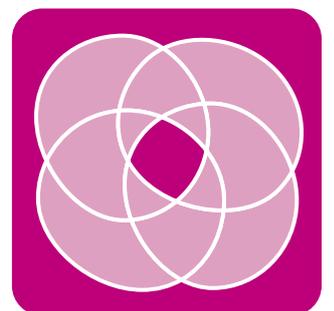


# Early Support

Helping every child succeed

## How to use this protocol



## Acknowledgements

The Early Support *Monitoring protocol for deaf babies and children* was devised to help families of deaf children (and the professionals that support them) document the progress that children make, in the first three years or so after deafness has been identified.

It was devised in consultation with families of deaf babies and children (and the professionals who work with them) from across the length and breadth of England. We are extremely grateful for all their contributions and suggestions, which were essential to the progress and development of the *Monitoring protocol*.

This is what families themselves have to say about the *Monitoring protocol*:

*'It is great to have the central document so I would feel in control of what was happening. It's hard to have teachers of the deaf, audiologist and in some cases social workers all having an input and parents left to try and work out what is happening. I do hope this document is used by all professionals and that the parents can keep it.'*

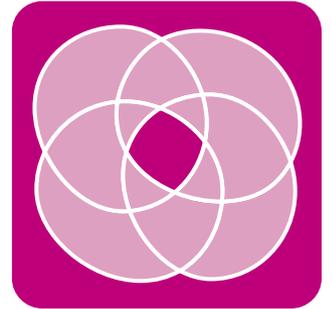
*'It provides a valuable tool for identifying where your child is doing well and where they aren't. Where areas of weaker progress are identified it enables the parent to put more effort into those areas. When you are with other children you compare development but this protocol gives you a clear idea of which stage of development your child is up to. It also helps you recognise those little changes in development that you might have not noticed. Sometimes you doubt your judgement, but noting the steps of progression backs up belief in what you are doing and fosters a positive attitude that your child is progressing.'*

*'It helps us understand what stage our son is at and what sort of things we should look out for.'*

*'I can see the difference in the amount of vocalisation she makes and changes in the way she uses it, eg to get my attention. It shows her attention skills are well developed.'*

*'Lovely as record/diary of development. It provides a useful benchmark to see where your child is at. It helps you to pick up any problems that you might have otherwise missed.'*

*'Very encouraging to be able to chart E's progress in developing communication skills – and reassuring to be able to place this in the context of her general development.'*



## Introduction

### The monitoring protocol for deaf babies and children:

- tracks development and progress over the first three years or so after identification of a hearing difficulty or deafness
- recognises the important information that families have to share about their child, enables professionals and families to share their observations
- provides a record for families of their child's achievements, progress and development
- helps everyone to be clear about the significance of what a child is now able to do, what the child will go on to do next and how this can be supported
- supports professional understanding of the child and provision of services to the child and family through shared and ongoing collection of evidence
- in conjunction with other Early Support materials, enables swift provision of appropriate services and support targeted on child and family need and family wishes, wherever the child and family are.

### Why and how it was devised

The purpose of the **Monitoring protocol** is to help families, and the professionals that support them, to monitor the progress of their children, to celebrate their children's successes, to share this with others and to know what to do next.

The introduction of newborn hearing screening means that hearing difficulties and deafness in babies may now be identified soon after birth. When hearing loss is identified so early, there are huge benefits in terms of the progress and achievements of deaf children in the areas of development that we know are at risk because of early childhood deafness, such as language and communication. However, we also know that such progress is very much linked to what happens after identification and the services that are then put into place. In particular, it is important that as much evidence as possible is gathered to help families to make the decisions they need to make, and to help professionals provide appropriate equipment (including hearing aids), advice and support. Everyone, including the family, needs to be clear about the child's hearing loss, how the child is doing, why particular ways forward are being suggested and what now needs to be put into place to support the child and family further.

In the case of small babies and toddlers, it is families who have most of the evidence about their child's progress and needs. Monitoring the progress of babies and very young deaf children, whether in using the hearing they have or in the ways in which they play and communicate, is not something that can simply be done at a clinic. We need to understand how they behave and communicate in everyday situations in order to be sure that we are meeting their needs. Families share almost all of their child's experiences and the ways in which he or she respond to them. Professionals will be experienced and skilled observers of babies and have their own evidence to add, but a key part of their role will be enabling families to record their own evidence about their child, and to appreciate its significance as evidence of the child's development.



