Inclusion of children with hearing impairment in preschool age in education

(scientific paper)

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Abstract: *We currently understand the inclusion process as a natural element in the field of education of disabled and socially disadvantaged individuals. Its essence lies in solving relationships intact in the majority position towards the handicapped in the position of minority. It is an ongoing process, and it draws attention to the existing barriers that children or adults with disabilities encounter in inclusive direction. We consider speech abilities, communication skills and social competences with the possibility of naturally developing them in an intact environment as a key factor for the success of including preschool children with hearing impairment among the majority population in regular kindergartens.*

Keywords: *preschool age, inclusion in the kindergarten, child with hearing impairment, speech abilities, communication skills, social competences*

1 Introduction

Moving towards social inclusion of children and pupils with specific needs, resulting from various types of disabilities or social disadvantages, is also one of the primary goals of education in our country. This process is carried out under more or less favourable circumstances in preschool and school facilities thanks to experts working in the field, and thanks to the interest, as well as the active support, of these children's parents. The vision of inclusion is to eliminate misconceptions about "otherness" and stigmatization of individuals as "different". The aim of the inclusive perception of children and pupils with disabilities in the current educational environment is to accept "difference" as normal, to recognize and accept "otherness" without prejudice and rejection, instead of only tolerating or enduring it (Kováčová, 2010). This results

in an emphasis on equal access to knowledge for all children and pupils in regular preschool and school facilities.

Each child (including a child with a disability) progresses intensively, especially at an early and a preschool age when his/her initial social habits and skills are formed. He/she needs a positive identity and participation in interactions and other social activities in his/her environment. In this age, an ability to take on a social role and to accept authority manifest, along with the need to integrate and forge social ties with other children, even though still volatile and superficial. In peer relationships, the child imitates, compares, but also cooperates, which is very beneficial for him/her. These socio-psychological processes affect the level of their acceptance and sociometric status in the social group to which the children primarily belong. According to Meadow-Orlans (2003), it is especially important for a child with a disability to know the level of his or her social maturity, which is closely linked to a competent, age-appropriate and appropriate behaviour in a given social situation. For children with hearing impairment, the level of speech skills, communication skills and social competencies is crucial, in order to be able to integrate successfully into the majority population of peers in regular school facilities (Kročanová, 2004).

2 Theoretical background

2.1 Early inclusion of children with disabilities in regular kindergartens

When we talk about early inclusion, we think of children in an early and preschool age, with different types of physical, sensory or mental disabilities, or socio-emotional peculiarities in the development that require supportive care of professionals (special educators, speech therapists, psychologists, therapists, psychologists, social workers, and so on), in order to be able to coexist successfully with the intact population in regular educational institutions.

Experts characterize the developmental period before training as pro-inclusive with an emphasis on "the involvement of every child with all children and all children with every child" (Kováčová, 2010, p. 12). Inclusion in the preschool age is a good starting point for the integration of a child with a disability into the majority environment. It is based on these principles:

- effective participation of all children in the peer group,
- identification of strategies to facilitate inclusion,
- preschool curriculum on the possibility of educating every child,
- cooperation between the family, an educational institution (kindergarten) and counselling services of experts in the field of special pedagogical and psychological child care (Kováčová, 2010).

Kindergarten teachers can convey "otherness" to children in a natural way. Using children's playfulness and spontaneity, they can positively shape the perception of "difference" ("although we are all the same, we are also different"). This can be implemented in several ways and through various strategies (such as games, cooperative activities, meetings, and events). Along with the receptive support of inclusion (educational programs, books, newspapers, magazines, films, and theatre), interactive and expressive-experiential activities in which the children themselves are actors seem appropriate. It is clear that the implementation of these activities in preschool age has a positive effect on the coexistence of intact children and children with disabilities. Teachers are required to have the experience, pedagogical skills, empathy, and acceptance of the needs of all children present in the peer group.

