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Some reflections on the promotion of integrated education in the rehabilitation and rescue process of hearing impaired children in Chongqing

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Abstract
Inclusive education has become the primary model for addressing the educational needs of children with disabilities in China, and it is steadily advancing. Under the leadership of the Party and the state, China has developed a unique, locally adapted educational placement model for children with disabilities. Special education schools have gradually transformed their functions, and inclusive education has become the dominant educational placement model for more than half of children with disabilities, effectively promoting educational equity. This study focuses on Chongqing, analyzing its compulsory education model for children enrolled in regular classrooms. By examining the distinctive features of its well-developed special education resource center system, the research highlights how advancements in hearing assistive technology and the improvement of rehabilitation systems have formed a scientific rehabilitation framework, significantly enhancing rehabilitation outcomes for children with hearing impairments.

Keywords
Inclusive education; Educational equity; Children with hearing impairments

1 Development and current situation

In 1994, UNESCO held the "World Conference on Special Needs Education" in Salamanca, Spain, and issued the "Salamanca Declaration", which formally established the direction of integrated education, that is, in the integrated education environment, schools are required to meet the special needs of students through environmental Settings and teaching adjustments. Since then, integrated education has become the main form of education in countries around the world to meet the educational needs of children with disabilities. On August 23 of the same year, The State Council promulgated and implemented the "Regulations of the People's Republic of China on Education for Persons with Disabilities", which is China's first special regulations on education for persons with disabilities, in which article 3 clearly states that "education for persons with disabilities shall improve the quality of education, actively promote integrated education, and adopt general education or special education methods according to the disability category and acceptance ability of persons with disabilities." Priority should be given to general education ". Since then, our country's integrated education has developed steadily, providing the majority of disabled children of the right age with school opportunities.

In 2021, the "14th Five-Year Plan" Action Plan for the Development and Promotion of Special Education was issued, proposing to "promote integrated education" and "strengthen the integration of general education and special education", further clarifying the important strategic position of integrated education. Under the

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leadership of the Party and the State, China has actively promoted the practice of integrated education, and has made remarkable achievements, forming a model of education placement for children and adolescents with disabilities with Chinese local characteristics, with special education schools as the backbone, special classes and classes in ordinary schools as the main body, and distance education and home-based education as the supplement. Special education schools have gradually transformed their functions, and integrated education has accepted more than half of the children with disabilities in the main educational placement mode, which guarantees the right of disabled children to receive education and provides a guarantee for effectively promoting education equity. At present, there are more than 2900 compulsory education schools in our city, 1 municipal special education resource center, 4 district special education development guidance centers, more than 30 district and county special education resource centers, and more than 290 resource classrooms.

Hearing impaired children are one of the important targets of rehabilitation and assistance. With the progress of hearing assistive technology and the improvement of hearing and speech rehabilitation system, the rehabilitation of children with hearing and speech impaired has gradually formed a scientific system featuring adaptive hearing AIDS for young age, early rehabilitation in parent-child classes, collective teaching and individual training, integration of the disabled and the disabled, integration into society and tracking services. The rehabilitation effect has been greatly improved, the proportion of children entering the preschool to primary school has increased significantly, and the adaptability of the integration stage has continued to improve, taking more than 10 designated rehabilitation assistance institutions and municipal public rehabilitation assistance institutions in Chongqing as an example, the rehabilitation efficiency has remained above 90%, and the implementation rate of integrated education has exceeded 70%.