The team who worked with professionals and families to devise this material have been very careful to seek their views as to what was needed and what was already in use. They initially explored checklists and assessment procedures available nationally and internationally and sought the views of services for deaf babies and children as well as families as to their usefulness. However, very few procedures were available to enable the progress of very young deaf children and babies to be documented and evaluated in the detail that was felt necessary. Where there were useful procedures available they were not considered to be readily accessible to families and to all who supported them. Some families (and indeed professionals) said that this lack of readily accessible materials had contributed to the uncertainty they feel that they were 'doing the right things'.

In particular families have indicated that they would like answers to the following questions in relation to their child and to key areas of child development that might be affected by having a hearing loss.

- How is my child doing?
- Are the hearing aids working? (ie making a difference)
- Is he or she making enough progress?
- How do you know?
- What will he or she do next?
- What can we do to make this happen?

Families require informed advice from professionals that helps them understand the nature of their child's difficulties, what the child can currently do, its significance and what now needs to be done for the child to progress further. This is what the **Monitoring protocol** helps practitioners, parents and carers to do. It is not designed simply to be filled in; we expect it to form the basis for discussion and sharing of ideas. Ideas about what the child is doing and will do next and the sorts of things everyone can do to help. It will help parents to understand why a particular way forward is being suggested. It should also ensure that their voice is listened to and that they become increasingly confident that what they do matters and helps – because they have the information about what their child can do, has learnt to do and increasingly understand its significance.

### A 'common' monitoring protocol

Families say that sometimes they are confused by the different tests, jargon and terminology that professionals use. Having a common set of material helps ensure that all concerned use the same point of reference and 'talk the same language'. Families can share progress and concerns with all the professionals they meet and know that these professionals, whether teachers of the deaf, paediatricians, speech and language therapists or others, are all using similar yardsticks and have access to the same information. This should make asking questions at appointments easier and ensure families feel up to date, listened to and informed. Families have told us this is important and it is:

*'useful to have a common protocol as everyone is following the same path to achieve a common goal. It enables everyone to see what normal development is and how your child is achieving/working towards these goals'*

*'good to have consistency'*

*'useful that everyone measures deaf children in the same way. This would be particularly useful if I move area or our teacher of the deaf changes or leaves'.*



### **If you are a parent or carer the Monitoring protocol is designed to help you to:**

- share your observations of your baby/child
- recognise the importance of what they are doing now
- support you in asking questions and gaining reassurance about your child's progress
- be clear about what sorts of things everyone is expecting your baby/child to do next
- have ideas as to what you and others can do to help.

If you move house, or the professionals that work with you and your child change, then the **Protocol** can be shared with the new services you receive. Since the material is being used all over England, it should help the support services in the new area you're living in to be clear about exactly where your child is with their development. Along with the other **Early Support** materials, like the *Family pack* and *Family file*, it will help the services you need to be provided as quickly and as smoothly as possible.

### **If you are a professional it's designed to:**

- provide a consistent way of monitoring progress that covers all the areas of development that need to be tracked
- identify any area which might need to be followed up further
- support your discussions with and advice to families and other professionals.

### Which areas of development are included and why?

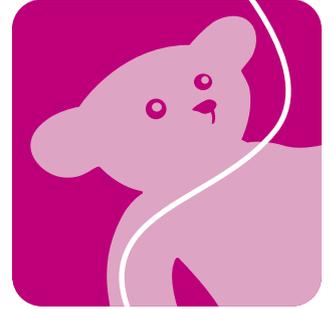
The **Monitoring protocol** covers all areas of child development, but is particularly detailed in those areas we know can be affected by the presence of a hearing difficulty. In order to meet deaf children's needs effectively, professionals and parents need a lot of specific information. Most of this is about how the child is behaving and responding – information about the sounds and gestures they make, the sorts of games they play, the ways in which they make contact with people. This detail all helps supplement what the professionals have learned from the various tests and observations they themselves carry out.

In particular this material helps collect evidence about:

- communication
- attending, listening and vocalisation
- social and emotional development
- play
- and in less detail
- other developmental milestones.

When children's deafness is identified later in life we know that they may have difficulties in any or all of these areas. When we monitor the development of deaf babies we are looking to minimise these difficulties and ensure their development is as 'smooth' as possible.