Although even young children are aware of the differences among themselves, based on shared experiences, these are blurred and "otherness" becomes normal. Through illustrative activities and direct experience with the topic of difference, pre-schoolers have the opportunity to understand the meaning of this concept. This results in the effect of positive thinking, as well as in actions in favour of "otherness". Children from an inclusive environment are more open and responsive to the inclusion of children with "differences", compared to segregated peers. They show a higher degree of positive interaction in the game or other activity, they get a sense of acceptance, equivalence, security and they learn to work together. At the same time, these situations prevent them from prejudices against "otherness" in old age and serve as an opportunity to form prosocial manifestations in their behaviour (Kročanová, 2009, Kováčová, 2010).

2.2 Prerequisites for successful inclusion of preschool children with disabilities

The early integration of children with disabilities into the regular social environment proves the experience obtained by plurennial practice. Professional support and childcare from an early age are among the decisive supporting factors that work in favour of inclusion. The quality of inclusion is also affected by the readiness of the environment in which we integrate the child. The system of services must be functional, of good quality and sufficiently adapted to consider specific requirements and needs, required by the presence of a child with a disability in a normal environment. These are in particular:

- supportive special pedagogical and psychological service directly in the kindergarten, staffed for the needs of inclusive diagnostics (Klein, Šilonová, 2019), or provided in special pedagogical counselling facilities,
- activities of a teacher with a child with a disability within an intact children's group,

- attitudes of people involved in the inclusion, namely, parents, professionals, teachers, intact peers in preschool facilities, and parents of children without disabilities.

If the conditions for inclusion are not ensured, the child remains dependent on his or her own abilities and a high level of parental assistance. Among the objective factors that primarily determine early inclusion, we list:

- type and degree of disability,
- age of the child at the time of definitive confirmation of the disability,
- the period in which the child began to receive professional intervention (special pedagogical, psychological, social, therapeutic, etc.),
- age of the child at the time of entering regular preschool facility,
- regularity of child's attendance at kindergarten,
- systematic and long-term professional care,
- effective model of cooperation: kindergarten – professional intervention – family.

2.3 Benefits of early inclusion for children with hearing impairment

In a sensitive preschool period, intact children more easily and immediately accept peers who are different from them. They can accept them and do not compare each other to perceive these differences. Children with "differences" at this age react spontaneously, act naturally towards healthy children, and are able to assert themselves among them (Kročanová, 2002).

If a child with a disability is included with intact children in a regular preschool facility, he/she must have regular professional help and support. For a child with hearing impairment, it is mainly a speech therapy intervention, in which it is necessary to develop speech and hearing education, comprehension of spoken speech, responding to questions related to the use of everyday objects, viewing, ability to use a hearing aid, respectively, cochlear implant, etc. A deaf child does not need to have a clear speech in order to function in a normal environment, but he/she should have sufficient active and passive vocabulary, which he/she can also use in practice. The main goal of inclusion of children with hearing impairment is, in addition to the acquisition of basic skills, the gradual acquisition of speech and communication skills and related social competencies. It is possible to fulfil this intention only if they go to kindergarten as regularly as possible, so that they can be systematically worked with, and their contact with peers can be maintained smoothly. Healthy peers can also help deaf children to integrate with their social experience, receptivity, intuition, and verbal skills. The benefit of an inclusive environment for children with a hearing impairment is that it enables them to:

- develop a personal potential through stimulation from hearing peers who provide more differentiated stimuli with respect to children with hearing impairments,
- acquire experience and social skills through relationships and interactions with ordinary children in cooperative activities and play,
- manage the demands on one's own performance in the formation of elementary skills and habit,
- learn to overcome the requirements and demands arising from inclusion (speech barrier in social contact, attitudes and reactions of the environment to their own disability, acceptance by peers, etc.),
- take common forms of behaviour from natural social situations,
- receive and imitate positive speech patterns from hearing peers, improve his/her own verbal skills, learn to understand speech, especially common speech stereotypes associated with the use of everyday objects and common activities, try to communicate with his surroundings, develop communication skills, expand active and passive vocabulary, acquire the first speech competencies,
- naturally acquire cognitive abilities and desirable personal qualities, which increases their social preferences among peers, changes their social position and personal status in a normal peer environment, improves social orientation in the child group, and improves interests,
- acquire certain social and communication competencies before training,
- remain in the family – the proximity of parents and siblings is invaluable to the emotional development of each child. The stimulus of the family environment significantly affects the development of intellect and speech, which is even more true for a child with the hearing loss. Parents usually find it difficult to cope with the separation and stay of a young child in a special boarding school, and therefore welcome inclusion in a regular nursery school located in or near their place of residence.