2 Changes faced by various roles in the integrated education stage and their responses

2.1 Teaching mode

According to the requirements of China Disabled Persons' Federation and China Hearing and Speech Rehabilitation Research Center, the national hearing and speech rehabilitation training designated institutions basically adopt a dual teaching model of collective teaching and individual training, and most parents and institutions pay more attention to individual training. Children with hearing impairment and their parents receive targeted services from individual teachers from the beginning of the establishment of learning habits. In addition, rehabilitation institutions and special schools generally pay more attention to hearing impaired children and their families and provide more comprehensive services. When hearing impaired children and their parents begin to integrate education, they enter general kindergartens and primary schools, and change from one-to-one teaching to one-to-many, and from group and small class size collective class size to large class size collective class size, there are different degrees of declining attention. Some children feel that "the teacher does not like me", and some parents feel that "the service is not fine", which induces psychological and interpersonal problems. In the course of class, due to the decrease of attention, the situation of deaf children's attention distraction and difficulty in returning after attention transfer is relatively obvious.

To solve these problems, proper psychological construction and auditory attention training are the key points. One is to increase communication with rehabilitation teachers and parents who have been in inte-

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grated education for a period of time, get more professional advice on integrated education, understand the changes brought about by the teaching mode in the integrated education stage in advance, adjust their own psychological state, prepare for the decline of attention, reduce the mentality of "I am weak and I am justified" and "I owe my child", and reduce excessive attention to children. Normalize expectations for children and their treatment. The second is to add the option of attention training in rehabilitation training, such as improving attention concentration by completing long-term activities that require quiet thinking and concentration, extending attention concentration time, practicing the distribution and transfer of attention by practicing quick feedback in recreational activities and changing the topic in long conversations.

2.2 Communication mode

According to the requirements of China Disabled Persons' Federation and China Hearing and Speech Rehabilitation Research Center, the national hearing and speech rehabilitation institutions should meet the hard standards of background noise no higher than 35DB, signal-to-noise ratio greater than 15DB, reverberation less than 0.4s in the creation of acoustic environment, although some of them are not fully met due to objective reasons. However, most of them have been installed curtains, soundproof panels, and silent electrical appliances to create a low noise and less echo environment, which plays an important role in the operation of hearing AIDS and the reception of acoustic signal information for children with hearing impairments. At the same time, the small class size teaching organization, more suitable for hearing impaired children's volume, speech speed and language structure make it easier for hearing impaired children to obtain acoustic information with hearing AIDS. After entering ordinary kindergartens and primary schools, the acoustic environment tends to be ordinary. Louder noise, louder echo and reverberation, faster speaking speed and larger information volume of teachers make it more difficult for hearing-impaired children to receive acoustic information.

For such problems, the debugging of hearing aid equipment and the preparation of children's ability are the key. First, the FM system can be used to adjust the noise reduction function of the hearing aid device to improve the use of the hearing aid device. The second is to strengthen the practice of listening in noisy environment and extracting keywords from chaotic sentences to strengthen the adaptation of acoustic environment.

2.3 Exchange personnel

Due to their understanding of the characteristics of hearing-impaired children, teachers in rehabilitation and assistance institutions will teach at a relatively slow speed, with prominent focus and simplified structure, making it easier for hearing-impaired children to accept relevant acoustic information. The students around them are mostly hearing-impaired children, and their language expression shows the common characteristics of slow speaking, prominent key points, and emphasis on clarity, and they are easier to understand each other. From rehabilitation institutions to general kindergartens and primary schools, the composition of teachers and students has changed greatly. General education teachers speak faster, the amount of information increases, and classmates speak more languages and speak faster. Children in the younger age group have vague speech, and the emphasis and logic are sometimes confused, which makes it more difficult for hearing-impaired children to accept information, thus affecting interpersonal communication.

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To solve these problems, first, we should strengthen the training of cross-listening and listening in team activities, speed up the language input, lengthen the text, and strengthen the ability to receive and extract information; The second is to strengthen clarity training, strengthen the application of communication strategies such as request repetition and repeated explanation, and strengthen expression ability, so as to better adapt to the environment of integrated education.

