Support around the child: collaborative working

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Essential early opportunities

• every day counts in the first years of a child’s life.

• Functions like vision and hearing are present at birth but develop as neural connections are forming constantly

• Language starts to develop along with higher cognitive functions.

• Not being given the opportunity to develop language early (spoken or sign) will have lasting impact on a child’s achievement and mental wellbeing.

• Children with hearing loss require 3x the exposure to learn new words and concepts (Pittman, 2008)

• Consistent device use is the biggest predictor of a good outcome as it equates to more consistent exposure to language
Audiologist: Job done!

Really?
The team around the family

- Parent/carer
- Deaf Child
- Teacher
- SLT
- ToD (Ed. Aud.)
- GP
- Psychologist/CAMHS
- ENT / AVM
- Audiologist
- Other family & friends
- NDCS
- HV
- Social worker
- Peer support
- ?

Other family & friends: Deaf child, Parent/carer, Teacher, SLT, ToD (Ed. Aud.), Audiologist, GP, Psychologist/CAMHS, ENT / AVM, NDCS, HV, Social worker, Peer support.
**Scottish Quality standards**

### Standard 3  Developing an Audiology Individual Management Plan (IMP)

<table>
<thead>
<tr>
<th>Standard Statement</th>
<th>Rationale</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. An Audiology Individual Management Plan</td>
<td>An Audiology Individual Management Plan is required as each child needs to be treated as an individual case as circumstances, medical condition, audiological status and family needs will vary.</td>
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</table>
3a.1. The Audiology Individual Management Plan is agreed at the end of the first appointment and is updated at subsequent appointments thereafter. |
| 3a.2. The Audiology Individual Management Plan is an initial programme of audiological management (including provision of hearing aids where appropriate) and ongoing assessment as needed. | There is evidence that families value joint working as it avoids duplication and there is less conflict of information. |  
3a.3. The Audiology Individual Management Plan is an assessment of current priorities including the level and type of service needed from:  
• audiology,  
• education,  
• paediatrics,  
• speech and language therapy,  
• social work. |
| 3a.4. The Audiology Individual Management Plan includes details of service provision from those currently involved with the child and family. | Parental involvement improves the outcomes for the child. |  
3a.5. The Audiology Individual Management Plan details any requirements families have for information, family support and practical advice. |
| 3a.6. The specific goals of the individual elements of the Audiology Individual Management Plan and their timing are documented and circulated to all members of the team. | |  
**Standard 4 - Outcome**

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<td>5a. The outcome and effectiveness of the interventions contained within the Audiology Individual Management Plan are evaluated and monitored following an assessment of the impact of intervention.</td>
<td>The management of hearing impairment within a comprehensive hearing management plan, involves more than a simple technical matter of fitting, it involves the provision of a systematic approach, supported by evidence, which addresses not only the hearing impairment, but also the impact on other related activity. (This Subjective outcome measures, in the form of questionnaires, can assess the impact of a hearing impairment on the child's communication functioning and quality of life. These can then be used in the event action process to measure the effectiveness of the intervention.</td>
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5a.1. Appropriate outcome measures are administered to evaluate the outcome of intervention and further develop the Audiology IMP. |
| 5a.2. Clinical records are used to facilitate further development and monitoring of children’s progress. The records contain information about the actions to which the interventions have led and the specified outcomes (outcomes) and document information about how each element of the Audiology Imp has been implemented, including reasons for changes or omissions. | Working as a team leads to more effective use of time and resources. |  
8a. Each Paediatric Audiology service works within a multi-agency team, which includes each child and his/her parents. |
| 8a.1. Each Audiology service works within a multi-agency team, including pare members with expertise in:  
• Paediatric Audiology,  
• development and speech skills,  
• medical aspects of audiology and  
• child development and family support. | Working as a team leads to more effective use of time and resources. |  
8a.2. Each multi-age has access to:  
• Paediatric Audiology,  
• social work,  
• education services,  
• voluntary agencies. |

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**Standard 7  Information Provision and Communication with Children and Families**

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• development and speech skills,  
• medical aspects of audiology and  
• child development and family support. | Working as a team leads to more effective use of time and resources. |  
8a.2. Each multi-agency has access to:  
• Paediatric Audiology,  
• social work,  
• education services,  
• voluntary agencies. |
Support around diagnosis

• “Sharing the news”

• Support with informed choices

• Aetiological investigations

• Referral to other professionals- introduction to the multi-professional team
  “for children whose results show a definite hearing loss, whether permanent or temporary, there must be clear and agreed pathways for review and referral to other relevant services (education, audiology and audiological medicine, ENT, Paediatrics, voluntary sector etc)” BSA (2021)

• Onward referral- e.g. to C.I. programme
Support around diagnosis: Communicating results

• Staff within the team should have training and expertise in the discussion of discussing results with parents, particularly around the ‘sharing of news’

• Explain what needs to happen next and the possible options for management.

• Informed choice at all times

• Information, information, information! (only remember a small amount of what we are told in an appointment- particularly if it’s emotive )
Support around diagnosis:

• Staff within the team should have training and expertise in the discussion of discussing results with parents, particularly around the ‘sharing of news’

• Explain what needs to happen next and the possible options for management.