2.4 Experience with the inclusion of children with hearing impairment in regular kindergartens

Based on several years of our experience with the inclusion of children with hearing impairment in an early and preschool age (Kročanová, 2002, 2007, 2009, 2011, 2015), we consider social skills to be a key factor in determining the success of their inclusion among hearing peers population. The level of social skills children have obviously influences how they are received by their peers, how they are treated and respected. The communication deficiencies accompanying hearing impairment have a restrictive effect on the child's adequate integration into games and other activities, and at the same time, hinder the further development of his or her social skills. Deaf children communicate less with other children, which deprives them of the oppor-

tunity to cooperate with them and form peer relationships. Such social behaviour is typical for children with hearing impairments. Due to their age, their social maturity is at a lower level, which is negatively reflected within the group of intact peers to which they belong after entering inclusion.

Marlow (2006) says that children with hearing impairments and poor social skills educated with the majority population tend to be rejected by their peers, cannot make friends, and are problematic in their behaviour and personality traits. According to some studies (Guralnick, 2000, Buford, Stegelin, 2003, Marlow, 2006, etc.), the frequency of interactions between hearing-impaired children and hearing peers increases after the second year of their co-education. They note that a specific type of intervention (e.g. group activities) can qualitatively improve the course of inclusion. They also point out that these children participate more intensively in activities together with the audience if they have been included in a group of peers in which friendly, pro-socially oriented and coherent relationships are established.

Teachers in regular kindergarten classes who have practical experience with the social skills of pre-schoolers with hearing impairment evaluate them as children with:

- low level of personal initiative in social situations,
- passive contact with peers during the game,
- inability to initiate, and in particular maintain, communication,
- weak participation in positive interactions with other children,
- lack of effective social strategies,
- problems in completing orders,
- difficulties when working in a group,
- weaker social experience,
- inability to work independently,
- problems in making friends with intact children,
- increased tendency towards an aggressive way of resolving conflicts,
- higher incidence of personality problems and problematic manifestations in behaviour.

It is clear from our practice that sensitive and empathetic teachers in the inclusive environment of kindergartens support the interactions of children with hearing impairment with intact peers and help to develop them. They make it easier for these children to participate in joint games and other activities by appropriately involving mimic, pantomime, body, hand and other movements. They also use themed games, non-verbal techniques, and interactive creative techniques, which undoubtedly improves the possibilities of integrating children with hearing impairments into mainstream kindergartens.

3 The results of qualitative assessment of the level of integration of children with hearing impairment into the inclusive environment of regular kindergarten

3.1 Subject and goal of research

In line with research findings (Guralnick, 2000), we state that in an inclusive environment, it is particularly important to specifically support social interaction. It consists of certain defined units of behaviour, which can be used to detect its decreasing or increasing level. It is proven that social interaction is not only one of the important measures of the success of inclusion, but also its means. From a developmental point of view, this is especially true of the mutual interactions between preschool children. Among good strategies for the development of social interaction that can be induced in kindergartens are cooperative activities and games of children.

In our research probe, we focused on assessing the inclusion of children with hearing impairment among peers without disabilities in the real environment of an inclusive kindergarten, using selected indicators of social interaction. We focused on identifying the interactions between a child with a hearing impairment and intact children, as well as between him and a teacher within a regular kindergarten class. We proceeded from the statement that these are the determining factors of the inclusive process, which are important especially in the preschool period.