3 Changes faced by rehabilitation institutions, general kindergartens and primary schools and their responses

3.1 The transformation of the training direction of disabled children

From the perspective of the policy changes of DPF, the age of funding for children with hearing impairment has changed from 3 to 6 years old to 0 to 6 years old and now 0 to 14 years old. On the one hand, the reduction of the starting age of rehabilitation and the improvement of the rehabilitation effect make the growth of hearing-impaired children closer to ordinary children, and the time to enter the integrated education stage is also greatly advanced. In the past, rehabilitation began at the age of 3, they entered the kindergarten at the age of 5, and they entered the general primary school at the age of 8, depending on the situation. Now they start rehabilitation at the age of 2, enter the kindergarten at the age of 3, and enter the general primary school at the age of 6-7. The requirements of parents have changed from the very beginning that children can speak to the basic same growth and requirements as ordinary children, and the corresponding rehabilitation institutions should also focus on hearing and language rehabilitation in the past to promote the comprehensive development of children. On the other hand, the extension of rehabilitation time makes the study and discipline education at the age of 7 to 14 become a part of rehabilitation. In the past, being able to listen and speak is a good baby. The main direction of integration is the integration of life communication and interpersonal communication. Naturally, parents' requirements have progressed from basic communication to keeping up with the progress of academic subjects and even competing with ordinary children.

These two aspects require rehabilitation institutions to improve the training direction of children from integration to integration, and from rehabilitation for obstacles to truly becoming an ordinary person after rehabilitation. In the process of rehabilitation and relief training, firstly, it is necessary to continuously strengthen the listening and speaking ability of hearing-impaired children through auditory memory (long paragraphs), cross-listening, listening in noisy environment, auditory attention enhancement, team communication, speech clarity, language richness, etc., so that they can better adapt to the ordinary environment. Teachers should also improve their ability to control the comprehensive ability training course and solve various adaptability difficulties. Second, teachers should not only master rehabilitation skills, but also expand the relevant knowledge of academic and subject education, and give children and parents subject guidance at the early stage of integration, so as to pass the initial and most difficult period.

3.2 The expansion of general education teachers' special education knowledge.

With the increase in the proportion of integration and the promotion of the scope of integration, the situation has changed in the past that only the best children with disabilities can be selected to enter the general primary school, and entering the general primary school is no longer the end of rehabilitation, but a part of rehabilitation. Some children with disabilities who have not met the conditions of integration in the past are

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also eager to further improve the rehabilitation effect through integration. This puts forward higher requirements for general education teachers' special education knowledge and rehabilitation knowledge. In the face of cases such as poor rehabilitation results and multiple obstacles that urgently need to be put into practice and make up for gaps in integrated education, general education teachers need more complete knowledge such as hearing aid equipment maintenance and multiple obstacle guidance, and strengthen communication with parents and rehabilitation teachers of hearing-impaired children, so as to reduce the situation of not doing anything if it is difficult to do it, and returning to rehabilitation institutions if there is a problem with integration.

3.3 Continuous construction of the integration system.

Although the integrated education system of hospital diagnosis, rehabilitation institutions, general children and primary schools, and resource center assistance has been basically established, under the new normal of earlier integration age, expanded integration scope, and increased integration demand, there is still a long way to go in the running-in of details and the establishment of norms. Such as whether the limited manpower of the resource center can cover the corresponding scope of guidance; Whether the connection between rehabilitation institutions and general children and primary schools is smooth, and whether the follow-up service cooperation is perfect; In the face of difficult cases, whether the direction and channels for seeking help are clear and smooth requires more detailed research and standardization. From practical experience, Chongqing shows a situation of clustering in a small area, that is, a large number of hearing-impaired children and parents are gathered in rehabilitation and relief institutions with relatively good student sources. These hearing-impaired children and their parents choose to study in general kindergartens and primary schools around rehabilitation assistance institutions. This geographical convergence is conducive to the establishment of a relatively stable communication mechanism between rehabilitation institutions and general, juvenile and primary schools, timely information sharing, and mutual training of skills, and jointly contribute to the promotion of integrated education.

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