

Information

For commissioners of early years services for deaf children

Quality Standards: Early years support for children with a hearing loss, aged 0 to 5 (England)

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We use the term 'deaf' to refer to all types of hearing loss from mild to profound. This includes deafness in one ear or temporary hearing loss such as glue ear.
We use the word 'parent' to refer to all parents and carers of children.

These standards apply to children who are identified with permanent deafness in one or both ears.¹

Last reviewed: 2016

¹ Permanent deafness includes children with long-standing middle ear effusion which would not be expected to resolve naturally before the age of 10, such as children with Down's syndrome, cleft palate, cystic fibrosis, or primary ciliary dyskinesia.

Introduction

The Children and Families Act 2014² requires local authorities and health services to jointly commission services for disabled children and children with special educational needs and disabilities (SEND). This resource will support the joint commissioning of services for deaf children aged 0–5 years by setting out standards that providers should meet. We recommend that commissioners of education, health and social care services use these standards to inform the procurement of services and when reviewing and assessing the quality of their provision. We have also developed a self-audit tool to support evaluation and review of services, available at www.ndcs.org.uk/QSEY.

The aim of these quality standards

These quality standards:

- set out how health, education and care providers should work together to support deaf children to achieve key outcomes by the time they start school
- link in with the key questions that Ofsted and Care Quality Commission (CQC) will consider when assessing if local areas are effectively identifying and meeting the needs of children with SEND³
- reflect research and evidence-based best practice, as outlined in the *International Consensus Statement on Best Practices in Family Centred Early Intervention*,⁴ which should guide the development and delivery of early years services for deaf children
- guide commissioners in procuring services that are fit for purpose and which follow relevant legislation and best practice.

Quality domains

These standards have been grouped into four quality domains. The first three domains are based on the evidence that Ofsted and CQC inspectors will gather to answer three questions relating to the quality of support for children with SEND.

The three domains are as follows.

- a. How effectively a local area identifies children with SEND. The inspection team will be considering (i) the timeliness of the identification and (ii) the quality of identification and assessment information.
- b. How effectively the needs of children are assessed and met.
- c. How effective local arrangements are in improving outcomes for children with SEND.

For each of the three domains, the CQC/Ofsted inspection handbook lists the factors that inspectors will take into account when evaluating the quality of local arrangements. The standards in this document are largely based on these factors.

² www.legislation.gov.uk/ukpga/2014/6/contents/enacted

³ Ofsted and Care Quality Commission. *The Framework for the Inspection of Local Areas' Effectiveness in Identifying and Meeting the Needs of Children and Young People Who Have Special Educational Needs and/or Disabilities*. 2016. www.gov.uk/government/publications/local-area-send-inspection-framework

⁴ Moeller, M P et al. Best Practices in Family-Centred Early Intervention for Children Who Are Deaf or Hard of Hearing: An international consensus statement. *Journal of Deaf Studies and Deaf Education*. 2013. 18:4.

jdsde.oxfordjournals.org/content/18/4/429.full

Inspectors will also be considering the effectiveness of joint commissioning arrangements, the Local Offer and planning. These standards therefore include a fourth quality domain related to **the effectiveness of leadership and management**.

Impact of deafness

Deafness is not a learning disability, although the impact it has on a baby or young child can be significant and wide-ranging.

Research shows that when early identification of deafness is followed quickly by high quality early intervention, deaf children can achieve the same outcomes as other children.⁵ Deaf children who don't get this early support are more likely to struggle at school,⁶ are at increased risk of mental illness⁷ and have fewer opportunities in employment.⁸

50% of deaf children in the UK are born deaf while the other 50% become deaf later in life.⁹ Children who become deaf after birth or in later childhood will also require high quality early intervention to make sure they achieve good outcomes.

Around 20% of deaf children in the UK have special or additional educational needs¹⁰ that mean they may need support to that given to most deaf children.

Parents have rights and responsibilities in relation to the development and care of their child, and the professionals working with them have a duty to acknowledge and understand the unique role and relationship each parent has with their deaf child.

Services covered by the standards

These standards apply to the following services.

- Education services such as local authority specialist education support services, special educational needs coordinators (SENCOs), children's centres, private and voluntary early years settings, and schools.
- Health services such as newborn hearing screening services, paediatric audiology services, health visitors and school nurses.
- Speech and language therapy services commissioned by health bodies and/or local authorities.
- Social care and other family support services.

⁵ Yoshinaga-Itano, C et al. *Language of Early- and Later-identified Children With Hearing Loss*. 1998.