3.2 Research method and research questions

With regard to the aim of the research, we focused on some selected units of social interaction between children with hearing impairment in natural contact with intact children within the inclusive class of a regular kindergarten. We recorded these for our research needs through the administrator, using the method of direct observation and an observation scheme. In constructing it, we proceeded from the assumption that we would observe some narrowly defined manifestations of the social interaction. We focused on the mutual contact between the observed children (from the position of a child with a hearing impairment) in terms of establishing and re-initiating the initiative (initiative of a deaf child repeated by another child). We also recorded the initiative of a deaf child without re-enactment (repeated attempt to interact) and the deaf child's response to someone else's interaction. We also tracked the rejection and ignoring the interaction attempt. We considered the repeated interaction and the response to the interaction to be the actual realized interaction. We also assessed partner's preference for the interaction and the content of the activity during the observed interaction. We observed all observed behavioural units in terms of the interaction of a child with hearing impairment with a healthy child and with an adult

(teacher). In the observation, we could also monitor the interaction of intact children with children with hearing impairment and draw some conclusions from these data.

The total duration of the observation was thirty minutes. These were evenly distributed between two situations. We recorded both situations for fifteen minutes during two observation days. One child with hearing impairment was observed in each of them in a direct contact with and in a direct interaction with non-disabled peers. The first situation was structured and represented as a cooperative activity in the form of a joint solution of a task of an artistic nature with the active participation of the teacher. In the second situation, it was a free game without the direct involvement of the teacher, where the children had the opportunity to choose the activity, partners, method, and place of implementation of the chosen activity. Given the subjectivity of the evaluation of the observed units of social interaction by the administrator, we are aware of all the disadvantages associated with the application of the methodology used. Therefore, we do not consider the presented statements and evaluation conclusions to be easily transferable and generalizable to all children with hearing impairment of preschool age included in the normal environment of kindergarten. For some monitored characteristics, we also consider the interaction of other factors, e.g. the child's personal equipment, the teacher's pedagogical skills, etc.

We set out a few questions that we wished to obtain answers to. We expected that in a structured situation and with the joint activity of healthy children and children with hearing impairment (also due to the intervention of the teacher) there will be a faster increase in interactions between them, compared to the situation in which a free play dominated.

We also assumed that deaf children, to participate in cooperative activities and to be accepted, would manifest the initiating attempts at verbal interaction through gestures or simple speech forms.

We were interested in whether deaf children would prefer such non-verbal strategies in interaction during free play as watching their partner in the game, imitating or touching at the expense of speech.

We also dealt with how a child with a hearing impairment perceives and responds to acceptance or rejection (overlooking, ignoring) during free play and during teacher-induced joint activity.

Our next expectation was whether healthy children have a tendency and interest to participate in a joint activity with a deaf child or if they prefer to interact with each other during play. For this reason, we also focused on interactions from the perspective of healthy children in both observed situations.

3.3 The research sample

The research sample consisted of fifteen individually included children with hearing impairment in regular classes in five kindergartens in Bratislava, Trnava and Nitra regions. These were pre-schoolers, aged at the time of research from 5–6 years to 6–7 years, with pre-lingual, bilateral, perceptual mild, moderate (hearing loss) to severe hearing loss, which were successfully compensated by well-adjusted 1–2 hearing aids. They communicated exclusively orally without supporting means of communication (sign language, etc.). Other relevant data on respondents from anamneses, interviews and standard psychological examinations of deaf children were also useful for the needs of the research. According to the results from them (the WISC III test battery was applied), we expected a better-developed performance component of the intellect in the cognitive abilities of these children. Success in non-verbal types of tasks was manifested mainly in subtests (such as cubes, composing pictures, mazes), based on which we judge good spatial imagination, the presence of logical and analytical-synthetic elements of thinking, good visual perception or visual-motor coordination of deaf children. Within the verbal component of the intellect, we find priority problems in understanding concepts and logical connections between them, in categorization, in the ability to abstract, in short-term memory-indulgence, and in some in a reduced concentration of attention. We consider the recorded lack of social experience to be tolerable due to the age of the observed children.

3.4 The research results

In the next part of our paper, we will interpret the collected observational data. These allowed us to characterize (in qualitative indicators) some selected units of social interaction between children with hearing impairment and healthy children in two defined situations. We chose the given method of data evaluation due to the low number of files and due to significant individual differences within it.

