



Parent Handbook



For parents and carers of children
with a hearing impairment in the
London Borough of Richmond Upon Thames



Foreword

When you are told that your child has a hearing loss, it is natural for you to want as much advice and support from experts as possible. Hearing loss and its effects on children are not visible and can be difficult to grasp.

Early identification, leading to prompt intervention and care, has proven to lessen the adverse impact of hearing loss. Receiving appropriate guidance at every stage in your child's life is essential to making informed decisions. When care is fragmented it can leave parents feeling stressed and fumbling through the care system alone.

Having been through similar experiences, the Richmond parent advocacy group kindly decided to gather the useful information included in this handbook.

I am sure this will be of great help to all the parents to feel empowered to understand and successfully deal with their child's hearing problems.

In the future care of deaf children we need to engage entire networks and systems of care and not just one organisation or department. The local Children's Hearing Services Working Group (CHSWG) is one example of such networks.

Geeta Ubhayakar

Head of Paediatric Audiology Services
Hounslow and Richmond Community Healthcare

Our mission: To provide care that we and our families would want to use.

Welcome

This handbook is for all parents of children with hearing impairments who live in the borough of Richmond Upon Thames, including children with a temporary conductive hearing loss such as glue ear, and children with permanent hearing loss. This book is for parents of children with any level of deafness from mild to profound.

Richmond provides health, education and social services for children with all types and degrees of hearing loss. Your child does not have to be wearing hearing aids or have an Education Health and Care Plan to be eligible for support.

We hope this book will give you the information and reassurance you need to be confident that you can help your child, that there is plenty of support out there for you and your child and that there is no reason your child's hearing impairment needs to hold him or her back in life.

This book has been written and co-ordinated by parents with first-hand experience of guiding children with hearing impairment through the local support network in Richmond. Contributions and assistance in creating this document have come from many professionals, including Richmond education and social services, Teddington School's special educational needs department and several NHS services within Hounslow and Richmond Community Healthcare, especially Paediatric Audiology.

We hope you find this pack reassuring, enlightening and helpful,

Nicola Staines

Parent of hearing impaired child and chair of Taphic

Ellen Purton

Parent of hearing impaired child and chair of CHSWG

Charlotte Simms

Parent of hearing impaired child



CONTENTS

Foreword

Welcome

1	Introduction	9
2	Who is Here to Help You?	10
2.1	Paediatric Audiology (Children's Hearing)	12
2.2	Ear, Nose and Throat Specialist, Audiological Physician and Community Paediatrics	13
2.3	Ophthalmology	13
2.4	Cochlear Implant Team	13
2.5	Speech and Language Therapy	14
2.6	Portage	14
2.7	Educational Service for Sensory Impairment	14
2.8	Educational Psychology	16
2.9	Child and Adolescent Mental Health Services	16
2.10	Education, Health and Care Plan	17
2.11	Common Assessment Framework	17
3	General Information about Hearing Impairment	18
3.1	How Hearing Works	18
3.2	Types of Hearing Loss and Causes	19
3.3	Audiological Tests	22
3.4	Audiogram Results and Speech Banana	24
3.5	Hearing Impairment and Your Child's Development	26
3.6	Hearing Impairment and Your Child's Daily Life	27
3.7	Communication Methods	30
3.8	Speech And Language Therapy	31
4	Hearing Technology Devices	32
4.1	Medical Devices	32
4.2	Personal Hearing Devices	33
4.3	Environmental Devices	35
5	What You Can Do to Help Your Child	37
5.1	One Step at a Time	37
5.2	The Listening Environment at Home	40
5.3	The Listening Environment Outside	42
5.4	Language Development	42
5.5	Social Development	44
5.6	Emotional Development	45

6	Information on Local Services and Support	46
6.1	The National Health Services	49
6.2	Richmond Council Provided Services	52
6.3	Local Voluntary Organisations	54
6.4	National Voluntary Organisations	56
6.5	Independent Organisations	58
7	Your Child's Education	59
7.1	Early Education Funding for Two, Three and Four Year Olds	59
7.2	Special Educational Needs	60
7.3	Choosing a Nursery or School	61
7.4	Types of Schools	62
7.5	Which Type of School to Choose?	65
7.6	What to Expect When Your Child Starts Nursery	66
7.7	What to Expect When Your Child Starts School	67
7.8	The Role of the Teacher of the Deaf	69
7.9	The Role of the Learning Support Assistant	70
7.10	Classroom Technology and Device Funding	71
7.11	Good Practice in the Classroom	74
7.12	Education Health and Care Plans	75
8	Navigating Services and Being Your Child's Advocate	76
9	Final Thoughts	77

APPENDICES

Appendix 1	Local Contact Details	78
Appendix 2	National Organisations and Further Reading	81
Appendix 3	Abbreviations	84
Appendix 4	Patient Care Pathways	86
Appendix 5	Speech Development Progress	90
Appendix 6	Sample Maintenance Guide for Hearing Aids	93

Your Who's Who

Space For Your Own Notes

FIGURES

Figure 1	Support Network	11
Figure 2	How an Ear Works	18
Figure 3	The Eustachian Tube	20
Figure 4	Audiogram Listening Levels	24
Figure 5	Audiogram Speech Banana	25
Figure 6	Ollie's Story	29
Figure 7	British Sign Language Alphabet	30
Figure 8	South West London Constituency	47
Figure 9	Well Baby Protocol	86
Figure 10	Newborn Intensive Care Unit / Special Care Baby Unit Protocol	87
Figure 11	Departmental Care Pathway - Glue Ear and Permanent Hearing Impairment	88
Figure 12	Departmental Care Pathway - Permanent Hearing Loss	89

1 Introduction

If your child has been recently diagnosed with a hearing impairment, you may have a number of worries and questions:

- You may be upset to learn that your child has unexpected challenges ahead of them
- You may feel guilty, even though you know you shouldn't!
- You may have questions about hearing and hearing impairment
- You may feel worried about your child's development
- You may want to know how to help your child achieve everything they are capable of achieving
- You may feel isolated, or worried that other parents won't understand what you are going through
- You may be unsure how to talk about your child's hearing impairment
- You may feel overwhelmed by the information you have been given
- You may feel confused about what happens next

All of these feelings and concerns are typical responses to an unexpected parenting challenge. We hope that this handbook will be able to answer some of your questions, and point you in the right direction for further information.

We also hope this will show you that you are supported by a community that can offer assistance to you and your child. We hope it will encourage you to reach out to the many people who are there to help you and your child, from doctors and teachers to other parents of children with hearing impairments.

The National Deaf Children's Society estimates that approximately 1.6 million children experience hearing loss at any one time in the UK. You are not alone!

This handbook is divided into two sections: **general information about the ear, hearing impairment and caring for a child with a hearing loss, followed by specific information about how care is delivered in the London Borough of Richmond upon Thames.** Services and support are shared with neighbouring boroughs within the South West London constituency.

You can use this handbook as a resource in whatever way works for you, reading it from cover to cover or dipping into it when you have questions. Whichever way you choose to use this handbook, we hope you will find it helpful, supportive and informative.

2 Who is Here to Help You?

Now that you have a hearing loss diagnosis for your child you may be wondering what happens next. Who will help and support your child and your family? This section will explain the process of helping your child and the people who will be involved.

Your audiologist will explain your child's hearing tests results and discuss the management they can offer. He or she will make referrals to several appropriate professionals for your child. You can expect those teams to contact you in the near future (you are usually copied in on correspondence and reports relating to your child. If you are not copied in automatically you can request this.) The nature of these referrals will depend on your child's level and type of hearing loss.



Your audiologist will make referrals in accordance with the care pathway for your child's hearing impairment. The care pathway is a flowchart that indicates the appropriate actions of the audiology team based on individual variables. The care pathways for newborn hearing screening, glue ear and permanent hearing impairments can be found in the appendices of this book.

In light of your child's hearing impairment, the audiologist may also recommend hearing tests for other members of your family.

On the following pages you will find descriptions of some of the teams you may encounter with your child:



Figure 1 Support Network

2.1 Paediatric Audiology (Children's Hearing)

Typically it is the Hounslow and Richmond Paediatric Audiology team that will be your initial point of contact. The team's aim is 'to deliver a prompt family-friendly and seamless service, locally.' This team sees all children diagnosed with a hearing loss from birth to the age of 18 (or age 25 if in full time education) to help them with their hearing-related health needs.



Paediatric Audiology for Richmond is based at Teddington Memorial Hospital, though the service is run jointly with Hounslow. They also have premises at Heart of Hounslow, Feltham, Chiswick and Sheen. If you have any concerns about your child's hearing, contact the audiology team directly using the details in Appendix 1.



Paediatric Audiology has an open referral system so anyone - parents, health visitors, school nurses, GPs, schools, nursery or children's-centre staff - can refer a child for assessment.

Paediatric Audiology provide:

- Diagnostic assessments, routinely or at parents' request due to concerns
- Hearing aid fitting and follow up
- Ongoing support to children with hearing impairment, including regular hearing checks
- Further referrals for additional specialist intervention
- Parental guidance, advice, support and information materials
- Audiological support to children with hearing impairment in their education, by working with the Borough's teachers of the hearing impaired and the school's Special Educational Needs Co-ordinator (SENCO)
- Wax removal service for children with hearing aids
- Supply of hearing aid maintenance kit including batteries, tubing, cleaning brushes, puffers and leads as needed
- Supply of replacement or lost hearing aids
- Arrangements for a second set of aids (at cost)



2.2 Ear, Nose and Throat Specialist, Audiological Physician and Community Paediatrics



Your child, depending on their type of hearing impairment, might also be referred to an Ear Nose and Throat (ENT) and/or an Audiological Physician/Community Paediatrics consultant. These doctors will be able to investigate and discuss with you the possible causes of your child's hearing loss.

This might lead to a discussion about medical or surgical treatments depending on your child's diagnosis. In order to find the cause of your child's hearing impairment the consultant might recommend blood tests, cardiac tests or an MRI scan.

2.3 Ophthalmology

It is routine for children diagnosed with permanent hearing loss to be referred to an ophthalmologist for an eye test. The initial tests will typically involve a sight test and an examination of the eyes.

It is routine for children diagnosed with permanent hearing loss to be referred to an ophthalmologist for an eye test.

This is to ensure that the child has good vision to help compensate for his/her hearing impairment, for example by clearly seeing someone who is talking to them.

2.4 Cochlear Implant Team

Some children with severe to profound hearing impairments in both ears are candidates for cochlear implants. A cochlear implant is a surgically implanted electronic device that provides a sense of sound to a person who is deaf due to a problem with their cochlea. The cochlea is a small organ in their inner ear. The implants often provide sufficient hearing for good understanding and reproduction of speech. A cochlear implant is most effective if placed at an early age. Your child's Audiological Physician will advise you of whether your child is a candidate for cochlear implants and, if so, refer you to the cochlear implant team for further discussion.

2.5 Speech and Language Therapy

Your audiologist may make a referral to Speech and Language Therapy (SaLT) for your child. However, SaLT has an open referral system so anyone can refer a child for assessment. This includes parents, health visitors, school nurses, GPs, schools, nursery or children's-centre staff. The SaLT team provides assessment, advice and input if your child has speech, language and communication needs.

Speech and Language Therapy has an open referral system - so anyone can refer a child for assessment.

You can contact the Advice Line (refer to the Appendices) if you would like to speak to a speech and language therapist about your child's language development.

You can also talk to the speech and language therapist at Stay and Play sessions. They will offer advice and also demonstrate activities and strategies that you can use to facilitate your child's language development.

2.6 Portage

Portage is a home teaching service for pre-school children whose learning and development is significantly delayed. A trained Portage Home Visitor will visit the home on a weekly or fortnightly basis during term time and work alongside parents/carers to provide structured play activities that will stimulate the child's development and support early learning. The service also supports children with social communication difficulties or autism. The Portage service for Kingston and Richmond has an open referral policy. Parents and professionals can refer children for consideration. Families receive an initial home visit to explain the service. You can refer to the Appendices for contact details.

2.7 Educational Service for Sensory Impairment

The Educational Service for Sensory Impairment (ESSI) will look after your child's education. The ESSI is a department of an agency called Achieving for Children, which is contracted by the London Borough of Richmond upon Thames to provide children's services in the borough. Achieving for Children also runs children's services in Kingston.

The Educational Service for Sensory Impairment team aims to give all children with a sensory impairment every chance to achieve their full potential and to minimize the education, social and emotional impacts of their impairment.

The ESSI team at Achieving for Children will support your child's development and education from diagnosis until they finish their education. The ESSI specialists who assist children with hearing impairments are often referred to as Teachers of the Deaf (ToD) or Teachers for the Hearing Impaired (ToHI.) .



You will be referred to the ESSI team by Audiology or your ENT team, or in some cases your child's school. If you have not been referred you can contact the team directly yourself using contact details in the appendices of this book. The aim of the team is to give all children and young people with sensory impairment every chance to achieve their full potential and to minimize the educational, social and emotional impacts of their sensory impairment.

The team work directly with you and your child and also provide support and guidance to schools to promote:

- High expectations
- Independence and participation
- Raised awareness of sensory issues
- Effective assessments and interventions
- Appropriate specialist resources
- Information and advice

2.8 Educational Psychology

The Educational Psychology team is concerned with children and young people in education or early years settings and tackle challenges such as learning difficulties, social and emotional problems, issues around disability as well as more complex developmental disorders. The team work in a variety of ways including observations, interviews and assessments. They offer consultation, advice and support to teachers, parents and the wider community as well as the young people concerned.

The team's work includes:

- Individual assessment work with children
- Helping teachers to plan intervention programmes
- Providing specialist training to teachers
- Monitoring children's progress throughout their education

Referrals to the Educational Psychology Service (EPS) of pre-school children mainly come via the Child Development Team. This is a team of people who share information on children with difficulties. Requests for consultation in relation to school-age children can be made by their school head or SENCO.

The Educational Psychology team tackle challenges such as learning difficulties, social and emotional problems and issues around disability, as well as more complex developmental disorders.

The EPS service is delivered through a time allocation model. Each mainstream school has an allocation of time, calculated annually through a formula that takes account of size of the pupil roll and the proportion of children with special educational needs at the school.

The EPS does not provide a service to schools in the independent sector, although individual pupils undergoing statutory assessment will be seen. More information can be found on the local offer website www.afclocaloffer.org.uk

2.9 Child and Adolescent Mental Health Services

Child and adolescent mental health services (CAMHS) is the term used for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. Parents and carers may also need help and advice to deal with behavioural or other problems their child is experiencing.



Children with hearing loss have a higher than average risk of mental health challenges. If you have any concerns in this area speak to your GP about a referral to CAMHS.

2.10 Education, Health and Care Plan

If your child has, or is expected to have, special educational needs, an Education, Health and Care Plan (EHCP) will be created for them.

An EHCP is a legal document which sets out a description of your child's needs (what he or she can and cannot do) and what needs to be done to meet those needs by education, health and social care. (The EHC plan has replaced the old 'Statement of Special Educational Needs' and represents a more comprehensive and integrated approach to meeting the child's needs.)

Generally, only a small number of children with hearing impairments, those who have a high level of impairment in both ears or have additional needs, will be placed on an EHCP.

2.11 Common Assessment Framework

Depending on your child's needs they may be offered a CAF, or Common Assessment Framework. The CAF was developed so that all professionals working with your child can communicate and work more effectively together. It is intended to provide a simple, non-bureaucratic process for a holistic assessment of a child's needs, and to aid decision making on how these needs should be met.

The CAF is for children who have additional needs in one or more of these areas:

- Growth and development
- Additional educational requirements
- Family and environmental issues
- Any specific needs of the parent/carer

The professionals from different agencies who are designated to support your child are referred to in the Common Assessment Framework (CAF) process as the Team Around the Child (TAC).

The CAF is a voluntary assessment, and therefore, a child/ young person or parent/ carer must give their consent at the start of the process with the full knowledge of what will happen. Any professional can initiate the CAF process. Once the assessment has been completed, the child and or parent/carer must give their consent again for the information to be stored and shared with other members of the Team Around the Child.

The CAF was developed so that all professionals working with your child could communicate and work more effectively together.

You can nominate a lead professional. This person would be expected to chair meetings, take notes and send invitations to other professionals. Typically the lead professional is the one who understands the child's needs best.

3 General Information about Hearing Impairment

3.1 How Hearing Works

The ear is made up of three main sections, the outer, the middle and the inner ear. The outer ear is made up of the auricle, which is the visible part of the ear on the side of the head, and the ear canal. The external ear collects sound waves and focuses them down the ear canal onto the eardrum (tympanic membrane).

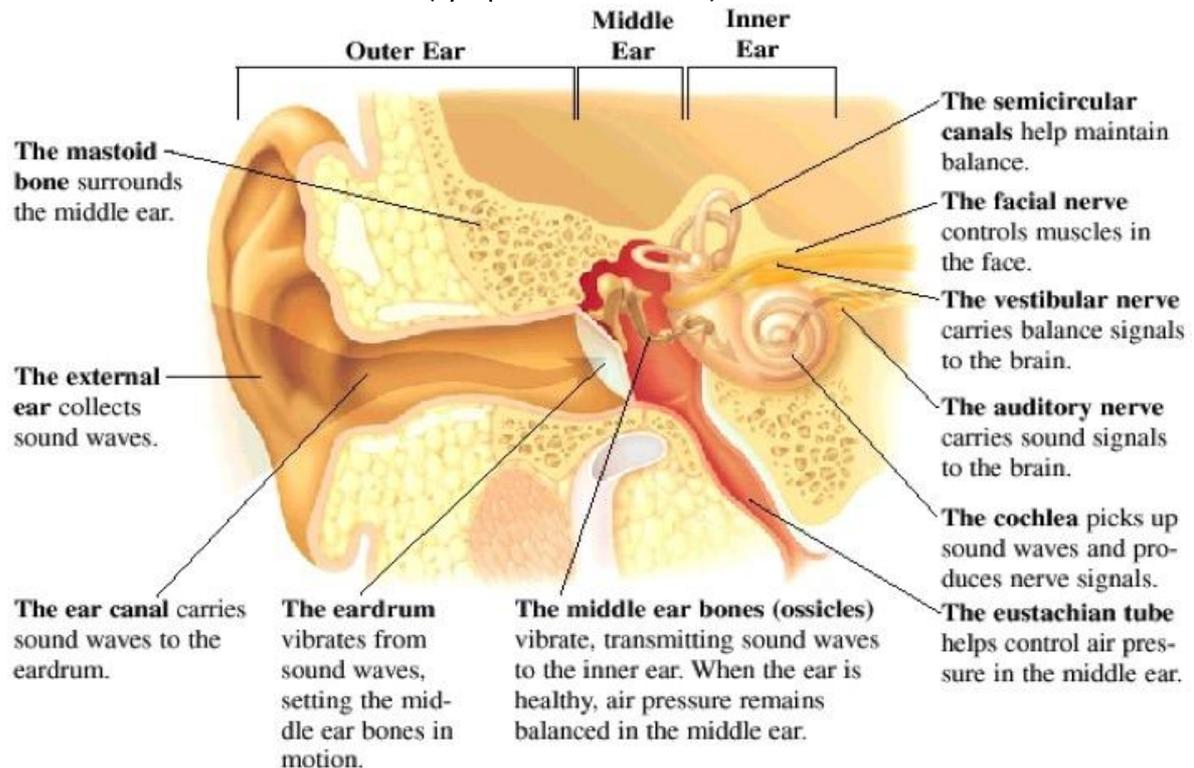


Figure 2 How an Ear Works

The eardrum separates the outer ear from the middle ear. Sound waves make the eardrum vibrate. These vibrations are passed to the ossicles, which are three small hearing bones (Hammer, Anvil and Stirrup) inside the middle ear, which amplify the sound before passing it onto the inner ear. The middle ear is normally filled with air.

