



BRITISH ACADEMY
OF AUDIOLOGY

Support around the child: collaborative working



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BAA Paediatric Training Days

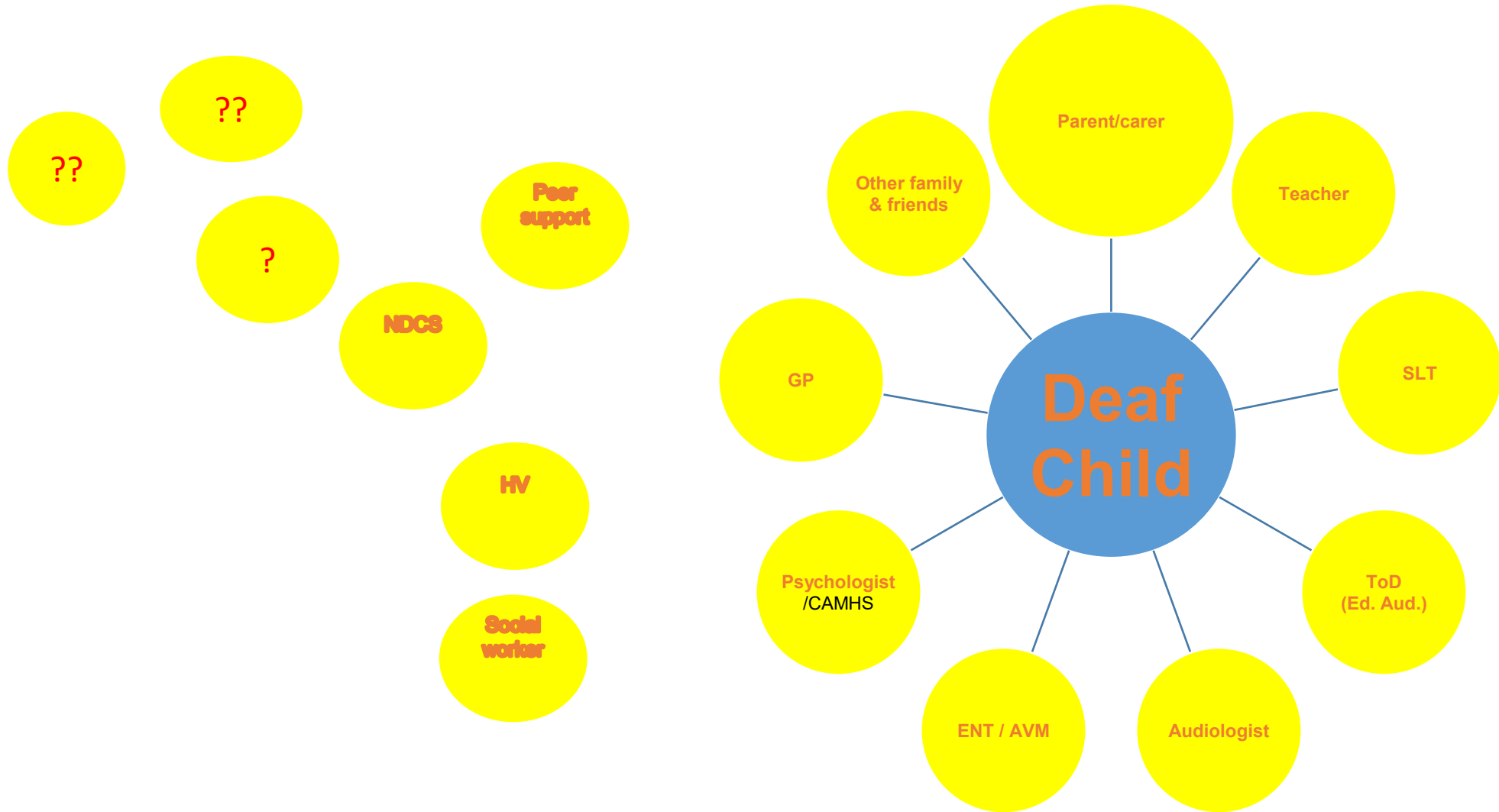


Essential early opportunities

- 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



The team around the family





Scottish Quality standards

Standard 3 Developing an Audiology Individual Management Plan (IMP)

Standard Statement	Rationale	Criteria
3a. An Audiology Individual Management Plan	<p>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.</p> <p>There is evidence that families value joint working as it avoids duplication and there is less conflict of information.</p> <p>Parental involvement improves the outcomes for the child.</p>	<p>3a.1. The Audiology Individual Management Plan is agreed at the end of the first appointment and updated at subsequent appointments thereafter</p> <p>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</p> <p>3a.3. The Audiology Individual Management Plan includes an assessment of current and future service needed from:</p> <ul style="list-style-type: none"> • audiology, • education, • paediatrics, • speech and language therapy, • social work. <p>3a.4. The Audiology Individual Management Plan details of service provision for those currently involved child and family.</p> <p>3a.5. The Audiology Individual Management Plan includes any requirements for family information, family support and practical advice.</p> <p>3a.6. The specific goals and individual elements of the Audiology Individual Management Plan and their documentation and circulation to members of the team.</p>