From both observed situations, it was clear that individual children with hearing impairment reacted very individually. They differed from each other in the total number of units of social interaction recorded, as well as in how they responded differently. Although they were children of the same level of development, their inter-individual variability in social manifestations was considerable. In some of the observed deaf children, the manifestations of social interaction had a decreasing tendency, whereas in some cases they had a slightly increasing trend, in others the distribution of social interactions was irregular and uneven. Decreased social interaction in children could be caused by fatigue, decreased attention, declining interest in interaction, etc.

Our observation showed that the course of interactive behaviour in both observed situations (during joint activity, as well as during the free play) showed a very similar

trend, i.e. the number of recorded mutual interaction units was lower during the cooperative activity than in the free play. This means that our expectations have not been confirmed. To explain why we did not notice a probable increase in interactions in a situation of the cooperative activity, we can look for several factors, e.g. whether the teacher's input (her instructions, warnings, etc.) had a positive or negative effect on the interactions between the children during the solution of the common task. It is also possible that in this situation, the interactions that are common in free play have decreased and only interactions that were important for achieving the goal of cooperative activity have taken place. Contrary to our findings, some research (Malloy, Mc Murray, 2011) confirms the importance of educators in promoting interactions within a child group. They state that interactions between children increase during the joint activity in his presence.

Another finding in both observed situations was that attempts by deaf children to interact with another child were not spontaneous and frequent, they also appeared to be ineffective, sometimes inadequate, which obviously limited their participation in joint activities and games. They found it more difficult to engage in or participate in ongoing joint activities with healthy children, resulting in minimal effects from interactions. In this context, we perceive that the natural contact of deaf children and the creation of positive interactions with another child were limited by underdeveloped speech and communication skills.

They used strategies for self-enforcement that they usually did not find a response in children without disabilities. It turned out that boys with hearing impairment were more likely to find themselves in conflict situations where they chose non-verbal opposition strategies (e.g. pushing, kicking, grabbing or hiding an object, preventing another child from active or moving, etc.) that did not help resolve and eliminate conflict with other children. They were usually not "winners" in conflicts. They escaped the conflicting interactions by ignoring the situation and other children present, which was usually the cause of further misunderstandings and rifts. Acquiring an item during play has proven to be the most common source of conflicting interactions between children. The importance of the teacher's role has been shown in suppressing the interactions that have led to conflicts.

Girls with hearing impairment seemed more passive in establishing interactions and applied rather the non-verbal strategies we expected, in sequence – observing the partner in the interaction, directing activity towards him, touching and attempting verbal interaction. Again, it is likely that they did so due to less developed verbal skills. In a situation of free activity, both girls and boys with hearing impairments tended to have a parallel type of game at the expense of those that require cooperation. They tended to play alone or fixed on one permanent friend or so-called "outsider" in the group, or to another child with a different type of disability, if present in the group. They were easier to understand, so they spent most of their time together.

In interaction with them, they more easily promoted their own way of playing, they did not have to adapt to children playing mainly in groups. They avoided giving way to intact children, which significantly hindered the development of mutual interactions.

Children with hearing impairment, regardless of gender, more often initiated an interaction with an adult (teacher, special pedagogue), who also worked with them individually as part of developing activities. Teachers also responded more frequently to deaf children, either to help them to interact with other children or to reduce aggression and eliminate conflicting interactions. The reason for the teachers' interference in interactions between children was also that they interpreted the intentions of children with hearing impairment within a certain activity due to impaired speech skills. Teachers also significantly entered into adverse manifestations in interactions to support prosocial elements in behaviour in children (adaptation, empathy, help, support, etc.), which was also reflected in intact children, especially in situations with cooperative activity, in which could identify with children who are among them and have a hearing impairment.

Within the inclusive group of pre-schoolers, children without disabilities showed evident higher responsiveness to incoming stimuli, as well as cooperation in both observed activities. We observed that when intact children were proactive in engaging in interactions, deaf children appeared more motivated to return their initiative, seeking verbal ways of communication.