Within the inner ear is the cochlea, which is lined with tiny sensitive hair cells. The cells move in response to the vibrations, converting the sound waves into electrical signals. These electrical signals are then sent along the auditory nerve into the brain. The semicircular canals within the inner ear help maintain balance. The vestibular nerve carries the balance signals to the brain, joining the auditory nerve.

The Eustachian tube is a thin tube that links the middle ear to the back of the throat. It has two main functions:

- To ventilate your middle ear, maintaining normal air pressure within it.
- To drain away mucus and other debris from the middle ear.

3.2 Types of Hearing Loss and Causes

Your child's hearing loss may be described as either **bilateral** or **unilateral**. Bilateral means that both ears are impaired. Unilateral means that only one ear has a hearing impairment. In addition to being described as either bilateral or unilateral, your child's hearing may also be described as **conductive, sensorineural or mixed**. These terms denote which part of the ear the source of the hearing impairment is found in.

Conductive Hearing Loss

Conductive Hearing Loss (CHL) occurs when a problem in the outer or middle ear obstructs the passage of sound to the inner ear (cochlea). Most often this is the result of a blockage such as earwax, glue ear or a build-up of fluid (due to an ear infection). In some cases a perforated eardrum, a disorder of the hearing bones or a malformation of the outer ear can also cause CHL. CHL can be acquired prenatally or postnatally. There are many causes of CHL, some of which are genetic and others acquired. Some common diagnoses causing CHL are:

- Atresia / Microtia
- Middle ear anomalies
- Acquired postnatal disorders
- Otitis media with effusion (fluid in the middle ear -- glue ear)
- Otitis externa (outer ear infection)
- Tympanic membrane (ear drum) perforation
- Cholesteatoma
- Excessive cerumen (ear wax)

Sensori-Neural Hearing Loss

Sensori-Neural Hearing Loss (SNHL) is caused when there is a fault in the inner ear, preventing sound waves from being turned into electrical signals in the cochlea and sent to the brain. This can be caused by a fault with the sensitive hair cells in the cochlea, the structure of the cochlea or the auditory nerve.

SNHL occurs naturally with ageing, but it can also be acquired prenatally, or during infancy or childhood. Its causes may be genetic or acquired, or it may just be a developmental anomaly.

Some common diagnoses causing SNHL:

- Inner ear anomalies
- Cytomegalovirus (CMV) exposure in utero
- Syphilis, Rubella or Toxoplasmosis exposure in utero
- Acquired perinatal and postnatal disorders
- Meningitis
- Autoimmune inner-ear disorder
- Mumps
- Measles
- Ototoxicity (medications that damage the inner ear)
- Auditory nerve anomalies

In many cases, the cause of the hearing impairment is unknown. It is thought that about half of permanent hearing impairments are genetic and the other half caused by infection, injury or other acquired causes, but **it is not always possible to find out what caused a child's deafness.**

Mixed Hearing Loss

Mixed hearing loss is a combination of CHL and SNHL. Mixed hearing loss means there is a problem in the outer or middle ear and also a problem in the inner ear.

Glue Ear

Glue Ear is a common childhood condition in which the middle ear becomes temporarily filled with fluid. The medical term for glue ear is Otitis Media with Effusion (OME). Some children suffer from chronic OME / glue ear, with the fluid remaining throughout early childhood or repeatedly disappearing and then coming back. Glue ear can also be referred to as secretory otitis media or middle ear infection.

Glue ear is a common childhood condition in which the middle ear becomes temporarily filled with fluid, making it hard for the child to hear.

The middle ear is normally filled with air, which allows the small hearing bones to move freely. The bones need to be able to move freely in order to vibrate with the sound waves and amplify their signal. If your child has glue ear, their middle ear becomes filled with fluid instead of air. This fluid may be runny or thick and sticky. The build-up of fluid in the middle ear prevents the hearing bones from moving freely and doing their job effectively.

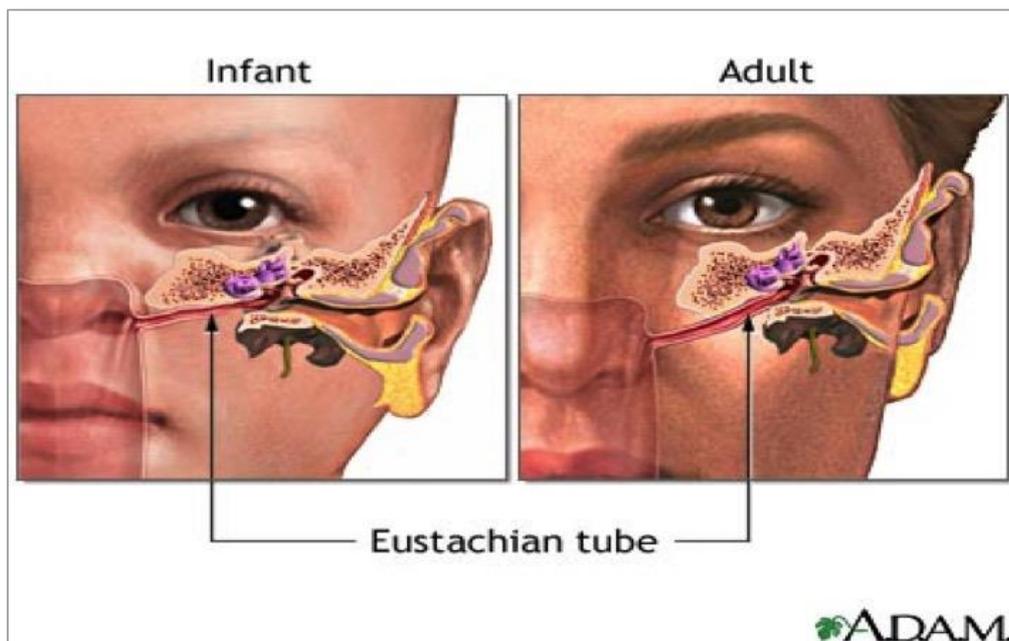


Figure 3 The Eustachian Tube

Exactly what causes the build-up is unclear, although it is related to a problem with the Eustachian tube, which links the middle ear to the back of the throat. One of the main functions of the Eustachian tube is to help drain fluid from the middle ear. If the Eustachian tube is closed or blocked then the fluid can't escape from the middle ear unless it perforates the eardrum.

Children are more susceptible to glue ear because the Eustachian tube is smaller and lies more horizontally during childhood, which means it can't drain as effectively as an adult's Eustachian tube. As the Eustachian tube develops with age, glue ear usually resolves itself. By around age seven most children will have good Eustachian tube function. Some studies suggest up to 20% of pre-schoolers are suffering from glue ear at any given time, most of them undiagnosed.



If the glue ear is persistent it can be treated with grommets, which are small cylinders inserted in the eardrums. A grommet holds open a tiny hole in the eardrum to encourage ventilation and drainage of fluid from the middle ear. If parents are reluctant to have grommets inserted, the child can be fitted with hearing aids instead. The hearing aids will amplify the sound for the child until their glue ear resolves itself. Children with chronic glue ear may also benefit from having a special PA system called a soundfield system in their classroom.

Your child's audiologist may also recommend some blowing exercises to open up the Eustachian tubes.

Further information about grommets, hearing aids and soundfield systems can be found in the assisted listening devices section.

Glue ear can have a profound effect on a child's social and language development. Difficulty hearing the finer details of spoken language makes communication very challenging when you are just learning to speak and listen. Children with chronic glue ear may need speech and language therapy to support good communication development.

Some studies suggest up to 20% of pre-schoolers suffer from glue ear at any one time, most of them undiagnosed.

There is a very good animation on the NHS website which explains all about glue ear.

www.nhs.uk/Conditions/Glue-ear/Pages/Introduction.aspx

www.hrch.nhs.uk/our-services/services-directory/hounslow-and-richmond/paediatric-audiology/

3.3 Audiological Tests

An extensive range of different techniques are used to check the function of the ear, some of which are summarised below:

Audiology Room

Play Audiometry Tests

Sounds of different volumes and frequencies are played. Your child is asked to carry out a simple task when they hear them. This is an adaptation of pure tone audiometry (PTA) for children. The results of your child's PTA are plotted on a graph called an audiogram, which shows the different volumes and frequencies (itches) of sounds your child is able to hear in each ear. (See next pages for examples of audiograms.)



Automated Otoacoustic Emissions (AOAE) Tests

A computer attached to a small earpiece plays quiet clicking noises and measures the response from your child's ear. This test is easier if your child is asleep or resting quietly.

Auditory Brainstem Response (AABR) Tests

Sensors are placed on your child's head and neck to check the response of their nerves to sounds played through headphones.

Tympanometry

A small plastic bung seals the ear and then a machine gently changes the pressure in the ear canal. This test measures the movement of the eardrum and the pressure behind the eardrum. It can confirm whether there is any fluid behind the eardrum and can indicate if the Eustachian tube is working normally.



Speech Perception Test

This is also known as a speech discrimination test or speech audiometry. It involves testing your child's ability to hear words without using any visual information. The words may be played through headphones or a speaker, or spoken by the tester. This test would only be done on older children

Bone Conduction

This test may be carried out as part of pure tone audiometry. Bone conduction involves placing a vibrating probe against the mastoid bone behind the ear. It tests how well sounds transmitted through the bone are heard. Bone conduction measures how well the inner ear and hearing nerves are working. The bone conduction test is not invasive or uncomfortable for the child.

Visual Reinforcement Audiometry

Sounds of different frequencies and levels are played through speakers or earphones. When a child turns his or her head in response to the sound a visual reward (a toy or a picture lighting up) is presented. This test can check the full range of hearing in a pre-verbal toddler or baby.



3.4 Audiogram Results and Speech Banana

Audiograms are a graphical display of the child’s ability to hear speech sounds.

Volume: The vertical axis represents volume (loudness) which is measured in decibels (dB). Sounds become louder from the top down - softest near the top of the graph.

Pitch: The horizontal axis represents frequency (pitch) which is measured in hertz (Hz).

The child’s audiometry test results will be placed on a graph like the one below so you and the audiologist can see how impaired their hearing is at different pitches.

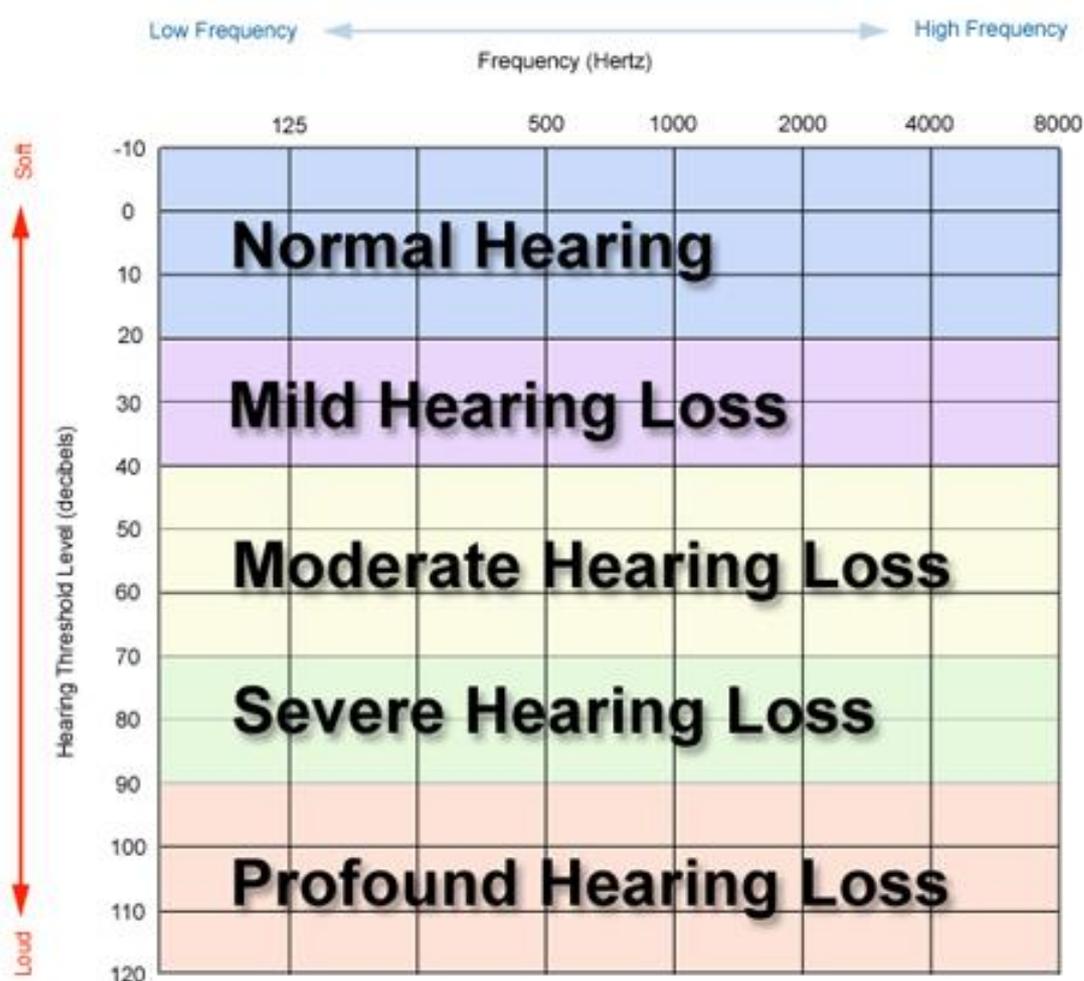


Figure 4 Audiogram Listening Levels

The ‘speech banana’ is the area on an audiogram where sounds commonly used during speech are found. Plotting your child's own audiogram against the speech banana is extremely useful when trying to understand the impact of the exact hearing loss experienced by your child. It can be used by you and your child's teachers to identify potential areas of difficulty for your child. The ‘speech banana’ looks like this:

Frequency Spectrum of Familiar Sounds

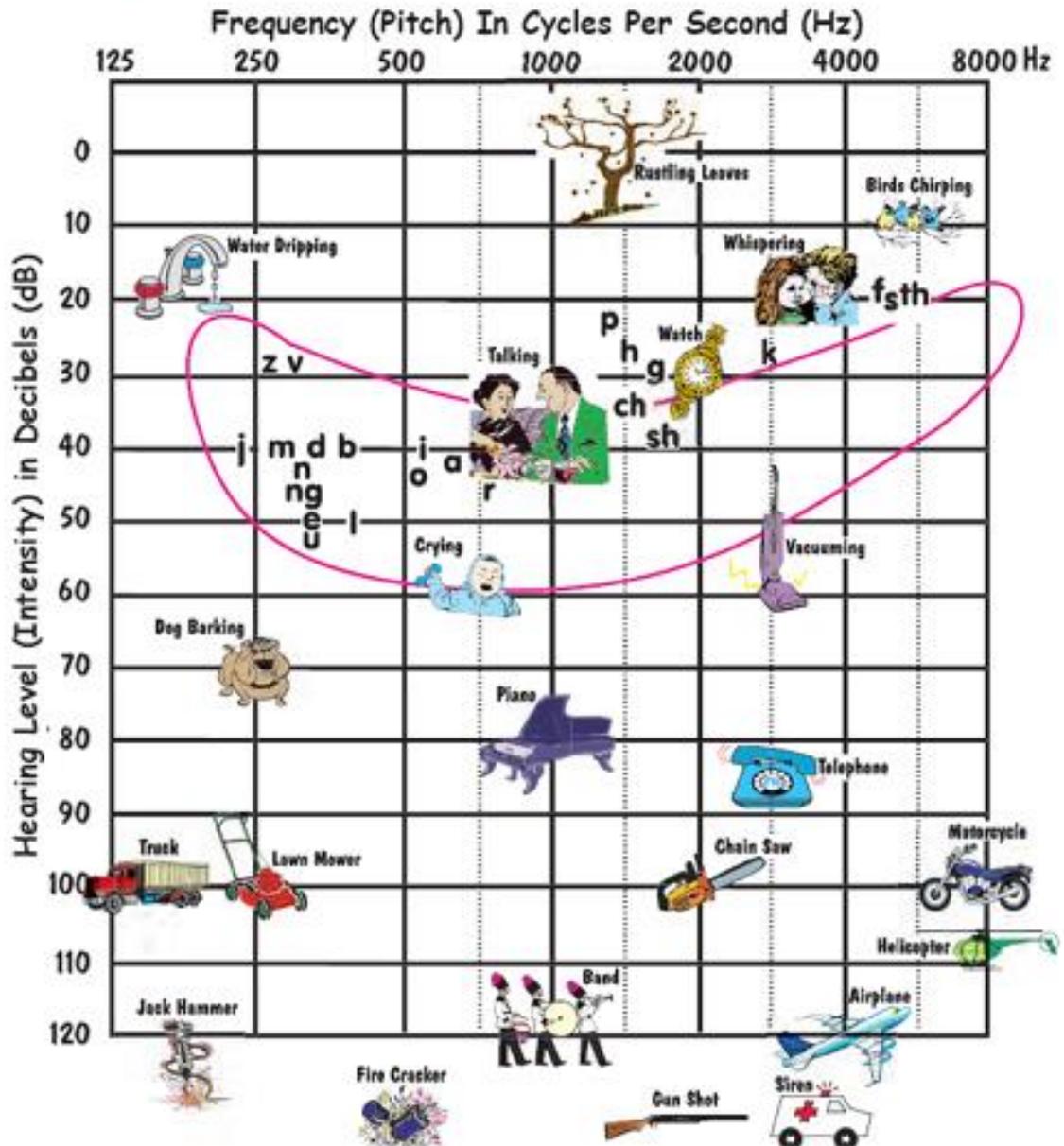


Figure 5 Audiogram Speech Banana

Care Pathways

Depending on the results of your child's audiological tests, the audiologist will decide how their audiological needs will be met and which other professionals should see your child. The audiologist will use a "care pathway" to ensure that your child receives all the support they need. A care pathway is a flow chart that maps out a plan of action for the audiologist. Look in the appendix of this book to see the current approved care pathways for various hearing impairments.

3.5 Hearing Impairment and Your Child's Development

Your child's hearing impairment may impact their language development as well as their social and emotional development. However, you have the ability to eliminate or at least minimise this impact by monitoring and working with your child. The section entitled 'What you can do to help your child' has more information about this, but the key is to ensure that your child lives in as rich an auditory environment as possible from diagnosis onwards.



This means working effectively with their audiologist to maximise the hearing they have. It also means being watchful for signs of a problem with their hearing or equipment and being proactive in seeking assistance if you have a concern.

