

Minutes

Children's Hearing Services Working Group
30 January 2019, 9.30 am to 12:30pm
Prince William Education Centre
Kettering General Hospital
NN16 8UZ, Kettering

Present

Sarah Trkulja (ST - NGH audiology and Chair), Jenny Barker (JB - SALT), Martin Thacker (MT - Regional Director NDCS), Gary Webster (GW - Educational audiologist, NCC), Anne Wakeling (AW–Head of specialist support services, NCC), Susie Dexter (SD – TOD, Malcolm Arnold Academy), Jo Rutkowska (JR - TOD, Vernon Terrace Primary), Dr Proscovia Kabanda-Iga (Dr PKI - Consultant Paediatrician, Kettering General Hospital), Jacqui Joseph (JJ – Lead Specialist Teacher, Sensory Impairment Service), Anne McGrath (AMG -Secretary),

Apologies

Jennie Higson (JH - deafconnect), Sophie McEwan (SMcE –Parent rep), Dr Tracey Davis (Dr TD - Consultant Paediatrician, NGH), Kathy Fosdyke (KF -NCC, Local Offer), Rosemary Murphy (RM – NCC), Kate Dixon (KD – Ear Foundation)

1. **Apologies and introductions** (see above)

2. Review of previous minutes (17th October 2018) - corrections and amendments

Date of meeting to be added, typo in AOB (should read **two** yearly upgrade), misspelling/incomplete names of paediatricians.

3. Action plan from previous minutes

ST Will liaise with Dr TD about appropriate wording. She will send an e copy of the useful contacts list to Dr PKI.

Kathy Fosdyke is still waiting for some of the local offer paperwork and web links.

Jo Bradley was unable to come today to represent social care. She will be copied into the minutes. She is planning to allocate a team member to the group in the near future. New social workers have been recruited.

Transitions–this needs to be added to the agenda at future meetings.

Complaints and compliments–AMG has not collated this information yet but will do so asap and send information to parent groups and representatives as requested. Northampton's parent forum group (NCFG) Will be added to the distribution list. MT advised that Nicola Corazzo currently chairs the local DCS group and also needs to be included in distribution.

Teacher allocations–GW will ensure that the lists he sends comply with the rules about data sharing and will and will consult with NCC's information officer (Mirko Rados).

Terms of reference - ST Will send an e copy to KF so that these can be added to the local offer with the last two sets of minutes.

Children not in school - AW clarified that specialist teacher home visits are not provided to children whose parents have elected to educate them at home. However, if the child is waiting for a school place, specialist teachers can visit. These visits should not be seen as a replacement for the child's education. There is information on the NCC website about elective home education. Safeguarding concerns about home educated children must be reported by the identifying professional. Home education is not closely monitored at present. If a child has an EHCP plan the parents can elect to take on responsibility for delivering all of this including the specialist teacher role. Home educated children can be referred by audiology for other services, but the nature of those services may vary. JB advised that families can still access speech and language therapy through community services.

Multiple cancellations and non-attendees—action points to be carried forward
KGA - if families cancel on the day of the appointment, should this be classified as a cancellation or a failure to be brought?

ST–NGH liaises with education in these situations, to determine whether engagement with other services is an issue.

AW pointed out that when families do not engage it may not be possible to carry out an early help assessment either.

NGH have developed three standard letters in partnership with their safeguarding team. These are effective although some families do get a little upset as by the third cancellation as the wording of the final letter is quite firm. NGH propose to do some analysis about the effectiveness of this system.

AW - the Multi Agency Safeguarding Hub (MASH) may not always appreciate the safeguarding implications of not attending audiology appointments or problems with hearing aid use. ST and GW have carried out awareness training in the past. AW recommended that they arrange to do this again so that new staff are also aware.

Young people's voice

GW suggested involving Malcolm Arnold Academy students. AW - rather than asking young people to attend meetings such this perhaps we should engage with existing youth groups for feedback and input. MT suggested the group also liaises with college/ H E providers (e.g. Northampton University) as well.

Safeguarding letters (Audiology Appointments)

It was agreed that work needs to be done in order to achieve consistency across the county. They need to cover non-use of hearing aids as well as issues with service engagement. KG said her team need advice about safeguarding triggers in relation to non-hearing aid use. ST Felt that this would normally be part of a bigger safeguarding picture rather than a trigger in its own right. Dr PKI – sometimes the issue might be cosmetic. ST said open-fit aids sometimes work for teenagers but are not suitable for younger children. ITE aids may not be suitable either and are very expensive.