Intact children obviously did not assert themselves in an aggressive way towards a child with a hearing impairment. They also successfully used strategies to eliminate the source of the conflict, which was probably also a consequence of the intervention and guidance from the teacher. We noticed that they purposefully repeated the initiative of deaf peers, which was especially true in a situation of free play. Nevertheless, they tended to interact more with healthy children. We consider it positive that children without disabilities did not ignore their peers with disabilities, even though they were not among their favourite friends. They did not search for them spontaneously, resp. they did not choose them as partners for the game, but at the same time, they did not exclude them from among themselves and accepted their presence. Based on this, we can describe the position and status of children with hearing impairment among hearing peers within the inclusion group as "partially accepted", "tolerated", but not "rejected".

4 Summary

Knowing that all children want to experience inclusion among their peers and participate in joint activities and games is very important. Every child is sensitive to neglect, rejection or exclusion from the child community. He/She expects mutual

closeness, joint activities, building relationships, communication, etc. He/She can express these needs in several ways, from passive and indirect means through various social expressions, communication forms, symbolic behaviour, and other means.

Even children with hearing impairments have a real opportunity to enter relationships, form positive bonds and successfully interact with peers. It is clear that in an inclusive group, interactions between hearing-impaired children and healthy children do not only result from their co-location. This can only be successful if healthy children are involved in incorporating deaf children into their activities and in building relationships or understanding each other. Social experience with a child, which is something else, is invaluable to them. It helps children to enter into everyday interactions through common interests, when they are easier and more successful, and they contribute to the development of social skills.

The advantage of integrating deaf children into the mainstream social environment is that it provides these children with the opportunity to develop speech skills, social competencies, cognitive and personal potential, as well as the area of interest, even before training. At the same time, they have expanded educational opportunities and opportunities for personal advancement desirable for employment in the majority society.

5 Discussion and conclusion

The issue of the inclusion of children with hearing impairment among general peer population has long been the subject of research interest and professional discussions, as well as a topic for lay considerations, mostly with different to conflicting views. Many experts talk about the lack of training of teachers and the lack of experience in working with children with hearing impairment, which can be reflected in negative attitudes towards them. The group of teachers with an unfavourable opinion on inclusion also includes some teachers from special school facilities, who see it as an existential threat. Negative motivation for the inclusion of children with hearing impairment can also be found in teachers in regular schools. It is easier for them to work with children without disabilities, especially in a situation where they are not financially motivated. For psychologists, inclusion represents a work challenge in respect to theoretical elaboration of this issue, as well as in respect to its solution and application in practice. Parents of children with hearing impairments see in inclusion the possibility of a better life and work perspective for their children, as well as a means to better manage and cope with the disability.

According to our experience from research, diagnostic and counselling practice, we state that the early inclusion of children with hearing impairment in regular kindergartens (Kročanová, 2002, 2007, 2009, 2011, 2015) is relatively favourable. However,

we encounter shortcomings, which relate mainly to the socio-psychological aspects of the inclusion of children with hearing impairment among the majority population of peers. We consider the following manifestations of unsuccessful inclusion:

- poor quality conditions for inclusion and their negative impact on the developmental potential of a deaf child,
- poorly functioning teamwork between professionals, insufficient interconnection of support services and teachers in care for the education and training of children/pupils with hearing impairments in inclusive conditions,
- persistently low tolerance of the majority society to accept the presence of a carrier of a hearing impairment among themselves,
- insufficient cooperation with adults with hearing impairments and their professional organizations.

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Summary: *Preschool age can be characterized as a pro-inclusive developmental period. Early inclusion is a good starting point for the social integration of a child with a disability into the normal environment in elderly age. In this paper, we deal with the possibilities of social inclusion of children with hearing impairment in a regular kindergarten. We consider social skills, speech and communication skills, which are the basis of creating mutual interactions and social ties between children within an inclusive microsocial group of peers (intact children and children with disabilities), as a key factor determining the success of their inclusion among hearing peer population.*

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