It is also a good idea to ensure that the child has plenty of positive social time with a variety of different people including parents, grandparents, siblings and playmates. The more faces they see smiling at them, and the more language they hear, the better their social and language development will be. So try to face your child and talk, read or sing with them as much as possible, and ask others to do the same.

Children with hearing impairments are at risk of not reaching their academic potential or of feeling socially isolated, but neither of those problems has to befall your child.

If you are committed to getting your child the support they need at school and giving them the support they need at home to develop their social and language skills, you can ensure that your child grows up confident and happy and achieves everything they want to regardless of how much or how little hearing they have.



3.6 Hearing Impairment and Your Child's Daily Life

Your child's life does not need to change drastically due to their hearing impairment. They may need to wear hearing aids, which you will have to help them insert and remove until they are old enough to manage them. They may need speech and language therapy or other developmental support. If you choose to use sign language with them you will need to go as a family to sign language classes. If they have cochlear implants there will be intensive follow up for that.

You may find for a couple of months that you are taking your child to a lot of appointments to determine exactly what needs they have. But once all the initial information-gathering is complete you will find your life with your child mostly settles back into its usual routine. Your child can go on doing all of the things they would have done otherwise.



You may want to explain to adults who are engaging with your child, e.g. swimming teachers, relatives and child minders, the best way to communicate with your child. A word or two of simple advice, such as to get your child's attention and be sure they have eye contact before speaking to your child, will really help your child stay engaged with other people.

You will also need to be extra careful about traffic safety, and ensure others do the same. Your child may not be able to hear oncoming cars, or judge which direction cars are coming from, so they will need extra support to cross roads safely.

Swimming pool environments have notoriously poor acoustics so extra support may be needed when your child is in the water, particularly if they usually wear hearing aids. They will be more dependent on visual and tactile cues, so a swimming teacher will need to be very aware of their hearing impairment and make adjustments.

If your child has a unilateral hearing loss they may not be able to localise sounds – to identify which direction sounds are coming from. So it would be good to remind adults who spend time with your child that they need to tell the child where they are if the child is calling for them or looking for them.

Something to keep in mind when another adult is looking after your child:

Your child will not be aware of sounds that other people can hear but they can't. So you can't leave it to the child to speak up if they can't hear the teacher. They will not have the awareness or confidence to do this until they are approaching adolescence, if at all. Make sure that teachers, teaching assistants and lunchtime staff etc., understand that it is up to the adult to check your child has heard and understood them, not the other way around.



As for socialising with their peers, you may need to support your child to help them let their friends know if they are struggling to follow a conversation and how to help. Little friends are likely to forget this information afterwards but they will usually be willing enough in the moment, and your child's close friends will get the hang of it eventually.

Remember that deaf-friendly communication is mostly just good communication skills and you are helping others to develop good habits when you ask them to speak to your child in a deaf-friendly way.

It is up to the adult to check that your child has heard and understood them, not the other way around!

Ollie's Story



I was born deaf in my right ear and, for my whole life, the only thing that has bothered me is always having to be on someone's certain side, as well as not being able to tell where sounds are coming from. But I learned to live with it and all my friends did too, meaning that no one really fussed over me or minded that I was partially deaf.

I was never bullied or teased for my deafness, and I'm sure that if you are deaf you won't be bullied either. But if you are, tell anyone and they will help you out.

When I started secondary school, I was given a small microphone called a radio aid. This is worn by all my teachers, and when they speak the sound is transmitted straight to my hearing aids. I give this to each teacher when the lesson starts. It is a huge help and I definitely recommend it to anyone who is nervous about not being able to hear at school.

If I were to give any advice to parents of deaf children, it would be to tell all their teachers about it and to tell all their friends about it too. This is something that really helped me get through primary school, as everyone knew and didn't ask me questions. Another piece of advice is to get them hearing aids early, so that they and their friends can get used to them easier. I've had mine for four years now and I definitely think that they helped me through the last years of primary school.

If your child has a hearing problem, don't panic! Friends and family will help them and support them.

Figure 6 Ollie's Story

3.7 Communication Methods

Sign Language

Sign language is a visual, kinetic language using hand gestures, expressions and body language. There are hundreds of different types of sign languages in use across the world.

Depending on your child's type of hearing impairment, you may choose to learn and use sign language with them exclusively, or in conjunction with spoken language, or you may choose not to use sign language at all. You can speak with your child's consultant and audiologist about this decision.

The type of language you choose to use with your child is an important question and each family's decision is a personal one. The important thing is that, whatever language you choose to use, you expose your child to as much of it as possible as early as possible. Here are some of the types of sign language in use here:

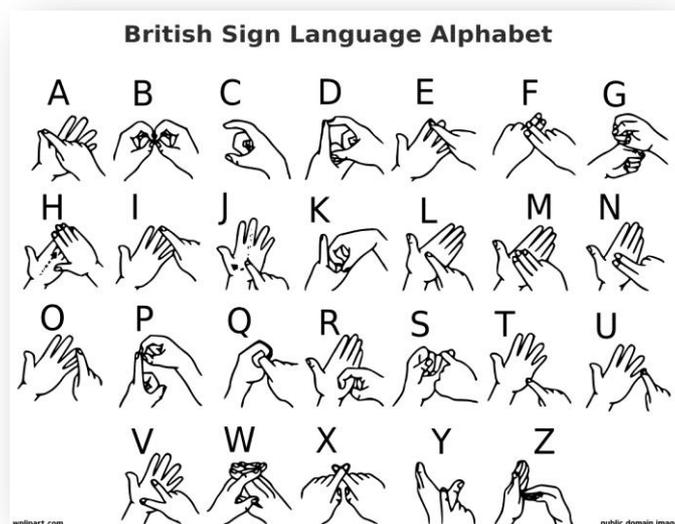


Figure 7 British Sign Language Alphabet

British Sign Language (BSL)

British Sign Language (BSL) is the sign language used by deaf people in the UK. BSL makes use of hand gestures, finger spelling, lip patterns and facial expressions. It has its own grammar, and even has regional dialects or variations on signs depending upon the area of the country you are in.

Sign Supported English (SSE)

Sign Supported English (SSE) is a method of communication that uses BSL signs, but the structure and grammar are based on spoken English. This means the signs follow the exact order they would be spoken in. This variation of sign language doesn't require any

knowledge of BSL grammar structure, so it is easier for hearing people to learn. It is often used in schools where deaf children are taught alongside hearing children.

Makaton

Makaton is a language used by adults and children with learning disabilities and communication problems. It uses a combination of picture symbols and hand gestures that are similar to BSL and speech, though less complex.

3.8 Speech And Language Therapy

Depending on their individual circumstances, some children with hearing impairment may benefit from speech therapy. Children with unilateral hearing loss, for example, may not require speech and language therapy, especially if their auditory environment at home is supportive. Other children may need speech and language therapy to develop good communication skills. This could be a brief, targeted programme or a more intensive package depending on the child's needs.

Richmond's SaLT team is primarily based at Teddington Health and Social Care Centre. The SaLT team offers assessment and input for children who are having difficulties with:

- Attention and listening
- Understanding spoken/signed language
- Communicating verbally using sentences and vocabulary appropriate for their age
- Using speech sounds appropriate for their age
- Social interaction and play
- Voice production
- Feeding and swallowing

SaLT activities are play-based. They aim for children to learn through playing and having fun. They use toys, pictures, books and whatever else will interest the child in order to get their full attention and maximise outcomes.

The therapy is delivered in different settings, including clinics, children's centres, special schools and units and mainstream primary and secondary schools. The team work closely with other professionals in health, education and social care.



Therapy will include offering advice and recommendations about how to support the development of the child's speech, language and communication skills within the home and in school. This may include making small adjustments to the way you communicate and interact with your child as well as adjusting their language and learning environment. Support from parents and teachers to practice new skills at home and integrate targets into the classroom are key to making good progress.

4 Hearing Technology Devices

Depending on their needs, your child may benefit from using an assisted listening device, especially at school. Assisted listening devices can be divided into three categories: medical, personal and environment based.

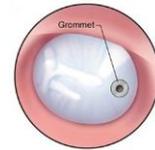
Hearing technology does not fully replace normal hearing.

4.1 Medical Devices

There may or may not be a medical treatment suitable for your child's type of hearing impairment. Your consultant paediatrician or audiological physician will discuss any treatment options with you if they are suitable. Medical treatments include grommets, bone anchored hearing aids and cochlear implants.

Grommets

The most common medical treatment for a hearing impairment is the insertion of grommets to relieve glue ear. The grommet holds open a small opening in the ear drum to allow air to pass into the middle ear. This allows the middle ear to drain properly through the Eustachian tube and stay healthy.



Grommet insertion is a simple procedure but it does have to be performed under general anaesthesia. The surgeon will clear out any fluid or 'glue' in the middle ear during the grommet insertion procedure, so your child will have improved hearing immediately. The grommets fall out over time, but as chronic glue ear usually resolves itself permanently around age six or seven due to normal growth, they may not need to be replaced.

Bone Anchored Hearing Aid (BAHA)

A bone-anchored hearing aid (BAHA) is a type of hearing aid that relies on bone conduction. Bone conduction is suitable for children who have conductive hearing losses and those with mixed hearing losses who cannot otherwise wear 'in the ear' or 'behind the ear' hearing aids. These children may wear a soft bone-conduction headband which presses against the bone behind their ear and transmits sound through the skull bone directly to the inner ear. However if they find the band uncomfortable they may be a candidate for a bone-anchored hearing aid instead.

Bone-anchored hearing aids use a surgically implanted abutment to transmit sound through bone to the inner ear, bypassing the external ear canal and the middle ear. A titanium prosthesis is surgically embedded into the skull with a small abutment exposed outside the skin. A sound processor sits on this abutment and transmits sound vibrations to the titanium implant. The implant vibrates the skull and inner ear, which stimulate the nerve fibres of the inner ear, allowing hearing.

Your paediatrician or audiological physician will discuss bone-anchored hearing aids with you if they are suitable for your child.

Cochlear Implants

Cochlear implants are small hearing devices fitted under the skin behind the ear. They have an external sound processor, a receiver coil, and a long wire with electrodes on it.

The external processor takes in sound, analyses it and then converts it to signals that are transmitted across the skin to an internal receiver, which sends the signals along the wire into a part of the inner ear called the cochlea. The signal is then sent to the brain along the hearing nerve as normal. Cochlear implants work better for people whose hearing nerves are functioning normally.

Cochlear implants are recommended for children who have severe to profound sensorineural hearing loss in both ears.

After the implantation, the child will have extensive follow up to ensure the implants are configured correctly. They may also have intensive speech and language therapy to support their language development. Many children with cochlear implants, especially when they are implanted at a young age, develop good speaking and listening ability.

4.2 Personal Hearing Devices

Hearing Aids

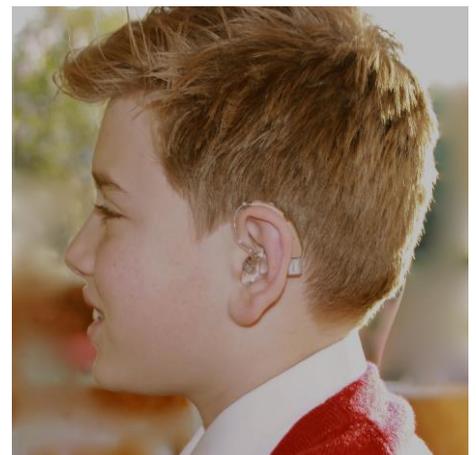


A hearing aid is a small device that amplifies sound, usually with the aim of making speech more intelligible. Sound is picked up by a tiny microphone and then delivered into the ear with amplified volume and reduced background noise. Most hearing aids process sound digitally. They can be sited in or near the ear in the following ways:

Behind-The-Ear (BTE)

The processor part of the hearing aid rests behind the ear. The sound is picked up by the microphone positioned at the top of the processor casing and delivered into the ear along a tube to either an earmould or a small, soft tip.

The earmould can be made from a variety of materials with various colour options, including transfers and sparkle, to suit all ages.



In-The-Ear (ITE)

These aids sit in the ear canal and the shell of the ear.

In-The-Canal (ITC)

Hearing aids which have their working parts in the earmould, so the whole hearing aid fits inside the ear canal.

Completely-In-the-Canal (CIC)

Hearing aids which fit further into your ear canal than an ITC aid.

Bone Conduction

Hearing aids which use a soft band that presses a hearing aid into the mastoid bone behind the ear, to transmit sound using the bones of the skull.

Contralateral Routing Of Sound (CROS)

Hearing aids which are designed for single-sided (unilateral) hearing impairment. The sound is picked up by a small microphone hooked over the impaired ear (below, left) which routes that sound to a hearing aid worn in the good ear (below, right.)

The sounds entering the better ear can also be amplified if the hearing in the better ear is also impaired. This is called Bi-CROS.



The NHS website below has various downloads about how to look after a hearing aid. There is also a hearing aid maintenance guide in the appendices at the back of this book.

www.hrch.nhs.uk/our-services/services-directory/hounslow-and-richmond/paediatric-audiology/

4.3 Environmental Devices

Depending on the type and degree of hearing impairment, your child may benefit from using an assisted listening device in certain situations. An assisted listening device is used to improve the sound to noise ratio for the child, especially in a classroom environment. Devices may also be used to help the child hear the television or other audio devices, or to help them hear speech through a public address system.

The assisted listening device usually uses a microphone to capture the speaker's words and broadcast them wirelessly via FM, infra-red or induction loop transmission. The person who is listening uses a receiver to feed the signal into their hearing aid or into a special pair of headphones.

NDCS run a "technology test drive" scheme where you can borrow a piece of assisted listening equipment for three months. This is a great way to try out new equipment if you aren't sure what will be best for your child.

More information about the technology test drive can be found here:

www.ndcs.org.uk/family_support/technology_and_products/technology_test_drive_product_loan_service/index.html

Here are some common types of environmental assisted listening devices:

Induction Loop

An induction loop, or T-loop, is a hidden wire that encircles a room and is connected to the room's sound system. The loop transmits sound from the room's microphones electromagnetically to anyone who is wearing a loop receiver or whose hearing aid or cochlear implant has a telecoil that can receive the signal. Ask your audiologist whether your child's hearing aids can be set up with this. Many theatres and halls are fitted with loop systems and so are banks and supermarkets these days. You should see an Induction Loop symbol where one is set up.



Infrared System

An infrared system uses invisible light beams to carry sound from a microphone to a receiver. The receiver may be integrated into the child's hearing aid if they wear one, or it may feed into headphones from a receiver unit worn around the neck.

Soundfield System

A soundfield system is a public address system specially designed for the classroom. The teacher wears a small microphone which transmits their voice to speakers placed around the classroom. The volume is low enough that it doesn't disturb other children, but high enough to ensure that the teacher's voice reaches the child at an audible level wherever they are standing and whichever direction they are facing.

All children in a classroom benefit from a soundfield system.

One advantage of a soundfield system is that the child does not need to be wearing a hearing aid or headphones. The child should be able to hear the teacher from anywhere in the room, giving the child more freedom within the classroom, (although their regular seat should still be front and center.) All of the children in the classroom benefit from the teacher using a soundfield system.

FM System (Radio Aids)

An FM (frequency modulated) system works similarly to an infrared system, but the sound is conveyed through radio waves. This is also often called a radio aid.

Radio aids increase the child's listening accuracy and reduce effort.

A **radio aid** can help children to hear and understand better in situations where acoustics are poor, background noise is significant, or there is a long distance from the speaker to the child. Many children with hearing impairments find them particularly useful at school, where they increase the child's listening accuracy and reduce their effort.

A radio aid can be used at secondary school where a soundfield system is impractical because the child moves between classrooms for lessons. The radio aid microphone is handed to each teacher at the beginning of the lesson and then taken back to give to the next teacher. This sounds like a hassle, but even children with mild or unilateral hearing loss report that the benefit of their radio aid is more than worth the inconvenience.



5 What You Can Do to Help Your Child

It is important to remember that your child lives in a predominantly hearing world and that they are in the minority there.

There are many ways you can help your child. Two of them are to have a good understanding of their hearing impairment and to listen to what your child is telling you about their experiences, whether they are communicating verbally or non-verbally. As your child develops and your understanding of their needs grows you will naturally find other ways to help them.

Here are some other ways you can help your child:

5.1 One Step at a Time

Understanding

The first step would be to have a clear understanding of what your child can hear. This means understanding what the audiograms show and how this is reflected in normal day to day life. Your audiologist will be able to explain this in detail and give you audiograms to take home and share with family and teachers.

Be a Good Listener

The second step would be to talk with your child (if they are able) and listen to their view of their experiences. This may provide clues as to where additional help is needed. Children with hearing impairment can experience life differently from hearing children. They need to know that you will support them and that they can share their stories and worries with you.



With understanding and listening you have a good starting point to help your child. But as your child grows and situations change the type of help they need will also change.

The National Deaf Children's Society produces a number of booklets describing how children with hearing impairments can be helped. The booklets listed below offer more detail on how to help your child. These and many more booklets can be found on the NDCS website.

Good NDCS booklets include:

- Supporting the achievement of deaf children in primary schools
- Supporting the achievement of deaf children in secondary schools
- Helping your deaf child to develop language, read and write
- How technology can help
- Tips for communicating with a deaf child

Communication

Communication is vital in everyday life. It allows us to share experiences, to express our ideas and feelings, to make relationships, to negotiate and to learn.

One child may have a good knowledge of language but experience difficulty in communicating. Another child may have limited understanding of language but strong communication skills. There is an excellent NDCS booklet, *Communicating with Your Deaf Child*, which provides more information about this.

In order to effectively communicate with your child you need a good acoustic environment, i.e. plenty of soft furnishings in the room and minimal background noise. It is also important to have a good knowledge of the child's preferred communication method, whether it is a spoken language or a sign language.

Below are some general tips to follow:

- Ensure your child can clearly see all of your face and that it is well lit. Sit or bend down so that your faces are at the same level. Do not stand with your back to a light source as this casts a shadow across your face.
- Ensure that your child is close enough to you to allow their technology to work at its optimal level (1-2 metres).



- Ensure that you have the child's attention before you start speaking, perhaps by waving your hand or gently tapping the child on the shoulder.
- Speak clearly at your normal pace and do not shout. Speaking too slowly and shouting exaggerate your mouth patterns, which makes understanding the sound harder.
- Turn off the television or radio when you are not actively watching/listening to it, and try to reduce background noise as much as you can when you are speaking to your child.

Hearing aids are a fantastic piece of technology, but they will never replace normal hearing. They are non-directional, i.e. the child cannot tell where the source of the sound is located. The hearing aid picks up all sounds, so the clarity of the signal sound is reduced if there is background noise.

Technology will never replace normal hearing.

It is good practice to position a social group so that everyone can see each other's faces. This practice will allow the hearing-impaired child to see everyone's faces. Speakers should identify themselves first before speaking and speak one at a time. The child should be encouraged to ask for words to be repeated when necessary, though it is important to remember that they may not be aware of what they are not hearing or mishearing, and may not have the confidence to speak up even if they are aware of it.

The microphone in a hearing aid is in the casing, which sits behind the ear. This means that conversations which take place behind the child may be louder than those in front. Difficulties may arise when sitting in rows, such as at the cinema or on the bus.



