to be helpless.

Audiologists and educator can support positive experiences by:

- Ensuring a child's access to age-appropriate stimulation, including television, noise-making or musical toys, visual alerting devices, and the telephone through use of amplification; assistive listening devices and visual alerting devices
- Counselling parents to encourage and support age-appropriate activities.

C Promoting Initiative

Erikson's challenge for 3 to 6 years of age is the development of a sense of "initiative." Children with this stage he/she successfully complete tasks, accept limitations without guilt and develop a sense of pride in their accomplishments and they believe thatthey will be successful in anything.With positive reinforcement and appropriate and consistent limitations, children will succeed in this stage. If their attempts result in failure or criticism, they can develop a sense of guilt for seeking independence and shame and doubt in their abilities. In children with hearing loss are at a disadvantage in this developmental stage if they lack adequate access to their environment and consistent, effective, and meaningful communication with their peers, parents, teachers and family. Access to their environment needs to be extended to areas outside of the home e.g., school, playmate's home, playground, extracurricular/community activities and also provides visual information for a child in home and educational settings in others.

Audiologists and educator play a key role in encouraging the development of initiative. They can:

- Ensure that patients have access to age-appropriate activities such as community groups, extracurricular activities, religious services, computers, safe outdoor play, and telephones
- Encourage use of effective communication skills in and out of the home environment and the educational setting

Impact and Affect

- Teach children what does and does not comprise a good listening environment and how to seek out and state their needs for good communication
- Teach children how to use effective attention-getting, communication strategies, and compliments and thankful expressions with peers and adults in their lives
- Encourage parents to promote a child's responsibility for care of his or her equipment, such as changing batteries and taking responsibility for putting hearing aids on
- Teach the child and family about necessary accommodations for children who choose to be involved in sports and other activity.

1.3.3 Psycho-Social Impacts of Hearing Impaired Children

It is well recognised that hearing is critical to speech and language development, communication and learning. The earlier the hearing loss occurs in a child's life, the more serious the effects on the child's development. Similarly, the earlier the problem is identified and intervention begun, the less serious the overall effect. Recent research indicates that children identified with a hearing loss who begin services early may be able to develop language (spoken and/or signed) at the level of their hearing peers.

There are four major ways in which hearing loss affects children and young adults. These are

a. It causes delay in the development of receptive and expressive communication skills (speech, language and vocabulary).

b. The language deficit causes learning problems that may result in reduced academic achievement.

c. Communication difficulties often lead to social isolation and poor self-esteem.

d. It may also have an impact on choice of vocation, or result in discrimination or negative attitudes towards a hearing impaired person.

Sl. No.	**Impact**	**Affect**
1	Educational	● Hearing impairment causes delay in the development of communication skills (speech, language and vocabulary). The language deficit causes learning problems that may result in reduced academic achievement.
2	Communication	● The most significant difficulty for people who have hearing impairment is often problems in communicating with family, co-workers and friends. Because they are non-verbal but they are may be able to function very well in the former situation and due to in this situation we are may be considered to be less intelligent or slow. But less intelligent or slow only for language context because they are non-verbal. ● Hearing loss first causes a person to miss certain soft sounds: mostly consonants. The vowels are more distinct. The hearing loss causes letters to 'fall out' of the words or sentences. When a letter falls out of a word, a syllable is blurred or a word seems garbled. Consequently, a person only hears part of the sentence, and may feel quite inadequate. ● Some skills may help a person who is trying to make sense of a conversation. Watching another person's face, facial expression and lip movement may help the person interpret the message. There are many letters easily differentiated when their pronunciation is seen, such as the difference between 'p' and 'b'. This then becomes a process of mentally solving the puzzle by 'speech reading'. Frequently the person may need to wait for the next sentence to fully understand the meaning. ● Communication difficulty has a flow-on effect, and influences other parts of their lives, such as work, recreation, socialising and participating in community events, health and wellbeing and safety.
3	Psychological	● Hearing loss is often described as an invisible disability and that can effect on person quality of life which effect on psychological, physical and social domain. The effects of the hearing loss cannot be hidden and attempts to do so soon become counterproductive. By not helping themselves (for example, by not wearing a hearing aid), people who deny their hearing loss become even more disabled in their functioning and reputation. And this situation reinforces negative attitudes against hearing impaired people in wider society. Psychological hearing loss can cause people to experience a range of emotions, such as anger or frustration, anxiety, depression, and embarrassment.
4	Social	● Learners with hearing loss cannot adjust with society because they suffer from communication difficulty and fail to understand what normal people say. Due to lack of communication and language barrier affect the socialization process and it remarks it 'they mutter' and they drop-out

Sl. No.	Impact	Affect
		from social functions as well as disturbed relationships. This can result in decreased efficiency at work, silence and withdrawal.
5	Vocational	● Hearing impairment may also have an impact on choice of vocation, or result in discrimination or negative attitudes towards a hearing people. A person may find it difficult to obtain and retain employment because of their disability. Some of the impacts include - the inability to hear instructions, emergency alarms; difficulties in communicating needs/ problems (in some cases); effect on relationships within the workplace; possible discrimination/negative attitudes; inability to function in some noisy workplace environments, especially industrial situations.
6	Recreational	● Hearing loss may mean that the person cannot participate in activities in which hearing plays a critical part, for example some sports, music, music, choir, drama. The presence of related conditions, for example tinnitus and balance problems, can limit the ability to participate in sport.
7	Emotional	Untreated hearing loss can cause people to experience a range of emotions. ● Anger or frustration. ● Lack of concentration. ● Depression. ● Embarrassment. ● Anxiety. ● Uncertainty. ● Incompetence. ● Strain on interpersonal relationships.

1.3.4- Wellbeing and Quality of Life.

Well-being is a positive outcome that is meaningful for hearing impairment students for many sectors of society. Because it tells us that hearing impaired student perceive that their lives are going well. Good living conditions (e.g., housing, employment) are fundamental to well-being. Many indicators to measure what hearing impaired students think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life. Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy. Another way quality of life is search for good life in a particular place or person or group.

A Relation between Wellbeing and Quality of life in hearing impaired students

- 'Wellbeing' and 'quality of life' are evaluations of a person's life. To make such an evaluation, a significant difference needs to be established between opportunities for a good life or 'life-chances' (i.e. potential) and a good life in itself or 'life-results' (i.e. actuality).
- Life is influenced by qualities and conditions that lie both within the environment ('outer qualities') and the individual ('inner qualities').

B Deaf children's 'abilities of life'

The 'life-abilities' of deaf children refers to the potential that deaf children have to exploit their opportunities within their environments. Children's development provides them with resources such as cognitive, linguistic and social emotional capacities that help them form images of self with which to face life's challenges and so optimise their chances of developing a feeling of wellbeing. In exploring deaf children's 'life-abilities' there are four factors can be identified in the literature as crucial. These are:

1. ***Experiencing life visually:*** Most of the deaf children receive their experience with the help of vision and they grow up understanding life in visual terms. Therefore, vision greatly influences communication and deaf children's lifestyles. Deaf children perceive what is around them visually, and they accumulate these visual experiences into a visual memory that they use to think, communicate, solve-problem and generally relate to other people. In this sense that deaf children's visual experience of life establishes fundamental differences in the way that they acquire culture. Deaf children, as a result of that visual experience, grow up to use their expressions, spatial relationships of signs, body movement and touch, far more than hearing people do in everyday interaction.
2. ***Making sense of deafness:*** In reflecting upon their childhood experiences, deaf adults have illuminated how deaf children might start making sense of their deafness. However, this is a field that remains vastly unexplored. Clearly, the deaf child, as other children, has no points of reference for what life or being a child means. While this is commonly described by deaf children who have lived within deaf and hearing environments, their gradual realisation of slight differences from others around them is emotionally different: members of deaf families can learn about their difference as one more fact of life while others in hearing environments might go through a painful process of denial, misattributions, loneliness and sadness.

3. ***Deaf children's cognitive abilities:*** The intelligence of deaf children is generally found to be the same as that of hearing children. But hearing children is verbal and hearing impaired children is non-verbal. So that cognitive abilities depends upon in theory of mind and working memory. So working memory is considered essential for the cognitive system and it is associated with selective attention intelligence/ neuropsychological skills, language, reading and mathematics.

4. **Deaf children's linguistic abilities:**It is most important factor that parents of deaf children need guidance on constructing home and school environments that affect normal language acquisition. Many deaf children start their school with a language delay. As language is essential for making good educational progress and social development, any language delay should be addressed by the school. It is important to monitor the learner's language and refer them to the Teacher of the Deaf for assessment. If it is felt they do not have age-appropriate language or are starting to fall behind. The Teacher of the Deaf will monitor a deaf pupil's language, listening, speech and communication development using a number of specific tests. Where language delay is identified, specific programmes of work will need to be put in place which target individual learning needs and may be delivered by the Teacher of the Deaf, Speech and Language Therapist or a Trained Teaching Assistant.

1.4- Implication of hearing impairment on domains of psychosocial development.

1.4.1- Psychosocial Development

Erikson classified the process of psychological and social development into eight stages that correspond to the stages of physical development. At each stage, according to Erikson, the individual faces a psychological conflict that must be resolved in order to progress developmentally. Moving from infancy to old age, these conflicts are trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus role diffusion, intimacy versus isolation, generativity-that is, creativity and productivity-versus stagnation, and ego integrity versus despair. PsychosocialDevelopment in hearing impairment child based on environmental factors and that factor influence on every child where in deaf or hearing.

A. Psychosocial Domain in Hearing Impairment

Sl. No.	Psychosocial Domain	Affect
1	**Socio-cognitive Abilities**	Deaf and hard-of-hearing children often experience difficulties concerning their theory of mind development. Learners with hearing loss cannot adjust with society because they suffer from communication difficulty and fail to understand what normal people say that's why socio-cognitive skills is poor due to communication difficulty. Yet, eye tracking makes it possible to assess children's socio-cognitive skills at a much earlier age. This skill provides the opportunity to assess whether deaf and hard-of-hearing children already show impaired theory of mind in infancy or whether this develops later on as a result of impaired communication. Besides theory of mind moral development by examining whether deaf and hard-hearing infants differ from their hearing peers concerning their sense of fairness.
2	**Physical**	Physical development includes grasping movement like balance, fine and gross motor skills. During early childhood child's balance improves. He/ she can walk on a line or small balance beam and balance on one foot also develops the skill to throw and catch a ball, walk up and down stairs without assistance. At this age child begins graspingSensory-motor skills that allow him to build block towers, draw circles, crosses and use safety scissors. In hearing impairment student Sensory-motor concerns are related about literacy development of students with hearing loss. Children with sensory neural hearing loss appear to experience higher rates of difficulty with vestibular processing when compared with their typically developing peers, resulting in delays and/or compensatory strategies in their development of gross motor skills, such as balance, coordination and body and spatial awareness.
3	**Social**	Social development refers to child's ability to make and maintain relationships. Child cooperates with others during early childhood and begins to develop conflict determination skills. He/ She enjoys attention and may show off, while still showing empathy for others. At this age child enjoys group games and begins to understand the concept of playing fairly.He/ She can tell the difference between fantasy and reality, but enjoys imaginative play with friends. But most of the hearing impairment student non-verbal they do not develop communication skill and mixing the in our oral society and also normal peers. Which is affect his/her social environment and reduce activity in mainstream place. So barrier of language socialization process is affects which is very important and vital role in the social development of hearing loss learner. Man is the talkative animal that lives in language as a fish lives in water.

4	**Cognitive**	Speaking is natural activity for a human being and get all information about language with the help of ear. Moreover, the spoken word is the foundation of all languages. While comparing the various aspects of language, one can conclude that ear- language (spoken/oral aspect) and another is eye- language (writing language). Ear language (spoken aspect) or oral language is the means of communication among people and it is used in daily life because it is the medium for conversation. Deaf student cannot perceive the sound about nature with the help of ear that's why they are already delayed to ear-language which is oral-language in spoken aspect and our Cognitive development it depends these two things eye and ear language including coordination of brain. Brain is the reservoir our skills pertaining to learning and thinking part. During early childhood child develops the ability to sort objects and can organize materials by size or color. His attention span increases and he seeks information through questions, such as "how?" and "when?" By the end of early childhood, he can count to 10, knows his colors and can read his name. He knows the difference between fact and fiction, making him capable of understanding the difference between the truth and a lie. In this sense the cognitive development of children with hearing impairment is similar to that of normally hearing children but different it eyes and ear. So normal hearing child can get information both of eye and ear but hearing impaired children can get information only for eye.
5	**Communicative**	Communicative development of the child's, we are understanding about the child's spoken word and express verbally. During early childhood child goes from speaking in short sentences to speaking in sentences of more than five words. Child, once understandable only to those closest to her, now speaks clearly enough that even strangers understand her words. He/she talks about experiences, shares personal information and understands positional concepts such as up and down. At this age, it becomes possible to carry on a back-and-forth conversation. So communication depend upon our hearing ability which is to perceive the sound about nature. But if suffering from hearing ability it has difficulty to perceive the sound about nature and it affects verbal interaction and also affects speech, language and communication. Due to this problem child can face problems in several developments areas- these are personal-social, cognitive and academic. You will realize that communication is a most important social aspect of children with hearing impairment.
	Adaptive Skills	Adaptive skills refer to the skills used for daily living, such as dressing, eating, toileting and washing. During early childhood child learns to dress and undress himself without assistance, use tools for eating and can

		empty some liquid without assistance also becomes able to use buttons and snaps and can take care of toileting independently. Adaptive skills come from adaptive behaviour, or the conceptual, social, and practical skills that individuals have learned and use in their daily lives. These skills, in addition to Intelligence Quotient (IQ) scores, are assessed by professionals.