• Informed choice at all times

• Information, information, information! (only remember a small amount of what we are told in an appointment- particularly if it’s emotive)
Information: useful clinic resources

https://www.ndcs.org.uk/documents-and-resources/
The team around the family

- Deaf Child
- Parent/carer
- Teacher
- SLT
- ToD (Ed. Aud.)
- Audiologist
- ENT / AVM
- Psychologist / CAMHS
- GP
- Other family & friends
- NDCS
- HV
- Social worker
- Peer support
- Other family & friends
Parents on board

• Parent/carer is the most important member of the team around the family
• child & family- centred care
• joint decision making
• Explain everything in clear, non-jargon, check understand, answer questions
• Demonstrate HL with & without HAs
Useful refs re parental influence

• The linguistic environment at home best predicts the child’s language and IQ outcomes – for all children (Quittner et al 2013)

• The quality of relationships and the learning environments for babies & toddlers is critically important

• Children learn through being engaged, doing, watching and Copying (The US National Institute of Child Health and Human Development)

Mother’s interactions had significant impact on implanted child’s language development (Desjardin et al 2007)

• Given that parents of special needs children often experience excess stress, they may be susceptible to negative outcomes (Asberg et al 2008)
After diagnosis: aetiological diagnosis

- Usually requires referral to paediatrician, ENT or AVP
- Different recommendations for different types & levels of HL
- May include:
  - MRI IAM & brain / CT Petrous Temporal
  - Electrocardiography (ECG) for QTc
  - Family audiograms
  - Ophthalmic assessment:
  - Urine examination (labstix) for microscopic haematuria and proteinuria:
  - Genetic tests: GJB2/GJB6 [Connexin 26/30] and for m.1555A
  - Serology for other infections e.g. Congenital toxoplasmosis /rubella/ syphilis

https://www.baap.org.uk/uploads/1/1/9/7/119752718/summary_progressive_hl_final.pdf
Teachers of the Deaf

• With parental consent, referral should be made to the Early Years Support Team for Sensory Impairment within one working day

• Invaluable support for child and family

• Clear communication both ways

• https://youtu.be/VAKQeq7nPR4  Intro to TOD
• https://youtu.be/_I5N9cJ-NFQ  Intro to Ed Aud
Referring to the Cochlear Implant centre

- Referral as early as possible
- Don’t have to wait for audiological certainty
- Referral is for assessment, not definite implantation!
- Scottish criteria \( \geq 90\text{dBA} \) at two or more frequencies?
Other professionals

- Educational psychologists
- Clinical psychologists/ CAMHS
- Deaf CAMHS
- Safeguarding teams/ early intervention
- Social workers
- 3rd sector – e.g.
  - Ushers Society
  - Changing faces
  - National Deaf Children’s Society
Support for families: Signposting to 3rd sector

(Same contact details for professional support and advice)

you need free independent advice? Contact the Helpline

**Landline:** 0808 800 8880
Monday to Thursday 9am – 5pm and Friday 9am – 12:30pm
Free from all UK landlines and major UK mobile providers

**SMS:** 0786 00 22 888 (SMS)
Monday to Thursday 9am – 5pm and Friday 9am – 12:30pm
Texts are charged at your standard network rate or taken from your monthly allowance

**BSL Interpreter:** SignVideo
Monday to Thursday 9am – 5pm and Friday 9am – 12:30pm
Contact us by making a free video call with a BSL Interpreter

**Enquiry Form:** Contact form
Complete our online contact form at any time and receive a response within 10 days

**Live Chat:** Live chat
Monday to Thursday 9am – 5pm and Friday 9am – 12:30pm
Chat to a member of the Helpline team online for free
## Example IMP from Scottish QS

<table>
<thead>
<tr>
<th>Example 2:</th>
<th>3 month old baby referred from the hearing screen</th>
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<tbody>
<tr>
<td>Referral:</td>
<td>Referred by hearing screening. Refer response on otoacoustic emissions and automated auditory brainstem response bilaterally.</td>
</tr>
<tr>
<td>History:</td>
<td>Family unsure about hearing. Born at 28 weeks, ventilated for 3 weeks, jaundice requiring phototherapy. Discharged home at 8 weeks of age. Reported to be making good general progress.</td>
</tr>
<tr>
<td>Assessment:</td>
<td>Tympanic membranes normal but not clearly visualised High frequency tympanograms, good peak Transient evoked otoacoustic emissions absent both ears Click evoked auditory brainstem response – repeatable wave forms at 90dBnHL right and left ear Tone pip ABR, Repeatable responses at 55dBnHL at 500Hz, 70dBnHL at 2000Hz and 95dBnHL at 4000Hz in both ears. Responses repeated on 2 separate occasions 1 week apart. Results explained to family, (paediatrician also present).</td>
</tr>
</tbody>
</table>

### Agreed Needs:
- Information about hearing loss
- Support
- Fitting of hearing aids

### Agreed Actions:
- Family to be given UNHS information leaflet and NDCS Understanding booklet
- Education Services and Health Visitor to be notified of outcome of assessment by phone
- Referral letters to be sent to education, speech and language therapy and social work for the deaf
- Family to be given information about NDCS
- Paediatrician to arrange urgent home visit.
Checklist following diagnosis

1. Parent information (written and verbal) complete. √
2. Results of hearing assessment documented and copied to all appropriate professionals including GP, HV and parents using appropriate understandable language. √
3. Medical consultation offered, arranged and carried out. √
4. Referral to or consultation with early support arranged (with appropriate consent).
5. Appropriate referrals to other professionals made.
6. Follow-up programme of further hearing tests organised.
7. Plan for monitoring of progress and response to sound.
8. Provision of amplification where appropriate

Ref: Practice Guidance: Early Audiological Assessment and Management of Babies Referred from the Newborn Hearing Screening Programme  BSA (2021)
Information & resources for families
Information, resources & support for children and young people
Refs & a link

• NHS Scotland (2009) Quality Standards for Paediatric Audiology Services

• BSA (2021) Practice Guidance: Early Audiological Assessment and Management of Babies Referred from the Newborn Hearing Screening Programme

• BAA (2022) Redefining the good: Draft Quality Standards

• NDCS (2016) Audiology Services UK Position statement

https://www.youtube.com/watch?v=UlXVf-Zqmf4