Tiredness

A child with a hearing impairment will tire more easily because it takes more effort to listen, especially in noisy environments. It's like listening to a conversation in a noisy pub. It takes a lot more effort to hear the person you are trying to hear, and some of their words are mis-heard while others are not heard at all, so the child is constantly working to fill in the gaps. This is very hard for them, especially for younger ones whose language is still developing.

Imagine trying to listen to a college lecture being given in the middle of a party and you will have some idea what it's like for your child to spend their school day trying to hear over background noise in their classroom. Your child will find it challenging to keep up and maintain their attention and may eventually zone out or misbehave out of frustration or boredom.

A child with a hearing impairment will tire more easily because it takes more effort to listen, especially in noisy environments.

Be patient and understanding. Allow the child to have regular down time at home and ensure that the school understands this need too. Your child may want to take out their hearing aids or just sit quietly with a book. When they get home from school they may need a period of quiet and rest to recover from their efforts.

For some children, exhaustion from listening effort (sometimes called "cognitive fatigue") will be the biggest challenge their hearing impairment brings them.

5.2 The Listening Environment at Home

Children with any level of deafness will experience particular difficulties in hearing sound if there is a lot of reverberation and/or background noise.

Reverberation (echo) occurs where there are a lot of hard surfaces that allow sounds to bounce around. Using soft furnishings such as curtains, cushions, carpets and rugs makes a big difference to the quality of the sound a child hears. The soft furnishings absorb the sound waves and reduce reverberation, which makes it easier for the child to isolate the sound they are trying to listen to.

Television

Children with hearing impairments will use varying combinations of subtitles, lip-reading, sign language and other visual clues to help them understand television content.

Children's BBC has worked with the National Deaf Children's Society to produce guidelines for makers of children's output, to ensure their content is accessible and inclusive of children with hearing impairments.



Some programmes are more suitable for children with poor hearing than others. Look for programmes where live, professional actors speak clearly, especially ones where they often speak directly to the camera. Cartoon faces and puppets don't give the child visual cues to what they are saying and don't help them model good speech. *Balamory*, *Mister Maker* and *Something Special* are examples of better programmes for a child with a hearing impairment.

It is important, however, to remember to turn the television off if the child is not actively watching a programme. The background noise will make it hard for your child to hear you or any other sounds you want them to be hearing and make it stressful and tiring for them to have a conversation.

Music

Listening to music and singing provide opportunities for children to practice controlling their voices in a fun way, both in terms of pitch and frequency but also in recognizing the melody of intonation in spoken language.

As with hearing young people, participating in music activities can have many benefits for children with hearing impairments. As well as the vibrations, the visual aspect and performance value, music can help children increase their confidence, encourage expressing emotion and help develop their motor skills.

Both modern hearing aids and cochlear implants are programmed primarily to understand speech clearly. Speech and music have many differences including intensity, energy at different frequencies, and frequency emphasis. Musical instruments typically have a much greater dynamic range and frequency range than speech. This means that hearing aids and cochlear implants do not reproduce music exactly, and that your child may not experience music in the same way as a hearing person. Due to the limitations of hearing devices, it is more difficult for wearers to follow multiple instruments. Modern hearing aids can include a music programme which makes the listener's experience of music more enjoyable.



There are lots of devices which can potentially be used with hearing aids and cochlear implants to enhance a child's enjoyment of music. These include wireless options (e.g. ear hooks, neck loops, Bluetooth streamers) and direct audio input devices that bring the music directly to the hearing aid and help to reduce problems caused by distance and background noise. You can find out more information about devices on the NDCS website www.ndcs.org.uk/family_support/technology.

The NDCS helpline can also advise you about technology to help your child enjoy music and television based on their particular situation. There are a lot of products out there and it may be helpful to speak to one of the experts at NDCS about them. See also the NDCS Booklet: How to make music activities accessible for deaf children and young people.

5.3 The Listening Environment Outside

A child who has a hearing impairment will be especially vulnerable on roads, either crossing them or riding a bike on them.

Care should be taken wearing hats and helmets if the child wears a hearing aid or has an cochlear implant. It may be more appropriate to remove the device and keep it somewhere safe. Audiology can provide suitable tubs with a moisture absorber.



A cycle helmet, of course, is a necessity when cycling and is advisable when riding a scooter too. Visit a bike store to buy your child's helmet to try and find one they can wear with their hearing aids if they wear them. Avoid helmets that cover the ears or face.

Wind can create unwanted noise through the microphone of a hearing aid. This could be from wind itself blowing on the microphone, e.g. the child sitting next to an open car window or the movement of the microphone when running or cycling.

5.4 Language Development

Language can be described as the vocabulary, grammar and expressions used to convey ideas. Language is either:

- Expressive: what we say
- Receptive: what we understand from others

Children with hearing impairment tend to have a slower language development, with a reduced expressive vocabulary and later understanding of words and concepts.

Children with hearing impairment may have slower language development.

However, everyday activities provide excellent natural opportunities for developing and reinforcing language and communication skills. These activities could be specially organized fun activities, such as socialising with friends and family, going to the beach or climbing trees in the park, or routine activities such as loading the dishwasher, brushing teeth or bath time. Talk to your child all the time, but don't forget to give them a chance to talk back, no matter what age they are!

Babies and books

One of the most important things you can do to help your child's language development



is, fortunately, also one of the most enjoyable. Find a quiet time and place to read to your child every day. They may only look at the pictures at first, but just looking at the books together will support early language development and your child will soon be eager for you to read the words to them too. Studies have shown that reading to your child has a multitude of social, cognitive and communication benefits, as well as being a pleasure for you both. It is also a great way for other members of the family to contribute to helping your child.

Richmond has a great network of libraries, all of which have plenty of children's books for children of all ages and interests. Richmond libraries also run story times for toddlers and babies where little ones can enjoy books in a social setting, and book clubs for older children as well.

Look on www.richmond.gov.uk/libraries to find your nearest one.

Bookstart is a national programme that encourages all parents and carers to enjoy books with children from as early an age as possible. Working through locally-based organisations, Bookstart gives free books to children at around eight months, 18 months and three years, along with guidance materials for parents and carers.

Bookstart also produces *Bookshine* packs specially for children who are deaf. Children are entitled to this pack in addition to the standard *Bookstart* packs.

www.bookstart.org.uk/bookstart-packs/Bookstart-for-all/bookshine/

Monitoring Your Child's Speech and Language Development

Your speech and language therapist can assess your child's language development. Standard speech development charts can be found in the appendices to this guide - have a look at those if you want to check your child's development yourself. You'll also find a simple guide within your child's red Child Health book.

Children with hearing impairment may struggle with the following:

- Pronouns, he/she gets confused
- Word endings
- Tenses
- Vocabulary
- Understanding idioms or colloquialisms
- Sophisticated skills needed to understand higher order language
- Filling in parts of a sentence they didn't hear
- Speech clarity
- Correct sound formation

These potential difficulties may not be immediately obvious, particularly if intelligibility is good and the child appears attentive. It is important to really get to know the child to identify barriers to learning and areas where they need support.

It is also important to monitor the child's language development and refer them to a teacher of the deaf or speech and language therapist for assessment. Where language delay is identified, specific programmes will need to be put in place, which may be delivered by the teacher of the deaf, the school teacher, a SaLT therapist or a teaching assistant.

5.5 Social Development

Typically, children learn social skills with little effort starting from a young age. These skills develop by watching others and learning how others react to them. They are based on facial expression, gesture, body posture and speech. Children with hearing impairment have a much smaller "listening bubble" around them and so social communication skills are learned more slowly.

Children learn more than 80% of what they know through incidental learning, i.e. by overhearing others around them.

There are many social skills children learn in their early years, such as saying hello and goodbye and making eye contact. Later, there are rules of conversation to learn, such as paying attention to the person who is speaking and taking turns to speak. This is something which families can demonstrate and help the child with hearing impairment to develop, through playing games or explaining skills at appropriate moments.

Children learn more than 80% of what they know through incidental learning.

One of the most important kinds of support a parent can provide is to help their child develop meaningful relationships with other children who have hearing impairment.

Knowing that they are not alone in their challenges and being able to talk and laugh with another child who also struggles to hear and understand will help provide the child with healthy self-esteem and the resilience to respond to questions and comments from people with normal hearing.



Without support to develop their social and communication skills the hearing-impaired child can become socially isolated. They may have difficulty making friends and find school less enjoyable than it could be. If you are concerned about your child's social skills

and friendships it is important to discuss this with their teacher first. The teacher is on the front line at your child's school and may be able to guide your child into more social participation. Your teacher of the deaf can also advise you about how to help your child make good friendships.

More information can be found on the following website
<http://successforkidswithhearingloss.com/social-skill>

5.6 Emotional Development

Children with hearing impairment can also experience delays in emotional development. It is worth spending time looking at different emotions and understanding what these mean and how they feel. This can be done verbally or better still using pictures, comics and videos.



Providing clarification to your own feelings during the day can enhance and develop your child's emotional development, eg telling the kids that you are delighted when you receive flowers on your birthday, or that you were dis-appointed to not win a prize at the cake decorating competition.

Children may have trouble with:

- having the vocabulary to identify and explain more complex feelings, beyond just happy and sad
- understanding verbal cues to other people's feelings when they miss parts of the conversation
- recognising what emotions look like on the face and what facial expression and posture tell us about what others are feeling

6 Information on Local Services and Support

Services for children with hearing impairments in the London Borough of Richmond upon Thames are provided through one of two public bodies: The National Health Service (NHS) and Richmond Council, with some additional support provided by voluntary agencies.

Generally speaking, the NHS provide all of the health-related services and the Council provides the education and social care services. This can be confusing as some services cross over areas. The potential for confusion is increased by the fact that Richmond's health services are merged with those of Hounslow, while its children's services (education and social services) are shared with Kingston, being jointly provided by Achieving for Children.



You may well find that most of your child's needs are either audiological or educational. Many parents of deaf children find that Paediatric Audiology is their usual contact service within the NHS. Your main contact point for education may be your child's SENCO or the Educational Services for Sensory Impairment (ESSI) team at Achieving for Children.

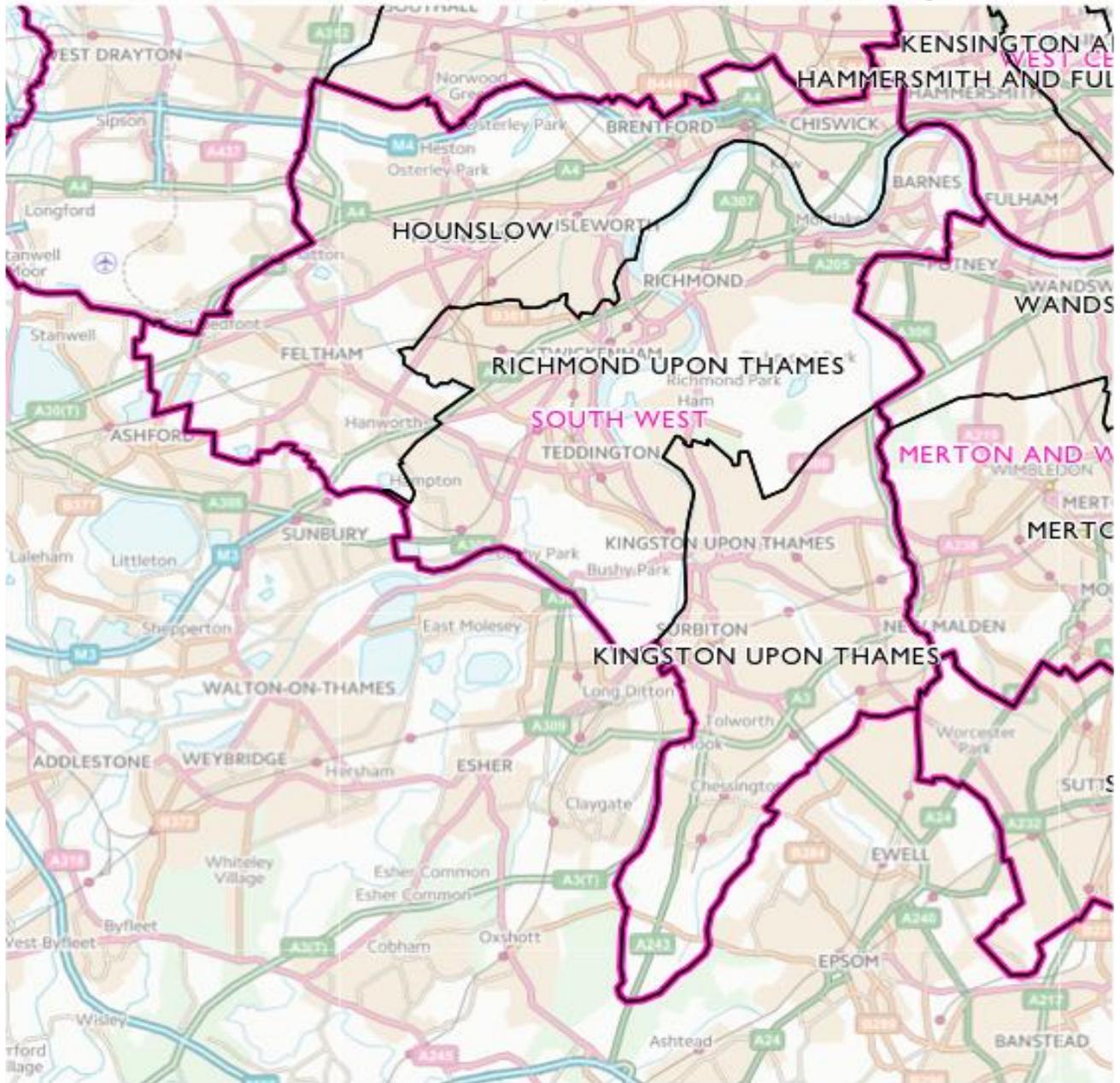
Richmond's health services are merged with those of Hounslow, while its children's services (education and social services) are shared with Kingston, and provided by Achieving for Children.

Voluntary organisations can provide valuable social and emotional support to you and your child, as well as being vital sources of independent information. For example, the National Deaf Children's Society produces a vast range of informational brochures on every aspect of hearing impairment, which you can browse online and order for free. They also have a phone helpline, to assist you with advice on everything from hearing technology to your child's educational rights. Even if you do not identify your child as "deaf", for example if your child has a temporary hearing loss from glue ear, NDCS welcomes your inquiries and is there to support you. Their many brochures are excellent sources of information, and you can pass them on to other people in your child's life too. Joining the NDCS (it's free) is a good place to start accessing good information and help from voluntary organisations.

ELECTION MAPS

CLICK INSIDE A BOUNDARY FOR MORE INFO

Greater London Authority Assembly Constituencies — London Boroughs



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Figure 8 South West London Constituency

You can also get support and advice from local parents of children with hearing impairment by joining TRAPHIC. There is no need to struggle on alone – other local parents are ready to share your concerns. Your child's hearing impairment does not need to hold them back in life, but even a mild, temporary or unilateral loss can have an impact on their development and their confidence. Other parents of children with hearing impairments will share your priorities, encourage you to ask questions when you aren't sure what's best for your child and help you speak up when you have concerns.

Some of the NHS and Council services you may encounter or wish to access for your child are listed in the following section. The webpages for the NHS services all have a Meet the Team tab where you can see current staff members for each team. This is helpful if you are confused about the division of roles and responsibilities among professionals. The Council services (education and social services) are delivered through an agency called Achieving for Children. Their website does not list staff members, nor does the council website, but you can find contact details for the ESSI manager at Achieving for Children on the local offer website afclocaloffer.org.uk.

Voluntary agencies (both local and national) that are here to help you are listed after the NHS and Council services.



6.1 The National Health Services

Paediatric Audiology

Children can be referred to paediatric audiology from different pathways:

- General Practitioners
- Ear, Nose and Throat Consultants
- Paediatricians
- Teachers of the Deaf
- Speech and Language Therapists
- Health Visiting
- School Nursing
- New-born Hearing Screening Programme



Parents can also request an appointment for a hearing test themselves if they are concerned about their child's hearing.



Paediatric Audiology for Richmond upon Thames is based at Teddington Memorial Hospital. Paediatric Audiology will perform your child's regular hearing tests and will supply, fit and monitor their hearing aids if needed. They also provide diagnostic tests, parental support and information, moulded earplugs for noise or swimming, and referrals to other specialists. Paediatric audiology will monitor your child's hearing and provide hearing aids until your child is at least 18.

Please see the appendices for the Departmental Care Pathways for different types of hearing impairment, which illustrate the care that will be offered to your child.

Speech and Language Therapy (SaLT)

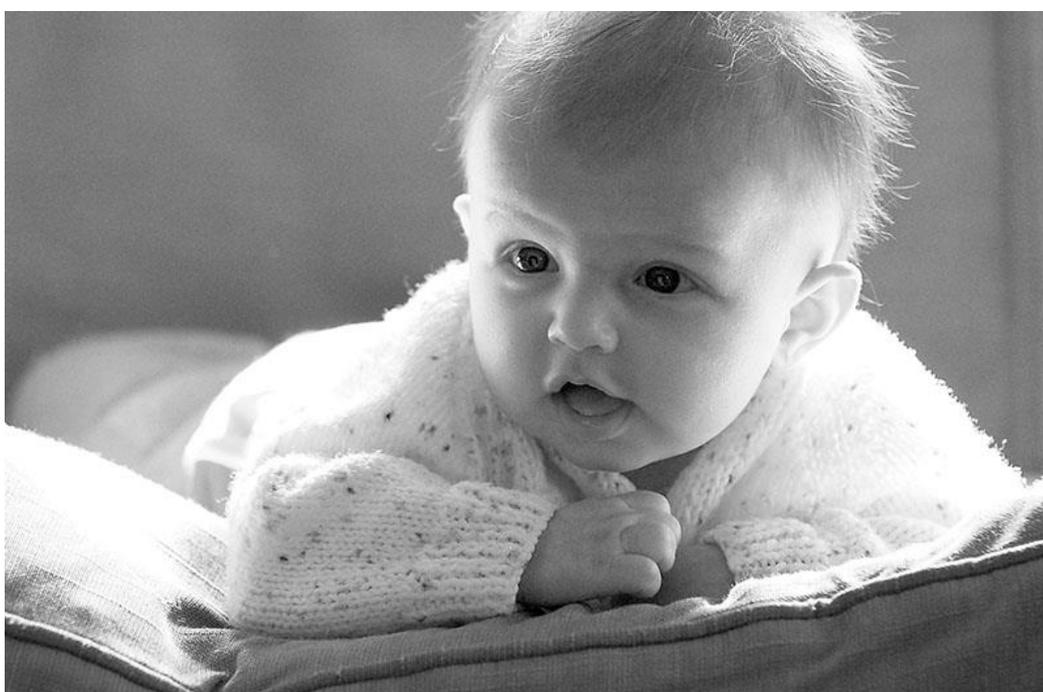
If your child's speech and/or language development is delayed or impaired, speech and language therapy will help them. If you are concerned about your child's speech ask your General Practitioner (GP), SENCO or audiologist for a referral to SaLT for assessment. You can also refer your child yourself by calling SaLT directly. (See appendix.)