There are ten skills are there. These are:

Sl. No.	Skills	Content	Hearing Impaired Child
1	Self-Care	Bathing, dressing, grooming, and feeding.	They can do normally as per general peers
2	Communication Skills	understanding and using verbal and nonverbal language.	It depends upon the degree of hearing loss
3	Self-Direction	problem solving, exercising choice, initiating and planning activities;	They can do normally as per general peers but it most of the use non-verbally
4	Social Skills	understanding emotions and social cues	They can do normally as per general peers but manifest in non-verbal.
5	Leisure Skills	taking responsibility for one's own activities, having the ability to participate in the community.	Most of the deaf people spend time in deaf community or deaf culture.
6	Home or School Living	housekeeping, cooking, doing laundry, maintaining living space.	They can do normally as per general peers
7	Functional Academics	using reading, writing, and math skills in everyday life;	It depends on the of hearing loss
8	Community Use	shopping, using public transportation, using community services;	They can do normally as per general peers but manifest in non-verbal.
9	Work	ability to maintain part-time or full-time employment, either competitive or sheltered, ability to work under supervision, cooperate with co-worker's, be reliable and punctual.	They can do normally as per general peers but manifest in non-verbal They understand and express as per need.
10	Health & Safety	ability to protect one's self, responding to health problems.	There are ten skills are there. These are:

B Implications

The importance of psychosocial development becomes actual when hearing impairment student does not successfully direct one or more of the developmental stages. For example: Hearing impairment child may fail to directing the complex cognitive processes because they are non-verbal. That is why psychosocial implication is a most important issue of the hearing impairment child. The issue is to be:

1	Counselling	It focused on general and personal adjustment counselling.		
2	Social Support	Social support referred to the emotional support and the communication of shared experiences support.		
3	Amplification orientation	To develop the auditory capacity, it most important that Amplification orientation. These are prescription, orientation, care and maintenance about hearing aid.		
4	Effective Communication	Effective Communication which can make the communication more effective for the speaker as well as the listener. Effective Communication are of two types. These are Visual Training andAuditory Training.		
		Visual Training		***Auditory Training***
		Visual Training include speech reading, non-speech stimuli and environmental clues with the help of Analyticapproach. This approach helps and trained on individual speech sounds and progress to lip movement of sounds, words, phrases, sentences.		In Auditory training, hierarchy of skills was developed at the phoneme and word level, beginningwith detection of sound or word. The individuals were given pen and papers and weredemonstrated to discriminate between /p/ and /b/ sound, then randomly two soundswere spoken ten times each. The same procedure was repeated for /t/ and /d/, /k/ and /g/ sound, then words /tota/ and /dadu/, /kaka/ werediscriminated.
		Lip movement of sounds	/p/,/b/,/m/,/k/,/g/,/t/,/th/,/d/,/s/,/r/,/b/and/l/ sounds" and then asked to observe the lip movements of common use.	
		Words	hello, bye, how, what, name, time." Further the focus of the activity was shifted from word tosentence level and the participants were asked "to read sentences: ✱ ***hello!*** ✱ ***How are you?*** ✱ ***What is your name?*** ✱ ***What is the time now?*** ✱ ***Bye, see you again."***	
		Phrases		
		Sentences.		
5	Emotional support	Emotional support involvesthe provision of empathy, love and trust.		
6	Informational support	Informational support was the provision of advice, suggestions and information that a hearing impaired can address problems.		
7	Appraisal support	Appraisal support involves the provision of information that is useful for self-evaluation purposes in hearing impaired learner.		
8	Communication Support for Family Members	Communication develop for children with hearing impairment its depend upon their family support and family members arranged to improve their social support system. A short tutorial can develop about communication support which is help for development of SPEECH. The support is: Spotlight, Pause, Empathize, Ease their listening, Control and plan.		
		Proper light	When given the speech reading for hearing impaired children room should be preparing in proper lighting because hearing impaired child can see the face of the teacher and keep it visible. So teacher's hands away from mouth and can get all the visual cues. It is most important that face the speaker when you are talking and be at a good distance (5-10 feet). Avoid chewing gum, cigarettes and other facial distracters when possible.	
		Pause	Pause slightly between content portions of sentences. Slow exaggerated speech is as difficult to understand as fast speech. Speech at moderate pace with slight pause between sentences and phrases can allow the hearing impaired children to process the	

	information in chunks.
Empathize	Empathize and be tolerant with hearing impaired person. Try working both ears and listen for a short while to something soft that you want to hear in a noisy environment.
Ease their listening	Get the listener's attention before you speak and make sure you are being helpful in the way you speak. Ask how you can facilitate communication. The listener may want you to speak more loudly or more softly, more slowly or faster or announce the subject of discussion or the signals when the topic of the conversation shifts. Be obedient and helpful and encourage the listener to give you feedback so you can make it as easy as possible for the affected person.
Control	Control the circumstances and the listening conditions in the environment. Maximize communication by getting closer to the person. Move away from background noises.
Plan	In difficult of listening situations, set some strategies for communication and it implement. Example: ✱ **Speaker said:**"father come……… (pause) dinner is ready." ✱ **Listener:**ok ✱ **Speaker said:**touching him said "can you hear me." ✱ **Listener said:** "voice is too soft to hear" ✱ **Speaker said:**Raising his voice slightly… "now can you hear me?" ✱ **Listener said:**"yes, now its fine." ✱ **Speaker said:** "I went to the market to get fruits." ✱ **Listener said:** "what fruits you have brought?" ✱ **Speaker said:**"Banana, Mango, Apple."

1.5- Role of family in psychosocial development of children with hearing impairment.

1.5.1- Definition of Family

Family does not mean just the mother and father of the child. The family includes the siblings, grandparents, uncles, aunts, caregivers, neighbor's, doctors and any adult who comes into contact with the child.

1.5.2-Need and Importance

Usually the family members do not have any information on the effect on hearing impairment on the child's progress. They either do not realize the importance of schooling or they tend to believe that schooling is not likely to improve the child. In most cases, the family members would rather transfer the responsibility of their child onto someone else. The participation of the family members in the education of the child with hearing impairment is very important. The family needs re-assurance that the child is going to learn and will benefit if the home is going to co-operate with the school and works.

Helping the child is not easy. Each family has its own problems and inadequacies. Proper guidance from the professionals can alone motive the family members to shed the negative attitude and energetically support the school.

1.5.3 Impact of Family on Psychosocial Development on children with Hearing Impairment.

Due to urbanization, the joint family system is slowly disappearing. There are more nuclear families than ever before. In the joint family system have many advantages like many family members are available with whom the child with hearing impairment can interact and get inputs and the parents are able to share their worries and problems with the other members. The family members share the physical as well as the psychological load of bringing up a child with hearing impairment. In the nuclear family such a support is not available. The parents have to face the challenges all by themselves and this sometime leads to misunderstanding between them. It is also true in a joint family system the parents are sometimes not able to give the time and importance that the child with hearing impairment requires. Also sometimes there are interferences from the family members in handling the child and ultimately the child ends up undisciplined and spoilt, while in a nuclear family the parents can decide on the courses of action and bring up the child with good behavior. The latest trend is single parent family. Due to various reasons, the parents of the child get separated in many cases and the child lives with a single parent. Unfortunately, some of the fathers of the children with disability abandon the child and the mother and the child ends up staying with the mother. The mother has to shoulder the entire responsibility of the child and the problem is worse when the mother is not an earning member.

1.5.4-Common Misconceptions of Family Towards Hearing Impairment

Hearing impairment is a hidden disability. The family members are not able to identify the disability as they would identify the visual impairment, mental retardation or cerebral palsy. The hearing impairment in the infant goes unnoticed for an unreasonably long time.

When the mother is alert, she is able to identify that the baby is not responding to sound stimuli. Even then, the child is not taken for diagnosis due to 2 reasons:

i. The mother does not realize that the hearing impairment in the baby will stop the baby from acquiring speech skills.

ii. Mother is not able to share her worry and concern with her husband and the in-laws as there is a possibility of them not taking it in the right spirit. It is only when the child is old enough to be talking in simple sentences and the child is not able to converse even in words, the family members realize that the child has a disability.

At this stage, the child does not get help immediately due to several reasons, like:

- Poverty,
- Diagnostic facilities are not available
- amily gets misguided by a relative or a friend or sometimes even the doctor that the child is too young and that they can wait for the child to grow older.
- Visit to some holy places or performing certain religious rights could restore the hearing of the child,
- Prejudices and Superstitions

1.5.5-Role of family in psychosocial development

The family is profoundly important to the psychosocial development of a hearing impaired child. It is saying that "A child will learn about relationships, manners, self-esteem, worth and loyalty, all by watching and participating in family." So There are many roles are there about the psychosocial development of hearing impaired child. These are:

- Ensure that a child has the opportunity to fully participate in the environment by providing access to auditory and/or visual environmental cues.
- Inform families about developmental milestones.
- Provide the tools for the child, family and educators to develop good communication skills, including amplification, assistive devices, and instruction on creating effective listening environments.
- Encourage the development of appropriate social skills.
- Coach caregivers on creating positive and successful experiences when the child attempts new skills.
- Working with families toward healthy acceptance of and adaptation to their child's hearing loss so that the parents are emotionally prepared to meet their child's needs.
- Reminding parents that child with hearing loss may perceive a situation very differently from a child with normal hearing sensitivity.

- Ensuring that the child has access-either visual or auditory-to the parents' communication with the child and his/her environment (e.g., consistent use of amplification during waking hours, visual alerting devices for the home) and teaching parents about the characteristics of good listening environments, effective communication strategies, and appropriate attention-getting skills.
- Ensuring a child's access to age-appropriate stimulation, including television, noise-making or musical toys, visual alerting devices, and the telephone through use of amplification; assistive listening devices; and visual alerting devices.
- Counselling parents to encourage and support age-appropriate activities.
- Ensure that patients have access to age-appropriate activities such as community groups, extracurricular activities, religious services, computers, safe outdoor play and telephones.
- Encourage use of effective communication skills in and out of the home environment and the educational setting.
- Teach children what does and does not comprise a good listening environment and how to seek out and state their needs for good communication.
- Teach children how to use effective attention-getting, communication strategies, and compliments and thankful expressions with peers and adults in their lives.
- Encourage parents to promote a child's responsibility for care of his or her equipment, such as changing batteries and taking responsibility for putting hearing aids on.
- Teach the child and family about necessary accommodations for children who choose to be involved in sports and other co-curricular activity.
- Teach the child about the natural language. Because language development is vital as it is the basis of communication. So natural language can be influence in character, emotional state and social relationship about hearing impaired child of psychosocial development.
- Motivate the child to interact with everybody around him.
- Inculcate good values and develop a sound moral character in the child.
- Help the children express themselves freely and involve them in all family interactions.
- Participate as equal partners in the education of your - children.

1.6- Role of peers and community in psychosocial development of children with hearing impairment.

1.6.1- Role of peers in psychosocial development of children with hearing impairment.

Any young childrenbuilding relationships with peers it is at the core of development. Because with the help of building relationships in young children can get acquire skills, knowledge and interacting with another peers. That is why Peer interaction is the social exchange of some duration between/among individuals, which refers to dynamic behaviors of the participants' actions and theseactionsare communication (non-linguistic and linguistic), behaviour (positive and negative) and lastly social play with peers. So positive peer interactions and relationships in early childhood play a vital role child with hearing impairment. Because interactions can make on the quality of life, verbal relationships, social adjustment and successful emotion regulation in the future. That is why role of peer to children with hearing impairment it is the ability to interact effectively communication which help for cognitive development and school success about the children with hearing impairment.

Sl No	Role of Peers	Psychosocial Development of Children with Hearing Impairment
1	**Language and Speech Ability**	Children with hearing impairment often have some degree of language and/or speech delay, which is a major factor affecting their interaction with hearing peers. Its noted that children with hearing impairment in great delay normal language and speech development and that delay created in great barriers for them in establishing and sustaining social relationships. Children with hearing impairment have into high, medium and low language ability at the level of hearing loss and most of the severe/profound hearing loss cannot communicated by the speech in our hearing world so he/she withdrawing from interaction with peer of linguistic ability thereby they had limited opportunities to practice interaction skills and adapted to sign language.
2	**Social Cognition**	Human is a talkative animal and language is conveying the idea about one end to another. So language and speech impairment is associated with deficits in social cognition or emotional competence that might undermine social interaction. It could be sensiblyincidentalthat children with hearing impairment generally have poorer language and speech

		ability than hearing children, their opportunities in interaction with others are not sufficient to learn and practice social skills. So children with hearing impairment had deficits in social cognition and emotional competence thus resulting in less success in their interaction with peers.
3	**Peers' Hearing Status**	In our hearing sense is special sense and that sense we acquire in naturally. It is called knowledge of sense about sound. But problem is who cannot perceive the sound in naturally that's call hearing problem. So hearing status means both children with and without hearing impairment. But it has been noted that most of the hearing impaired children interact about those who are hearing impairment or who use in sign language and hearing children interact only hearing peers. So role of peer about hearing impairment it should be both a higher quantity and quality of social interaction and it is feasible that children with hearing impairment prefer to interact with peers who are normal peer and also additionally, they use different interaction strategies based on oral/verbal communication. For example, deaf children use more visual and less object-based strategies when interacting with deaf playmates but when normal peers they used object-based and language orient interacting with hearing playmates.
4	**Peers' Familiarity**	Peers' familiarity plays a great role in interaction between children with hearing impairment and hearing peers. In pre-school level deaf children in dyadic (two-way communication) play with familiar and unfamiliar peers and deaf children had more successful initiations with familiar than with unfamiliar hearing partners. Interestingly, hearing children used more visual communication with a familiar deaf peer than an unfamiliar deaf child. Apparently, hearing children and children with hearing impairment who are familiar with one another may find non-linguistic means of communication to partially overcome language and mode-of-communication barriers. This is a positive effect of peer familiarity could be seen in the co-enrollment program, which was beneficial for social interactions between children with hearing impairment with hearing peers and that manifest to contribute children with hearing impairment to become more and more familiar with their hearing peers through participating together in all classroom activities, thus enhancing peer interaction between them.

1.6.2- Role of community in psychosocial development of children with hearing impairment.

Community role in psychosocial development of children with hearing impairment is very important factor about learn language and communication skills. At first it is most important factor in children with hearing impairment is that how to learn language and how develop communication skills with other and it is challenging for children at early age and he/she to trouble and they go to specialist services. But role of community in psychosocial development of children with hearing impairmentmay be delivered as part a Community Based Rehabilitation (CBR) programme. In this sense community based support takes the services to the family in their community or home and community provide in proper rehabilitation which is ensure that specific support to deaf learner and develop of psychosocial aspect because deaf children have the right to be included in their community and to besupported to develop communication and language skills and specialist staff help the hearing impairment child in his/her particular impairments aspect.

Sl No	Content	Role of Community in Psychosocial Development of Children with Hearing Impairment.
1	**No Discrimination**	Discrimination can mean that deaf children and young deaf people are often cut off from traditional support structures within communities. Sometimes families are excluded because of their deaf child. So no discrimination and community help to raise awareness of deaf children's rights and provide the opportunities as peer the general normal hearing children.
2	**Balancing**	Training and support is not always easily available also training and support service cannot easily available those who are living in rural areas. It can be very difficult to find time and resources to travel to areas where training is available. So community will arrange the programme and it can make it easier available for parents to attend training or support about the resources. The community role in balancing are: ● Provide in basic need in psychosocial development. ● Arrange for meeting do to support in the families. ● Mapping daily activities, the geography of the area and location of services.
3	**Range of Support**	● Give information in carry available in hearing aids, health services, groups and associations, schools and self-help activities. ● Training and ideas on developing communication and language skills in the early years and managing behaviour and teaching children basic skills for independence. ● Support in decision-making about education and plans for the future and finding employment or getting involved in other self-help activities. ● Opportunities to meet parents and deaf people who have a range of different experiences. ● Information about children's rights and how to keep children safe from neglect, and abuse.