Collecting together such evidence should ensure that the child and family have the best amplification equipment, advice and support at any one time. It also means that children's progress is recognised and celebrated and that parents' confidence in what they are doing and the decisions they are taking now, and will take in the future, can be supported. For example, later, when school and nursery placements are considered, everyone will have available a detailed record of the child's progress over time, showing their strengths and current abilities. This can be shared with schools and others



to help their understanding of the child. It will also influence decisions as to how much, if any, additional support a child might need to ensure progress continues and that they are fully included in all that the school does.

We know how important each of the areas in the **Monitoring protocol** is in any child's development and how good parents normally are at providing for them. Parents and carers are particularly good at supporting their child's development as they move from being highly dependent babies to children with strong likes and dislikes and a real curiosity about the world. They know their child very well and instinctively support their child's move on to the next stage of development, through everyday family and social experiences and play opportunities. Parents of deaf children are no exception to this. However, sometimes the presence of a disability, or need, means that parents become less confident in what they do with their child and in their own abilities.

Research and experience tells us that it is parents who are the most important supporters of their deaf children throughout their life and who contribute most to their child's achievement. Sometimes parents think they need to do very different things with their children, because their child is deaf. Although it is vital that parents and carers work closely with their specialist support workers (audiologists, teachers of the deaf and speech and language therapists) and listen to what they have to say about the sorts of things that will help the child, it's important that parents don't underestimate how important they are, how much they know too, and how the ordinary things they do will support their child's development. To help with this, we have included some explanation and suggestions at each stage about what it is that children are learning, and what parents can do to support development further. We have provided this information in the text and on 'fridge' or development cards covering three key areas – communication, attending, listening and vocalisation and play – that can be easily consulted. Your support teacher of the deaf, other parents and the other professionals working with you will also be sources of many more ideas.

### **Families tell us the Monitoring protocol encourages and helps them because it:**

*'is a useful benchmark for monitoring progress. Also very encouraging to fill in. It is a great way of recording my child's progress and makes me realise all the new things he learns to do, say and understand'*

*'allows immediate and extended family and friends to realise that our child is indeed making 'normal' progress in many areas. This protocol gives us lots of potential to rejoice in what is achieved'*

*'is something to measure by. You need to see that your own child is getting on'*

*'helps understanding of what communication is and how we interact to help develop communication and language'.*



## Finding your way around the protocol materials

There are three parts to the Monitoring protocol:

**1. Handbook - *How to use this protocol***

**2. The *Monitoring protocol for deaf babies and children*** – Families and professionals fill this in separately or together.

**3. *Level 2 materials*** – Professionals fill these in with families

**This booklet (*How to use this protocol*) outlines:**

- how to use the **Monitoring protocol** including advice as to who should use the various parts or 'layers' of the Protocol and when
- background information about the stages set out within the Protocol and information about how the material was devised.

**The monitoring protocol comprises:**

- development records, laid out as tables, in five main areas:
  - communication
  - attending, listening and vocalisation
  - social-emotional development
  - other developmental milestones
  - play
- summary sheets (called summative records) to allow comparisons to be made between the detail of development in different areas
- a developmental profile to colour in to provide a visible record of progress
- additional developmental profiles that allow progress within individual areas of development to be compared.
- a glossary of key words.

### Level 2 materials

(for use by professionals and parents together) include:

- more detailed checks of significant areas of development, which can be referred to either at key stages or whenever any of the adults have concerns about a child's development
- further evidence gained about the child's development in communication by exploring:
  - pragmatics (communicative intentions)
  - early words and meanings
  - early grammatical development
  - parent child interaction
- further evidence gained to support the child's hearing aid fitting and to explore their use of hearing to listen and attend.

The **Level 2 materials** are designed to be used by professionals with parents. They facilitate further discussion around what the information discovered means and enable either reassurance that the child is moving forward appropriately, or suggest appropriate action to be taken if progress is not as expected.



## Ages and stages

Throughout the protocol we have used 'B' stages. This refers to 'baby' stages, reflecting the fact that hearing loss and deafness are identified soon after birth for many children.

There are 11 'B' stages (B1, B2, B3...), looking at development from the very first behaviours to those of an average three year old. However, it's important to recognise that there is a huge variance in the age at which individual children first do things. This is particularly so when we think about babies' first words and actions. Babies might walk at nine months or at 22 months – and still turn out to be gymnasts. Similarly, first words are reported by parents at hugely varying ages. In considering the development of deaf babies the most meaningful comparison we make is whether the baby or child is moving through the stages, and is further on since the last time we filled in the summary charts. The indicators that tell us which stage the child is in, are exemplars of very small but significant steps towards communication, language, effective listening, social interaction and so on.