⁶ National Deaf Children's Society. *Note on Government Attainment Data*. 2015. Available at www.ndcs.org.uk/professional_support/national_data/ (accessed 31 October 2016).

⁷ Department of Health and National Institute of Mental Health. *Towards Equity and Access*. 2005. webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Responses to consultations/DH_4103977 (accessed 31 October 2016).

⁸ Office for Disability Issues (for employment indicators): odi.dwp.gov.uk/disability-statistics-and-research/disability-equality-indicators.php (accessed 31 October 2016).

⁹ Fortnum et al. *Technology Appraisal of School Entry Screening* (2007). 2001.

¹⁰ Consortium for Research into Deaf Education (CRIDE). *2015 UK-Wide Summary: CRIDE report on 2015 survey of educational provision for deaf children*. 2015. www.ndcs.org.uk/CRIDE. (accessed 31 October 2016).

Expected early years outcomes

The services you commission should be working to close any developmental gaps between deaf and hearing children by the time they start school.

Providers supporting deaf babies and young children should work together to ensure they make good progress towards achieving national developmental milestones, particularly in the areas of:

- communication and language
- personal, social and emotional development
- literacy
- mathematics
- understanding the world.

A particular focus will be language, communication and social skills, as these are likely to be particularly challenging to many deaf children and are the key to making progress in the other developmental areas.

Legal and policy requirements

In this section, we use the term 'must' to refer to anything required by legislation or government guidance and the term 'should' to refer to what is considered best or effective practice.

All early years commissioned services must:

- comply with the requirements of part 3 of the Children and Families Act 2014¹¹, accompanying regulations¹² and the *SEND Code of Practice* (2015).¹³ These all have a specific emphasis on outcomes and the involvement of parents
- meet the requirements of the Equality Act 2010¹⁴ particularly with regard to the need to promote equality of opportunity and the duty to make reasonable adjustments to avoid placing deaf children at a substantial disadvantage compared with children who don't have a disability.

They should also:

- meet the 10 foundation principles within the *International Consensus Statement on Best Practices in Family-Centred Early Intervention for Children Who Are Deaf or Hard of Hearing*.¹⁵

Audiology services should also:

- participate in, and maintain accreditation to defined quality standards operating under the umbrella of the United Kingdom Accreditation Schemes (UKAS)¹⁶/ Improving Quality in Physiological Services (IQIPS)¹⁷

¹¹ www.legislation.gov.uk/ukpga/2014/6/contents/enacted (accessed 31 October 2016).

¹² SEN and Disability Regulations 2014: www.legislation.gov.uk/uksi/2014/1530/contents/made. (accessed 31 October 2016).

¹³ www.gov.uk/government/publications/send-code-of-practice-0-to-25. (accessed 31 October 2016).

¹⁴ www.legislation.gov.uk/ukpga/2010/15/contents. (accessed 31 October 2016).

¹⁵ Moeller, M P et al. Best Practices in Family-Centred Early Intervention for Children Who Are Deaf or Hard of Hearing: An International Consensus Statement. *Journal of Deaf Studies and Deaf Education*. 2013. 18:4.

jdsde.oxfordjournals.org/content/18/4/429.full. (accessed 31 October 2016).

- participate in a scheme for external peer-review process of auditory brainstem response (ABR)¹⁸ when undertaking audiological assessments on babies referred from newborn hearing screening
- meet the objectives and actions within the NHS Action Plan on Hearing Loss (2015).¹⁹

Social care services must also:

- comply with Department for Education (DfE) statutory guidance, *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (2015)²⁰
- ensure the requirements of section 2 of the Chronically Sick and Disabled Persons Act 1970,²¹ and section 17 of the Children Act 1989,²² for children's social care services to contribute to a multi-agency assessment of deaf children and their families' support needs, are met.

Speech and language therapy services should also:

- be commissioned in accordance with commissioning guidance for supporting deaf children produced by the Royal College of Speech and Language Therapists.²³

Specialist education support services for deaf children should also:

- comply with standards for sensory support services produced by the National Sensory Impairment Partnership (NatSIP) and published by NatSIP and the Department for Education (DfE) (2016).²⁴

¹⁶ NHS England. *Public health functions to be exercised by NHS England 2016-17: Service specification no. 20: NHS Newborn Hearing Screening Programme* www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/04/serv-spec-20-chld-hearing-screening-prog.pdf (accessed 31 October 2016).