4	**Learning**	● Learning sign language including total communication and helps to decrease communication barriers between children and their families as well as outer side of the home. ● Learning to communicate has a positive impact on children's behaviour. ● Parents need much more than information - they need practical demonstrations, advice and teaching. ● Resources for teaching communication and language are essential tools for psychosocial development of children with hearing impairment. ● Families are more likely to understand the value of educating their deaf child when they are able to communicate well with their children and community support them.
5	**Lessons Learnt**	● Community should prepare training programme and give the training to parent which help for deaf children. ● Trainers can make home visits. ● Teaching from experience, using real examples, can help others understand. ● Parents can learn a lot from sharing experience in groups. ● Training in small local groups helps avoid the need to travel long distances. ● Trainers can work with regular schools to give deaf children in those school's access to sign language/ total communication and parents, teachers, head teachers, and local authorities should work together as a team. ● Trainers need to be prepared to challenge negative attitudes, such as "deaf children unable to communicate", or that "cutting underneath the tongue enables children to talk". ● Trainers should build up a plan (I.E.P.) of activities and good teaching materials.
6	**Partnership Working in Parents& Community**	Both parents and community work together for psychosocial development in deaf child. These are: ● Received hands-on experience in working with parents and children. ● Gained an understanding of how parents felt and what their priorities were. ● Learned to have empathy when they talked to parents ● Improved their skills and confidence ● To move from teaching speech sounds to teaching the language. ● Realized that it is possible to teach a child without a hearing aid ● Realised the need for visual learning aids and learned to make them

1.7 Challenges and issues in psychosocial development of children with hearing impairment.

1.7.1-Challenges of psychosocial development

Hearing is an important aspect to speech and language development, communication, and learning. Due to hearing loss or auditory processing problems it should be listening difficulties and that's effect in child's development.

There are four challenges which affect hearing loss children. These are:

1. Delay in the development of receptive and expressive communication skills (speech and language).
2. Due to deficit of language hearing impaired Lerner can face learning problems that result in reduced academic achievement and difficulties in verbal communication.
3. Due to verbal communication difficulties often lead to social isolation and poor self-concept.
4. Due to lack of self-concept it may have an impact on vocational choices and cannot access proper vocational.

Impact:

Sl No	Content	Impact
1	**Vocabulary**	● Vocabulary develops more slowly in children who have hearing loss. ● Children with hearing loss learn concrete words like cat, jump, five, and red more easily than abstract words like before, after, equal to, and jealous. They also have difficulty with function words like the, an, are, and a. ● The gap between the vocabulary of children with normal hearing and those with hearing loss widens with age. Children with hearing loss do not catch up without intervention. ● Children with hearing loss have difficulty understanding words with multiple meanings. For example, the word 'bank' can mean a place where we put money.
2	**Sentence Structure**	● Children with hearing loss comprehend and produce shorter and simpler sentences than children with normal hearing. ● Children with hearing loss often have difficulty understanding and

<table>
<tr><td></td><td></td><td colspan="3">writing complex sentences, such as passive voice ("The ball was thrown by Raju.")
● Children with hearing loss often cannot hear word endings such as -s or -ed. This leads to misunderstandings and misuse of verb tense, pluralization, no agreement of subject and verb, and possessives.</td></tr>
<tr><td>**3**</td><td>**Speaking**</td><td colspan="3">● Children with hearing loss often cannot hear quiet speech sounds such as "s," "sh," "f," "t," and "k" and therefore do not include them in their speech. Thus, speech may be difficult to understand.
● Children with hearing loss may not hear their own voices when they speak. They may speak too loudly or not loud enough. They may have a speaking pitch that is too high. They may sound like they are mumbling because of poor stress, poor inflection, or poor rate of speaking.</td></tr>
<tr><td>**4**</td><td>**Academic Achievement**</td><td colspan="3">● Children with hearing loss have difficulty with all areas of academic achievement, especially reading and mathematical concepts.
● Appropriate management that can occurs in proper development in mild to moderate hearing losses and severe to profound hearing loss usually achieve skills according to appropriate educational intervention and that can provide in earlier.
● The gap in academic achievement between children with normal hearing and those with hearing loss usually expands as they progress through school in inclusive set up.
● The level of achievement is related to parental involvement and the quantity, quality, and timing of the support services children receive.</td></tr>
<tr><td>**5**</td><td>**Social Functioning**</td><td colspan="3">Children with severe to profound hearing losses often report feeling isolated, without friends, and unhappy in school, particularly when their socialization with other children with hearing loss is limited</td></tr>
<tr><td></td><td></td><td>**dB level**</td><td>**Type of Impairment**</td><td>**Social Function / Communication**</td></tr>
<tr><td></td><td></td><td>0 to 25 dB HL</td><td>Normal Hearing</td><td>● Speech is normal and normal pattern of development with good auditory perceptive skills.</td></tr>
<tr><td></td><td></td><td>26-40 dB HL</td><td>Mild Hearing Loss</td><td>● Speech and language developments are within normal limits. May exhibit occasional auditory perception problems some educational retardation likely.</td></tr>
</table>

		41-55 dB HL	Moderate Hearing Loss	● Language development and speech are mildly affected. Difficulty with rarely used words, minor differences in meaning of words and idioms, defective articulation but still intelligible speech loss quality and inflection almost normal. Reading and writing delayed. Vocabulary training, reading and writing to be special attended train addition to schooling.
		56-70 dB HL	Moderately-Severe Hearing	● Grammar, vocabulary, articulation and voice are affected understand in loud speech. Early speech is unintelligible. Even with hearing aids show difficulty in understanding. Reading and writing need special assistance.
		71-90 dB HL	Severe Hearing Loss	● Speech and language don't developments spontaneously. Sound produced very loudly at a distance of 1ft. and near of the ear. The voice will be high-pitched and articulation distorted.
		>90 dB HL Loss	Profound Hearing	● They don't rely on hearing for their communication. Language and speech develop only by training and they are educationally deaf. Communicate mostly through gestures, voice, inflection, articulation greatly affected. Required regular speech and language training regarding subject's expert.

These social problem appear to be more frequent in children with a mild or moderate hearing losses than in those with a severe to profound loss.

1.7.2- Issues in psychosocial development

Sl No	Content	Issues
1	**Heterogeneity of the Population**	The population of individuals who are deaf or hard of hearing is very diverse. Hearing losses range from mild through profound. Many individuals of hearing impairment are born with a hearing loss in different category of range of loss. That's why someone mode of communication is speech and residual hearing and another one mode of communication is sign only.
2	**Early Identification and New-born Hearing Screening and EarlyIntervention**	Universal new-born hearing screening allows families and professionals to identify infants with a hearing loss before these children leave the hospital. Currently it has been mandated a routine hearing screen for all infants before they are discharged from the hospital. So benefits of early identification and intervention it would be developed on language, academic, and social- emotional development.
3	**Family Involvement**	Family Involvement is a most important factor of children with hearing impairment. Because parent and of the family member is a pillar of foundation of good communication with their children.
4	**Communication**	Communication is a process and it refers to the sharing ideas and information. Communication is essential part of all human beings and it innate capacity. But matter of hearing impaired child it is most difficult decisions that a family with a child who is deaf or hard of hearing makes is choosing a communication method. That is why early communication development is positively related to language learning and in turn a variety of other important developmental areas.
5	**Critical Mass**	It means students who are deaf or hard of hearing should be educated in their local public schools with their hearing peers with the help of an adequate number of teachers, support personnel who have training and experience in working with students who are deaf or hard of hearing and appropriate curricular resources focused on the needs of students who are deaf or hard of hearing are considered important for establishing effective educational programs for students with a hearing loss.
6	**Friendships**	People of every age view friendships as a vital part of their lives. The concept of friendship means having someone to spend time with, to learn from, to teach, to nurture and to be nurtured. But children with hearing impairment families provide much that friends cannot companions due to oral communication problems and also differences in modes of communication that impact the ability of students who are deaf or hard of hearing. So friendships are most important factor with normal hearing peers for develop of verbal language, academic and social.

7	**Literacy**	Literacy refer to the ability of an individual to read and write. So in these areas have consistently demonstrated that many individuals who are deaf or hard of hearing are able to acquire the skills to access and use print. Conversely, many students who are deaf or hard of hearing have significant problems in this area. These challenges impact students' ability to master content subject material, learn independently, and use technology.
8	**Focus of Curriculum**	In Currently, there is general compromise that, to the greatest extent possible, the curriculum for students who are deaf or hard of hearing should be the same as that of normal hearing students and also emphasis that specialized skills should also be included in deaf students' plan of study needs to be answered. Specific areas of study that are often included in students' programs of study include: receptive and expressive language development, speech development, auditory training, Deaf culture, emotional development, social skills training, sexuality education, independent learning skills, reading strategy instruction, self-advocacy training, daily living skills, career awareness, and infusion of multicultural issues etc.
9	**Adaptations**	Curriculum for students with hearing impairment should be the same as well as normal hearing students that's why specialized skills should be input in their general education classrooms for specific areas. That is why adaptations need to be implemented in general education settings because with the help of adaptation student with hearing impairment in general class room are able to learn, participate, and demonstrate what they are capable of doing. There are two types of adaptations. The first is called accommodations. Accommodations do not significantly change the instructional level, content, or performance criteria. Changes in process are made to provide a student with equal access to learning and results. The second type of adaptation is called a modification. Modifications change the course objectives, assessment content and grading process etc.

1.8- Let us sum up

Human development is a lifelong process, beginning before birth and extending to death. At every moment in life, every human being is in a state of personal evolution. Physical changes largely drive the process, as our cognitive abilities advance and response to the brain's growth in childhood and reduced function in old age. Psycho-social development is significantly influenced by physical growth, as our changing body and brain, together with our environment, shape our identity and our relationships with other people. Another part of Psychosocial development emphasises on different levels of intelligence, different kinds of attitudes and achievement levels. The family can help in bringing up the children with the right attitude and develop their full potential and nurture with love. It is an intervention exercise which depend on nature vs nurture and the family plays a very important role inpsychosocial development. But in the case of hearing impairment it has significant adverse effects on all areas of developments. These are language, speech, literacy, education, cognitive and psychosocial functioning. However, psychosocial development has been rated as one of the highest areas of concern by hearing impaired child. Most of the hearing impaired children have higher rates of psychosocial problems including internalising (e.g., anxiety and depression), and externalising (e.g., hyperactivity and conduct problems) disorders compared to normal-hearing peers.That is why Peer and community interaction is a most important and essential part of the psychosocial development in children with hearing impairment. With the help of interaction of the peers and community with children hearing impairment. It helps to develop their communication skills, social adaptation, long-term relationships, and the development of cognition, emotion and personality. With the introduction of inclusive society, children with hearing impairment are placed in general schools with normal children and it promotes to our oral/verbal community. So the role of peers and community is a most important factor in psychosocial development of children with hearing impairment.

1.9- Check your progress:

1. Discuss the overview of psycho-social development in hearing impaired child.
2. Define psychosocial development. Describe in details about psychosocial impact in hearing impaired child.
3. Define Well-being and quality of life. What are the relation between well-being and quality of life in hearing impaired student? Discuss in details about deaf children's ability of life.
4. Define psychosocial development. Describe in details about psychosocial domain of hearing impaired child and their implication.
5. Define family. Describe the role of family in psychosocial development in hearing impaired.
6. How can peers and community help in in psychosocial development of the hearing impaired child?

7. Enumerate the challenges and impact of psychosocial development in hearing impaired child.
8. Critically analyze the need and importance of psychosocial development in hearing impaired child.
9. point out in details the various of issues in psychosocial development.

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Unit - 2 ❐ Family Needs

Structure

2.1 Introduction
2.2 Objectives
2.3 Identifying Family Needs for Information, Decision Making, Skill Transfer and Referral
2.4 Postering Family's Acceptance of Child's Impairment and Creating a Positive Environment
2.5 Building Parent's Confidence for Making Informed Choices (Communication Options, Options for Listening Devices, School Placement) and Advocacy
2.6 Supporting Family in Raising Children with Hearing Impairment: Facilitating Availing of Concessions, Facilities and Scholarship and other Benefits
2.7 Encouraging Family Participation in Self Help Groups and Family Support Networking:
2.8 Let Us Sum up:
2.9 Check Your Progress
10. References

2.1 Introduction

Family is the primary unit in the life of an individual person. Parents are the pillars of family. Parents and family are needed to fulfill certain responsibilities in order to function. A family must generate income, protect and maintain its members, nurture and love one another and see to it that children are taught social norms and education. When a child is handicapped, these responsibilities become more important. There is the expense, the time, the energy needed to care for the disabled member and his or her safety. Side by side there is the difficulty of helping the disabled members develop a good self-image and social skills, and the problems of seeing to it that the disabled members receive an appropriate educational program. Every ordinary task becomes more difficult and more stressful. Parents groups serve as a mechanism through which parents give each other mutual support and share more information. Parents initiated and supported efforts often at great personal expense has won the legal right to free and appropriate public education in the least restrictive environment, better conditions in residential facilities and integrated vocational, residential and recreational services in the community, provisions for better financial security. As mentioned earlier since 1970s a great emphasis has been placed on the role of parents as teacher and members of the multidisciplinary team. Hence parents are provided training to make them more resourceful and for better involvement.

2.2 Objectives

After learning this unit the learners will be able to:

- Know the role of role of family in decision making and advocacy for the children with hearing impairment
- Know the various communication options for the children with hearing impairment
- Know the various listening devices for the children with hearing impairment
- Know the various educational options for school placement for the children with hearing impairment
- Know the various concessions, facilities, scholarship and other benefits for the children with special needs

2.3 Identifying Family Needs for Information, Decision Making, Skill Transfer and Referral

The family of each Deaf child has its own cultural, social, educational, and financial background, and its own special needs. This phrase "Family concerns, priorities, and resources" is now being used instead of "family assessment" or "identification of family strengths and needs." Families do not appreciate being "assessed." This phrase describes the process and interaction which occur in gathering information to determine family priorities for goals and services. A major goal is for professional to understand what families want for themselves and their children and what they need from the professional to achieve such goals. Thus, a family need is what the family expresses it desires and a family strength is its perception of the resources it has to meet its own needs (Bailey, 1991). Only a family can decide themselves what its concerns, priorities and resources are.

An essential practice for assessment and intervention in natural environment is the identification of the routine, activities, and events that occur regularly for children and families at home and in the community. Gathering more information about where families go, what they do, when they do it, and how they engage in the tasks of everyday life is pivotal to the identification of authentic outcomes and the initiation of intervention that has the likelihood of making a difference (Bernheimer & Keogh, 1995; Bernheimer & Weismer, 2007; McWilliam & Scott, 2001). So that service providers are challenged on multiple levels to gather this information. First, they are seeking personal information about the intricate workings of a family while developing rapport and building a relationship. Second, this sensitive task is amplified as information is sought from the family members while they are learning about their child's special needs, the early intervention services and supports available, and the professionals and systems that provide them (Fialka, 2000).