Standard 5 - Outcomes

Standard Statement	Rationale	Criteria
5a. The outcome and effectiveness of the interventions contained within the Audiology Individual Management Plan are evaluated and recorded following an assessment of the impact of intervention.	<p>The management of hearing impairment, within a comprehensive management plan, involves more than a simple technical matter of hearing aid 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 activities. This requires a multi-disciplinary approach. Subjective outcome measures, in the form of questionnaires, can assess the impact of a hearing impairment on the child's communication functioning and activity limitation. This can then be used in the evaluation process to measure the effectiveness of the intervention.</p> <p>Audiology Individual Management Plans help to record multiple management outcomes such as functional benefit, satisfaction and quality of life. Measurement of outcome is required to shape further progression of Audiology Individual Management Plans.</p> <p>Measurement of outcome is required to:</p> <ul style="list-style-type: none"> • obtain feedback (including a progressive evidence base) on the effectiveness and benefit associated with the service delivered to the patient group and 	<p>5a.1. Appropriate outcome measures are administered to evaluate the outcome of intervention and further develop the Audiology Individual Management Plan.</p> <p>5a.2. Clinical records are used to facilitate further development and monitoring of children's progress. The records contain information about the extent to which the interventions helped meet the specified goals (outcomes) and document information about how each element of the Audiology Individual Management Plan has been implemented, including reasons for changes or omissions.</p>

Standard 7 Information Provision and Communication with Children and Families

Standard Statement	Rationale	Criteria
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Standard 8 Multi-Agency Working

Standard Statement	Rationale	Criteria
8a. Each Paediatric Audiology service works within a multiagency team, which includes each child and his/her parents.	<p>Working as a team leads to more effective use of time and resources.</p> <p>There is evidence that families value joint working as it avoids duplication and reduces the provision of conflicting information.</p>	<p>8a.1. Each Audiology service works within a multi-team, including parent members with experience:</p> <ul style="list-style-type: none"> • Paediatric Audiology • development and speech skills, • medical aspects of audiology and • child development and family support <p>8a.2. Each multi-agency team has access to:</p> <ul style="list-style-type: none"> • paediatric otolaryngology • social work services • 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



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
- Ref: Ambrose, S. et al (2019) Effects of an Intervention Designed to Increase Toddlers' Hearing Aid Use. *Journal of Deaf Studies and Deaf Education*, 2020, 55–67



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



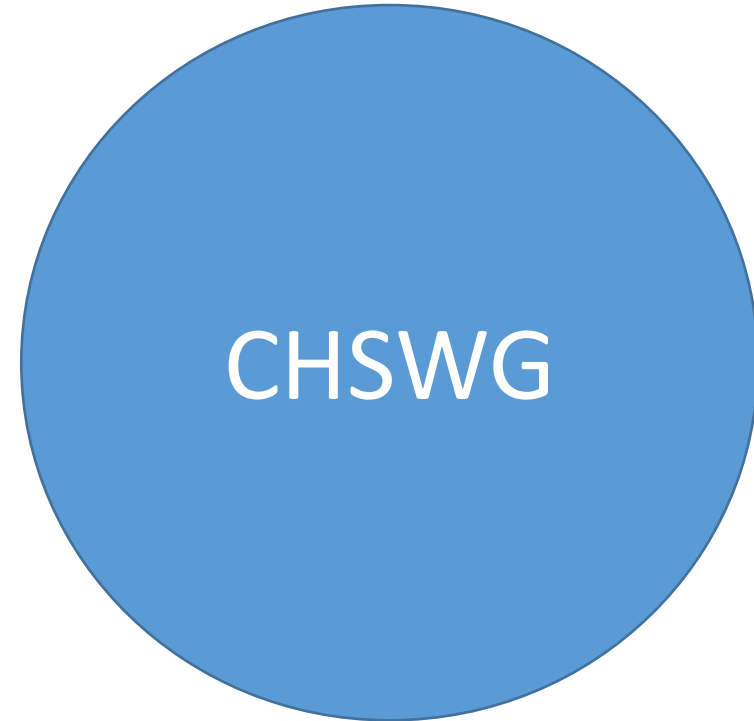
www.ndcs.org.uk →

- 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

Example 2:	3 month old baby referred from the hearing screen
Referral:	Referred by hearing screening. Refer response on otoacoustic emissions and automated auditory brainstem response bilaterally.
History:	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.
Assessment:	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).
Agreed Needs:	<ul style="list-style-type: none">• Information about hearing loss• Support• Fitting of hearing aids
Agreed Actions:	<ul style="list-style-type: none">• 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

How Technology Can Help
A guide to products and technologies for deaf children and young people

For families

www.ndcs.org.uk



Helping your deaf child to develop communication and language

For parents with a 0-2 year old

Helpu eich plentyn byddar i ddy

Llyfryn ar gyfer rhieni plant byddar dan oed ysgol a phlant byddar oedrau ysgol gynradd

How technology can help

For families of deaf children 0-5

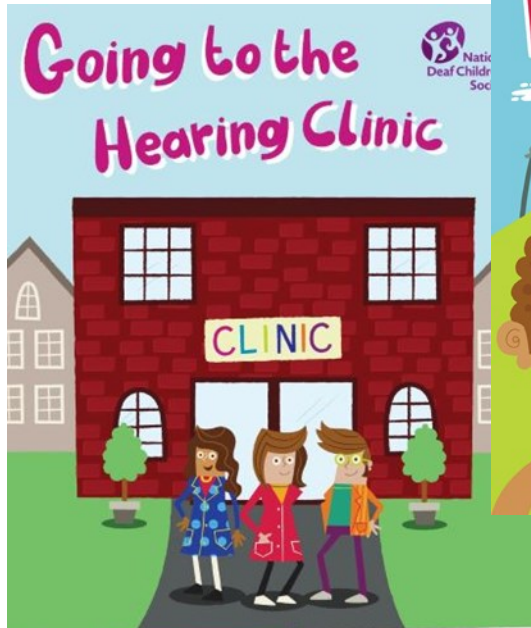
ndcs every deaf child Cymru

National Deaf Children's Society

www.ndcs.org.uk



Information, resources & support for children and young people



The person who checks your ears at the hearing clinic is an audiologist. They know all about ears, so you're in safe hands!

My audiologist is called:



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=UIXVf-Zqmf4>



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