

A typical diary for a profoundly deaf child under three

A diary explaining the extra help and attention your child needs on a typical day can be useful supporting evidence for your child's Disability Living Allowance (DLA) claim.

We've created this diary as an example to give you ideas of what you could include in your own diary.

It's very important that you write your own diary and don't just copy from our example.

9.00am

Before waking Yasmin I check her hearing aids are clean and working properly. To do this I use a stethoscope with a device called an attenuator, which is used to dampen the volume so I listen to each hearing aid without having to change the settings. I attach the stethoscope to each hearing aid in turn; I then switch the hearing aid on and test it by speaking. This is something that Yasmin is not able to do herself.

Yasmin needs me to go down to her bedroom and because she can't hear me approach, I gently wake her by shaking her on the shoulder or arm so as not to frighten her. It takes her some time to actually wake up and adjust to her surroundings.

9.10am

I lift Yasmin out of her bed and insert her hearing aids. Sometimes she isn't keen to have them put in right away, and so time is spent distracting her with a toy or a book so I can put the hearing aids in. Now constant communication begins, telling her I am changing her nappy, putting her slippers on, telling her it's time for breakfast etc. This routine takes place every morning with the same words and signs used and repeated each time.

9.20am

I take Yasmin to the kitchen and sit her down at the kitchen table. While I'm getting her breakfast ready I show Yasmin the plates, cereal, spoon, milk and bowl etc. and tell her the names of each item. To do this she needs me to face her and speak and sign slowly and clearly while sitting at the table at her level, so she can clearly see my face. I tell her about all the noises in the kitchen and where they're coming from as they occur, such as the microwave pinging when it's finished, the kettle boiling or the toast popping up.

Usually after breakfast, during which communication still constantly takes place, Yasmin likes to get a book for me to read to her (her favourite one is of animals). It's important for Yasmin to have each page, and noises associated with that page, explained.

10.15am

I take Yasmin to the bathroom to wash and to brush her teeth. Again she needs constant communication about everything that is done.

10.25am

I change Yasmin into her daytime clothing. Sometimes I have to remove her hearing aids in order to pull her vest or jumper over her head and then re-fit her hearing aids. Yasmin can't insert her hearing aids herself. I spend time telling Yasmin, using sign and speech, about the different items of clothing.

10.40am

I now spend time to provide Yasmin with therapeutic play and language stimulation arranged by her peripatetic Teacher of the Deaf (ToD) and the speech and language therapist. Her ToD visits each week and spends 1 to 1½ hours with Yasmin, Yasmin visits the speech and language therapist each week and I'm given a series of games and things to teach Yasmin. In between visits I record the previous month's assignments that have been set and how Yasmin responded to each.

12.00pm

Lunchtime, I again sit Yasmin at the table while I prepare her lunch; I show Yasmin the plates, spoon drink and food etc. and tell her the names of each item. To do this she needs me to face her and speak and sign slowly and clearly while sitting at the table at her level.

1.00pm

Yasmin goes for a nap at this time. She needs me to remove her hearing aids as she can't sleep with them in. Some children prefer to sleep with one hearing aid in, as it's comforting for them to be able to hear sounds around her, however Yasmin is too young to be left alone with her hearing aids in case she removes the battery and puts it into her mouth.

All parts of the hearing aids are dangerous and young children can't be left alone with aids, as they're a choking hazard. The hearing aids come into several parts, earmould tubing, elbow tubing, and batteries. Each of these is small enough to be swallowed. A child's first instinct may be to put them in their mouth, the batteries are especially dangerous, because swallowed batteries can cause damage to the stomach. Batteries can also be lodged up noses and in ears. Hearing aid components are far smaller than toys recommended for a child under three. NHS England issued a Patient Safety Alert in 2014, *Warning Risk of Death and Serious Harm From Delays in Recognising and Treating Ingestion of Button Batteries*. The warning stated: "Ingestion of button batteries can cause serious harm and death. Button battery ingestion affects all age groups, although most cases involve children under the age of six who mistake the battery for a sweet or older people with confusion or poor vision who mistake the battery for a pill".

Yasmin won't settle for her nap unless she can see me, so I stay in her room until she's asleep. When she is asleep I check her hearing aids are clean and remove any excess moisture from them.

3.00pm

Yasmin is either woken up by me or wakes up herself. During her nap I need to stay within listening distance, if Yasmin wakes up and is alone for more than a couple of minutes she would become very agitated. This is because she is alone in her room in silence and cannot hear that there is anyone else in the house.

3.30pm

I take Yasmin to the park so she can play with other children to help her socialise and experience communication outside the home. I have to explain to the other children who approach Yasmin that she has problems hearing them and that if they want to talk to her she needs to see their face. If Yasmin doesn't understand what the other children are saying, she needs me to help her by using words and signs she knows to explain what they're saying. This is difficult with children of this age. I also spend time telling Yasmin the name of things in the playground using speech and sign.

5.00pm

I again sit Yasmin at the table while I prepare her tea, I show Yasmin the plates, spoon, drink and food etc. and tell her the names of each item, to do this she needs me to face her and speak and sign slowly and clearly while sitting at the table at her level. We usually sit at the table to eat as a family, so Yasmin needs everyone to remember she can't follow a conversation around a table but must be spoken and signed to on a one-to-one basis so she can understand what is being said and signed.

6.00pm

I bathe Yasmin. To do this I have to take her hearing aids out and put them in a safe dry place, and she has to rely on facial expressions, gestures and signs alone for communication. When she is finished bathing I have to ensure her ears are fully dry before putting her hearing aids back in.

7.00pm

I get Yasmin ready for bed, taking time to talk through what we've done today, if we have been out or had visitors, it helps her language development to go over known events, and to repeat words and signs.

7.30pm

I read Yasmin a story to settle her down for sleep, she needs me to read to her face-to-face using lots of facial expressions and going over words and signs to make sure she can follow the story.

7.45pm

Bedtime, Yasmin goes to bed. I take her hearing aids out and she won't settle to sleep if left alone. So I have to stay in her room trying not to move around too much until she is asleep. If Yasmin wakes up during the night then I have to go straight to her, as she gets upset if she is left alone for more than a few minutes. This is because without her hearing aids she can't hear my voice reassuring her.