Over time, families with children who have hearing impairment will be required to make many decisions. The professional's role is to provide appropriate information and guidance as families negotiate their way through various opinions and options. Professionals' knowledge about deafness has a responsibility to prepare parents for the issues related to hearing impairment and cochlear implants. Well informed parents will feel confident in whatever decision they make and will be better equipped to withstand the various opinions that come their way. Professionals ought to avoid persuading families in their decision-making. Families need to own the choice that they make.

Once a decision has been made, professional can assist families by encouraging them to fully commit to whatever they choose in order to maximize the child's potential. Committing to a particular communication modality or teaching philosophy requires a whole-hearted effort on behalf of the parents. Professionals will want to encourage the families to learn as much as possible about the approach they have chosen, and to do all that they can to support the efforts of the team with whom they are working. It is very helpful for parents and professionals to establish a time line for monitoring the child's progress with the chosen approach.

Generally, progress should be reviewed every six months to a year, depends on the age of the child. Professionals hope to see month for month progress (e.g. 12 months language growth within one year) in children who are experiencing a good "fit" in the approach that has been chosen. Audiologists are crucial members of the team as they gather objective diagnostic information that assists professionals and parents in evaluating a child's progress. Ensuring that the child is properly amplified, and that equipment is operating correctly is obviously an important piece of the overall image. Parents and professionals alike depend on the audiologist to provide correct information and services that often influence their decisions about program placement and modality choices.

Parents of children with hearing impairment have an important role to play in the education of their children. This fact is guaranteed by federal legislation that specifies the right of parents to participate in the educational decision-making process. As child progresses through educational system, parents should know about and follow through on their rights and responsibilities to ensure that they are a contributing partner with the professionals who will influence their child's future.

Parental decision and responsibilities may vary depending on factors such as the child's disabling condition. Parents can develop a partnership with the school and share appropriate information about their child's education and development and may ask for clarification of any aspect of the program that is unclear to them. It is important that, family members or parents are needed to discuss with their child's teacher how their child might be included in the regular school activities program. It is important to monitor child's progress and periodically ask for a report, if child is not progressing, discuss this with the teacher and determine whether the program should be modified. It is vital that the family members or parents can discuss with the schools when any problems that occur with their child's assessment, placement, or educational program. For better decision making parents may join a parent organization. In addition to giving parents an opportunity to share knowledge and gain support, a parent group can be an effective force on behalf of your loving child.

Hearing impairment is one of the most common congenital and acquired diseases in children. About 1 - 3 children in 1000 are affected as hearing impaired. Students as agents of community in educational settings can suffer different problems in absence of life skills and self-esteem, since self-esteem as a necessary item in psychological structure plays several roles in social-educational functioning of the individual. Children are begun to learn the social skills from early stages in life. For children to attain the Self-esteem, they not only acquire important social behaviors for interacting with others, but also are able to use these skills in ways which are acceptable to others in their social environment. For children the social skills and Self-esteem are crucial skills to participate in a game, cooperating, communicating and supporting others.

Few researchers believe that communication deficits interfere with young hearing impaired children's normal play development and due to delay in this skill, these children engage in less social play than hearing children. Self-esteem, individual and social skills have been introduced as factors to improve social relations and life skills are effective as a collection of these skills. Life skills education can promote the social adjustment of the kids and adolescents. World Health Organization states life skills as "abilities for adaptive and positive behavior that enable individual deal effectively with the demand and challenges of life". The definition of life skills may differ across culture and settings, however analysis in this field suggest that these skills (decision making, problem solving, interpersonal relationship skills, communication skills…) are necessary for promotion of the health and well-being of the children. Ahmadian and Fata on their study examined the effect of life skills education on children with mild intellectual disability and stated that the effect of Life skills education program had positive effects on Self-knowledge, interpersonal relationship, and anger-management.

Cunha, Heckman, Lochner & Masterov in their study examined that Skill formation is a life cycle process. It starts in the womb and goes on throughout life. There are many skills and abilities (inherited or acquired) which are most important for individuals success. Skills attainment in one stage of life can lead to attaining the skills in later stages. The likelihood of deaf pupils being chosen as a friend is smaller than that of a hearing pupil. It seems hearing impaired children have few problems with Self-esteem which cause them difficulties in their relationships with other pupils and people. They could learn these skills through some good interventional programs. Training life skills to children with hearing impairment promote their self-esteem. In another word, life skills training are effective for enhancing the self-esteem of hearing impaired students in inclusive schools. (Vernosfaderani, 2013).

Social skills are actions that help people interact with other people. In school, the interactions may be with teachers, classmates, and other school members. Later in life, the interactions may be with supervisors, co-workers, friends, and other persons. It is found that adolescents and children with disabilities sometimes have behaviors that are unacceptable or awkward in social interactions. World Health Organization (WHO) in 1997stated that life skills are abilities which support students? overall development and reinforce their ability to encounter problems in life. The elementary skills for independent living should be meal preparation, personal hygiene, and job preparedness training. The major goal should be to find out what needed to be taught, by moving them toward independence in adult life. It is very important that goals should be developed in the areas of recreational, academic, prevocational and vocational, emotional and social skills. The key is to strike a balance between students being left in academic classes and functional life skills. Life skills training procedure can teach students how to make decision, how to use daring behavior, and how to think critically. To achieve the wanted results, all skills must be learned by the students.

According to the April 1996 issue of the American Annals of the Deaf, there were 78 residential schools for the deaf or deaf and blind in the United States with only four states not reporting a residential school. Most schools accept students based on the degree of hearing loss, academic needs, parental choice, and other factors. Usually these schools have an established relationship with the child's local education agency. This issue of the Annals also informed that 21% of the population that was studied attended residential schools. Many schools accept children at the age of three years. For younger children, participation in a Parent or Infant program administered by the school provides much needed services until the child is ready to attend. Residential schools are an alternative to placements in local schools. Parents who are Deaf themselves often choose a school for the Deaf over local schools because of the opportunity for their children to participate in the life of the Deaf community and Deaf culture. Hearing parents of children who are deaf seem to have greater reluctance about sending their children because they do not want to be separated from them (Scheetz, 1993).

Separation may cause feelings of guilt in the parents, confusion and homesickness in the child, and depression in both, but once the child has adjusted, he or she usually embraces the experience wholeheartedly. House parents and classroom teachers are often Deaf themselves, and a unique bond may develop between the Deaf child and other Deaf members of the school and community, where the child has access to role models who are Deaf. Deaf culture members are almost unanimous in their response that the Deaf culture more than makes up the difference. In addition, because many families live at some distance from the school, parents tend not to participate in their child's education to a sufficient degree. The choice of residential placement must be made with the child's educational and emotional needs in mind, weighing the pros and cons carefully and with the best interests of the child as a guide.

2.4 Postering Family's Acceptance of Child's Impairment and Creating a Positive Environment

It is found that there are 21.54 million children with hearing impairment in India, caused by inadequate healthcare or ear care. Of this number, it is estimated that 8.15 million are school going children. A parent who has practically no knowledge about deafness and has a child stigmatized as "deaf and dumb", this can be a shattering experience particularly as it so often happens, and "the cause is unknown." The first reactions of parents and family are usually panic, guilt, blame and despair. They strive to understand the disability and its implication. They struggle to cope with their own emotions and the reaction of others. Their attitudes towards their child change, resulting in changes in responses towards the child.

When parents are started to realize that their child is suffering from hearing loss, they will probably feel shocked and helpless, at first. It may be difficult to accept what the doctors tell to them. This is a perfectly normal reaction, and it can take time to accept the reality of a hearing loss. After some time, parents will come to terms with the situation. Parents and their child's task then become to make the best of it. But then, they will have asked themselves many questions about their child's daily life and future after some time, they will come to terms with the situation. Parents and their child's task then become to make the best of it. But then, parents will have asked themselves many questions about their child's daily life and future also. But we are all different, and no two parents react in exactly the same way.

These attitudinal changes in turn may have an adverse effect on the child. It is found that for hearing parents, it is a very difficult task to accept the disability. Once they come to know about the diagnosis of deafness, they are shocked and traumatized. Parents may start developing negative attitudes towards the child after the diagnosis, which may not have been present prior to the diagnosis. Their behavior patterns too, might change.

Dharitri and Vinoda examined that behaviour problem in hearing impaired children and parental attitudes. They studied three groups consisting of hearing impaired children attending special school, hearing-impaired children attending regular school and children without impairment. They concluded that hearing impaired children showed more behaviour problems. Some of the behavioural problems increased with age. Mothers of the hearing impaired children showed some favourable attitudes and some negative attitudes.

Umadevi and Venkatramaiah examined in a study that attitudes and aspiration of parents towards their deaf children. Family interactions were found to be good in a majority of cases. Parents had higher aspirations for their deaf children and a majority wanted their children to be settled in jobs and to lead an independent life. Charanjeev informed that parents felt that their acceptance would enable the child to be better adjusted, feel confident and secure and get along well with everyone.

The parents of newly diagnosed hearing-impaired children may experience guilt, which is manifested in several ways. The period immediately following the diagnosis was found to be particularly stressful for parents of children with hearing impairment. Mourning "the lost normal child" leads to shock, recognition, denial, acknowledgment and constructive action. Parents can look at the positive aspects of their child's in the family. The child can create many opportunities for family bonding and growth for each individual member.

The best approach is to be honest and open-minded. Ask all the questions parents themselves can think of. Seek help from audiologists, doctors, special educator, psychologists, other professionals and other parents in the same situation, family and friends. The professionals can provide information and guidance to the parents and family members. Parents of children with hearing impairment can help with their experience. Family members and friends may provide psychological and moral support. Family always has to remember that they are not the first family to have a hearing impaired child and that hearing impaired children are better able to cope than the family might realize.

Families play a vital role in the development of their children, but for deaf children they are even more important. It is also highlights the way in which families can change the situation for other deaf children in their community. Families can do this by working together with service providers, or through self-help initiatives. There is no question that parent power has a huge role to play in improving deaf children's lives. There are some huge challenges made even greater by poverty which can discourage parents from engaging with their children. Sometimes, practitioners comment that families feel as though they have nothing to contribute to their children's development or that it can take a long time for some families to see the benefits of getting involved actively in their child's life. Most families are not always sure how they can support their deaf children.

However family members have knowledge about their children and their family - knowledge which service providing organizations do not have. In most cases, family or community members also spend more time with deaf children. The impact of their support can be greater than anything done by an external service provider. Families often don't know how they can make a difference to their children. Sometimes they need emotional support to help them take more responsibility for their children. Service providers, deaf adults and communities can help families to be more aware of this.

Parents have a right to be involved in the governance of schools. Many schools have a parent-teacher association or a board of governors. It is essential that parents on those boards have a voice and an opportunity to stay informed about the running of their school, to put forward a parent perspective about the school's activities. Sometimes parents need to learn more about their child's deafness and their rights before they feel confident in taking part in the management of schools.

In Kazakhstan, Centre SATR started to deliver some of those skills to parents. The project team involved Mandy Naylor, a VSO volunteer, a SATR social worker and two workers from residential schools in Kazakhstan. They began by doing home visits to try to engage families with their deaf children. The idea was to raise awareness of the problems associated with institutionalization. The approach was based on child rights, and one of the main issues was abuse.

Many families were not interested in their children - they had got used to the fact that their children no longer lived at home. Many parents became angry when they realised that their children need not have been taken away from them. SATR developed a programme of education and awareness focusing on communication issues and attachment - the importance of maintaining close contact with their children. Some of the members of the group were deaf themselves. They were able to share their own personal experiences and help with interpreting.

Most forms of parent action directly address the needs of parents and their deaf children. The action may be large or small, local or national. Parents often take action in order to: support each other and share information; help their deaf children to learn; develop, improve or manage services for their children; lobby and campaign for change for themselves and their children; initiate projects to meet other family needs, such as income generation.

Families can keep their children safe by 1. Establishing good communication within the family; 2. Maintaining close contact with children being educated in residential settings; 3. Being informed about the rights of children and the nature of abuse; 4. Teaching "life skills" to young people; 5. Providing a supervised environment in which to discuss issues and concerns; 6. Teaching children name signs for everyone in the home and community; 7. Teaching the signs or words for body parts; 8. Developing an understanding in children of what kind of touching is OK; 9. Practicing saying "No" or calling for help.

2.5 Building Parent's Confidence for Making Informed Choices (Communication Options, Options for Listening Devices, School Placement) and Advocacy

Most parents and family members of children with hearing loss never expected that their child would be hard of hearing or deaf. Parents' may have many questions. But when they understand how to help their child, they grow into new challenges or needs and may have more questions. Children are always keenly watching their parents for clues about what to do or how to feel about different tasks or social interactions. When it comes to learning how to manage emotions like hurt, anger, or frustration, parents' are their "go-to" person. If parents can model persistence and confidence in themselves, their child will learn this too.

Self-confidence is an essential ingredient for healthy development and school success. Confidence is a belief in our ability to master our body, behavior, and the challenges encounter by us. Children who are confident are eager to face new challenges and expect adults to be helpful and supportive of their efforts. Self-confidence is crucial for getting along with others and making friends. Self-confident children see that other people like them and expect relationships to be satisfying and fun. There are many ways and parents can develop their child's self-confidence: First, parents must believe that their child can be successful. Most parents have never had contact with a child with hearing loss until their own child is diagnosed as deaf or hard of hearing. Family and child will need to work harder to make sure that language is truly accessible. The time parents' put into these efforts is an investment in their child's life long success.

It is commonly reported that an enduring experience of parenting a deaf child is that of choice and decision making (DesGeorges 2003; Young and Greally 2003). Whilst the same could be said of any parenting experience, in the context of deaf children and families it is an intensified process because of how deafness intersects with family life. For the vast majority of parents who are hearing, deafness is unfamiliar territory. This unfamiliarity consists both in a likely lack of knowledge about deafness, but also in a lack of prior relevancy to everyday life. Parents of deaf children will often describe experiences, people, contexts and ideas that they had absolutely no reason to consider of significance to how they led their everyday lives before they had a deaf child, as much as they might describe the acquisition of new knowledge, skills and information (Stredler Brown 2005; Young 1999; Young and Greally 2003).

Firstly, there was little clarity over what was meant by "informed choice" despite the phrase being in common usage. In many respects it was being defined by what it was not (e.g., impartial, poor information provision). The deafness-specific literature was sparse, and in its discussion of the issues of informed choice, rather restricted; informed choice tended only to be discussed in relation to communication choices. Furthermore, there was a widespread understanding that the focus of informed choice was the appropriate provision of quality information to enable choice and very little else. Also, debates raged about whether informed choice was an appropriate goal to pursue in the first place. Amongst parents and professionals alike there are many passionate supporters of singular and particular choices, be it cochlear implants, auditory verbal therapy, sign bilingual provision and so forth. They are committed to some choices inherently being right and others not. Finally the relationship between parental participation in decision making processes and the appropriate exercise of expert (usually considered synonymous with professional) knowledge raised challenging questions about the very basis and style of parent/professional interaction.