The indicators for each stage are clusters of behaviour usually seen during that stage. A child may miss out, or 'rarely do' some but still move smoothly to the next stage.

Families and professionals have requested that we make clear the ages that stages refer to and they are indicated below. **However, it is important that these are recognised as guidelines, not rules – they are broad guidelines about the 'average' rather than about any specific child.**

**Timescales for development:** approximate age/developmental level that each stage refers to

Stage	Age of child/timescale after identification
B1	0–2 months (approx)
B2	2–4 months (approx)
B3	4–6 months (approx)

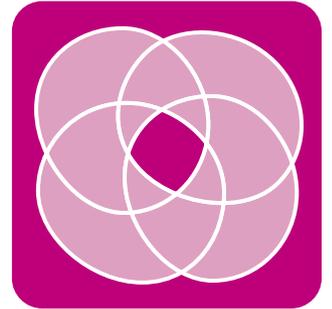
Therefore, six months or so after identification we are looking for a deaf child to 'definitely' have most of the behaviours identified in B3, unless we know of other reasons why this should not be the case. Reasons why a child may not yet have some of the behaviours are explored in the **Level 2 materials**.

<b>Stage</b>	<b>Age of child/timescale after identification</b>
B4	6–9 months (approx)
B5	9–12 months (approx)
B6	12–15 months (approx)
B7	15–18 months (approx)
B8	18–21 months (approx)
B9	21–24 months (approx)

These are **overlapping stages** and no two children will cover all aspects of each area we check at the same rate – for example, some children may make rapid physical progress and be very adept at certain types of play; others are quick to recognise certain types of sound and not others. Again, what matters is that the child is moving forward on all fronts and within a reasonable timescale. Children may spend longer in one stage than another – some make steady progress, others move in spurts. The above are **guidelines, not rules**. The Level 2 checks that are identified in the text of the Protocol can highlight a particular area to be explored further if there is felt to be any concern.

<b>Stage</b>	<b>Age of child/timescale after identification</b>
B10	24–30 months (approx)
B11	30–36 months (approx)

For many children there will be some aspects of the Protocol that still need to be filled in as they enter nursery school or even beyond and we recommend that the material be made available during this time. In addition, in our trials of the Protocol it was used with a number of deaf children who have additional difficulties and/or who have been very premature. Families have said that they find this useful, but it's important to recognise that for these children the 'time' spent achieving the indicators in a particular stage may vary considerably from those suggested above.



## Who keeps the Protocol and who decides who it can be shared with?

The family holds the Protocol. Professionals have access to it and may decide to keep parallel copies of the record or of the summary sections for their own purposes. Professionals contribute their evidence to the family's copy of the Protocol and explain the significance of what is being recorded. Parents say:

*'We are pleased that it is held by the family to show to other people as we want them to see it.'*

*'Parents are going to know their child better than anyone else and I feel it is good to be in control.'*

### How do we use it to monitor progress?

There are a number of ways in which you might decide to fill in the Protocol. As parent or carer you may decide to:

- fill in the record on your own and then ask the professional to help complete the summary sheets with you
- ask professionals to fill in the protocol with you on an ongoing basis
- give observations to a professional and ask them to fill it in for you.

### How often is it filled in?

Most parents say they prefer to fill in the **Monitoring protocol** by themselves or with their teacher of the deaf on a regular basis, so as not to forget the particular ways in which their child does things. For some this means filling it in weekly and for others fortnightly or longer. It is important to fill it in within the time frames of the stage your child is at. If for example your child is very young, then at least twice monthly is what we recommend and preferably more often. Some families make notes of things in a diary before transferring to the Protocol, others look back at video samples, others store up things their child is doing in their memory. Further on in this booklet there are examples of how the tables might be filled in.

There is text accompanying the various tables to add background information. The text explains the significance of the development children are making at each stage and why we have asked you to look out for and record certain things your child does. It explains the skills your child is acquiring at each stage and their significance.