¹⁷ www.iqips.org.uk (accessed 31 October 2016).

¹⁸ As described at www.thebsa.org.uk/bsa-groups/electrophysiology-group/ep-additional-resources/ (accessed 31 October 2016).

¹⁹ www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf (accessed 31 October 2016).

²⁰ www.gov.uk/government/publications/working-together-to-safeguard-children--2 (accessed 31 October 2016).

²¹ www.legislation.gov.uk/ukpga/1970/44/contents (accessed 31 October 2016).

²² www.legislation.gov.uk/ukpga/1989/41/contents (accessed 31 October 2016).

²³ At the time of writing, due for publication in late 2016.

²⁴ www.natsip.org.uk/index.php/supporting-si-workforce/quality-improvement-standards/820-new-version-of-qs-doc (accessed 31 October 2016).

Domain A standards: The timely and effective identification of deafness and the child's needs

Identification of deafness

A1 Screening and early identification of newborn babies is carried out in accordance with:

- a)** the NHS Newborn Hearing Screening Programme Standards 2016²⁵
- b)** the Newborn Hearing Screening programme specification, which includes requirements for:

- making sure parents are given information about the screening and opportunities to ask questions and seek clarification
- the maintenance of screening equipment and training of staff.

A2 There is an agreed policy, and protocols, for the surveillance of progressive and late onset deafness in babies and young children.²⁶

A3 Audiology providers work to nationally agreed paediatric assessment guidance.²⁷ They should tell education and health services within **two working days** of a hearing loss being identified.

Assessment of the child's needs

A4 Education, health and social care professionals work as a multidisciplinary team for the child and family, making sure the child's needs are assessed, the parents and the child (as they get older) are fully involved, and using all information given by the family.

Members of the multidisciplinary team are likely to include: a Teacher of the Deaf (ToD), an audiologist, a speech and language therapist, an educational psychologist, an early years practitioner within the early years setting (where applicable) and a social worker (particularly where there are concerns over the family's capacity to meet the child's hearing needs e.g. by attending audiology clinics and making sure that the child is regularly wearing working hearing aids).

These quality standards don't set out how the team should be formed, as this will depend on local circumstances. However, commissioners should make sure that the team has the skills and qualifications to meet the individual needs of all deaf children in the area.

²⁵ www.gov.uk/government/publications/newborn-hearing-screening-programme-quality-standards (accessed 31 October 2016).

²⁶ Newborn Hearing Screening Programme Clinical Group. Guidelines for the Surveillance and Audiological Referral of Infants & Children Following the Newborn Hearing Screen. June 2012. Version 5.1.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/494611/NHSP_Surveillance_guidelines_v5-1_290612.pdf (accessed 31 October 2016).

²⁷ www.ndcs.org.uk/professional_support/other_academic_and_professional_resources/audiology_resources.html. (accessed 31 October 2016).

A5 Deaf babies and children who meet the criteria to be candidates to receive a cochlear implant or other implant are referred to an auditory implant service at an early stage for assessment, following discussion with the family. During the assessment period, local services liaise with the auditory implant service to ensure the family receive multidisciplinary support and care, and a consistent trial and functional assessment of hearing aids is undertaken in the child's usual environments.²⁸

A6 A range of developmental assessments is undertaken by appropriately qualified staff in full partnership with the family that:

- use early developmental measures drawing from resources such as the Early Support Monitoring Protocol²⁹
- include relevant specialist assessments, particularly in areas where the child is experiencing, or likely to experience, difficulties in making progress in an area of development. In particular, qualified specialists such as speech and language therapists and Teachers of the Deaf, should carry out specialist assessments in speech, language and communication according to local protocols.
- be followed up with a written report, normally provided within **10 working days** of the assessment, which describes the assessment results in a way that parents can clearly understand, and suggests strategies and support for addressing any difficulties the child is experiencing
- include regular vision and balance checks given the high prevalence of visual impairment and balance (vestibular) disorders³⁰ in children with a hearing loss.³¹

Social care assessment – parenting capacity

A7 Assessments include the child's language and communication needs and the capacity of the parents to meet their child's hearing needs (e.g. by attending audiology clinics, making sure the child is regularly wearing working hearing aids). The assessments also include recommendations for support.³²

Information for parents

A8 All information from assessments is fed back to parents with a clear explanation of what the results mean and the implications for the child.

²⁸ British Cochlear Implant Group (BCIG). Quality standards: Cochlear implant services for children and adults. 2016. www.bbig.org.uk/wp-content/uploads/2016/05/BCIG-Quality-Standard-2016.pdf (accessed 31 October 2016).