If the speech and language therapist feels that your child would benefit from speech and language therapy input, she will arrange to meet with you and your child to identify areas of difficulty and discuss how to best support your child's language development. This may include a block of individual or group sessions as well as offering support for your child within children's centres, early years settings or in school.

SaLT sessions are play-based; your child will learn through having fun. Your child's speech and language therapist will also offer you advice on ways to support your child's language development at home. The therapy itself takes place in various venues around the Borough, but the service is based at Teddington Health and Social Care Centre.

Health Visitors

Health visitors work with all pre-school children and may continue to support your child after they go to school. Their job is to promote health and prevent illness in young children. Health visitors will monitor your child's health and development and advise you about caring for your family and your child. Health visitors will advise you on, and provide, immunisations. Health visitors work from GP surgeries but may visit you at home. Your health visitor's name and number should be in your child's red Child Health Record book.



Ear Nose and Throat Consultants (ENT)

Richmond's ENT consultants are based at West Middlesex Hospital, and Kingston Hospital. They provide treatments for ear problems including tinnitus, balance or dizziness problems. Your child may be referred to an ENT department of your choice if they have glue ear.

Community Paediatrics

Community Paediatrics is a specialist child health assessment and diagnostic service for children with special or complex health needs. They work very closely with other health professionals and also offer joint assessments. They also work closely with non-health specialists in education and social care. Services include pre-school neuro-developmental assessments, assessments for autistic spectrum disorders (ASD) and social communication assessment.

Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers. Parents can call PALS if they are not sure how to access care for their child or have concerns or complaints about the care their child is receiving. PALS teams are based in local hospitals.

Child and Adolescent Mental Health Service (CAMHS)

Children with hearing impairment have a higher incidence of mental health issues than normal-hearing children. If you have any concerns about your child's mental health they should be addressed quickly. Hearing impairment can be isolating for a child and it's important that your child's happiness and confidence are supported.

You can contact CAMHS through your GP or by calling the Single Point of Access Line. A combination of approaches may be used in line with the child's needs and as agreed with the family.

The team offers a range of assessments and treatments, including

- General assessments of mental health/conditions
- Assessments for ADHD and for ASD (for children over 5)
- Risk assessments around issues connected to the young person's mental health
- Psycho-education and support to the family about the child's specific needs
- Assessments for therapeutic work
- Cognitive behavioural therapy
- Brief interpersonal therapy
- Family therapy and parent work around the child's needs
- Counselling
- Pharmacotherapy, with advice/monitoring (using medications to treat mental health conditions)
- Consultations and network meetings with other professionals

Treatment takes place at various locations in the borough.

GP Surgeries

Your GP will continue to look after your child's general health and will be kept informed of your child's assessments and treatments by other service providers. Your GP can also direct you to services that may be helpful to your child. Your GP is based at your surgery, along with your Health Visitor. Your GP can make referrals for your child to Audiology, Child and Adolescent Mental Health Services, Speech and Language Therapy, Ear Nose and Throat doctors, and any other NHS service your child may benefit from.



6.2 Richmond Council Provided Services

Achieving for Children (AfC)

Achieving for Children is a social enterprise company created by the London Borough of Richmond upon Thames and the Royal Borough of Kingston upon Thames to provide their children's services. Achieving for Children has departments for social services, special educational needs services, additional needs services, portage and leisure services.

For children with hearing impairments, your main point of contact at Achieving for Children will be in the Educational Service for Sensory



Providing children's services for the **Royal Borough of Kingston** and the **London Borough of Richmond**

Impairment (ESSI.) This person is often called the teacher of the deaf, though they may not do any direct teaching themselves. They will, however, assess your child's educational needs, recommend a package of support for your child to their school, monitor their progress and provide continuing advice and support to your child and their school. The ESSI team will ensure that the Special Educational Needs Coordinator (SENCO) at your child's school and their teachers have the knowledge they need to support your child, and will provide training and feedback to the child's teachers in deaf-friendly teaching practice.

While your child's paediatric audiologist will supply, fit and maintain your child's hearing aids, the Educational Service for Sensory Impairment team (ESSI) team will assess and recommend any additional listening equipment your child may need for school (though they may not be the ones who fund the equipment.) This would include things like a soundfield system (a PA system specially designed for the classroom) or a radio aid (a microphone worn by the teacher that feeds their voice directly into your child's hearing aid or headphones.) The ESSI team will work with Paediatric Audiology to integrate this equipment, though your child's school may provide the funding for the equipment.

Achieving for Children provides social services, for which your child might be eligible; for example the Early Years Team offers specialist support for younger children with special educational needs and disabilities.

Achieving for Children also maintains the website detailing Richmond's Local Offer. The purpose of the local offer is to enable families, including children and young people with special educational needs or disabilities, to see clearly, from a single and regularly updated source, the services available to local families and how to access them. The offer covers services from birth to 25, across education, health and social care. It describes state-funded, charitable and private services, and includes services outside the local area (e.g. schools) which are used by local families. Put simply, information on "**Local**" services and support on "**Offer**" is gathered together and made easy to find in a "**Local Offer**".

You can find Richmond's Local Offer at: www.afclocaloffer.org.uk

Special Educational Needs Coordinator (SENCO)

Your child's school or nursery will have a member of staff who is the Special Educational Needs Coordinator (SENCO.) This person is responsible for coordinating the package of support and adaptations your child needs at school, monitoring their progress, and liaising with their teacher of the deaf at ESSI, and other professionals.

The SENCO will ensure that your child's teachers have received suitable training in teaching practice, supervise any learning support assistants, and manage the use of hearing technology in the classroom. If your child has an Education, Health and Care Plan the SENCO is responsible for implementing it. However, the SENCO should monitor and support your child even if they do not have an EHCP.

Contact your child's school or nursery to find out who the SENCO is.

Personal Websites (WIKIS)

Wikis are easy to use personal websites that are intended to give children and young people with special educational needs or a disability a voice. This can enable them to contribute in a meaningful way to decisions that are made about them. Wikis are private and can be shared securely with professionals working with your child to share information. Achieving for Children are offering wikis to children and young people with a special educational need or a disability who live in the boroughs of Kingston or Richmond, or who attend schools in the boroughs. Find out more about wikis and how to get one on www.afclocaloffer.org.uk



6.3 Local Voluntary Organisations

There are many local charities that can support you, depending on your need. Here are just some of them.

Twickenham and Richmond Area Parents of Hearing Impaired Children



TRAPHIC is a local support group for parents of children with hearing impairment from the Twickenham and Richmond area. Although the members are generally local families from further away are just as welcome. Members meet informally to share ideas, exchange stories and support each other.

TRAPHIC also acts as an advocate for action on behalf of all local children with hearing loss. See Appendix 1 for contact details.

Kids Richmond and Kingston SEND Information, Advice and Support Service (KIDS SENDIASS)

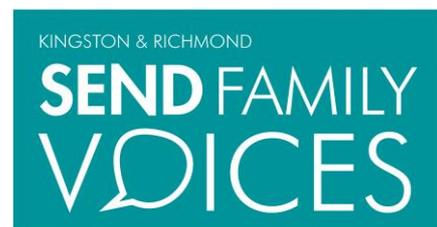
This is a friendly team of local advisers who offer impartial advice and support on all matters relating to special educational needs and or disability.

KIDS SENDIASS can offer support with:

- Education, Health and Care plans, personal budgets, person centred planning
- How to use the Local Offer
- Support in understanding reports and letters, attending meetings and preparing for assessments and reviews.
- Information and signposting to support services in your area
- Support with the transition to adulthood.
- Support with and signposting to the specialist mediation team.
- Advice and support on benefits.

SEND Family Voices

SEND Family Voices is a Richmond and Kingston charity that brings together families of children with special educational needs. SEND Family Voices works to improve services, share support and strengthen our common voice. By ensuring families are heard, it empowers children, young people and their families to obtain the best possible care and services.



The charity work independently from, but in partnership with, the providers of children's services in the Borough.

Cochlear Implanted Childrens Support Group (CICS Group)

The CICS Group is a voluntary charity run by parents of children who use cochlear implants. It is the only UK national charity dedicated solely to helping families whose children need cochlear implants. The charity has a local co-ordinator based in the Richmond borough.

CICS provides contacts, information and support for families at any time, whether they are just starting to think about an implant or whether their child is an implant user.

Children's Hearing Services Working Group (CHSWG)

Each local authority in England has a CHSWG. These groups bring together professionals from all the services which support children with a hearing impairment in the area. The Richmond group meets three times a year to discuss ways to improve provision and integrate their services effectively.



Richmond Children's Hearing Services Working Group

CHSWG meetings are attended by representatives from many services, including newborn hearing screening, paediatric audiology, speech and language therapy, education services, social care, healthcare commissioners and both local and national voluntary organisations. See Appendix 1 for contact details.

If you want to help shape services for children with hearing impairment in our Borough, then get involved in the Richmond CHSWG. Contact Paediatric Audiology for more information.

In addition to these professionals, CHSWGs have active involvement from local parents of hearing impaired children. One of the most important functions of the parent representatives is to ensure that the services provided locally match the needs of the families who use them.

Richmond AID

This is a charity run by and for disabled people in the London Borough of Richmond upon Thames and surrounding areas. Its service includes supporting disabled people, families, carers and professionals by providing:

- Advice Service
- Benefits Service
- Support with employment and training

It also supplies the Independent Support Partnership and a Travel Buddies Scheme.

Richmond AID supports people of all ages with all kinds of disabilities, including physical and sensory impairments, mental health issues and learning difficulties. The aim is to support disabled people to live independent lives and have the same opportunities as non-disabled people.

6.4 National Voluntary Organisations

Listed are detailed of some of the national, voluntary organisations. They provide a wide range of services, from books to music.

National Deaf Children's Society (NDCS)

NDCS is a charity dedicated to providing support, information and advice for deaf children and young people, their families, and professionals working with them.

NDCS provides personal advice over the phone on a range of issues. It operates nationally and locally. It also offers a very informative website, a programme for loaning equipment you would like to try out, national and local advocacy, local support groups, and events for children with hearing impairments and their families, and a large range of excellent brochures you can read yourself and pass along to teachers etc. They support children with mild, unilateral and temporary losses as well as children with more severe impairments. Membership is free, as are the brochures, which you can order online.

They have a wealth of [online information](#) at:

www.ndcs.org.uk/family_support/index.html as well as free [factsheets, booklets and DVDs](#) at:

www.ndcs.org.uk/family_support/order_and_view_our_publications/index.rma to download or order. There's information on audiology, financial support, education, technology, communication, and much more.

NDCS have a children's website called "The Buzz". This gives young people the opportunity to make friends, check out the latest information and to chat and discuss issues that matter to them. There are two sections: age 8-11 and age 12-18.



British Deaf Association (BDA)

BDA is the largest national organisation run by deaf people for deaf people. BDA represents the views of the deaf community and promotes British Sign Language. It has a Youth, Children and Families section.

SOS!SEN

SOS!SEN is a national charity aiming to empower parents and carers of children with SEN to tackle successfully the difficulties they face when battling for their children's rights.

It offers advice on:

- Getting the right help for your child
- Dealing with the school or local authority
- Interpreting official letters
- Getting an EHCP for your child
- Finding independent expert professional advice
- Appealing to the SEND Tribunal

It also offers:

- Workshops
- Advice Centres
- 1:1 Sessions
- Term Time Helpline

The Ear Foundation

The Ear Foundation provides information, an extensive range of resources and training courses for professionals, parents of hearing impaired children, the children and teenagers themselves, as well as hearing impaired adults. It also conducts research in the field of the cochlear implantation.

Action on Hearing Loss (AOHL), formerly RNID

AOHL represents the 10 million deaf and hard of hearing people in the U.K. They provide a wide range of services and training to individuals and organisations and are actively involved in many research projects. They produce information and factsheets on a wide variety of issues related to deafness.

Auditory Verbal UK

This is a national charity which teaches children/babies with a hearing impairment to listen and speak, so that they can achieve their full potential in life. They share their skills and expertise with professionals working in the field of hearing impairment.

National Sensory Impairment Partnership (NatSIP)

NatSIP is a partnership of organisations working together to improve outcomes for children and young people with sensory impairment.

Talking Point

Talking Point is a charity that aims to provide parents with help and information to support their child's communication. They also support SaLT practitioners by providing information to help identify children's speech, language and communication needs.

6.5 Independent Organisations

There are many professionals available for private support. The internet is a great place to start. Friends and other parents can often provide recommendations.

One such company is Steps2Speech, which is run by a professional qualified as both a speech and language therapist and a teacher of the deaf.



7 Your Child's Education

All nurseries, playgroups and other childcare settings such as registered childminders are inclusive and should welcome a child with special educational needs. Before your child starts, you should ask to meet the special educational needs co-ordinator (SENCO) to talk about your child and their needs, and to discuss how the nursery or playgroup can support them.

The SENCO will continue to work with you and your child while they are attending the nursery to ensure they are getting the most out of their time in the setting.

Your teacher of the deaf will be able to discuss local options with you.

7.1 Early Education funding for two, three and four year olds

All children are entitled to 15 hours of free early education from the term following their third birthday. Some children are entitled to these hours from the term following their second birthday, although this depends on family circumstances. Two-year-old children in receipt of disability living allowance (DLA) or with an Education Health and Care Plan are eligible for free funding at the age of two. Visit www.richmond.gov.uk for full details.



7.2 Special Educational Needs

The legal definition of special educational needs is as follows:

“A child or young person has SEN if they have a learning difficulty or disability which calls for special education provision to be made for him or her.”

“A learning difficulty or disability means the child has significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her making use of facilities of a kind generally provided for others of the same age in mainstream school or mainstream post-16 institutions.”

Hearing impairment is a physical disability that impacts a child’s ability to learn, therefore you and your child should be in regular contact with the Special Educational Needs Co-ordinator (SENCO) in your child’s school or nursery once they have accepted a place. If your child hasn’t started nursery or school yet you should contact the Achieving for Children ESSI team using the details in this book for advice on choosing one.

Special Educational Needs that affect a child’s ability to learn include:

- Behavioural or social challenges
- Specific learning disorders, e.g. dyslexia
- Developmental delay
- Attention deficit and/or hyperactivity disorder (ADHD)
- Physical needs or disability, including sensory impairments such as hearing loss

Your child may be offered SEN support designed and delivered by the school. If they need more support than the school provides in this way then an Education, Health & Care Plan will need to be created for them. This is a plan of care for children and young people with greater or more complex needs.

Hearing impairment is a physical disability, NOT a learning disability. However, children with hearing impairment are usually eligible for extra time in public exams.

Whether or not they have an EHCP or get additional help at school, children with hearing impairment are usually eligible for extra time in public exams, and may also be offered other special exam arrangements. You can discuss this with their SENCO or their Teacher of the Deaf (ToD) when they enter secondary school if it has not been raised before.

More information on SEN support can be found at:

www.gov.uk/children-with-special-educational-needs/special-educational-needs-support

7.3 Choosing a Nursery or School

There are so many types of schools and nurseries available in Richmond that it can be hard to differentiate them. In this section you will find information about the various kinds of schools here.

If you are looking for a nursery school or class for your child, you can find information on the Richmond Council website: www.richmond.gov.uk/nursery_schools. As many of these nurseries are attached to state primary schools, you will need to consider what primary school you would like to send your child to at the same time, so it may be best to start by looking at primary schools and work your way back from there. However, having a place in a primary school's nursery class does not guarantee that your child will be offered a place in the primary school. This requires a separate application.



If you are not already familiar with the state school system in Richmond, you may want to start by reading the borough's guide to primary admissions, which is published on the council website each year: www.richmond.gov.uk/primary_admission.pdf.



This guide will explain the process of applying to Richmond schools. It also lists all the schools in the borough alphabetically and has a map of their locations. The listings for each school just have contact details, but most of them have links to the school's website so you can have a look at those. The Richmond council website has a map view of state primary schools here: www.richmond.gov.uk/primary_schools_map

Once you have an idea of which schools are nearby, you can make appointments to visit the schools for a tour and a meeting. You may want to arrange a meeting with the SENCO specifically to talk about your child's needs. When you visit a school, ask to come during lesson time and breaks so you get a good feel for the atmosphere in the school. If you can, talk to other parents and children to find out their experiences at their schools.

The National Deaf Children's Society has a very good page on choosing a school for your child, with links to detailed information on a variety of sub-topics. You can find it here: www.ndcs.org.uk/family_support/education_for_deaf_children/education_in_the_early_years/choosing_a_school.html

Children with hearing impairment in Richmond are usually educated in mainstream schools unless they have additional special needs or are using sign language instead of oral communication. If your child uses sign language, your teacher of the deaf can discuss

their school options with you as it may be better for them to attend a school outside the Borough.

If they communicate orally but have needs beyond what a mainstream classroom can supply, find a list of specialist units in Richmond that cater for various special needs here: www.afclocaloffer.org.uk/uploads/ckeditor/attachments/111/Richmond_Specialist_Provision_Prospectus.pdf

More information on choosing a primary school for a child with special educational need can be found here: www.richmond.gov.uk/education_sen_choosing_primary

7.4 Types of Schools

State Schools

A state school will offer the National Curriculum to a child with a hearing impairment, making reasonable adjustments where necessary.

A state school will offer the National Curriculum to a child with a hearing impairment, making reasonable adjustments to accommodate their needs.

The most common types of state schools are:

- Community schools: These are controlled by the local council
- Foundation schools: These have more freedom to decide the way they do things than community schools, but are accountable to the local council
- Academies and free schools: These are independent of the local council and instead answer directly to the Department for Education in Whitehall. They can follow a different curriculum but they still have to follow the same rules on special educational needs as other state schools.
- Grammar schools: These are run by the council, a foundation body or a trust. Grammar schools are state secondary schools that select all or most of their pupils based on academic ability.
- Faith schools: These are state schools run by a religious institution. State-operated faith schools have to teach the national curriculum, but can emphasise the study of their own faith.



Support for a child with hearing loss in a state school may include teachers and specialist support assistants with additional experience and/or qualifications for working with children with hearing impairment. If your child has an Education, Health and Care Plan they may receive an appropriate level of additional support as part of their plan.

All schools are offered in-service training for all staff who will teach a child with a hearing loss. In addition, personalised educational recommendations and resources are provided to the teachers as necessary by the ESSI team.

The Equalities Act of 2010 requires schools to make “reasonable adjustments” to their physical environment for pupils with additional needs, so they are not at a substantial disadvantage. This includes the provision by a school of auxiliary aids such as a soundfield system or radio aid, and also carpeting the child’s classroom to improve its acoustics.

Resource Base or Specialist SEN Provision

Some state schools may have a Resource Base or Unit. These schools differ from other mainstream state schools in that a qualified teacher of the deaf will be part of the school staff. There is likely to be a higher level of access to specialist teaching and specific pastoral care programmes for children with a hearing impairment.

In the Borough of Richmond there are no schools with hearing impaired units, so if you want your child to spend time at a unit they would have to travel out of borough for this. There is specialist provision for children with hearing impairments at Knollmead School in the Borough of Kingston.