*'It helped me to compare what my son is doing to what he should be doing. I refer to it once a month to see what boxes I can fill in.'*

*'This exercise hit me as a bit of a reality check – there it was in front of me on a chart, confirmation as to how little my daughter has developed her speech/listening/communication skills. I am keen to keep monitoring as I am sure that as time passes I will be marking a lot more 'Ds' which will boost my confidence no end. There is a great deal of satisfaction when you move in the right direction while having that reassurance if you aren't moving along as predicted – this will be picked up sooner rather than later.'*

*'By breaking down areas of development it makes you more aware of areas that may need more attention.'*

*'There is space to allow us, as parents, to 'monitor' where our child may not be completely fulfilling their potential/highlighting areas to develop and reminding us to keep up 'good practice', eg does she join in nursery rhymes or does she say 'bye-bye?'*

## The protocol

### Filling in the tables/checklists

Stage B3	Possibly	Definitely	What my child does and what it tells me; how I know my child can do this
<b>Foundations of communication</b>			M lifts up her hands towards grandma when she comes, to be picked up. It is her way of saying hello
Cries to express needs, eg when hungry, angry or in pain			
Reaches towards <b>objects</b> /people	23.3.03	10.4.03	
Uses voice to make contact with people and keep their attention			
Uses attention-getting <b>gestures</b> and eye contact/facial expression to make contact with people and to keep their attention			

In this example, taken from the Communication area:

**The first column** in the table above is called 'Foundations of communication' and lists the behaviours you are looking out for in your child's communication at this stage. For example do you notice your child 'reach towards objects or people'?

**The second column** – to record a 'possible' behaviour

If you think the answer to the above example is 'possibly' or 'I think so but am not totally sure' or 'I've only seen him do this once' then it is a 'possible' behaviour. It is important to record it as this reflects the time when your child is beginning to practice this skill.

**The third column** – to record a 'definite' behaviour

When you are sure you have 'seen' your child do this in his or her own way, maybe several times in different situations you can record 'definitely' for a behaviour.



**The fourth column** – is for you to write examples of the things your child does. Each child has their own way of doing things and this is what makes the protocol a record of your child's development. It will reflect your child's achievements and personality.

It is important to date each entry, so that you can record progress over time. You will need to do this to reflect on whether your child has made enough progress in the time expected of them.

## The summary sheets

The **summary sheets** record where your child is up to in all areas of development but on one page. It is easier then to compare development across areas.

We suggest that the parent, family or carer complete the **summary sheets** with the key worker/teacher of the deaf and recommend that this is done in line with the stage intervals as key developments occur within these time frames:

- every two months until the end of stage B3
- every three months until the end of stage B9
- 6 monthly after that

It is important that you and your key professional share the progress your child has made and document it together. Not all children will progress at the same pace as others and children themselves may progress more in one area than another at any stage. You can celebrate your child's achievements and raise concerns as you feel necessary.

You will need time to do this together – time undisturbed to concentrate and to discuss areas that come up as you share information. As a parent/carer you will have spent the most time with the child seeing them at different times of day, in different situations and with different people. Your observations are crucial and are the most valuable and the professionals will often be guided by you as to exactly what the child can do.

## How to use this protocol

Filling in the **Monitoring protocol** and **summary sheets** in this way allows you to plan forward, looking at what to expect your child to do next. If you are using other **Early Support** materials, it will inform your **Family service plan** and the summary sheets can be transferred into your **Family file**, which you take with you to appointments and share with any new people involved with your child. Professionals working with you may take copies of some sheets for their records describing how your child is progressing.

### Stage B2

<b>Attending/listening/vocalisation</b>	<b>P</b>	<b>D</b>	<b>Social-emotional</b>	<b>P</b>	<b>D</b>
<b>Attending</b> Attends to familiar sounds or sights – running bath, dishes, footsteps, the vacuum cleaner, getting the dishes out, the return of an excited brother or sister	<b>P</b>	<b>D</b>	<b>Self-other awareness</b> Responds to others by vocalising	<b>P</b>	<b>D</b>
Watches speaker/signer's face carefully (up to 30cm)	<b>P</b>	<b>D</b>	Responds to facial expression	<b>P</b>	
Looks briefly from one object to another. Objects may be moving or still – this is termed shifting visual attention	<b>P</b>		Gazes a long time at picture of mother's face	<b>P</b>	<b>D</b>

Plot **P (possibly)** and **D (definitely)** on the chart.