Suitable Listening Devices for Various Communication Options with Familial Role :

Option/Features	Familial Role	Amplification
Auditory-Verbal • Maximizes use of residual hearing to develop spoken language • Auditory channel is primary input mode: exclusively during language learning experiences/therapeutic intervention. • Restricts use of visual cues, speech reading and signs • Provides only auditory training	• Serve as spoken language models • Provide abundant opportunities for spoken language learning through Auditory-Verbal techniques in the home environment • Seek professionals support from those knowledgeable in AV approach • Ensure appropriate audiologic management • Monitor rigorously the performance of amplification/cochlear implant technology • Desire mainstream educational setting & inclusion in hearing community as primary goal	• Provide early amplification • Provide maximum audibility across the speech-frequency range • Promote consistent use of hearing aids, FM systems and/or Cochlear Implant
Auditory-Oral • Maximizes use of residual hearing and speech reading to develop spoken language • Use of both auditory and speech reading encouraged during language learning and therapeutic experiences • Provides both auditory and speech reading training	• Serve as spoken language models • Provide abundant opportunities for spoken language learning using auditory and speech reading input in the home environment • Arrange for appropriate Auditory-Oral programs/ professionals • Ensure appropriate audiologic management • Monitor rigorously the performance of amplification/cochlear implant technology • Desire mainstream educational setting & inclusion in hearing community as primary goal	• Provide early amplification • Provide maximum audibility across the speech-frequency range • Promote consistent use of hearing aids, FM systems and/or Cochlear Implant

Simultaneous Communication • Use sign system and finger spelling and speech • Does not require use of audition	• Learn and become fluent in manual sign system (MCE) • Encourage speech and sign (MCE) • Arrange for appropriate educational setting; may be the same as TC (as above) • Ensure appropriate audiologic management when required	• Amplification not generally used for communication as part of approach
American Sign Language (ASL) • Native language of the American Deaf community • Complete visual language distinctly different from English • Incorporates signs, body language, facial expression, movement	• Learn and become fluent in ASL • Ensure regular interaction with members of Deaf culture/community • Provide opportunities for child interaction with peer group that uses ASL • Arrange for appropriate ASL educational setting/ ASL interpreter	• Amplification not used for visual language learning • Amplification/CI may be used for alerting, warning, awareness of environmental sounds
Bilingual-Bicultural (Bi-Bi) • Philosophy of language learning: first ASL, second spoken language (e.g., English) • Combines ASL and form of spoken language (MCE, Cued Speech) • Opportunities for experiences in Deaf and hearing communities	• Learn and become fluent in ASL • Ensure regular interaction with members of Deaf and hearing culture/community • Arrange for appropriate educational setting in program supporting Bi-Bi philosophy	• Amplification not required for visual language learning • Amplification/CI may be used for alerting, warning, awareness of environmental sounds and for support of spoken language development

Factors Impacting the Selection of a Communication Option for Children Who Are Hard of Hearing or Deaf

Factor	Consideration
Language used in the home	● Spoken (English, Spanish, etc.) ● Bilingual (use of 2 spoken languages) ● Visual (ASL) ● Combination of visual and spoken (bilingual)
Family Involvement	● Abundant opportunities for language learning and communication in the home ● Level of participation in intervention ● Home situation/family membership and other demographic factors ● Consistency in learning & using MCE, ASL, cued speech ● Socio-economic circumstances ● Work schedules
Age of Identification & Intervention	● Before 6 to 11 months of age ● After 6 to 11 months of age
Literacy	● Speech perception ● Development of phonological awareness
Community resources	● Availability of certified AV therapists; auditory-oral therapists, sign language interpreters, ASL community, transliterators etc. ● Availability of EI programs that use above approaches
Hearing status	● Degree of hearing loss ● Stability of hearing loss ● Repeated episodes of OME
Hearing Aids & Cochlear Implants	● Consistent use of Hearing Aids/FM system ● Cochlear implant candidacy ● Financial constraints related to acquiring assistive device technology ● Expectations regarding benefits of device
Speech Intelligibility	● Access to acoustic speech features through hearing aids/cochlear implant ● Speech therapy

Presence of additional disabilities	● Visual ● Motor ● Cognitive ● Attention/Behavior
Availability of later educational options	● Mainstream with support services ● Self contained classroom ● Special school ● Residential facility

The most important function which gets affected due to hearing loss is the natural language acquisition and speech. However language development is vital as it is the basis of communication. It is the most important factor in the all-round development of a child. It is the basis of most learning, not only in the formal aspects of education, but also in the development of character, emotional state and social relationship of the children. Parents of a hearing impaired child may therefore interact and talk to him as naturally as they would do with hearing children. They should remember

1. Ensure hearing aids are used by the child
2. See to it that the hearing aids are functioning optimally
3. Talk to the child most naturally preferably in a slightly slower manner ensuring that the child is looking at you
4. Consciously label the things around him
5. Converse on all the incidents and activities going around him

School Age Placement

Four pillars of supporting children with hearing loss

1. Age of onset of hearing loss
2. Access to language
3. Parental involvement
4. Educational setting and instruction

- ➢ Identifying entities that deliver educational services to families and their roles
- ➢ Identifying laws that entitle services and access
- ➢ Understanding the "Least Restrictive Environment (LRE)" and its applicability to children with hearing loss

Parents need

1. Emotional support & acceptance of hearing loss
2. Non-biased information about hearing loss, communication options and language development
3. Support to identify and navigate through the resources needed
4. A team of professionals working together for the success of the child

Least Restrictive Environment	
General education classroom	Education with age appropriate non-disabled peers
Consultative	Special Education Services are Provided inside the general education classroom
Instructional support	Special education services are provided inside the general education classroom
Collaborative Co-teaching	Special Education Services are Provided inside the general education classroom
Direct resource / self contained	Instruction outside the general education classroom for individuals or small groups
Separate facility	Day school/ program such as rutland academy or project grow
Homebound	Short Term Placement Option Reviewed Quarterly with Reintegration Plan Included

Educational Options

1. Formal Education

a. Anganwadi/Pre-school Education

b. Primary Education

c. Elementary/Upper Primary Education

d. Secondary Education

e. Higher Secondary Education

f. Higher Education

g. Mainstreaming Education

h. Segregated Education

2. Non-Formal Education

a. National Institute for Open Schooling/ Open Schooling

b. Open University

Role of Parents in Education of their Children with Hearing Impairment :

- Take the help of special teachers to plan out the educational programme of the child
- Enroll the child in an appropriate educational programme either in an integrated (regular school) or segregated (special school) set-up depending upon the child's ability and achievements
- Be a part and parcel of his/her daily lessons at school and inculcate listening, speech reading and reading skills
- Meet the school teachers as often as possible to carry over and to follow up classroom teaching
- Learn the techniques used by the teachers in the class-room to teach language and follow them at home
- Discuss about your queries and doubts with the teachers. Also discuss any intimate daily happening, celebrations, outings within the family so that there is a carryover of the same in the class-room teaching
- Be a teacher and facilitator for learning and make the child independent and self sufficient
- Motivate the child to interact with everybody around him
- Participate as equal partners in the education of your - children

Parents are their children's best advocates. Parents know their children better than anyone else. That is why parents are so important when a child needs special education. As a parent, they must give permission to the school to evaluate their child for special education services under the IDEA. They must also give their permission before the school can provide any special education services to their child. Parents have a right to be involved in the team that meets to write the "Evaluation Team Report" after their child is evaluated. They have a right to request an Independent Evaluation if they disagree with the evaluation the school does. Parents, have a right to participate on their child's Individualized Education Program (IEP) Team and help decide what services the school must provide to their child. The child has the right to receive services under the IDEA, but parents are charged with the responsibility for participating in the process with their child and making requests on behalf of their child. Under the IDEA, the parent holds all of the child's due process rights in special education until the child turns 18.

2.6 Supporting Family in Raising Children with Hearing Impairment: Facilitating Availing of Concessions, Facilities and Scholarship and other Benefits

Central Government Schemes:

Deendayal Disabled Rehabilitation Scheme (DDRS) :

The objectives of the scheme are:

- To create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities
- To encourage voluntary action for ensuring effective implementation of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995

Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances (ADIP) :

Objective and brief of the Scheme:

The main objective of the Scheme is to assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances to promote physical, social, psychological rehabilitation of Persons with Disabilities by reducing the effects of disabilities and at the same time enhance their economic potential. Assistive devices are given to PwDs with an aim to improve their independent functioning, and to arrest the extent of disability and occurrence of secondary disability. The aids and appliances supplied under the Scheme must have due certification.

Scheme for Implementation of Persons with Disabilities Act, 1995 (SIPDA) :

Objectives and brief of the Scheme:

The Ministry has been implementing the Scheme for Implementation of Persons with Disabilities Act, 1995 (SIPDA) for providing financial assistance for undertaking various activities outlined in the PwD Act. Financial assistance is being given under this scheme for setting up District Disability Rehabilitation Centers (DDRCs), and Composite Rehabilitation Centers (CRCs). Financial assistance is also being provided under the Scheme to State Govt. and institutions/organizations run by the Central and

State Governments for various activities for implementation of Persons with Disabilities Act.

District disability rehabilitation centers (DDRCS):

Brief and Objectives of DDRCs :

In order to facilitate creation of infrastructure and capacity building at district level for awareness generation, rehabilitation, training and guidance of rehabilitation professionals, the Department is supporting setting up District Disability Rehabilitation Centres in all the unserved districts of the country for providing comprehensive services to the persons with disabilities. A total number of 310 districts have been identified and approved for setting up of DDRC. Out of these, DDRCs have been set up in 248 districts so far. The DDRCs are provided with financial, infrastructural, administrative and technical support by the Central and State Governments, so that they are in a position to provide rehabilitation services to Persons with Disabilities in the concerned districts.

Rajiv Gandhi National Fellowship for Students with Disabilities:

Objectives and Brief of the scheme:

Rajiv Gandhi National Fellowship (RGNF) Scheme was launched during the financial year 2012-13 to increase opportunities to students with disabilities for pursuing higher education leading to degrees such as M.Phil. and Ph.D. in any University recognised by University Grants Commission(UGC). Under the scheme, 200 Fellowships (Junior Research Fellows, JRF) per year are granted to students with disabilities. In case of non-availability of adequate number of students with disabilities, the number of fellowships not availed during a year will be carried forward to the next academic session. In case, the number of candidates exceeds the number of available awards, the UGC selects the candidates based on the percentage of marks obtained by the candidates in their Post-Graduation examination.

Pre-Matric Scholarship and Post-Matric Scholarship for Students with Disabilities:

Objectives and brief of the scheme:

To provide financial assistance to the students with disabilities for studying in the pre-matric level (class IX and X) and post-matric level (Classes XI, XII and upto graduate degree/diploma level). The financial assistance includes scholarship, book grant, escort/reader allowance, etc. Number of scholarships to be granted every year is 46,000 for pre-matric level and 16,650 for post-matric level. Selection of the beneficiaries under these two scholarship schemes is done on the basis of merit after the recommendation of the State Governments/Union Territory Administration. These schemes will be implemented on-line, through a web-portal "National e-Scholarship Portal" being developed by DEITY from 2015-16. During the current financial year the schemes are being implemented through State Governments.

National Overseas Scholarship for students with Disabilities:

Objectives:

The scheme of National Overseas Scholarship for Students with Disabilities has been launched with the objectives of providing financial assistance to the students with disabilities for pursuing studies abroad at the level of Masters' Degree and Ph.D. Twenty (20) scholarships are to be awarded every year out of which six are reserved for women candidates. The scholarship amount includes Maintenance Allowance, Contingency Allowance, Tuition Fees, and Cost of Air Passage etc. The said scheme has been launched in the year 2014-15. Parental income ceiling is Rs.6.00 lakh per month. In addition to the above, there is a provision of "Passage Grants" to two Students with Disabilities every year. Only those Students with Disabilities who are in receipt of a merit scholarship for Post Graduate Studies, Research or Training abroad (excluding attending seminars, workshops, conferences), from a foreign government/ organization or under any other scheme, where the cost of passage is not provided, shall be eligible. The Passage Grant includes to-and-fro air-fare from home-station to the Institute abroad by economy class through Air India.

Scholarship for Top Class Education for Students with Disabilities:

Objectives:

The Scheme aims at recognizing and promoting quality education amongst Students with Disabilities by providing full financial support. The scheme will cover Students with Disabilities (SwDs) for pursuing studies at the level of Post Graduate Degree or Diploma in any discipline. The scheme will operate in all institutions notified by the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment as institutions of excellence.

Railway Travel Concession:

The Ministry of Railway allows the disabled persons/patients to travel at concessional fares in Indian railways. Deaf persons are allowed 50% concession in single and return journey rail fares on production of Medical Certificate issued by the Govt. Medical Officer. After verifying the certificate concessional tickets will be issued by the station master. 50% concessions is also allowed in monthly seasonal (first and second class) ticket fares to the deaf. No concession will be allowed for the escort of the deaf person. Permission is also given to travel by 2tier-AC sleeper on payment of the concessional fare for first class and full surcharge leviable on 2 tier AC sleeper.

State Government Schemes:

Disability Pension:

This pension is sanctioned to a disable person who is incapacitate to earn a living and extent of disability is 40% or above and there is to maintain the disable. Income limitation is Rs. 100/- per month. The extent of pension is Rs. 500/- per month. The Total coverage in the state is 6,887.

Other Benefits:

The appropriate Government and the local authorities shall endeavour that all educational institutions funded or recognised by them provide inclusive education to the children with disabilities and towards that end shall-

(i) admit them without discrimination and provide education and opportunities for sports and recreation activities equally with others;

(ii) make building, campus and various facilities accessible;

(iii) provide reasonable accommodation according to the individual's requirements;

(iv) provide necessary support individualised or otherwise in environments that maximise academic and social development consistent with the goal of full inclusion;

(v) ensure that the education to persons who are blind or deaf or both is imparted in the most appropriate languages and modes and means of communication;

(vi) detect specific learning disabilities in children at the earliest and take suitable pedagogical and other measures to overcome them;

(vii) monitor participation, progress in terms of attainment levels and completion of education in respect of every student with disability;

(viii) provide transportation facilities to the children with disabilities and also the attendant of the children with disabilities having high support needs.

2.7 Encouraging Family Participation in Self Help Groups and Family Support Networking:

Self-help groups are informal groups of people who come together to address their common problems. While self-help might imply a focus on the individual, one important characteristic of self-help groups is the idea of mutual support - people helping each other. Self-help groups can serve many different purposes depending on the situation and the need. For example, within the development sector, self-help groups have been used as an effective strategy for poverty alleviation, human development and social empowerment and are therefore often focused on microcredit programmes and income-generating activities.

Over the past 20 years, self-help groups have been used in various forms in the disability sector, and self-help groups of people with disabilities and their families are engaged in a whole range of activities including health care, rehabilitation, education, microcredit and campaigning. Self-help groups can facilitate empowerment; belonging to a group (or organization) is one of the principal means through which people with disabilities can participate in their communities and it is through the involvement in groups that they can begin to develop their awareness and the ability to organize and take action and bring about change.

