The liaison role

The missing link for the Children’s Hearing Service

Introduction

The liaison role was originally initiated by Ruth Bannister, Senior Paediatric Audiologist.

The role of the liaison officer within the Children’s Hearing Service is to provide support and guidance for families following diagnosis of hearing loss. The role links services that share the care of patients ensuring a holistic approach. The liaison officer receives referrals from within the Children’s Hearing Service and from external professionals. The role is varied and covers the patient’s journey from diagnosis to transition to adults or another healthcare trust.

The value of the liaison role

The liaison role provides:
- advice and support following diagnosis of hearing loss
- contact point for patients between appointments
- education advice for those not meeting Teacher of the Deaf (TOD) criteria
- technology information/signposting, Kent Deaf Children’s Society (KDCS) and Deaf awareness
- signposting to information and services available for a wide range of areas; tinnitus, peer support, mental health
- linking services supporting a patient, including: Speech and Language Therapy (SALT), TOD, Deaf Children and mental health services (DCAMHS)
- information advice; British Sign Language (BSL), Makaton, auditory verbal therapy
- cochlear implant (CI) and Bone Anchored Hearing Aid (BAHA) referral pathway support
- Deaf community and identity information
- clinical contact for teachers of the Deaf.

Attending multi-service meetings:
- hearing aid panel – monthly
- TOD meetings – as required
- DCAMHS quarterly meeting
- National Deaf Children Society (NDCS) annual conference
- outreach clinics – three or six monthly (age dependent).

Providing training:
- to health visitors and school nurses to give them a basic understanding of how the service operates, what parents should expect in their child’s appointment, the pathology of the ear and glue ear information
- making sure Deaf awareness training is completed
- updates from British Audiology Association (BAA), British Society of Audiology (BSA), NDCS, KDCS and social media platforms
- service improvement initiatives.

Open days are arranged to encourage families of newly diagnosed children with hearing loss to meet other families and get information about different communication methods.

The families have the opportunity to meet other professionals that could potentially be involved in their child’s care, such as TODs, SALT, DCAMHS and specialty doctor, audio-vestibular medicine.

There are also representatives from the BSL community and KDCS present to discuss further support available and social events that the families could attend.

How is it improving the service?

- Reducing ‘was not brought’ (WNB).
- Reducing the amount of appointments required.
- Removes phone calls from full clinic lists.
- Removes Teacher of the Deaf calls from admin, reducing time for query to be completed.
- Provides education to improve quality of referrals and reduces numbers of incorrect referrals.
- Outreach clinics have reduced the clinical time needed for impressions and repairs and saves parent/child time out of work/school.
- Patient satisfaction has improved.
- Improved multi-agency working and relationships.

Professional feedback

The liaison role has been a great support calling or emailing families to explain appointments or procedures and the rationale for certain things. Also as a central contact point for families who then know that they have someone to call if they have any concerns or questions and finally acting as an advocate for the child and family by contacting other services on their behalf.

• Specialty doctor, audio-vestibular medicine

Case study

Child A was an internal referral on 14 July 2023 due to issues surrounding wearing the bone conduction hearing aid band with glasses.
- Bilateral microtia.
- BAHA 5’s fitted in May 2020.
- Developmental delay.
- Various bands tried and child A still refused to wear it.
- Adheear stickers provided as a trial to see if child A would tolerate them, not successful.
- Attended open day and was able to consider further communication options.
- Using sign and picture techniques which is going well and has reverted back to headband which is being used occasionally.

How the liaison time is spent over a typical month (28 hours/9.5 hours per week)

- Patient calls: 7%
- Emails: 14%
- Hearing aid panel: 22%
- Open day: 18%
- Internal training: 39%

Time saved by doing impressions at outreach clinic

Quarter three 2023
Quarter one 2023
Quarter four 2022

Clinical time allocated
Time taken at outreach clinic

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The liaison role has been really great support to us while navigating the process of dealing with my daughter’s hearing loss and guiding us on the best ways to support her by adapting and improving our communication skills. I’ve really appreciated having someone to turn to for advice, support and another sensible head.

Having a dedicated contact within the Children’s Hearing Services has made a significant difference to our experience of working in partnership with health. We know where to direct our questions, we have a clear line of communication to follow – we are able to get questions and queries resolved quickly and efficiently, the liaison is always extremely prompt in answering and dealing with the issues which arrive. Her support of families where clinic attendance is erratic or daunting has also been invaluable. The whole team have commented on how the liaison has delivered extremely positive outcomes – not only making their jobs as professionals easier, but also delivering a much better service to the families we support. The liaison role seems to embody the best of multi-agency working.

Advisory teacher for the hearing impaired

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