You can colour code the date, making sure there's a key at the bottom of each sheet to match the colour to the date of achievement (in this example, **blue** means May 2003 and **red** means August 2003). Or, if you need to photocopy the sheets, it may be better to simply write the date or use a different symbol everytime you review progress. For example, □ could be used in May 2006 - marking the chart with a □ means your child has possibly learnt something. Marking the chart with a ■ means they have definitely learnt it. In August 2006, you could use a circle, like this - ○

## The developmental profile

Families have told us it is:

*'Easy to use and gives quick picture of progress – we liked this.'*



### Filling in the developmental profile

This is one sheet of paper and gives a quick visual picture of progress, one area relative to another and over time. It too can become part of the family held record and a copy is kept by professionals.

When filling in the **developmental profile** concentrate on the last stage in which you have identified the *majority* of indicators as being '*definitely*' there.

For example, if this is B2 in Communication:

- colour in the corresponding cell on Developmental profile
- colour code the date or code with symbols
- colour in the corresponding cell for each area of development.

There is a key at the bottom of each sheet to match the colour to the date of achievement. We suggest you use the same colours as you used on the summary sheets for the same time period. What you should have is a visual representation of your child's progress and development over time.

	Communication	Attending listening vocalisation	Social-emotional	Other developmental milestones	Play
Stage 11					
↑	↑	↑	↑	↑	↑
Stage 2	▲			▲	▲
Stage 1	●	▲	●	●	●

#### Key:

Colour	Date	Colour	Date	Colour	Date	Colour	Date
●	End May 06						
▲	Mid August 06						

### Developmental profiles for individual development areas

Sometimes even within an individual area of development it is important to check in more detail that things are progressing as they should. In the **Monitoring protocol** this is done in two ways – firstly, by a **developmental profile** chart for each area and then through the **Level 2 materials**.

The **developmental profiles** for each area are behind the main **developmental profile** chart at the beginning of the **Monitoring protocol**.

Fill these in, in the following way:

- Look at each subsection of a particular area – for example, the three areas of attending, listening and vocalisation.
- For ‘attending’, identify the stage at which your child has ‘definitely’ got most of the ‘attending’ behaviours. Colour this in on the profile chart.
- Now do the same for ‘listening’ and then ‘vocalisation’.

This allows comparisons to be made within an area of behaviour and almost all areas within the **developmental profile** can be looked at this way. Often a child will be at the same level for each of the elements. However, sometimes one area (for example, ‘listening’) may ‘lag behind’ or be much further ahead than others. It’s important to discuss why this is with the practitioners who are supporting you. A deaf child who has some difficulties or delay with the fitting of hearing aids, or who has had problems with ear infections may well show less developed listening skills compared with more visual attending skills. Similarly, a deaf child where a more visual approach or a visual language is being used (for example, British Sign Language), ‘attending’ skills may be very well-developed and ‘listening’ and ‘vocalisation’ less so. What’s important is that you understand why your child’s profile looks as it does. In the two examples of **developmental profiles** give below, Profile A illustrates a situation where all aspects of development are moving forward at a similar rate. Profile B, which looks in detail at the area of attending, listening and



vocalisation indicates that a child's 'listening' skills seem to be 'plateauing'. In this instance, the parent and teacher of the deaf used the Level 2 materials to explore this further, before referring the child back to Audiology for investigation. It's important to recognise that Child B was still making progress in many other areas at this time (See [developmental profile C](#)).

A

Monitoring protocol for deaf babies and children

### Developmental profile

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Please shade boxes when you have entered 'Definitely' for most of the behaviours in that stage:

	Communication	Attending, listening and vocalisation	Social-emotional	Other developmental milestones	Play
Stage 11					
Stage 10					
Stage 9			Red	Red	Red
Stage 8			Blue	Blue	Blue
Stage 7			Blue	Blue	Blue
Stage 6	Red	Red	Blue	Orange	Blue
Stage 5	Blue	Red	Orange		Orange
Stage 4	Blue	Blue	Orange		Orange
Stage 3	Orange	Blue	Orange		Orange
Stage 2		Blue	Orange		Orange
Stage 1		Orange	Orange		Orange

Key:

Colour	Age/Date	Colour	Age/Date	Colour	Age/Date	Colour	Age/Date
Orange							
Blue							
Red							

B

Monitoring protocol for deaf babies and children

### Developmental profile for attending, listening, and vocalisation

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Please shade boxes when you have entered 'Definitely' for most of the behaviours in that stage:

	Attending	Listening	Vocalisation
Stage 11			
Stage 10			
Stage 9			
Stage 8			
Stage 7			
Stage 6			
Stage 5	Red		
Stage 4	Orange		
Stage 3	Blue		
Stage 2	Blue	Blue	Blue
Stage 1	Green	Green	Green

Key:

Colour	Age/Date	Colour	Age/Date	Colour	Age/Date	Colour	Age/Date
Green							
Blue		Red					
Orange							

C

Monitoring protocol for deaf babies and children

### Developmental profile

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Please shade boxes when you have entered 'Definitely' for most of the behaviours in that stage:

	Communication	Attending, listening and vocalisation	Social-emotional	Other developmental milestones	Play
Stage 11					
Stage 10					
Stage 9					
Stage 8					
Stage 7					
Stage 6					
Stage 5	Red		Red	Red	Red
Stage 4	Orange		Orange	Orange	Orange
Stage 3	Blue		Blue	Blue	Blue
Stage 2	Green	Blue	Green	Green	Green
Stage 1	Green	Green	Green	Green	Green

Key:

Colour	Age/Date	Colour	Age/Date	Colour	Age/Date	Colour	Age/Date
Green							
Blue		Red					
Orange							

### The 'fridge'/development cards (suggestions for supporting development)

These provide suggestions for, and ideas to support development at each stage, in three areas of the **Monitoring protocol**: communication; attending, listening and vocalisation; and play. They give an outline of potentially useful activities and strategies. Use them as a springboard for your own ideas. Make them personal: adapt them to reflect your family traditions and heritage and your present situation and personality.

There is a card for each stage, for each area. So you can select the one that is helpful at any particular time and share it with others. You will be able to put it in an 'easy to see' place like on the fridge with a magnet, on the notice board, near where you change your child's nappy etc.

Families tell us:

*'It helps parents to focus better and helps you to identify weaknesses and strengths. By referring to the suggestions for the different stages it helps you to identify and reach targets and see that your child has progressed through the stages.'*

*'As my child is coming up to three there are areas where she is still coming up to scratch. The suggested activities help encouraging these areas.'*

*'I take the fridge cards to the child minder's house and to the nursery. They help everyone feel confident in playing with my son and to know it's the ordinary play things and games that help him the most.'*



## Level 2 checks

These second level materials are designed to be looked at, and completed, together with your key professional, eg teacher of the deaf or speech and language therapist.

The **Level 2 materials** look in more detail at aspects of your child's development at certain stages. They provide a snapshot or cumulative look at particular areas of development that may be at risk, such as listening, and enable us to check that all the aspects are proceeding at the rate they should. In some cases professionals and parents may use the checks on an ongoing basis, for example, the listening Level 2 checks may be used in the earliest months to help gather the evidence as to the effectiveness of the child's amplification package and to inform hearing aid fitting.

### Do we need to do it?

Many parents will feel adequately supported by using the main **Monitoring protocol** and will not feel the need for an ongoing check in relation to the second layer materials. Their child's progress will 'speak for itself' as it is highlighted by the main **Monitoring protocol**. If, however, the parent or professionals have any concerns or the parent just wants more reassurance it is possible to use the checklists as outlined in the Level 2 materials. At key points in the *Monitoring protocol for deaf babies and children* we have identified when these Level 2 checks should take place, so the specific behaviours that should be in place are checked on.

**Level 2 checks are built into the Monitoring protocol for all deaf children at the end of B5, B8, B9 and B11.**

Guidance on this is given in each section.

### How do we do this?

A first step is to use the **developmental profiles** with your professional. There is one for each area of development in the monitoring profile, except for play. These allow you to shade in each sub-component of that area of development separately. Shade in the stage for each level that has the *majority* of 'definitely' aspects achieved so that you can compare development in each sub area, ie are all sub areas at the same stage or

is one out of step? If so you will definitely want to explore further using the **Level 2** materials. These materials have their own introductory text, discussions and suggestions, which can be explored at any point or you might like to look at them with your key professionals.

For most families the **Level 2** charts and tables simply offer an opportunity to recognise the significance of their child's behaviour and provide them with confidence that what they are doing makes a difference and is supporting their child toward increasingly effective communication.

Occasionally, using these tables identifies an area in which your child does not seem to have made quite so much progress. This will then mean that the results can be shared with others, further and additional information gathered and questions asked, so that as quickly as possible, you will feel these concerns are addressed and suggestions are made as to how best to help you and your child to move on.