While many CBR programmes focus their activities at the level of the individual, e.g. on providing direct assistance, such as basic therapy, they are encouraged to bring people with disabilities and their family members together to form self-help groups to address and resolve their own problems. Self-help groups are a key element of the CBR matrix and can be a means to achieving the newly emerging CBR goals of inclusion of and ownership by people with disabilities, and to enhance their participation in development processes. This element mainly focuses on how CBR programmes can facilitate the formation of new self-help groups, but it also looks at the linking of CBR programmes with existing self-help groups of people with disabilities and their families, including mainstream self-help groups.

Family support is the support of families with a member with a disability, which may include a child, an adult or even the parent in the family. In the United States, family support includes "unpaid" or "informal" support by neighbors, families and friends, "paid services" through specialist agencies providing an array of services termed "family support services", school or parent services for special needs such as respite care, specialized child care or peer companions, or cash subsidies, tax deductions or other financial subsidies. Family support has been extended to different population groups in the US and worldwide. Family support services is currently a "community services and funding" stream in New York and the US which has had variable "application" based on disability group, administrating agency, and even, regulatory and legislative intent.

Family Support Network (FSN) provides services and resources that help children with special needs reach their full potential. Founded in 1985 by a group of concerned parents, FSN has been serving the special needs community in Orange County by bringing together parents and professionals all dedicated to helping children achieve their dreams. FSN has developed and implemented several successful programs to meet the health needs of parents with young children. Collaborating with several local agencies, FSN reaches out and serves the community in many different ways.

2.8 Let Us Sum up:

Rehabilitation of hearing impaired persons (children/adults) is a challenge and requires special attention from a team of professionals attached to Govt. and/or Voluntary Organizations and a team of Community Level Workers. The quality of life of persons with disabilities can only be improved when there is a close coordination, collaboration and cooperation between the community members including persons with disabilities, their parents/family members/friends and Govt. and/or voluntary organizations. To meet the rehabilitation needs of persons with disabilities the community effective participation is necessary as the community has a big role to play in the whole process of rehabilitation of persons with disabilities. There could be a number of matters which are required to be looked into at different stages of life of persons with disabilities and thus the focus should be on what is important at a particular stage for persons with disabilities.

2.9 Check Your Progress

1. Discuss in brief the role of family in decision making and in creating a positive environment for the children with hearing impairment.
2. Explain families' role in advocacy for the children with hearing impairment.
3. Discuss familiar role in various communication options.
4. Importance of family participation in self help group.
5. What is family support networking? Discuss parents' role in it.
6. Reactions of hearing impaired children's family and family acceptance of child's impairment.
7. Discuss in details about various concessions, facilities, scholarship and other benefits for the children with hearing impairment and other disabilities.
8. Discuss in details the role of parents and family member in all over development for the children with hearing impairment.

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Unit- 3 ❐ Family Empowerment

Structure

3.1 Introduction
3.2 Objectives
3.3 Encouraging Family Centered Practices, Parent Self Efficiency Belief and Family Involvement in Child's Learning and Parenting
3.4 Encouraging Family Acceptance of Listening Devices and Ensuring its Regular Use
3.5 Supporting Family in Fostering and Developing Communication and Language
3.6 Involving Family in Fostering and Developing Play, Reactions and Values
3.7 Encouraging Family Involvement in Educational Proramme and Participation in Community Based Rehabilitation Programme
3.8 Let Us Sum Up
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3.1 Introduction

From the moment parents discover they are going to have a baby they begin to imagine the realm of possibilities for their family and child. The dreams are endless for the newborn; musician, athlete, doctor, revolutionary, anything is possible. For some families those dreams are shattered when their infant fails the newborn hearing screening (Early Hearing Detection and Intervention Program.) The sounds of their hopes and dreams are silenced by the devastation of their new reality. What they may not know is that deafness no longer equates silence. Parents need to be informed, by the first professionals on the scene at first diagnosis, that there is a reality that their child can learn to listen and speak and participate fully in a hearing world. Immediately families must be referred to a center that specializes in auditory development, education and family support services.

3.2 Objectives

After learning this unit the learners will be able to:

- Know about family centered practices
- Know about parenting, parent self efficiency and family involvement in Childs learning
- Know about the acceptance of listening devices and its regular use
- Know about the communication and language development
- Know about the importance of play, reactions and values
- Know about the importance and involvement of family in educational programme and community based rehabilitation programme

3.3 Encouraging Family Centered Practices, Parent Self Efficiency Belief and Family Involvement in Child's Learning and Parenting

The diagnosis of hearing loss is new for the majority of parents. It is the job of the professionals who are supporting them to provide the information that parents need in order for them to be effective advocates for their child. Each discipline involved will have specific information to impart. Audiologists have the opportunity to assist families in understanding their child's hearing loss in a functional way. Parents may ask for specific guidance about which hearing aid to choose or they may have their own opinions about certain devices or options.

Professionals do not work with children in isolation. They are products of their unique family system. Beyond that, families are shaped by their extended families and the community at large. Professionals can assist families by being inclusive to all members. Families may ask for permission to bring friends or extended family members to their appointments. Sometimes it is helpful for the professional to talk individually with family members who have questions about hearing loss. Professionals may also be asked to meet with grandparents or extended family members who may grieve the hearing loss in their own way. In general, the greater the child's support network, the better the outcome. Audiologists can best support the child by including those people in the child's support network.

Inherent in the professional/client relationship there seems to be an imbalance. That is to say that, the professional has the knowledge and the client is there to learn from the professional. In the case of hearing loss, there is much to be learned by hearing parents who are experiencing hearing loss for the first time. It is not uncommon for parents to say, "Just tell me what to do and I will do it." Building a climate of mutual respect and trust takes time. Families are likely to feel respected if they are listened to, and if they feel that the professional acknowledges the special expertise that the family has to offer. Professionals and families can learn from each other and in that way explore options that might be beneficial for the child. Families will feel that they can trust in the professional if their confidentiality is honored and if they are allowed to voice their opinions, questions and concerns without being judged.

Professionals can also be supportive by helping parents to understand that often there may not be a right or wrong choice. They can work together to use a "discovery approach" that will guide them in their decisions for their child. Professionals need to be available to guide parents through this process that will likely evolve over many years. It is helpful to counsel parents in a way that helps them to understand that decisions that are made now can be altered if necessary in the future. No decision is set in stone.

Family-Centered Practice Includes:

- Learning about the family system and developing contextualized assessments and interventions that respect the family system and preferences (Hecimovic, Powell, & Christensen, 1999; Moes & Frea, 2000)
- Careful attention to family priorities and concerns in planning interventions (e.g., Marshall & Mirenda, 2002)
- Developing meaningful learning opportunities, providing information, teaching strategies, and offering feedback to families
- Teaching families interaction skills to support and manage behavior and the development of communication and language
- Recognizing that family and individual beliefs and values will vary based on culture, background, personal preferences, and individual variability
- Recognizing that resource availability may vary over time and due to economic factors
- Placing a high value on seeking and respecting family views
- Individualizing services to the needs and desires of the family and involving families in decision-making

- Recognizing the transactional nature of the disorder when evaluating family interactions and relationships;
- Recognizing that family systems are dynamic rather than static, with family interactions and needs changing over time;
- Engaging the family and using familiar items in various aspects of the evaluation and therapy sessions

Many variations and topic-specific definitions of self-efficacy can be found in literature from diverse fields of study including psychology, social work, and education (Al-Kandari & AlQashan, 2010; Breso, Schaufeli, & Salanova, 2011; Epel, Bandura, & Zimbardo, 1999) At its core, self-efficacy is simply a belief in one's personal capabilities (Bandura, 1997). Parental self-efficacy, the focus of this literature review, is defined as one's belief in his or competency as a parent. According to Bandura's theory, a parent's belief about his or her ability to parent successfully is a crucial element in the actualization of this goal and duty.

Bandura (1997) suggests self-efficacy regulates three domains of human functioning: cognitive, motivational, and mood or affect. Cognitively, people who are highly self-efficacious are more likely to think soundly, see the 'bigger picture', have high aspirations, set difficult challenges for themselves, and are more committed to completing these challenges. (Bandura,1997). These individuals are able to visualize positive and successful outcomes rather than focusing on the abilities or skills they lack and possible negative outcomes.

Bandura's theory suggests human motivation results from developing ideas and beliefs about what can be done, setting goals, and planning strategies to accomplish these goals (1997). A person who is highly self-efficacious will set higher goals, extend more effort to accomplish these goals, and adjust the goals according to progress made. High levels of self-efficacy generally lead to persistence and resiliency amid failures and setbacks in reaching goals. In other words, if a person has high self-efficacious beliefs, he or she will be more highly motivated to see their goals through completion. The highly self-efficacious person is able to divert his or her attention, self-calm, and seek support during difficult times in life. They are able to 'turn off' feelings of anxiety and other negative thoughts. They can adjust their environments rather than let fear, sadness, or other negative emotions gain control. Depressive thoughts are greatly regulated by the presence or absence of self-efficacy. Low self-efficacy can lead to a defeated mindset and loss of hope, compounded by further depletion of self-efficacy.

Theoretically, parents with a high sense of parental self efficacy are more likely to establish commitment, perseverance, and remain committed to reach the goals they set for their child and themselves rather than viewing their child's hearing loss as an insurmountable obstacle. For the parents who have selected listening and spoken language as the modality of communication for their child and family, active and continual participation is essential to the academic, social, and language development of their children (Calderon, 2000; Houston & Bradham, 2011). Thus, it is important for these parents to perceive themselves as highly self-efficacious in light of the potential positive impact associated with high levels of involvement.

Research investigating parental involvement in families with typically developing children is clear. A parent's involvement has been acknowledged as an important component of their child's education for many years. Benefits include the development of positive parent-teacher relationships, increased school attendance, improved student attitude, increased parent confidence, as well as satisfaction and interest in their child's education (Hornby & Lafaele, 2011). Parents also need to feel an invitation of involvement. If parents think their involvement is not valued by their child's teacher, they are less likely to become or stay involved. Teachers with positive attitudes about parent involvement may increase the likelihood of higher levels of parental involvement (Hornby & Lafaele, 2011).

While many individuals in the field of deaf education may not be able to clearly identify and define the term parental self-efficacy, it's basic principles are core tenets of both the Individuals with Disabilities Education Improvement Act and the Division of Early Childhood Recommended Practices in Early Intervention/Early Childhood Special Education. Both of these important documents state that the desired outcome of early intervention is for parents to perceive themselves as capable of supporting their children's growth and development. (Katsiyannis, Yell, & Bradley, 2001; Sandall, McLean, & Smith, 2000).

As family-centered practice and parental empowerment has become the standard model of early intervention, it is not surprising that enhanced parental self-efficacy has also become a prominent goal of early interventionists, whether they are cognizant of this or not. In addition to the therapy and education provided during early intervention services, a parent's beliefs about their own skills and the role they play as both parent and teacher are essential to their children's successful language learning (DesJardin, 2006).

Higher levels of parental involvement are related to higher levels of success in children who are deaf or hard of hearing (Moeller, 2000). A 2006 investigation focusing on the necessity of supporting families of children with cochlear implants in both their levels of involvement as well as their sense of parental selfefficacy noted that successful language development in children with cochlear implants is dependent on many factors, many of which are child specific (DesJardin, 2006).

In 2003, DesJardin developed the Scale of Parental Involvement and Self-Efficacy (SPISE). She has since used this rating scale to measure feelings of self-efficacy in parents of children who are deaf or hard of hearing in a variety of studies. This scale was created to measure a parent's perceived level of competence in using their child's amplification device as well their ability to implement language development techniques. The scale is divided into three sections, background information, self-efficacy, and level of involvement.

Usher and Pajeres (2008) provide guidelines for improving self-efficacy among students. These strategies include establishing specific, short-term goals that will challenge the student, yet remain attainable, and help students lay out and verbalize a specific learning plan. As these tasks are accomplished, the students are asked to recognize and evaluate their progress, as well as formulate their next steps and establish a future goal. Educators were also encouraged to compare students to themselves, not against others students (Usher & Pajares, 2008). Early interventionists may use these strategies as they educate parents about their child's language development, device use, future education, and assist in family goal development and implementation. It is important to note that the role of an early interventionist should more closely resemble a coach or mentor than strictly that of 'teacher.' However, even as they work to empower parents to achieve their goals, educating and conveying information to the families is necessary.

Literacy provides students with hearing impairment with opportunities to enter the world of literature and enjoy videos, television with captioning and other forms of entertainment with their hearing peers. It allows them to access information through all types of media. Opportunities to read and enjoy books alone, with friends or with teachers are important learning experiences for all students. Exploring the written word through drawing and writing also benefits all students (Briggle, 2005).

Children those are hearing impaired, like their hearing peers, participate in literacy events and use written language in many typical ways. The current situation in which, learners with hearing loss experience difficulties in achieving normative standards of literacy in spoken and written language, is not new. However, as already stated, the consequences of low literacy skills for people with hearing impairment this digital era are far graver than at any other era. High levels of literacy achievement are now more important than ever before. Literacy skills have become central to the daily communication and information requirements of students with hearing impairment. Leigh (2000) noted that, for most individuals with hearing impairment, access to telephone communication is via a text message in a cellular-phone. In these situations, communication is totally dependent upon their literacy skills and those of their communication partners who, in a large percentage of cases are deaf themselves.

Success in education requires systematic support but is also influenced by many other factors. Family involvement and support, a good self image, high expectations and the support of friends are also vital to the educational success of students with hearing impairment (Toscano, McKee and Lepoutre, 2002). Calderon (2000) carried out a research on the impact of school-based, teacher -related parental involvement in language development and early reading skills.

According to the study by Calderon (2000), parental involvement in children's school-based education program is a significant positive predictor to early reading skills but shares considerable variance with maternal communication skill for this outcome. In the study, maternal communication skills and the child's hearing loss were the strongest predictors for language development and early reading skills. The study's findings indicated that although parental involvement in their deaf child's school- based education program can positively contribute to academic performance, parental communication skill is a more significant predictor for positive language and academic development (Calderon, 2000).

Results from the study carried out by Calderon (2000), provide evidence that parental involvement may depend on the development of other parent skills first, as demonstrated by the moderate correlation and shared variance between direct parental involvement and maternal communication skill in explaining early reading skills. The study by Calderon (2000) suggests that mothers who can communicate better with their child with hearing impairment may also feel more at ease to interact with their child in settings other than the home, feeling more comfortable participating in their child's school environment.