Phonak research project

GW said that this seems to have been abandoned for the time being. There is no need to follow-up on the issues raised about ethics. KG expressed concern about the waste of professional time. GW is developing an alternative strategy but will also contact Phonak to clarify what's happening.

Online referral form (NCC) – advice from audiology clinics has been taken on board. Some final tweaking is needed, and GW will be meeting with IT to complete this. ST commented that the latest version is much quicker.

Radio Aids and independent schools - AW explained that if the local authority has placed the child there then the local authority will provide the equipment. If the parent has placed the child in an independent school, then the local authority will charge for the purchase and fitting of equipment e.g. Radio aids.

Conductive hearing loss protocol – ENT are referring more children for hearing aids as an alternative to surgery. GW said it would help if education could be informed when hearing aids are withdrawn in such cases. ST – for younger children, bone conduction aids seem to be more acceptable. GW has noticed that Oxford has fitted one child with the new style of bone conduction aid. ST explained that as Oxford is a BAHA centre they have more options at their disposal. NGH is also experiencing increases in referrals to audiology of glue ear patients.

Microtia information day - AW will find out whether the team has the capacity to apply for the grant and whether it will be feasible to run this day, perhaps with other interested parties.

Upgrades of technology - KGH are currently setting up a database which will include proposed upgrade dates for patients - work in progress.

AW said that education needs to be able to predict how many new Radio aid upgrades are going to be needed as a result of changes to personal aids.

KG - going forward Phonak don't seem to have any more new products planned that will have an impact on radio aids once the current batch is complete (by April?).

4. Matters Arising

TOD referrals – parents have been self-referring to education. Health cannot share information directly in these cases because they have not made the referral and sought the relevant consent. AW – NCC should actively seek consent from these families to obtain the relevant information from health and in-line with hospital requirements. ST stressed that parents are expected to sign and date hospital consent forms. AW - the wording of any form needs to include consent to share information with schools. At the moment it is not clear whether a signed form will be essential, or the online referral consent protocol is adequate.

5. Local Offer – not discussed today

6. Safeguarding update

See action plan and discussion at the beginning of the minutes. NGH audiology are concerned that they are not always notified when one of their patients is the subject of a safeguarding conference of plan. Some work is going on internally so that individuals that have been referred to by other departments in hospital are flagged up on the system (e.g. A and E referrals).

7. CHSWG annual report (2018)

ST has this in draft form. It was agreed that services should have a further three weeks in which to submit reports after which ST will go-ahead with the report as it stands. If the service has not provided a report she will record it as "not submitted". The report should be for the calendar year 2018.

8. Updates from representatives

a) Parents - No updates today

b) Social Care

No representative present. AW explained that several key posts have now been filled, and it is expected that someone can now be allocated to the group. Dr PKI asked if social care provide adaptations in the Home. Olympus Care carried out assessments in the past and KGH still advise families to self-refer if they wish. AW was unsure about the current situation and recommended that we check.

c) Education (early years and school age)

A new fully qualified teacher of the deaf has been appointed (Andrea Tuncay). She will be based mainly in Northampton. Laura Sanders started in September part-time and is doing the Manchester course. Maria Goodchild has returned to the early years team. The team are working hard to keep up with demands on their time. The hearing aid upgrade program has kept the team on its toes!

There have been changes to the management structure in the team. Natasha Davenport has been appointed to the senior teacher role. Rosemary Murphy is the early years lead. Jacqui Joseph has been appointed as the lead specialist for the sensory impairment team as a whole. AW was pleased to advise that they are now fully staffed with another colleague due back from maternity leave in the spring.

d) Educational Audiologist

Quality assurance

FP 35 test box is no longer reliable so a new test box (the Autometrix Aural) has been purchased. GW is aiming to carry out annual QA checks with all radio aid pupils. There are 200 systems in use at present.

There are also 65 children with moderate or greater hearing losses in early years who may benefit from radio aid technology. The initial challenge will be to decide on priorities e.g. at case liaison meetings. Fittings will be carried out on a case-by-case basis. Capacity to provide ongoing support will also be challenging.

Com-Pilot Accessory - KGH patients can purchase these to use at home for £235. These allow hearing aid users to access other devices wirelessly. Thank you to KG for all the work she has done in this area. The devices work with phonak aids with different com-pilots required for different aids.

Soundfield Systems - The equipment from Glapthorn School can be reallocated to Vernon Terrace. Two schools are purchasing Systems from their own budget. Thrapston school has purchased three so far. AW - it is about communicating the benefits of this Technology for all children and their teachers.