*'It gives you confidence that everything is being carefully watched and if something isn't quite right, it will be noticed and responded to.'*

## Glossary

Families have told us that they don't always understand some of the more technical language but want the opportunity to have it explained, as they feel they need to be able to use it when talking about their child to professionals, and when reading reports. They acknowledge that in some cases, 'only the technical word will do'. For example using the term 'decibels', when discussing their child's hearing loss with an audiologist.

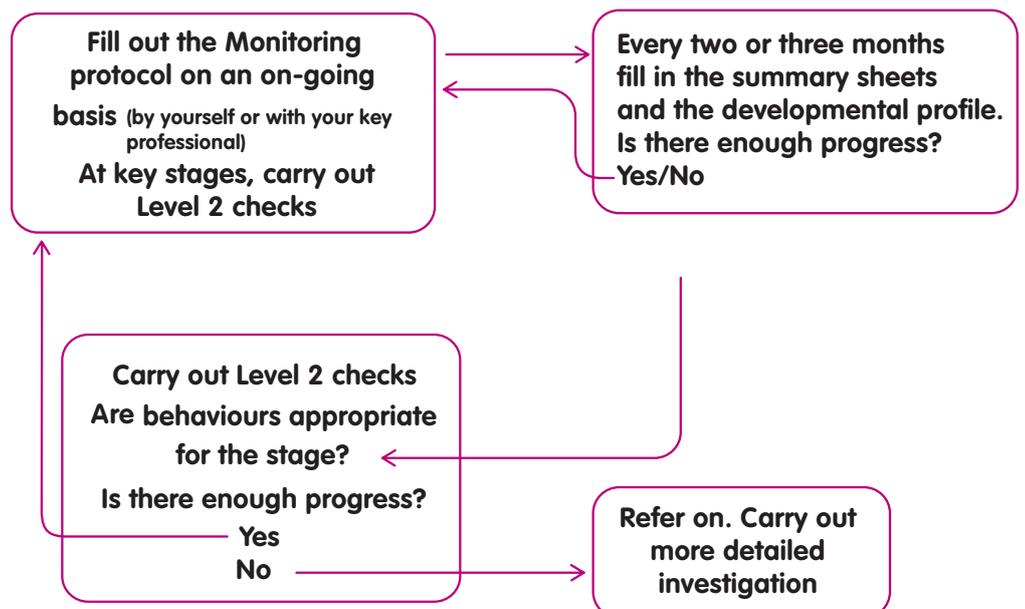
If you come across a word or term you are not sure about look it up in the glossary – these words will generally be highlighted in the text the first time they occur. Your key worker may be able to add to the explanation and examples we have given and may help relate the ideas specifically to your child.

*'L moved up two stages in play, listening and attending, but very little in vocalisations particularly with regard to consonants. This may be linked to chewing difficulties. The speech and language therapist was alerted to this and plans to try some chewing exercises.'*

*'Noted progress but also highlighted that we are not moving on in the listening/attending/vocalisation area. This is probably as a result of S' recent cochlear implant and the adjustment process but am now watching this area very carefully.'*

*'The monitoring sheets were beneficial as L had a couple of appointments at the CI team. And I feel more confident talking to the audiologist about L's development. It is a useful tool for discussion with the medical team.'*

### Decision making: using the different protocol materials



## How to use this protocol

The Early Support *Monitoring protocol for deaf babies and children* was devised with families and professionals by the following consultants in 2003 and 2004:

Sue Lewis, The Ewing Foundation, The University of Manchester  
(Project Leader)

Dorothy Moralee, Northumberland local education authority,  
(research assistant)

Amy Skipp, National Deaf Children's Society, London (research assistant)

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Helen Robinshaw, Brunel University

Meg Shepherd, Wrexham Maelor Hospital, Wales

Jacqueline Stokes, Auditory Verbal UK

With thanks also to the many colleagues who also contributed.

If you're using the materials as a parent and have questions to ask, raise these with your support professionals. [Early Support](#) has worked with parents and professionals in 2004 and 2006 to refine the materials and has developed a training programme for those wishing to use the [Monitoring protocol](#). To find out more, visit [www.earlysupport.org.uk](http://www.earlysupport.org.uk).

*'It provided reassurance that our child is progressing. It is good to have this confirmation especially if it is your first child and you are more naïve about child development.'*

*'It helped us identify progress in communication when perhaps we would not have been so quick to acknowledge that progress had occurred.'*

Copies of this booklet can be obtained from:

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