There are no schools with hearing impaired units within the Borough of Richmond, but there is specialist provision at Knollmead Primary School in the Borough of Kingston.

Specialist Schools

When a mainstream school or resource base is unable to meet the child’s needs, a specialist school may be considered. For children aged 11 or older these specialist schools can specialize in 1 of 4 areas of special educational need:

- Communication and Interaction
- Cognition and Learning
- Social, Emotional and Mental Health
- Sensory and Physical Needs

Specialist schools for sensory impairment are often residential because there are not very many of them, due to the low numbers requiring this kind of school. There are no specialist schools for children with hearing impairments in Richmond.

Specialist schools can offer a greater extended

One example of a specialist school for children with hearing impairment is Mary Hare School in Berkshire, which is attended by children from our borough. Pupil’s fees may be supported by local authorities.

curriculum, which may include a significant element of self-help and independence skills. Class sizes tend to be small with more specialist staff. Children have the opportunity to meet and work alongside others with similar disabilities, which can improve self-esteem and develop better social skills. They also generally offer on-site provision of physiotherapy, speech and language therapy and other professional services deemed necessary.

Specialist schools may be fee-paying schools, but the local authority may fund your child's place at an independent specialist school if your child has an EHCP. If you think your child needs a private specialist school you should research suitable schools and have the one you choose specified in their EHCP.

The UK has some very good independent SEN specialist schools (as well as some excellent state SEN schools) but the number of places available is limited. For more information see www.goodschoolsguide.co.uk/special-educational-needs/advice/choosing-a-school-for-special-needs

The Local Offer website contains a list of out-of-borough schools currently funded by either Kingston or Richmond to have one or more pupils with an EHCP attending them. This may include mainstream schools, schools with specialist provision and special schools. Some pupils with a hearing impairment may be attending these schools and the schools may provide special provision for children with a hearing impairment. This will vary from year to year depending on the current cohort of pupils.

Independent Schools (Private Schools)

Independent schools charge parents fees instead of being funded by the government. Independent schools do not have to follow the national curriculum. Independent schools must be registered with the government and are inspected regularly.

Independent Schools do not have to create or implement an EHCP for your child and are not bound by the same statutory responsibilities to your child as a state school.

Independent schools often provide smaller class sizes which allow the teacher to spend more time with your child and adjust their teaching accordingly. They do not, however, have to create or implement an EHCP for your child, and are not bound by the same statutory responsibilities to your child as a state school. Some independent schools, however, have specific expertise in catering for children with special educational needs.

If your child attends an independent school you may be asked to pay for any assessments they may need such as speech and language and educational psychology reports, as well as visits from a teacher of the deaf. You may also have to pay for their assisted listening devices yourself, although their hearing aids would still be supplied by audiology.

You can find an interactive map of most independent schools here:

www.isc.co.uk/schools/

Home Schooling

You can teach your child at home, full or part-time, but you must inform your local authority. As parents, you must make sure that your child receives a full-time education from the age of 5 but you do not have to follow the national curriculum.

If you are taking your child out of a school they are attending you must write to the head teacher. You can ask the school to teach your child part time, but the school doesn't have to accept your request.

You can get help with home education from the council. Its guide to home schooling can be found here: www.richmond.gov.uk/elective_home_education

7.5 Which Type of School to Choose?

Each type of school has advantages and disadvantages. Even if your child has SEN all state schools can be considered, though for selective secondary schools the child will need to pass entrance exams. Mainstream and specialist state schools, and independent specialist schools, must admit your child unless the governing body can state that:

- The school is unsuitable for the age, ability, aptitude or SEN of the child or young person
- the attendance of the child there would be incompatible with the efficient education of others or the efficient use of resources.

If a school turns down your application for admission, you can appeal to the Special Educational Needs and Disability (SEND) tribunal.

Mainstream independent schools can choose the pupils they want to teach. Some keep a handful of places for children with special needs. Others have a positive attitude to SEN and will look at each child as a whole. Schools that are academically selective will only take children who pass their entrance exams.



If the Borough feels that a state school would be suitable for your child, but you choose to send your child to a mainstream independent school, you will have to cover the school fees yourself. In addition, your child will not be entitled to the education support from Achieving for Children that they are entitled to if they attend a state school. If they have an EHCP, you may be able to arrange for ESSI to support them at the independent school. This would mean that you would pay the school fees but ESSI would provide specialist

advice, teaching, radio aids, etc. However, it will be up to the Borough to decide whether to do this or not, and it will only be possible if it is written into an EHCP.

The bottom line is that if you decide to remove your child from state education then the state is no longer responsible for your child's education. The ESSI team at Achieving for Children may offer your child's independent school a certain amount of advice and consultation, but the SENCO at your child's school, rather than the local authority, will be responsible for them if they are at a fee-paying school. An independent school can buy in more support from Achieving for Children for your child if they wish.

7.6 What to Expect When Your Child Starts Nursery

Getting your child off to a good start at nursery will set a positive tone for their experience in education. Given the high incidence of glue ear in this age group, most nurseries will have experience working with children whose hearing is compromised. They should be able to explain their practices for ensuring these children



can fully access the provision. This may include giving extra communication support, employing deaf friendly teaching strategies like establishing eye contact before speaking, and checking the child's understanding.

The National Deaf Children's Society has good information about what to look for in a nursery here:

www.ndcs.org.uk/family_support/education_for_deaf_children/education_in_the_early_years/choosing_a_school.html

Once you have chosen your nursery, you can plan a strategy with them for gently introducing your child to the environment. A good nursery will have a lot of experience easing children in and will be able to help your child make the transition without undue anxiety. You can ensure that the nursery is fully up to speed by passing on as much information as you can about your child before they start - the more they "know" your child beforehand the better they will be able to meet their needs. You can also ensure they are up to date with best practice in working with children with hearing impairment by ordering this booklet for teachers from the National Deaf Children's Society:

www.ndcs.org.uk/family_support/order_and_view_our_publications/early_years_supp_a_ch.rmautm_campaign=Membership&utm_medium=login&utm_source=login

7.7 What to Expect When Your Child Starts School

Once you have been offered a place at a school, you should contact the head teacher and the SENCO as soon as possible to arrange a meeting to discuss your child's needs. In advance of the meeting, you may want to forward any reports you have on your child from their nursery, playgroup, teacher of the deaf, SaLT therapist, etc.

Once you have been offered a place at a school, you should contact the head teacher as soon as possible to arrange a meeting to discuss your child's needs. The school's SENCO should attend this meeting too.

The more information the SENCO has about your child the better they can prepare to help them. The NDCS has a great free booklet on supporting deaf children in the classroom, which you can order to give to their SENCO, (order one for your child's form teacher while you are at it!) You can find it here:

www.ndcs.org.uk/family_support/order_and_view_our_publications/suppachieveprimary.rma



During your initial meeting with the Head and the SENCO, you may want to bring up the subject of listening technology for your child. If your teacher of the deaf thinks it may help your child to access the curriculum more effectively they can arrange to trial whichever type of device they think most suitable. If your child wears hearing aids this may be a radio aid. If they don't, then a soundfield system may be more

helpful. It's best to raise this topic as early as possible and try to have whatever provision you agree on in place before the child starts school.

You should also check that your child's teacher of the deaf has been in to the school to meet your child's form teacher and assess the classroom's acoustic suitability. The Teacher of the Deaf may recommend adaptations to the classroom to improve its acoustics, which the school should put in place before your child begins.

Your child's form teacher should also discuss how to introduce your child to the class and the classroom in a way that builds their confidence and starts off their education in a positive way.

It is up to you what information to provide to other parents in your child's class and how to do so, but it is important to encourage your child to be open and straightforward about their hearing impairment with adults and other children. If they feel nervous about mentioning it, they are less likely to put their hand up when they miss something, or ask another child to repeat something they said in the playground. This may lead to them feeling that they are not keeping up with the lesson, or having poor social interactions with their friends. Your child's engagement with their teachers and friends is vitally important to ensuring that they don't become isolated or withdrawn. Young children are often very shy about speaking up for themselves and they may need a lot of support from you and from their teachers to learn to let people know what they need.

Your child's teacher of the deaf at ESSI may recommend adaptations to your child's classroom to improve its acoustics, which the school should put in place before your child begins.

It can be hard to acknowledge that your child is different, and many parents are understandably reluctant to apply the label "deaf" to their child, with all the associations that word brings along with it. But if the hearing impairment is permanent your child will need to accept this and learn to be confident asking for things to be repeated in order to be a full participant in the world around them. You don't have to use words that make you uncomfortable, you can tell people your child "doesn't hear very well". But it is important that you model talking about your child's hearing impairment to others as your child will (eventually) learn how to do this independently by listening to you.

Your child doesn't have to tell everyone everything, but it will be good if their friends have an age-appropriate understanding of their hearing impairment. Parents of your child's friends will probably be more than happy to talk to their children about your child and reinforce your advice regarding communication. People are naturally curious, but their curiosity is usually well-meant, and most of them will react with kindness and a desire to help.

You may want to ask your teacher to support your child to talk openly about having an hearing impairment and the impact this has on their life. For example, when the class is studying senses your child could speak about using hearing aids when other children talk about wearing glasses.

One other thing parents can do is reinforce the idea that everyone doesn't need to be the same - that it's okay to be different. There are many, many books and stories out there along this theme and it won't hurt to flag it up to your child when you encounter it.



7.8 The Role of the Teacher of the Deaf

Teachers of the deaf work within the Education Service for the Sensory Impairment (ESSI). There are also specialist teachers who work with children with visual impairments and multi-sensory impairment.

A teacher of the deaf is an experienced teacher who has undertaken additional training and qualifications to teach and advise on deaf children.

Teachers of the deaf have an important role in supporting the family and child until the child moves to adult services.

Their role is to:

- Support and advise school staff in educational placements
- Provide deaf awareness training to school staff, as well as more specific training on meeting the individual child's needs
- Support the effective use and maintenance of hearing equipment, undertake specialist assessments, and provide recommendations for the adaptation of the environment and access to all learning activities
- Advise on the outcomes that may reasonably be expected for deaf children when support is sustained effectively over time
- Provide advice and support for all areas of the child's development
- Support and advise parents / carers
- Help coordinate with other agencies involved with the child
- Support transition to new schools

For Richmond, the teachers of the deaf work for the Educational Service for Sensory Impairment, which is part of Achieving for Children. They are based at Moor Lane Centre, Chessington and they will work with all children in the borough from birth to school leaving. Their support will vary according to the child's needs and what kind of school you choose for them.



For more information about the service offered by teachers of the deaf in Richmond and Kingston see www.afclocaloffer.org.uk/organisations/14416-educational-service-for-sensory-impairment-essi?term=TRAPHIC

7.9 The Role of the Learning Support Assistant

If your child needs extra help at school they may be offered support at school from a Learning Support Assistant. Learning Support Assistants, sometimes referred to as Teaching Assistants, provide support to teachers and children in the classroom. The LSA can work 1:1 with a child or with a small group of children.

They work in primary and secondary schools giving help and support to children who have additional learning needs. They work with all children, but those who work especially with SEN children will be working to meet targets set within EHCPs.

The type of work the LSA does varies depending on the needs of the child and the school.

They may assist children daily with:

- physical needs, including therapy programmes
- developing literacy skills, including speech and language programmes
- developing numeracy skills
- independent living skills
- emotional, social and behavioural development, following an educational psychology programme
- help with hearing aids and radio aids

Developing literacy skills could include re-visiting lesson content, working with the child on vocabulary, verbs/tenses, writing skills, improving fluency and comprehension in reading, looking at inferential understanding and authorial intent, understanding jokes and plays on words.

Developing numeracy skills could include understanding of numeric strategies, problem solving and understanding language based numeracy.

Independent living skills could include asking for help, taking part in discussions, and organisational skills.

Emotional, social and behavioural development could include increasing motivation, social acceptance skills and developing relationships through use of comics/role play. The LSA can also encourage empathy awareness, self esteem, and confident communication with adults and other children.



As well as offering in-class support an LSA or TA may be involved with assessment and record keeping, lesson planning and preparation and the modification of teaching and learning materials to meet specific needs. An assistant may ensure different learning styles are adopted, perhaps kinaesthetic, visual or practical, or they may act as a scribe or writer to help the child achieve the learning objectives.

Helping a child develop independence in all aspects of life is a key part of the role, and this includes allowing a child to make mistakes and to look for ways to solve problems rather than just being told the right answers or solutions. Instead of taking over when a child is struggling to achieve something, they will offer tools to help the child succeed.

See more at:

www.goodschoolsguide.co.uk/special-educational-needs/advice/teaching-assistants

In secondary schools, there is sometimes a separate learning support department where LSAs / TAs can work with individuals or small groups away from the classroom on work that complements the work being done in the classroom.

7.10 Classroom Technology and Device Funding

Radio Aids

A radio aid consists of a microphone and transmitter device, which is worn by the teacher, and a receiver, which is worn by the child.

The sounds are transmitted by radio waves from the microphone to the receiver. The receiver picks up the radio signal and delivers it to the child's hearing aids or cochlear implant. If your child does not use hearing aids or cochlear implants the receiver can deliver sound to them through alternative equipment.

Radio aids work on different frequencies. If there are several radio aid users in a school they would each have their own frequency so they don't interfere with each other.



In order to use a radio aid, your child's hearing aid needs to be fitted with radio aid receivers, which attach to the end of the hearing aid behind the ear. (If they don't wear hearing aids there are other types of receivers available.) The receivers pick up the signal from the transmitter and deliver it into the hearing aid. The radio aid will be tested to ensure that it works with the hearing aid and that the child is happy with the sounds levels and quality of sound. The teacher of the deaf will set up the radio aid and show staff how to check it and use it effectively.



Many children find radio aids useful as they reduce background noise and help the child to focus on the teacher's voice.

Radio Aid Funding

In Richmond, if the child has an Education Health and Care Plan (EHCP), you can talk to your case officer about including funding for a radio aid. This funding needs to include the set up and teacher training, which can be supplied by either ESSI or a private provider.

If a child does not have an EHCP then it is up to school to decide whether to fund or partially fund the radio aid. ESSI can help the school with funding arrangements if your child's teacher of the deaf feels your child would benefit from one. The child's teacher of the deaf at ESSI and the school SENCO will work together to arrange the procurement and set up of the radio aid.

If your child has an Education Health and Care Plan, you can talk to your case officer about including funding for a radio aid.

Soundfield System

A soundfield system is a PA system designed for the classroom. The teacher wears a microphone and her voice is transmitted through speakers in the classroom. This amplifies her voice enough that it reaches the child no matter where the teacher is standing or looking, but is not loud enough to be very noticeable to others. Soundfield systems are suitable for children who don't wear hearing aids or whose hearing fluctuates due to glue ear.

Research has shown that soundfield systems are beneficial for other groups of children besides those with a permanent hearing loss. These include children with attention and behavioural challenges, children for whom the classroom language is not their first language and children who may have undiagnosed fluctuating hearing reduction due to fluid in their ears. According to some studies 20% of nursery and reception age children have this problem. In Richmond Borough, 15-20% of children speak English as an additional language. So if your child has a soundfield system it will probably be benefitting other children in the classroom too.



Here is what the NDCS says about soundfield systems:

www.ndcs.org.uk/family_support/technology_and_products/technology_at_school/classroom_soundfield.html

Soundfield System Funding

Your child's Teacher of the Deaf (ToD) can arrange trial and installation of a soundfield system. The cost will either be in the child's EHCP or will be borne by the school if the child doesn't have an EHCP. If your child attends a Richmond community school there may be access funding available from Achieving for Children; your Teacher of the Deaf and school SENCO can make this request to the Buildings Development Team.

If the school is unable to fund the soundfield system and you feel your child would benefit from one you may have to press harder for the funding or try to fund it yourself.

The school is required by law (Equality Act 2010) to make "reasonable adjustments" for a child with a disability, including hearing impairment. These "reasonable adjustments" include providing auxiliary aids such as soundfield systems and radio aids. If you feel your child would benefit from a soundfield system, you can ask the school or your ESSI to trial one for them. NDCS has a scheme where schools can borrow a trial system for free.

7.11 Good Practice in the Classroom

There are many simple strategies your child's teacher can use to ensure that your child doesn't miss anything during lessons. Your child's teacher of the deaf will help their form teacher with this. NDCS has a Deaf Friendly Training Pack for teachers as well.



Here are a few of the more important habits that you may want to check your child's teacher is employing:

- Face the class when speaking -- don't speak while writing on the board with your back turned. The child with hearing impairment will not hear you well and will not be able to see your lips to supplement what they do hear.
- Don't stand in front of a window when speaking to the class.
- To minimise background noise, close the doors and windows and switch off the classroom computer whenever possible.
- Make sure you have the child's attention and eye contact before speaking
- Check the child has heard you correctly and rephrase the statement or question if you are not sure they did.
- Use visual reinforcement whenever possible. Being able to see what they are supposed to do gives children confidence that they are keeping up.
- Agree the best classroom placement for the child with their teacher of the deaf and parents, and then ensure the child is always seated accordingly.
- Make sure you understand the use of any hearing technology in place for the child, and ask for help immediately if you have a problem with it.
- Observe the child's social interactions to make sure they aren't missing out at playtime.

7.12 Education Health and Care Plans

An EHCP is a legal document that details everything that your child needs in order to reach their potential. Your child may or may not be put on an EHCP depending on their level and type of need.

The majority of children with disabilities will have their needs met within local mainstream early years settings, schools or colleges through the resources delegated to the schools by SEN Support funding. Schools should put in place a cycle of Assess, Plan, Do, Review. This is a graduated approach to understanding the child's needs and removing the barriers to learning.

An Education Health and Care Plan brings the child or young person's education, health and social care needs into a single, legal document.

Sometimes a child or young person needs a more intensive level of specialist help that cannot be met from the resources available. This is the time to consider an EHCP needs assessment. Some children may benefit from an EHCP needs assessment early on. In these cases the local authority should liaise with the appropriate services to start the process before they reach school age.

Anyone can contact the SEN Team at Achieving for Children (see information on Local Services in this guide) to ask for advice on requesting an EHCP needs assessment. This will most often be through a multi-agency meeting at the educational setting (e.g. school). Following this meeting, either the educational setting or the parents may submit a request for an EHCP.

Schools should put in place a cycle of Assess, Plan, Do, Review.

The child or young person must have special educational needs to be eligible for a plan. Some children with hearing impairment will qualify for an EHCP and others will not, depending on their type and level of deafness and whether they have other needs. The Achieving for Children website has lots of information about EHCPs, including links to guidance notes for starting an EHCP, samples and templates:

www.afclocaloffer.org.uk/pages/home/assessment-and-education-health-and-care-planning

If your child has an EHCP, the school is required to provide what is detailed in the plan. The child is legally entitled to everything the plan mandates. This is an important legal document for your child if he or she needs special assistance. If your child is put on an EHCP you will be allocated a case officer from the SEN team. It is important that you be happy with its contents and confident that it is the best it can be. You will need to work closely with the team around your child to be sure of that.

Assistance with your child's EHCP is available from two voluntary organisations: Richmond Aid and Kids SENDIASS. Please access their help if you have concerns in this area. You can find the contact details in the appendices.