Despite this understanding that parents are instrumental in the teaching of academic, language and social skills, several potentially troublesome issues may contribute to limited parental involvement in special education program planning. For example, conflicts may arise between home and school as a result of differences in philosophy, values, goals, and expectations. The parent-professional relationship is often marked with distrust and disillusionment. Parents and professionals may view each other as hostile, indifferent, and unable to help the child (Leyser, 1985). Studies with hearing families and children with hearing impairment (focusing on family values toward education, parent's attitudes/ expectations toward the child's achievements, parental coping skills and child's academic and social -emotional outcomes, and direct parent instruction) have demonstrated mixed results on the link between family-based influences and the child's academic, language, and psychological adjustment (Calderon and Greenberg, 1993; Calderon, Greenberg and Kusche, 1991).

Results of the study by Calderon (2000), it is suggested that educator's counselors, school administrators, and other related professionals should more systematically and actively invite parental involvement with the goal to enhance parental communication skills with their child. The following recommendations are offered in an effort to create and support improved parent professional teamwork for deaf children's educational and life success. First, designate the role of a parent educator in school programs to facilitate parent- school involvement and parent- child communication. Second, systematically incorporate parent volunteer opportunities in the child's educational setting.

The Israeli society is in the midst of a process where parents are trying to exercise and impose their rights in order to influence in a positive manner the education provided to their children at school, especially in the cases of special education schools. As part of this process, one can notice that, in Israel, the relationship between the education system and the parents has deepened and widened, which has led to several studies regarding the parents' involvement in school (Shamai, 2008). Optimal communication between parents and teachers is an important part of involvement, as it is pointed out by the literature (Shamai, 2008). In the past, it appears that parents' involvement was not always present in hearing impaired children's classes or at all in the Israeli society.

3.4 Encouraging Family Acceptance of Listening Devices and Ensuring its Regular Use

Children with hearing loss often encounter communication difficulties that can make social interaction challenging and to lead to secondary problems such as social isolation, behavioral issues, and depression. It becomes important for the professionals who work with these families to be aware of this risk and arm themselves and parents with the knowledge and tools necessary to help their hearing impaired children develop positive feelings of self worth. The good news is that teaching these skills don't have to cost a lot of time and money. Providing parents and caretakers with guidelines can help them turn everyday moments into learning opportunities.

Spoken communication is uniquely human. If the sense of hearing is damaged or absent, individuals with the loss are denied the opportunity to sample an important feature of their environment, the sounds emitted by nature and by humans themselves. People who are deaf or hard-of-hearing will have diminished enjoyment for music or the sound of a babbling brook. Some deaf and hard-of-hearing children are born to deaf parents who communicate through Sign Language. Without hearing, these children have full access to the language of their home environment and that of the deaf community.

However, the majority of deaf and hard-of-hearing children are born to hearing parents. For these families, having a child with hearing loss may be a devastating situation. The loss or reduction of the sense of hearing impairs children's ability to hear speech and consequently to learn the intricacies of the spoken language of their environment. Hearing loss impairs their ability to produce and monitor their own speech and to learn the rules that govern the use of speech sounds (phonemes) in their native spoken language if they are born to hearing parents. Consequently, if appropriate early intervention does not occur within the first 6-12 months, hearing loss or deafness, even if mild, can be devastating to the development of spoken communication with hearing family and peers, to the development of sophisticated language use, and to many aspects of educational development, if environmental compensation does not occur.

Students with a hearing disability have a number of assistive tools at their disposal. Some assistive technology, such as a hearing aid, is fairly well known and common among those with more serious impairments. However, some tools on the following list may not be as popular, at least to those who either work with or teach students who use them. Let's see which tech tools are helping make classrooms - and learning environments in general - more accommodating for students with hearing loss.

Some studies have looked at the effectiveness of amplification in mild and unilateral hearing loss and show that the use and benefit of amplification varies amongst individuals. One small study at Children's Hospital of Philadelphia concluded that it was worth trialling a hearing aid with children who had a unilateral hearing loss. The study found that approximately 65% of the client group aged 2-17 liked or loved their hearing aids. Hearing loss in the impaired ear ranged from mild to moderately severe. While many clients showed an improvement in listening related tasks there was more variability as to whether the children also benefitted from the aid in psychosocial areas such as confidence, general disposition and frustration level. Another study on mild and unilateral hearing loss in children found that 26% of children with a unilateral hearing loss wore their hearing aid all the time while 50% of the children never wore their aid.

It's important that kids with hearing loss, even hearing loss in one ear (unilateral hearing loss), wear hearing aids. Studies show the use of hearing aids keeps the mind healthy, results in better self-esteem, and helps children achieve developmental markers. As educators at MSU, point out, "numerous studies have shown improvement in attention, understanding directions, classroom participation and school behavior" when fitted with a hearing device. Studies now show with proper and early intervention, children with hearing loss can grow up to be as successful and happy as they would have been without hearing loss.

A child that is engaged with music, conversation, or a communication activity is more likely to forget about their hearing aids and to begin to internalize the benefits of wearing hearing aids. Communicating with a child who has hearing loss is a challenging process, but as you reach out to them, they adapt and learn how best to communicate with others. Hard of hearing people have many skills and are more adaptable than the average person. Helping your child to learn these communication skills will give them a lifetime of independence.

Assistive listening devices in the classroom can make an older child's experience with hearing aids less frustrating. Normal classroom acoustics can inhibit listening technologies. Older children, adolescents, can be embarrassed about using an assistive listening device (ALD) in the classroom. In this case, get the teacher on your side in helping to make ALD use inconspicuous and have your child help pick out the system that they are most comfortable using.

The hearing aid will help your child to hear sounds, which he/she cannot hear otherwise. Children take time to learn to respond to sounds. Young children with profound hearing loss may require 6 to 8 months before they show an understanding of how they must react to sound. How much a child will hear depends on the severity of the hearing loss and the benefit he/she gets from a hearing aid. Experience has shown that if children are fitted with hearing aid before the age of 6 months, their listening skills and verbal language skills develop almost normally.

The hearing aids amplify sounds and feed them to the ear so as to enable your child to make use of his/her residual hearing. Hearing aids do not cure a hearing loss nor do they restore normal hearing. That is why, even after wearing a hearing aid your child may participate poorly in conversation or even respond poorly to sounds in the environment. However your child improves with intensive auditory training. The aim of the audiologist is to fit a hearing aid which provides maximum benefit with respect to hearing all sounds and especially speech. However this is not practically achieved in every case. Some children may not get the desired benefit with any hearing aid so as to depend fully on hearing for all the ordinary purposes of life. Then the hearing has to be supplemented with speech reading. If the benefit is very inadequate, decisions about cochlear implant can be made at a later point of time.

It is important to ensure that your child receives a guided auditory training as even children who benefit from the hearing aid may continue to ignore sounds if they are not taught how to 'listen'. Training is an ongoing process. The Child's progress depends on many factors including the child himself, the type of hearing loss, benefit from the hearing aid, usage of the hearing aid, how early the intervention began, regularity in the training program & above all, the extent of parent involvement. A child requires training until his speech, language and academic skills attain an age appropriate level. Often it is desirable to prepare children with hearing impairment to a level of language reading, writing and listening skills either equal or better than that of the hearing peers. It is possible, if a concerted effort is taken.

For children with hearing impairments, it's incredibly important to have the child be fit soon after diagnosis. Importance of providing hearing impaired children with hearing aids and its regular use:

- Consistent input of sound helps your child to brain develop - this is most important birth - 3 years. Brain pathways do not develop normally when input is inconsistent
- Consistent hearing builds a sense of trust in your child and bonding with you - how predictable the world is and the behavior of those in his life depends on consistent hearing
- Language is caught not taught. Your child's listening bubble is smaller that other children's. Hearing isn't restored to normal with hearing devices, but using hearing devices all waking hours allows your child to optimally 'catch' the verbal language occurring around him which is necessary for growth in his understanding and use of verbal language

3.5 Supporting Family in Fostering and Developing Communication and Language

Parents have just learned that their child has a hearing loss. Parents have many questions and they are not alone. Other parents of children with hearing loss have the same types of questions. All questions are important. For many parents, there are new things to learn, questions to ask, and feelings to understand. It can be very confusing and stressful for many families.

Communication: Communication is about sharing ideas, facts, thoughts, and other important information. Language can be used to share this information either by speaking or signing.

Imagine language as the foundation of a house. A family can build communication strategies (the building blocks or bricks) onto the language foundation. Here is an introduction to some possible languages and communication strategies that you can use to build the languages. There are more communication strategies, but these are the most common.

Language: Languages are used to help people communicate. Languages are made up of words and rules (grammar) that tell how these words are used. Words can be spoken, signed or written and thus languages can be spoken, signed or written. Spoken languages are made up of spoken words and grammar that are unique to each spoken language. Examples of spoken languages include English, Spanish and French. Signed languages are made up of signed words and grammar that are unique to each language. Examples of signed languages include American Sign Language, British Sign Language and Italian Sign Language.

One of the most amazing and important accomplishments of infancy and early childhood is the development of language. Babies start to say their first words around one year of age…and in no time (around age 4), they know more than 1500 words and begin telling stories. Language skills developed during the preschool years serve as a wonderful foundation for learning in school.

Children with solid language skills often become strong readers and writers. When a baby is born with a hearing loss, this process of developing language can be delayed. Such delays can be prevented or reduced through early detection of hearing loss and intervention. Family members can encourage a baby's language, listening and speech during natural daily routines. As parents, they want to have conversations with their baby. Baby wants to communicate with parents.

As a parent, it is never too early to begin thinking about how you can help your child build a solid language foundation. This is even more important for a child with hearing loss because children with hearing loss are more likely to have language delays. That is, they may learn language more slowly than children who do not have a hearing loss. When a child's hearing loss is identified soon after birth, families and professionals can make sure the child gets intervention services at a very early age. This will help the child build communication and language skills using his or her best abilities.

There are many ways children with hearing loss can build communication and language skills. Many states and communities already have educational programs for infants and young children. Each program takes a different approach to communication. You might have heard about these five educational programs: o Auditory-Oral o Auditory-Verbal o Bilingual American Sign Language (ASL)-English (Bi-Bi) o Cued Speech o Total Communication.

There are many ways children with hearing loss can build communication and language skills. Many states and communities already have educational programs for infants and young children. Each program takes a different approach to communication. The five educational programs (Auditory-Oral, Auditory-Verbal, Bilingual Bicultural (Bi-Bi), Cued Speech, and Total Communication) emphasize different languages, communication strategies and other communication tools. Some educational programs use more ways to communicate than others. This does not mean one program is better than the others. It just means different programs emphasize different ways to communicate.

Experience shows that there is no one best intervention choice for all children. Just because a method of communication works well for one child and his or her family does not mean it will be the best choice for every other child and family. Finding the best choice for your child often is a complex process.

It can involve getting information about the different educational programs over time, as well as watching your child closely to see how he or she is doing. Parents or family members may need to try out a communication approach to decide if it is a good fit for their child. Some children start and continue with just one educational program or a set of communication strategies. Other children might change programs to have the best opportunity to develop language and communication skills. Parents or family members understand their own child the best. Therefore, with the guidance of professionals and others, Parents or family members should make your own decisions about language and communication choices.

Parents of young children are experts at communicating with their children long before those children learn to talk or to understand what their parents are saying to them. All of us have seen parents making funny faces for their babies. When a father makes a silly face for his baby, at first the baby might look surprised. But then the baby will break into a wide smile, or giggle and wiggle arms or legs. In the same way, communication also happens when a mother rocks her baby after a feeding, holds the baby close and gazes into her little one's eyes. Communication can include:

- Touch (such as rocking and holding your child)
- Vision (facial expressions, eye contact)
- Gestures, and
- Sound

Parents can extend their arms to their child shows that they are about to pick him or her up. Other ways of communicating include smiling, laughing, hugging and letting your child keep you in sight. Parents or family members physical and visual contact with their child them that they are there and everything is safe. Many children with hearing loss have some hearing and can partially hear voices, especially if the person talking is very close. So parents may try to speak with their child while he or she is close to them and talk in a voice that you would use with a child who has full hearing. Child might be very interested in looking at faces and will begin to understand that their parents face and mouth are sending important messages. So make sure that parents often talk with their child when he or she is able to see their parents face.

Parents and family members have to remember some things when communicating with their child: Set your child close to you so that he or she can see your face o Try to minimize background noises so that your child can use the hearing he or she has to the best of his or her ability o Use good lighting, be sure that the room is not too dark or the lights too bright and don't sit or stand in front of a bright light such as a window. If you are in front of a bright light, your face will be in a shadow and your child will not be able to see your mouth o Make eye contact often o Imitate the movements and sounds your child makes, then wait for him or her to repeat them o Work on communicating with your child during activities that you both enjoy o Take time to communicate with your child many times throughout the day and most importantly, enjoy the time you and your child spend together.

Communication and language are important in the interaction between parent and child. The development of language and other skills begins with communication. The gift of language will open doors for you and your child and will help your child build communication skills that will last a lifetime.

3.6 Involving Family in Fostering and Developing Play, Reactions and Values

Children who are deaf have normal intelligence and can study just like other children. However, in the initial years, they struggle with many issues including language and communication. Pretend play is a normal part of child development. Most children pick up dolls, talk to them, and play with them. Children with sign language use signs instead of talking. Provide opportunities for the child to pretend play. Provide materials, time and space for a child to practice communication skills with dolls and imaginary friends. If the child is not doing it on their own, parents or family members may need to model it and involve the child till he or she learns.

Story time is a great way to develop literacy skills in children who are deaf. Activities should use short stories with pictures and few words per page. Family members may read the words, and sign them during the story. Get the children to sign some of the words used in the story with you. Also, use the story to talk about other things related to the same topic. Even in case of teaching both normal hearing and hearing impaired children, the other children will enjoy learning and practicing signs at story time. Allow children to look at books that you have read to them at their own pace.

Children who cannot hear miss out on learning to appreciate and enjoy music. However, family members can make this possible by helping them understand vibration. Use drums and other vibrating instruments for activities. Allow children to play with instruments and feel the vibrations. Family members can also play a drum while allowing the child to feel the rhythm with one hand, and follow the rhythm with the other hand on another drum.

Children who cannot hear find it difficult to work with others, especially other children who can hear. Pair up a child who is deaf with another child to do an activity together. The activity can be a craft activity, or even going to the garden and getting some materials for the lesson. Start with more structured activities that require only the sharing of materials, and slowly involve the child in more unstructured activities that require planning and communication. All of these various activities will help a deaf child develop necessary communication skills.

Having a child with any disability is overwhelming. Hearing loss is no exception. Having a typical child is an enormous amount of work, as any parent may tell, the stress of having a child who requires extra work is understandable. For parents who choose listening and spoken language for their children with hearing loss there are some things that will help in developing speech, language and listening skills.

When kids learn to read, still read to them every day and try and read things that are a little more difficult than they can read themselves. Sing to your child every day. Family don't have to be really good, they just have to be able to carry a tune. Singing provides a good sense of rhythm and the tone helps them recognize the melody in speech. As kids get older, play rhyming games. Rhyming is very helpful in building phonics skills which is critical for reading.