Auto- sense programme - GW would like to know which children have this programme on their aids so that the team can monitor its effectiveness and provide feedback to clinics. This is an adaptive program which searches out the best speech to noise ratio by focusing on the main speaker. GW was reminded that hospital notes provided to education should include a list of the programs activated on the hearing aids.

e) Speech and language therapy

The service has been recommissioned and are happy to receive queries from colleagues. Information about referral pathways will be recirculated to help maintain consistency in service provision. SALTS are continually working on improving effective collaboration with teachers of the deaf. AW has met with Rachel Akers as the service is jointly funded.

There was a discussion about APD (auditory processing disorder). GOSH is not accepting referrals at the moment although other centres (UCL) are doing so. Local audiology clinics are unable to assess for this condition. Families who have concerns that their child might have APD can leave feeling very unsatisfied after an audiology appointment.

The education position is that we can help with signposting and with the purchase of equipment although the cost would need to be met by schools/ parents. One aspect of APD assessment is the ability to hear speech in noise and this assessment is something that can be done locally. However, it is a tricky client group to manage from an assessment point of view. There is a need to develop information about this condition for the local offer e.g. links to the GOSH leaflet. Audiology clinics cannot assess but they can refer. KGH are working on checklists for such referrals.

f) NDCS

MT provided the following report from the National Deaf Children's Society:

The National Deaf Children's Society has released regional results from this year's CRIDE report. Specifically, the results show cuts to Teachers of the Deaf in the East Midlands:

- *Specialist teachers for deaf children in the East Midlands have cut by 7% in the last year*
- *Almost one in three (29%) have now been lost in just eight years*
- *There are over 3,000 deaf children in the East Midlands.*
- *More than half of Teachers of the Deaf are over 50, meaning they are due to retire in the next 10-15 years.*

NDCS is asking for: Local councils to reverse the cuts. Councils also need to be planning now for the impending retirements among their Teachers of the Deaf.

Independence is one of the areas of focus in the NDCS 2017-2022 strategy. Currently, there are major gaps in the data on deaf young people's outcomes post-16. In particular, there is no annual data available on the number of deaf young people who are NEET (Not in Education, Employment or Training). There is also a lack of data on deaf young people's progress in further education. The National Deaf Children's Society has commissioned a longitudinal research study to investigate the factors influencing the post-16 outcomes of deaf young people. These are linked to education and employment, as well as social and wellbeing outcomes. This study will be a milestone project with the potential to offer a new evidence base from which to understand barriers and drivers to the diversity of deaf young people achieving their potential.

NDCS has been trialing a Governors' toolkit for schools where there is deaf provision. It is been reviewed by a cross section of schools, as well as an adviser for a Local Authority and an OfSTED Inspector. The ultimate aim is to produce this as a free resource.

NDCS believes that there remains a significant number of deaf children and young people for whom the SEND system does not meet their needs. This is despite the SEND reforms introduced in 2014, which were intended to improve outcomes and lead to simpler, improved and consistent help for children, young people and their families. We have submitted a response to the National Audit Office inquiry: Support for pupils with special educational needs and disabilities.

Statistics on local area SEND inspections (as of 8/1/19):

Number of Ofsted SEND inspections: 80

Number of Ofsted SEND inspection reports issued: 74

Number of reports which reference deafness: 43 (58%)

Number of reports (of those where deafness is mentioned) which describe services for deaf children as a relative strength in the area: 33 (84%)

Number of reports which require Statement of Action: 34 (46%)

Discussion

AW - the Northamptonshire context is that the area inspection was positive and that staffing levels of trained teachers of the deaf have been maintained. The NCC finance crisis does not directly affect education services which are funded through central government grants.

MT explained that the CRIDE Survey is not organised by NDCS if it is felt that questions need to be worded differently.

g) Deafconnect – no updates today

h) Paediatricians

Dr PKI - KGH are developing their CMV pathway. ST recommended that they liaise with Dr TD (NGH) who has done lots of work in this area. KGH are also liaising with Leicester as they have the relevant biological services.

i) KGH audiology

One full-time member of the paediatric team has left. KG is the only ABR tester for newborn screening referrals. She is therefore extremely busy - please bear this in mind.

j) NGH audiology

Funding for 28 extra hours starting in April has been obtained

Reception has not now been moved to children's outpatients but they are still planning some deaf awareness training.

9. AOB

AW - a new early years group is starting for children with sensory impairment. (Twinkle Time).

10. Dates of next meetings

22nd May 9.30 to 12.30 – Northampton

16th October 9.30 - 12.30 Kettering

(Venues to be confirmed)