8 Navigating Services and Being Your Child's Advocate

The professionals who will be helping your child want the same thing that you do: for your child to be happy and to achieve everything they can. They, like you, want your child to achieve exactly what he or she would achieve without a hearing impairment. However, no one knows your child as well as you do and no one is as committed to their future as you are. You are your child's greatest resource and you need to be their strongest advocate. Hearing impairment is often referred to as an "invisible" disability. It will not always be obvious to others how much your child is struggling. Any level of hearing loss creates a challenge for your child and it is important to be proactive in planning for those challenges. Here are some of the ways you can be proactive in being your child's advocate:

- Learn as much as you can about your child's form of hearing impairment and how it may affect them.
- Keep a file with all the information you have been given about your child.
- Ask lots of questions when you speak to professionals -- and don't be afraid to ask them exactly what their job is!
- Try to work out who will do what for your child, and if you ask the wrong person about something make sure they tell you who the right person is.
- Let your child's school know that you expect your child to do well, not just okay.
- Meet up with other parents of children with a hearing impairment. Other parents can be a valuable sounding board as well as a source of support.
- Check up on your child's teachers to make sure they are following the teacher of the deaf's advice about supporting your child. Bring any concerns first to the teacher and then to their SENCO or ESSI manager.
- If you feel something that should be done for your child isn't being done, don't just accept it. Keep talking about it until someone sorts it out.

If you have a concern that you would like someone to address but aren't sure who to talk to, think about whether your concern is broadly health related, social or educational. If it is health related, it will be handled by the NHS, which in Richmond means the Hounslow and Richmond Community Healthcare Trust. A good place to start with health related hearing concerns is Paediatric Audiology. If they can't help, then your GP would be the best alternative. If your concern is social or educational, then it will be handled through Achieving for Children. Your teacher of the deaf at ESSI is your best point of contact there.



If you have trouble finding answers or getting a response you are happy with, call the NDCS helpline. They have support workers available to speak to you by phone in the day or evening, and will be able to help you to make a plan to solve your child's problem.

9 Final Thoughts

If you are struggling to take in all the information you have been given, here are the three most important things:

Hearing impairment doesn't need to hold your child back

There is no reason your child cannot achieve the same things they would be able to achieve with perfect hearing. Their hearing impairment doesn't need to hold them back in life.

Your child's greatest asset is you

You as a parent affect everything about your child: their development, their outlook, their happiness and their opportunities. This gives you the chance to help them over difficulties and ensure that they thrive no matter what challenges life brings them, whether they are hearing-related or not.

Many people are here to help

There are lots of people who are here to help you help your child. Professionals from many services are on hand to offer expert advice and assistance, and other parents can offer support and ideas too. You don't have to do this alone!



Appendix 1 Local Contact Details

NHS And Council Services

Paediatric Audiology

Telephone: 020 8714 4108
Address: Paediatric Audiology
Teddington Memorial Hospital
Hampton Road,
Teddington, TW11 0JL
Email address: hrch.audiology@nhs.net
Website: www.hrch.nhs.uk/our-services/services-directory/hounslow-and-richmond/paediatric-audiology

Speech and Language Therapy (SaLT)

Telephone: 020 8973 3512
Address: Teddington Health & Social Care Centre
18 Queens Road
Teddington TW11 0LR
Website: www.hrch.nhs.uk/our-services/services-directory/services-in-richmond/slt-children-richmond

Educational Services Sensory Impairment Team:

Telephone: 020 8547 6692
Website: www.achievingforchildren.org.uk

Health Visiting

Telephone: 020 8973 3490 (central administrative hub)
Website: www.hrch.nhs.uk/our-services/services-directory/hounslow-and-richmond/health-visiting

Ear Nose and Throat Consultants (ENT)

Telephone: 020 8560 2121
Address: West Middlesex University Hospital,
Twickenham Road,
Isleworth,
Middlesex TW7 6AF

Community Paediatrics

Telephone: 020 8891 8188
Address: Ham Clinic
Ashburnham Road
Ham, Surrey TW10 7NF
Email: hrch.richmondcompaed@nhs.net

Single Point of Access

Telephone: 020 8891 7969 (8am-6pm Mon –Fri)

CAMHS

Telephone: 020 3513 3238
Address: Richmond Royal Hospital
Kew Foot Road
Richmond TW9 2TE

Patient Advice and Liaison Service

Telephone: 020 8321 6261
Email: pals.service@wmuh-tr.nthames.nhs.uk
Website: www.hrch.nhs.uk/patients/pals
Address: West Middlesex
University Hospital
Twickenham Road
Isleworth
Middlesex TW7 6AF

Achieving for Children

Telephone: 020 88547 4722
Email: sendlocaloffer@achievingforchildren.org.uk
Website: www.afclocal.org.uk

Portage

Contact: Portage Service Co-ordinator
Telephone: 020 8547 6698
Website: www.afclocaloffer.org.uk/pages/home/early-years-and-childcare/portage

Voluntary Organisations

Twickenham and Richmond Area Parents of Hearing Impaired Children (TRAPHIC)

Telephone: 07790 639 302 or 020 8977 6801

Email: traphicgroup@virginmedia.com

SEND Family Voices

Telephone: 07469 746 145

Website: www.sendfamilyvoices.org

Email: sendfamilyvoices@outlook.com

KIDS Richmond and Kingston SEND information, Advice and Support Service (SENDIASS)

Telephone: 020 8831 6179

Website: www.kids.org.uk

Email: richmondkingston@kids.org.uk

Richmond Aid

Telephone: 020 8831 6076

Website: www.richmondaid.org.uk/

Email: info@richmondaid.org.uk

Address: Richmond AID Disability Action and Advice Centre (DAAC)
4 Waldegrave Road
Teddington TW11 8HT

Independent Support Partnership:

www.afclocaloffer.org.uk/organisations/7766-independent-support-partnership-isp?term=independent+support+partnership

Travel Buddies Scheme website:

www.afclocaloffer.org.uk/organisations/8395-travel-buddyup-across-richmond-and-hounslow?term=Buddies

SOS!SEN

Helpline: 020 8538 3731

Website: www.sossen.org.uk

Email: admin@sosend.org.uk

CICS Group

Telephone: 020 8876 8605

Website: www.cicsgroup.org.uk

Appendix 2 National Organisations and Further Reading

The National Deaf Children's Society (NDCS)

The leading charity dedicated to creating a world without barriers for every deaf child. They provide free impartial and unbiased information to families, empowering them to make informed choices for their child.

NDCS provides information on all aspects of childhood deafness and hearing loss including:

- Education
- Audiology
- Benefits
- Technology
- Communication
- Additional needs
- Parenting

Families looking for more information about how NDCS can support them and to view their extensive range of publications can visit www.ndcs.org.uk/family_support.

Families can also contact their NDCS Freephone Helpline on 0800 800 8880, helpline@ndcs.org.uk or live chat at www.ndcs.org.uk/livechat

British Deaf Association (DBA)

Telephone: 020 7697 4140 (head office)
Website: www.bda.org.uk
Email: hbda@bda.org.uk

The Ear Foundation

Telephone: 0115 942 1985
Website: www.earfoundation.org.uk
Email: ear@earfoundation.org.uk

Action on Hearing Loss (AOHL), formerly RNID.

Telephone: 0800 808 0123 (freephone)
Textphone: 0800 808 9000 (freephone)
Website: www.actiononhearingloss.org.uk
Email: informationonline@hearingloss.org.uk

Auditory Verbal UK

Telephone: 01869 321492
Website: www.avuk.org

NatSIP National Sensory Impairment

Website: www.NatSIP.org.uk

Talking Point

Website www.talkingpoint.org.uk/progress-checker

Family Resource

Website www.familyresourcecentreuk.org.uk

Delta

Website www.deafeducation.org.uk

Government SEND Code of Practice for Children

Website www.gov.uk/government/publications/send-code-of-practice-0-to-25

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Katz, J., Medwetsky, L., Burkard, R. & Hood, L. (2009) - Handbook of clinical Audiology. 6th ed. USA: Lippincott Williams & Wilkins

Madell, J & Flexer, C. (2014) - Paediatric Audiology; Diagnosis, Technology, and Management. 2nd ed. New York: Thieme

NHS choices (2013) - Hearing loss – Prevention. Preventing hearing loss.

[Accessed on the 10th July 2014] Available from:

www.nhs.uk/Conditions/Hearing-impairment/Pages/Prevention.aspx

Books:

Title	Author/Publisher
The Care and Education of a Deaf Child	Pamela Knight and Ruth Swanswick
When Your Child is Deaf	David Luterman with Antonia Brancia Maxon
Kid Friendly Parenting with Deaf and Hard of Hearing Children	David Medwid and Denise Chapman Weston
Hearing Impaired Infants Support in the first eighteen months	Jacqueline Stokes
Deaf Children Talking at home	DELTA Parents Guide
Deaf Children Talking at School	DELTA Parents Guide
Helping Your Deaf Child to Learn	A booklet for parents of Pre-school and Primary school age deaf children.
Deaf Friendly Teaching	A practical guide for teachers working with deaf children (but interesting to parents too.)
Deaf Friendly Nurseries and Pre schools	A guide for people working in early education settings. Useful when you have to choose a Pre-school.
Zoo Keeper – a book about Katy who is deaf	Action on Hearing Loss
Oliver Gets Hearing Aids	Phonak
Oliver Gets FM	Phonak
The Animal Boogie by Debbie Harter	Book and CD
Playtime Rhymes by Sally Gardner	Book and CD
Parenting a Deaf Child	NDCS CD Rom
Christmas with Wendy and Jerry	Chase videos
My First Yellow Picture Book	Ladybird/Chase Videos
My First Blue Picture Book	Ladybird/Chase Videos
Baby's First Book	Ladybird /Chase videos
First Words for Me (2 copies)	Ladybird/Chase Videos
A Video phrase book for parents	Sign Language Video People
My First Signs	ISBN 1-904550-05-5
The Ugly Duckling in BSL and Ladybird Book	Read it yourself Ladybird
The Three Little Pigs in BSL and Ladybird Book	Read it yourself Ladybird
Cinderella in BSL and Ladybird Book	Favourite Tales – Cinderella
Kipper (BSL)	stories "Kipper" "Kipper's Toybox"

Appendix 3 Abbreviations

AABR	Auditory Brainstem Response
ADHD	Attention Deficit, Hyperactivity Disorder
AFC	Achieving For Children
AOAE	Automated Otoacoustic Emissions
AOHL	Action On Hearing Loss
ASD	Autistic Spectrum Disorders
BAHA	Bone Anchored Hearing Aid
BDA	British Deaf Association
BSL	British Sign Language
BTE	Behind The Ear
CAF	Care Assessment Framework
CAMHS	Child Adolescent Mental Health Services
CDT	Child Development Team
CHL	Conductive Hearing Loss
CHSWG	Children's Hearing Services Working Group
CIC	Completely In the Canal
CICS	Cochlear Implanted Children's Support
CMV	Cytomegalovirus
CROS	Contralateral Routing Of Sound
dB	decibels
EHCP	Education, Health and Care Plan
ENT	Ear, Nose and Throat
EP	Educational Psychologist
ESSI	Educational Service for Sensory Impairment
FM	Frequency Modulated
GP	General Practitioner
HRCH	Hounslow and Richmond Community Healthcare
Hz	Hertz
ITC	In The Canal
ITE	In The Ear
LA	Local Authority
LBR	London Borough of Richmond
LSA	Learning Support Assistant
NDCS	National Deaf Children's Society
NHS	National Health Service
OME	Otitis Media with Effusion
OT	Occupational Therapy
PA	Public Address
PALS	Patient Advice and Liaison Service
PTA	Pure Tone Audiometry
RAID	Richmond Aid
SALT	Speech and Language Therapist
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-ordinator
SEND	Special Educational Needs and Disabilities

SENDIASS	SEND Information, Advice and Support Service
SNHL	Sensori-Neural Hearing Loss
SSE	Sign Supported English
TA	Teaching Assistant
TAC	Team Around the Child
ToD	Teacher of the Deaf
ToHI	Teacher of the Hearing Impaired
TRAPHIC	Twickenham Richmond Area for Parents of Hearing Impaired Children

Appendix 4 Patient Care Pathways

New-born hearing screening Patient Care Pathway

If NHSP results are within normal limits babies are discharged unless there is a risk requiring surveillance. If they are referred to Audiology, then they are seen within 4 weeks.