Play rhythm games. Clapping out rhythms is fun and a good skill to learn. Clap out a variety of different rhythms starting from something short and building to more complex rhythms. This is a fun car activity. Point out words on packages, on signs, and around the house. Play "sound out the word" games when you see words that could be sounded out. Watch the sound in your house. Turn off the TV or radio during dinner. Don't have the dishwasher running while you are trying to talk. Background music is not helpful unless it is parent directed. Try to have everyone take turns speaking. It is hard to hear when two people are talking at the same time.

Kids do not learn language from watching TV. They learn by interacting with people. So just spend time with them and talk talk talk. It is not easy to be different. If family members think about hearing aids as ear jewelry, pretty ears etc, family members will help kids have a positive view of their technology. Let them choose a color (my hearing aids are purple, not boring beige). If a child chooses a color or puts sparkles on his or her hearing aids, he will more likely become invested in it.

Talk all day long. It is a lot of work, but it makes all the difference in the world. There is a lot of research that shows that the number of words a child has at age 4 is directly related to the number of words a child has heard. Since even with the best technology, a child with hearing loss will not be hearing everything, they need more input. So just talk talk talk talk talk. Need to describe everything family members are doing. For example "I'm cutting up the tomatoes, cut, cut, cut. Now I am putting them into the frying pan. I am going to cook them. I am stirring. Would you like to stir?" It can definitely get exhausting, but keep trying to remember family members that what they put in is what will come out from their child.

Children like to play and have fun. Playing and communicating with your child will help them develop, and help you to get to know your child better. Play can be a good opportunity to introduce new signs or concepts. It also helps your child to get to know more about themselves and the world around them. Activities that use toys, books and other materials may also help your child to express themselves, improve their vocabulary and gain confidence. However, the main point of playtime is to have fun.

Take some card or paper and draw an outline of an object or animal. You can use a picture from a magazine as an outline or template. Then draw the object four or five times on the same piece of paper. When you draw the pictures, try and draw them the same but change the details on one of them. For example, if you draw a dog, have one with a long tail and the rest with short tails. Ask your child to find the differences.

It's easy to make your own simple jigsaws. Collect birthday cards, comics or magazines and choose pictures that are clear, simple and mean something to the child, such as pictures of everyday objects or situations. Stick the picture onto some card and cut it into pieces. You can also encourage children to make their own jigsaws. Jigsaws can help children with their visual skills and their fine motor skills (skills in making slight movement) as they match and fit the pieces together.

A box with clothes in is all that's needed for this game. Ask relatives or friends for unwanted items. Car boot or garage sales are also great places for buying unusual clothes and hats. Dressing up and play-acting can help children learn about different roles and the world around them.

Gather together several different household objects and place them on a tray. Ask your child to look at the objects. Then cover the tray with a cloth and remove one of the objects. Ask your child which one is missing. You can make this harder by adding more objects to the tray. It's also a good game for taking in turns as your child can take away items and you can guess what's missing.

Think of a story. It doesn't have to be complicated. It could even be an event or activity in your child's life, such as going swimming or visiting relatives. Divide the story into four or five parts. Then draw the different parts of the story onto a piece of card and divide the different sections with lines. Use the story strip to tell the story, pointing at the different sections. You can also ask your child to retell the story or you can ask them questions about what's happening in the different pictures. To make the activity more difficult you could cut the card into the different parts of the story, mix them up and ask your child to put them into the correct order. This is a great way to help children associate words with objects. Place cards on different household objects. You can also introduce descriptive words such as 'small chair', 'large chair', 'blue lamp' and so on.

When you go shopping, make a small list of items for your child to get at the shops. Stick a picture next to the word to help them make the connection between the object and its name. You can make the activity more complicated in different ways such as writing the items and asking your child to draw pictures to go with it, or by giving them the picture and asking them to write the word. When you have decided on the type of shop you want to create, collect together as many different relevant items as possible. Your child can help you label each item with its name and a price. Use a tub or a box as a cash register. Try and use real coins, as it is good for children to get used to handling real money. You can also use other items such as buttons. Have a bag and purse that you or your child can use when you are playing.

For your weekly chart you can have different pictures or photographs of the activities you are going to do. For young children, you can stick the picture on the chart yourself. For older children, you can encourage them to stick the picture on the chart and describe the activity, or get the things they need ready (such as a towel and swimming costume). Cut out some circles and write a number from 1 to 10 in each one. Collect together lots of different objects and ask your child to put the right number of items in each circle.

This is a simple activity. All you really need is a ruler or a tape measure. You could also ask your child to draw a picture to show what the smallest and largest things you measured were. Cooking is a great way for children to learn and have fun. It involves a lot of learning activities such as planning, estimating, measuring and timing as well as handling the ingredients and cooking utensils. Like cooking, gardening is good for developing many different skills and for learning about nature. As well as planting vegetables, seeds and plants, there are many other activities you can do. For example, if you go for a walk, you and your child can collect different types of leaves. When you get home, stick the leaves into a scrapbook or onto paper. Have some books about trees ready so your child can look up which trees the different leaves came from and write the name next to the leaf.

3.7 Encouraging Family Involvement in Educational Proramme and Participation in Community Based Rehabilitation Programme

The most important function which gets affected due to hearing loss is the natural language acquisition and speech. However language development is vital as it is the basis of communication. It is the most important factor in the all-round development of a child. It is the basis of most learning, not only in the formal aspects of education, but also in the development of character, emotional state and social relationship of the children. The questions are 'who should develop language and how it should be taught to the children'. In order to answer both these questions the simplest thing is to recollect how hearing babies have acquired language. The hearing baby acquired or learnt it from the parents and the family members around them through constant exposure and interaction.

Parents unconsciously teach and reinforce the language. It is an established fact that the hearing impaired child also has the same innate capacity to learn language as a hearing child but the reason that he has not learnt it, is because he has not heard the language around him. Parents of a hearing impaired child may therefore interact and talk to him as naturally as they would do with hearing children. Throughout the day there are plenty of ideal moments to give a hearing impaired child an opportunity to acquire language, these are: getting up, washing, bathing, dressing, undressing, cooking time, meal time, going out to the market garden or zoo, visiting friends, playing, going to bed etc.. These are the times when the phrases used have real meaning and so the parents could help develop vocabulary, meaningful language structures and communication skills in the hearing impaired child. Toys and books are the most interesting things which would help parents to initiate conversation and also to provide language to the gestures the child uses while playing and browsing through the books.

Parents and families have the most direct and lasting impact on children's learning and development of social competence. When parents are involved, students achieve more, exhibit more positive attitudes and behavior, and feel more comfortable in new settings. Early childhood providers need to reach out to families in order to build the kind of relationships that engage them as active partners early in their children's education (National Dropout Prevention Center/Network, 2003).

Families are crucial partners in promoting positive social skills. Home visits, parent visitation to child care or school setting, telephone conversations, newsletters, informal notes, bulletin boards, workshops, and regular face-to-face communication can be used to keep families informed about the specific social skills being focused on in the early childhood setting and for care providers to learn about what families are doing at home. If guidance strategies are to be truly effective, parent involvement and support are crucial. Early care providers need to engage parents as soon as their child is enrolled in the program and ask for assistance in understanding the child's background and the family's goals for the child. Sensitivity to family and cultural differences is crucial and can be heightened by the care provider's ability to listen and encourage communication. Acceptance of differences in families is essential for each child and parent to feel a sense of belonging in early childhood programs. Mutual respect, cooperation, shared responsibility, and negotiation of differences in opinion between parents and care and education professionals are necessary to achieve shared goals related to the guidance and education of young children.

As our nation's population becomes more and more diverse in terms of race, ethnicity, and language, early child care providers may need to learn about cultures and family child-raising styles that are different from their own. Families participating in their programs can help them do so. Parents become a respected source of information and are accorded another meaningful role in their child's education. Establishing dialogue and trust is the first step in this process and should include: expressing a desire to learn from the parent, asking for parents' opinions, discussing ways to support the family's values and customs, and acknowledging that there are many points of view on a topic (Sturm, 2003).

There are many kinds of early childhood programs for young children ages 0-5. Some programs are home-based, while others are in more formal settings such as centers and schools. They include Head Start and preschool programs, both public and private. Regardless of the location, the extent of your family's involvement in your children's early childhood program makes a big difference in how well children adjust and how much they learn. When families take part in their young children's education programs, children do better in school, and the quality of their education can improve.

Family involvement means that families work together with caregivers and teachers to create an atmosphere that strengthens learning both at the program and in the home. It includes the many ways that family members can influence children's education. For example: Family members can be a customer because early childhood education is a service for families. Like other customers, family members can tell programs what they like and don't like about the program, and offer ideas about how to make it better. Family members can be a supporter of the program by giving materials (snacks, classroom supplies) to the program. Members can sell things (baked goods, t-shirts) to raise money, and ask for donations from local businesses who want to support the program. They can find new families by advertising in local newspapers, and places where families go during the day.

Member of family can be a volunteer. Family members can work at your child's program and help teachers in the classroom or at snack time or lunch. Sometimes helping at school lets you go to teacher training workshops on issues like health and safety. Sometimes it means taking part in classroom activities like reading to their children and they can be an advocate for the program by talking to school board members and local politicians about the benefits of the program and the need for continued funding. It is the responsibility of the family member to let the community know the importance of the early childhood program.

Parents or family members can be on the parent-teacher association or on a parent advisory board that helps plan the program, hire staff, and raise money. This job lets them have a direct say in how the program affects their family. Parents can be a learner. Research shows that parents' child-rearing practices and beliefs are related to the child's performance in school. A good early childhood program can help parents learn about their own children's development and what you can do to best support their learning and social skills. They can offer ideas to parents about how to help their children learn at home. They can provide information about what aspects of the home, what parents do, and what their attitudes are that are most important to children's early school success. Parents and family members are the best resource for information about their child. Each child is special and parents can help the program adapt to their child's individual differences. If your child has a disability, this is particularly important.

Community based rehabilitation is a process of empowering persons with disability (PWD) and their families, to take care of their needs in every sphere of their lives. This implies that PWDs and their families have a key role, which will require participation to a greater extent, in various processes of CBR. A whole range of interpretations of participation has been reviewed. It has been proposed that participation exists at a series of levels ranging from information giving to initiating action - true empowerment. A review of the literature reveals interchangeable use of the terms "community involvement" and "community participation." While community participation was the term used in the original Alma-Ata document of 1978, community involvement is now the preferred term because, "to participate may be simply a passive response". Compliance, contribution and collaboration are other descriptors used, to outline the linear process of community participation/involvement from a one-way process of receiving information, or nothing at all, to control and collaboration with other key players, for all decisions.

Nevertheless, the essence of community participation has been described as highlighting principles of inclusion and "starting where the people are", in terms of their perceived needs, rather than with the needs and goals of the change agency. Genuine involvement in the social change process is important, because participants become empowered by their ownership of the programme. Several authors view community involvement as a means of empowering communities. Implementers in CBR, recognize that community participation is in a dynamic rather than static state. After reviewing a number of programmers, it was concluded that people in the same programme over a period of time and with increasing experience, might not hold the same definition today, as they did five years ago.

The process of community based rehabilitation emphasizes integration and provides an opportunity for people with disability to have full participation and equalization of opportunity within their society. During this process, the people with disability are exposed to day-today risks. This equips them with confidence and teaches them skills to negotiate and overcome problems and achieve their own rehabilitation through self-help.

The direction of CBR is determined by the ongoing evaluation carried out by the family, client and community. In CBR, it is hoped that participation will be enhanced if the clients and community see that the progress and direction of the programme is determined primarily by their inputs. In the process of CBR, focus group discussions are held regularly with community workers, family members and with clients themselves, to gain an insight and to provide inputs on what they perceive as key problem areas. In this process, some of the obstacles to CBR become apparent.

Community based rehabilitation (CBR) guidelines provide practical suggestions to programme managers on how to develop or strengthen community-based programs to be inclusive of people with disabilities and their families. Community- based rehabilitation is implemented through the combined efforts of disabled people, their families and communities, and representing of the appropriate health, education, vocational and social sectors.

The aim of community-based rehabilitation (CBR) is to help people with disabilities, by establishing community-based programs for social integration, equalization of opportunities, and Physical therapy rehabilitation programs for the disabled. The strength of CBR programs is that they can be made available in rural areas, with limited infrastructure, as program leadership is not restricted to professionals in healthcare, educational, Occupational therapy vocational or social services. Rather, CBR programs involve the people with disabilities themselves, their families and communities, as well as appropriate professionals.

A CBR Network is a formal or informal relationship among CBR implementers/ practitioners or their organizations to promote and strengthen CBR. The strength of the network depends on the strength of individual or organizational members and the co-ordination and collaboration between members. It is expected that the benefits from the network will be greater than any individual's effort. To enrich CBR further for the benefit of the people with disabilities, their family, community and the country, a network of CBR practitioners/implementers/promoters is required at least at a national level, regional level and global level.

3.8 Let Us Sum Up

Family Empowerment is a prevention program which provides timely parenting assistance for families. Family Empowerment offers assistance to parents and children; providing information and support in all areas of parenting, including: child development, family assessment, child safety, and the coordination of services with healthcare providers and community support programs.

3.9 Check Your Progress

1. Explain different family centered practices.
2. Role of family in acceptance of listening devices and its regular use.
3. Importance of play activity in language development for the children with hearing impairment.
4. Importance of parenting in child's learning
5. Discuss the importance of parents self efficiency in child's learning.
6. Elaborate parental involvement in developing communication.
7. Point out in details the role of family involvement in educational programme
8. Broadly discuss family participation in community based rehabilitation.

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Notes

মানুষের জ্ঞান ও ভাবকে বইয়ের মধ্যে সঞ্চিত করিবার যে একটা প্রচুর সুবিধা আছে, সে কথা কেহই অস্বীকার করিতে পারে না। কিন্তু সেই সুবিধার দ্বারা মনের স্বাভাবিক শক্তিকে একেবারে আচ্ছন্ন করিয়া ফেলিলে বুদ্ধিকে বাবু করিয়া তোলা হয়।

— রবীন্দ্রনাথ ঠাকুর

ভারতের একটা mission আছে, একটা গৌরবময় ভবিষ্যৎ আছে, সেই ভবিষ্যৎ ভারতের উত্তরাধিকারী আমরাই। নূতন ভারতের মুক্তির ইতিহাস আমরাই রচনা করছি এবং করব। এই বিশ্বাস আছে বলেই আমরা সব দুঃখ কষ্ট সহ্য করতে পারি, অন্ধকারময় বর্তমানকে অগ্রাহ্য করতে পারি, বাস্তবের নিষ্ঠুর সত্যগুলি আদর্শের কঠিন আঘাতে ধূলিসাৎ করতে পারি।

— সুভাষচন্দ্র বসু

Any system of education which ignores Indian conditions, requirements, history and sociology is too unscientific to commend itself to any rational support.

— Subhas Chandra Bose

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