AOAE = Automated Otoacoustic emission

AABR = Automated Auditory Brainstem Response

NICU = Newborn intensive Care Unit

SCBU = Special Care Baby Unit

AABR = Automated Auditory Brainstem Response

NICU = Newborn intensive Care Unit

SCBU = Special Care Baby Unit

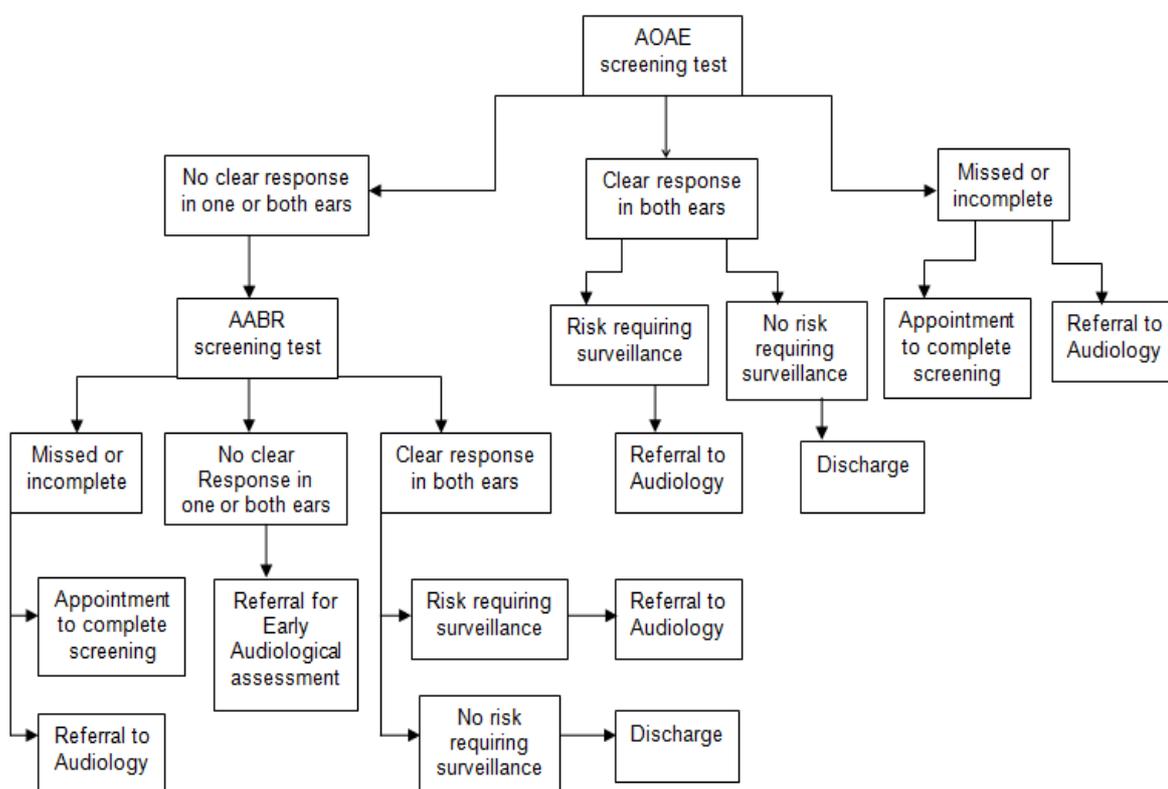


Figure 9 Well Baby Protocol

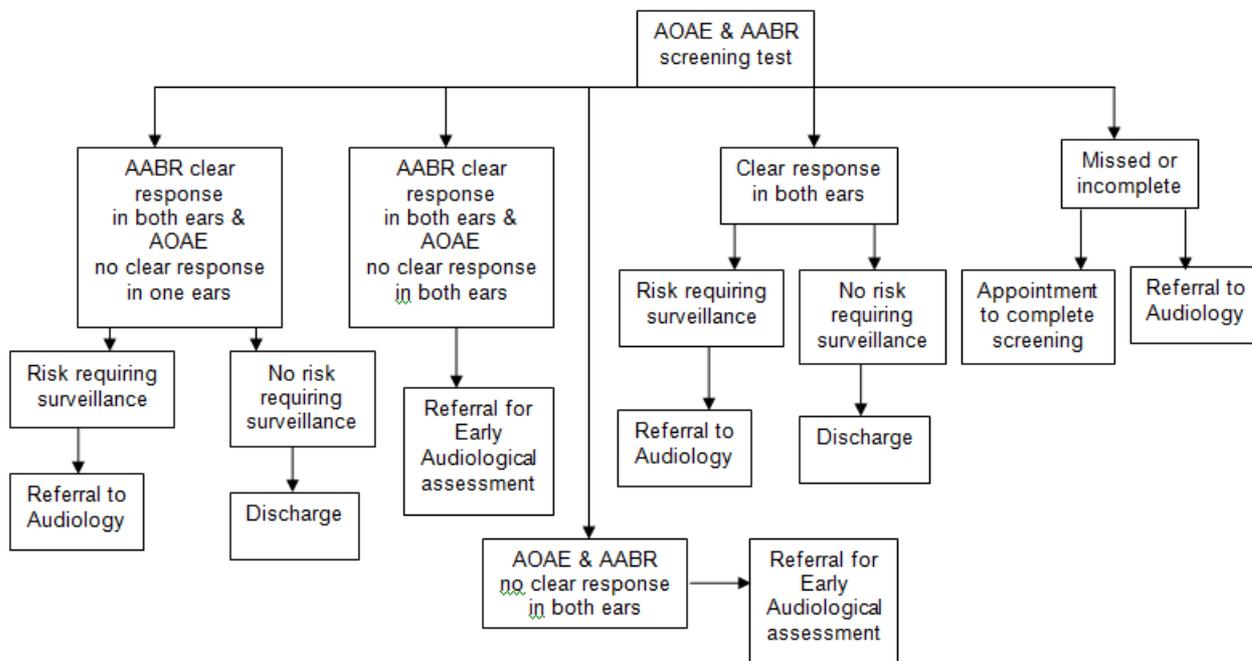


Figure 10 Newborn Intensive Care Unit / Special Care Baby Unit Protocol

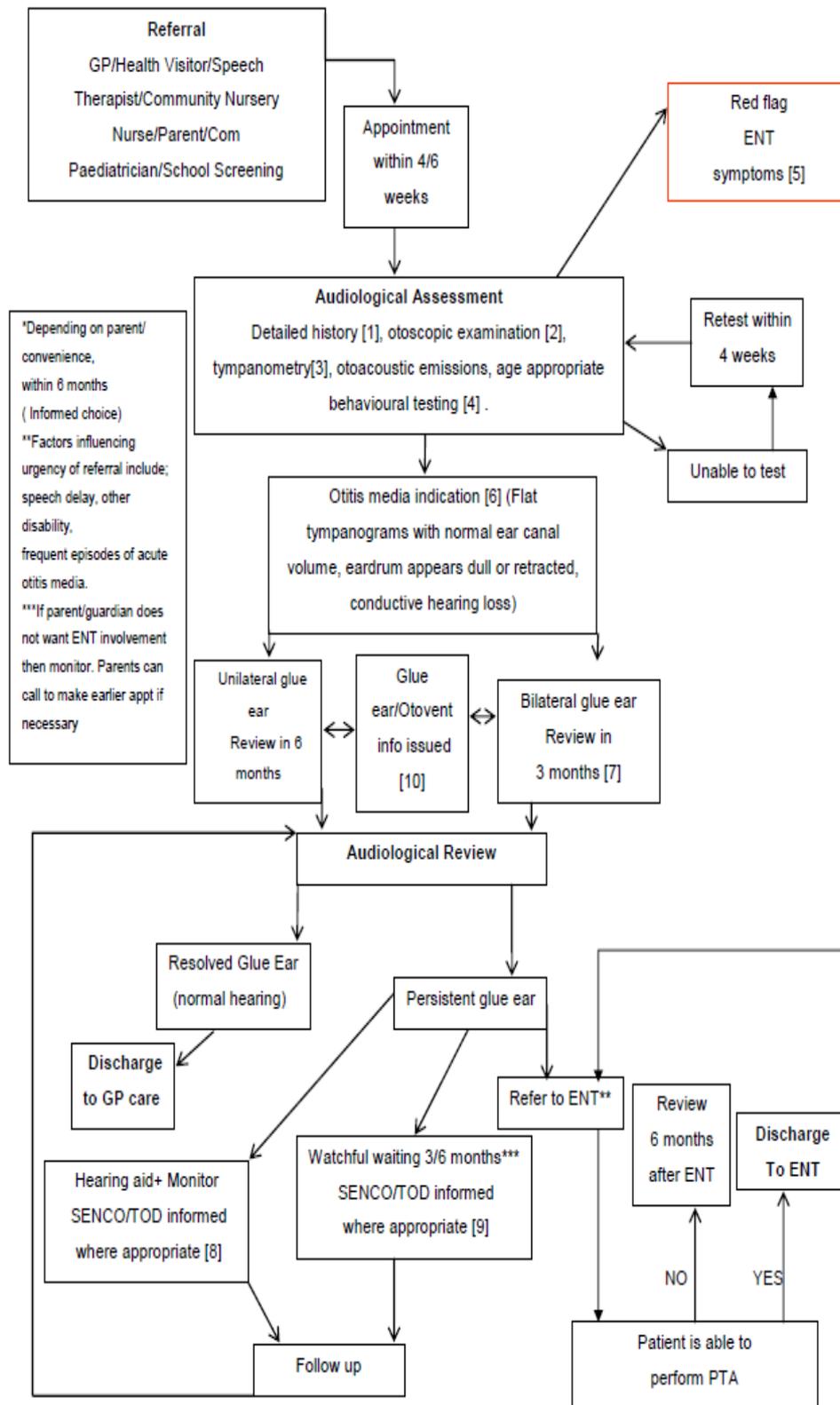


Figure 11 Departmental Care Pathway - Glue Ear and Permanent Hearing Impairment

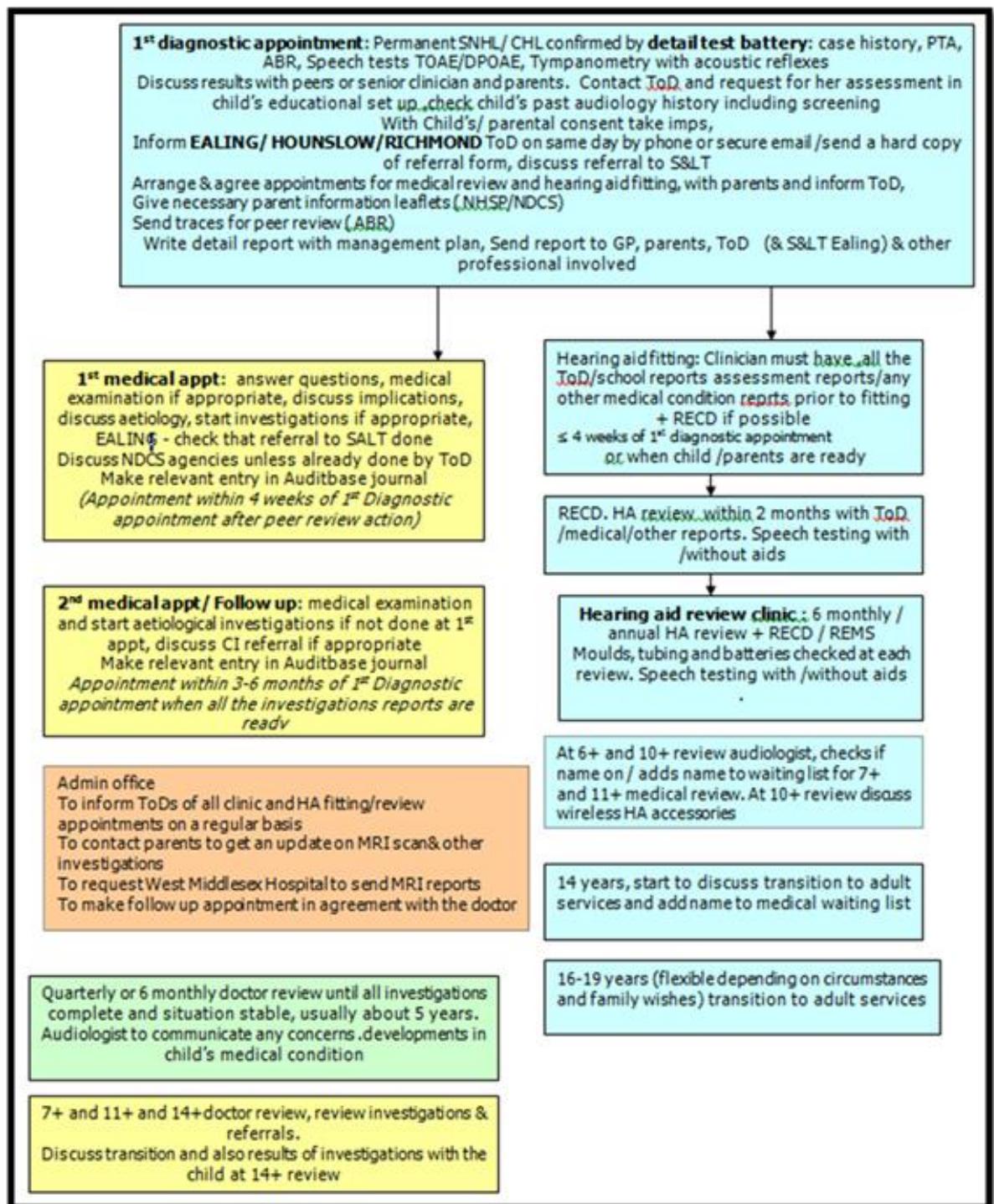


Figure 12 Departmental Care Pathway - Permanent hearing loss

Appendix 5 Speech Development Progress

Every child is different, so any progress checker is only a guide. You should discuss any concerns about your child's development with a health professional.

Speech Sound Development (Bowen 2013)

Age by which 75% of children accurately use the speech sound listed below:

Age	Use of speech
Birth – 2 months	Reflexive vocalisations
2 – 4 months	Cooing and laughter Vocalises in response to voice Vocalises to request comfort
4 – 6 months	Vocal play (open vowels, consonants, vowel like sounds and non-speech sounds) Nasalization of vowels decreases (increased control over velum) Begins 'yelling' (improved coordination of the respiratory system and larynx to control intensity) strings of sounds with consonants p, b
6 – 12 months	repetitive babbling, CVCV strings with identical syllables (dadada, papapa) Variegated babble – CVCV strings with a variety of consonants (also known canonical babble) Jargon – strings of babble that differ, intonation and stress patterns, begins to sound like a sentence p, b, t, d
12-18 months	first single words and jargon may leave off the beginning and end of words
18 – 24 months	speech is at least 50% intelligible p, b, m, n, w, h, k, g
2 – 2.5 years	speech is 60-70% understandable to unfamiliar listeners
2.5 – 3yrs	uses p, b, m, n, w, h, f, ng, y, k, g, t, d
3 – 4 yrs	all sounds above plus 'l' and 's'. However, 'ng', 'k' and 'g' may still be developing
4 – 5 yrs	above sounds plus 'sh', 'ch', 'j', 'v', 'z', and 'r'
5 – 6 yrs	uses all sounds correctly, however 'th' and 'r' may still be developing and some words with clusters of consonants may be simplified e.g. string

Stage	Listening and Attention	Understanding (Receptive Language)	Talking (Expressive Language)
0-11 months	<p>Turns toward a familiar sound then locates range of sounds with accuracy.</p> <p>Listens to, distinguishes and responds to intonations and sounds of voices.</p> <p>Quietens or alerts to the sound of speech.</p> <p>Fleeting Attention – not under child’s control, new stimuli takes whole attention.</p>	<p>Stops and looks when hears own name. (by 12 months ☒)</p>	<p>Gradually develops speech sounds (babbling) to communicate with adults; says sounds like ‘baba, nono, gogo’. (by 11 months ☒)</p>
8-20 months	<p>Concentrates intently on an object or activity of own choosing for short periods.</p> <p>Pays attention to dominant stimulus – easily distracted by noises or other people talking.</p> <p>Moves whole bodies to sounds they enjoy, such as music or a regular beat.</p> <p>Has a strong exploratory impulse.</p>	<p>Responds to the different things said when in a familiar context with a special person (e.g. ‘Where’s Mummy?’, ‘Where’s your nose?’).</p> <p>Understanding of single words in context is developing, e.g. ‘cup’, ‘milk’, ‘daddy’</p>	<p>Uses single words. (by 16 months ☒)</p> <p>Frequently imitates words and sounds.</p> <p>Enjoys babbling and increasingly experiments with using sounds and words to communicate for a range of purposes (e.g. teddy, more, no, bye-bye)</p>
16-26 months	<p>Listens to and enjoys rhythmic patterns in rhymes and stories.</p> <p>Enjoys rhymes and demonstrates listening by trying to join in with actions or vocalisations.</p> <p>Rigid attention – may appear not to hear.</p>	<p>Selects familiar objects by name and will go and find objects when asked, or identify objects from a group. Two key word understanding developing</p>	<p>Beginning to put two words together (e.g. ‘want ball’, ‘more juice’) (by 24 months ☒)</p> <p>Uses different types of everyday words (nouns, verbs and adjectives, e.g. banana, go, sleep, hot)</p> <p>Beginning to ask simple questions.</p>
22-36 months	<p>Single channelled attention. Can shift to a different task if attention fully obtained – using child’s name helps focus. (by 36 months ☒)</p> <p>Listens with interest to the noises adults make when they read stories.</p> <p>Recognises and responds to many familiar sounds e.g. turning to a knock on the door, looking at or going to the door.</p>	<p>Identifies action words by pointing to the right picture, e.g., "Who's jumping?" (by 30 months ☒)</p> <p>Understands ‘who’, ‘what’, ‘where’ in simple questions (e.g. Who’s that/can? What’s that? Where is.?).</p> <p>Developing understanding of simple concepts (e.g. big/little)</p>	<p>Learns new words very rapidly and is able to use them in communicating.</p> <p>Uses action, sometimes with limited talk, that is largely concerned with the ‘here and now’ (e.g. reaches toward toy, saying ‘I have it).</p> <p>Uses a variety of questions (e.g. what, where, who).</p> <p>Uses simple sentences (e.g. ‘Mummy gonna work.’)</p> <p>Beginning to use word endings (e.g. going, cats)</p>

Stage	Listening and Attention	Understanding (Receptive Language)	Talking (Expressive Language)
30-50 months	<p>Listens to others in one to one or small groups, when conversation interests them.</p> <p>Listens to stories with increasing attention and recall.</p> <p>Joins in with repeated refrains and anticipates key events and phrases in rhymes and stories.</p> <p>Focusing attention – still listen or do, but can shift own attention.</p> <p>Is able to follow directions (if not intently focused on own choice of activity).</p>	<p>Understands use of objects (e.g. "What do we use to cut things?")</p> <p>Shows understanding of prepositions such as 'under', 'on top', 'behind' by carrying out an action or selecting correct picture.</p> <p>Beginning to understand 'why' and 'how' questions.</p>	<p>Beginning to use more complex sentences to link thoughts (e.g. using and, because).</p> <p>Can retell a simple past event in correct order (e.g. went down slide, hurt finger).</p> <p>Uses talk to connect ideas, explain what is happening and anticipate what might happen next, recall and relive past experiences.</p> <p>Questions why things happen and gives explanations. Asks e.g. who, what, when, how.</p> <p>Uses a range of tenses (e.g. play, playing, will play, played)</p>
40-60+ months	<p>Sustains attentive listening, responding to what they have heard with relevant comments, questions or actions.</p> <p>Maintains attention, concentrates and sits quietly when appropriate.</p> <p>Two-channelled attention – can listen and do for short span.</p> <p>Integrated attention – can listen and do in range of situations with range of people; varies according to the demands of the task.</p>	<p>Understands humour, e.g. nonsense rhymes, jokes.</p> <p>Demonstrates understanding of "how?" and "why?" questions by giving explanations.</p> <p>Able to follow a story without pictures or props.</p> <p>Understands instructions containing sequencing words; first...after...last, and more abstract concepts – long, short, tall, hard soft, rough.</p>	<p>Extends vocabulary, especially by grouping and naming, exploring the meaning and sounds of new words.</p> <p>Links statements and sticks to a main theme or intention.</p> <p>Uses language to imagine and recreate roles and experiences in play situations.</p> <p>Uses talk to organise, sequence and clarify thinking, ideas, feelings and events.</p> <p>Introduces a storyline or narrative into their play.</p>

Appendix 6 Sample Maintenance Guide for Hearing Aids



Care and Maintenance for Parents

Earmold Checks

- 1**
Do the earmolds/tubing have any cracks or tears that could lead to feedback?

YES →

A torn earmold could cause feedback and will need replacing. Your hearing care professional can replace any damaged tubing easily.
- NO** ↓

2
Is ear wax clogging any opening in the earmold?

YES →

Wax could prevent sounds getting to the ear. Simply wipe the earmold with a damp cloth. Use a pin/brush to remove any wax. Be sure not to get the hearing instruments wet.
- NO** ↓

3
Is moisture clogging the earmold tubing?

YES →

Moisture could prevent sounds getting to the ear. Detach the earmold from the hearing instrument and use an earmold blower to dry it. If the earmold has a vent, blow the air through that opening too.
- NO** ↓

4
Do the earmolds have a loose fit?

YES →

Check regularly as earmolds may become loose over time and cause feedback. If loose, ask your hearing care professional to make new earmolds. A water soluble lubricant (such as Oto-Ease) may help reduce feedback in the meantime.

Hearing Instrument Checks

- 1**
Do all the hearing instrument controls appear to be intact and clean?

NO →

Simply wipe with a damp cloth or brush to remove wax or dirt.
- YES** ↓

2
Is the battery inserted properly in the hearing instrument?

NO →

For the hearing instrument to function properly the battery must be inserted with the "+" sign (flat side of the battery) in line with the "+" marked on the battery cover.


- YES** ↓

3
Are the batteries fully charged?

NO →

Use a battery tester/iView to check that the battery is fully charged, and always replace low batteries.

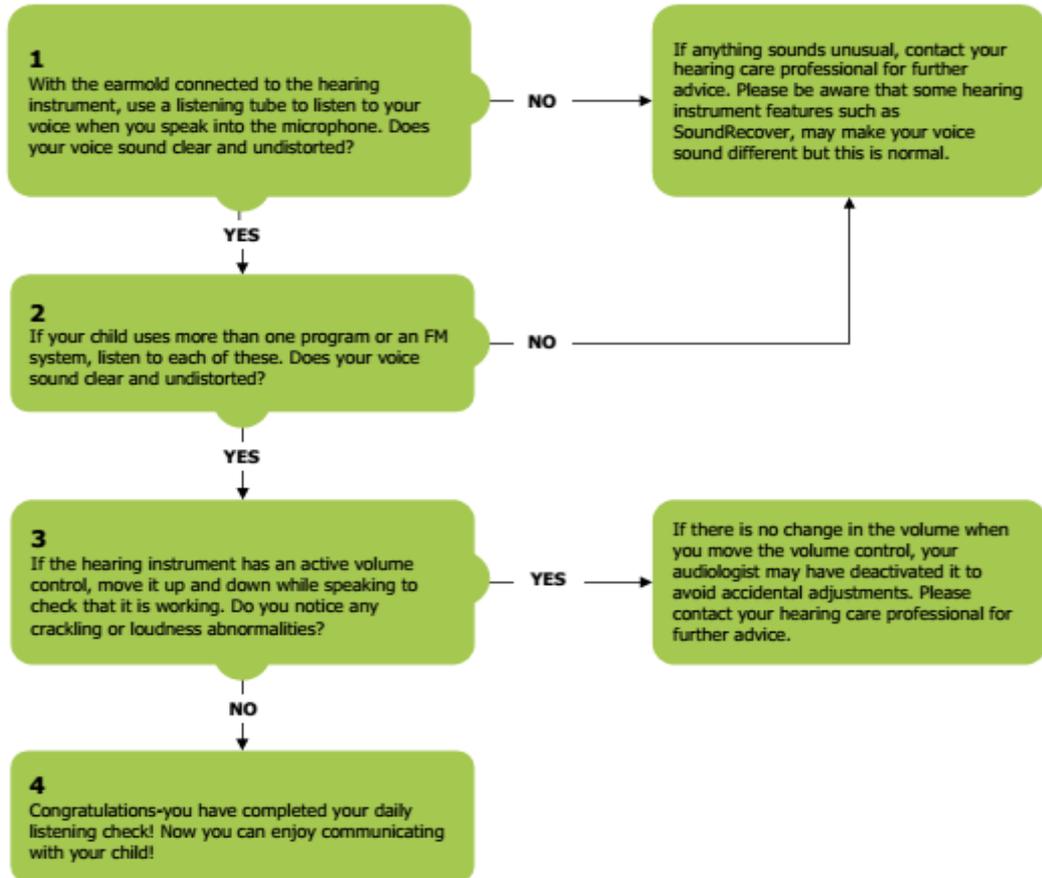

- YES** ↓

4
Now perform a listening check (please see next page).

Page 1 / 2


Daily Listening Checks

To protect your own hearing, please lower the volume setting of the hearing instrument or use a damper in the listening tube, prior to your listening check.



Your Who's Who

NAME..... CONTACT

HEALTH

AUDIOLOGIST :

.....

COMMUNITY PAEDIATRICIAN :

.....

HEALTH VISITOR :

.....

DOCTOR / GP :

.....

CAMHS :

.....

.....

EDUCATION

TEACHER OF THE DEAF :

.....

SPEECH AND LANGUAGE THERAPIST :

.....

SENCO :

.....

EDUCATIONAL PSYCHOLOGIST :

.....

.....

.....

VOLUNTARY ORGANISATION & OTHER SUPPORT:

TRAPHIC :

.....

NDCS :

.....

.....

.....

.....

Space For Your Own Notes

Frequency Spectrum of Familiar Sounds