²⁹ Early Support. Monitoring protocol for deaf babies and children. 2006. www.ndcs.org.uk/professional_support/other_academic_and_professional_resources/education_resources.html (accessed 31 October 2016).

³⁰ Beck, D, et al. Update 2015: Pediatric Vestibular, Balance, and Hearing Disorders. *Hearing Review*. 2015. 21(1):14. ³¹ National Deaf Children's Society. Vision Care Quality Standards.2009. www.ndcs.org.uk/visioncare (accessed 31 October 2016).

³² See National Deaf Children's Society *Social Care for Deaf Children and Young People: A guide to assessment and child protection investigations for social care practitioners* (2011) for further guidance on social care assessments.

Domain B standards: Effectiveness in assessing and meeting needs of deaf children

Information for parents

B1 Following diagnosis, the Teacher of the Deaf contacts the child's parents within:

- a) two working days** if diagnosed following newborn hearing screening or
- b) five working days** if diagnosed with a hearing loss at a later age, outside the screening programme.

At this initial contact parents should be told about the support offered by the service and how they can help their child, as well as having any of their questions answered.

B2 The contact is followed by a visit, the timing of which is agreed with the parent (and early years setting for older children). This should take place as soon as possible, and no later than **10 working days** of the notification. The visit will:

- explain what support is available
- explain the hearing loss and its implications
- (where relevant) explain to the education setting what it can do to ensure the child is included and makes progress
- answer any questions parents and education professionals have.

B3 Information for parents is clear, balanced and accessible, and provided in a way that meets their language needs and preferences, including in British Sign Language (BSL) where applicable. It includes information on:

- the implications of a hearing loss on the child's development
- language and communication
- sources of help from statutory services, voluntary organisations, parent support groups, and any other sources of support
- the Local Offer.

B4 Parents are offered the opportunity for their deaf child to have aetiological (including genetic), investigations. These are carried out by health professionals in accordance with local protocols based on nationally agreed standards.³³ Parents are offered specialist counselling to understand these investigations and the implications.

The development, implementation and review of multi-agency plans for the child and the family

B5 Services work within a multidisciplinary pathway covering referrals, assessment, planning and delivering support.

³³ British Association of Audiovestibular Physicians. Aetiological testing guidelines –

www.baap.org.uk/Resources/Documents,GuidelinesClinicalStandards.aspx. (accessed 31 October 2016).

B6 Early years support teams identify a lead professional responsible for coordinating an individual care package for each deaf child, ensuring parents are fully involved and, as far as possible, the child's views are taken into account. Each care package is based on the assessment of the child's needs and focuses on achieving agreed outcomes in key areas of development. It sets out:

- the outcomes and targets with a particular focus on the child's development in language and communication
- the type and level of support and strategies required to achieve these outcomes, setting out when and how the support will be delivered and who by (e.g. Teacher of the Deaf, speech and language therapist, social care, audiology services, etc.)
- support for parents, paying particular attention to families' individual cultural, communication and language needs, and the capacity of parents to meet their child's language, communication and hearing needs (e.g. by attending audiology appointments, making sure their child is regularly wearing working hearing aids)
- support for the child's early years setting/childminder
- provision of appropriate hearing technology
- arrangements for monitoring and review of the child's progress and undertaking specialist assessments to inform the way the child and family are supported
- transition plans for nursery and school entry.

B7 The education service provides information on a child's assessed needs within **four working weeks** of the child being allocated a new education setting.

Audiology services

B8 Audiology services work to nationally agreed paediatric assessment, earmould and hearing aid fitting, verification, and evaluation protocols and good practice guidance.³⁴

B9 Audiology services demonstrate how they meet the post-screening standards in NHS Newborn Hearing Screening Quality Standards produced in 2010.³⁵ They take part in and maintain accreditation to defined quality standards operating under the umbrella of the United Kingdom Accreditation Schemes (UKAS)³⁶/Improving Quality in Physiological Services (IQIPS).³⁷

Provision of radio aids

B10 There is a written policy on candidacy for radio aids. The policy ensures that every child with a hearing loss who would benefit from a radio aid has access to one, in line with *Quality Standards for the Use of Personal FM Systems*.³⁸ Families also have the opportunity to trial equipment, with a documented assessment of any functional benefits.

³⁴ Summarised by National Deaf Children's Society at www.ndcs.org.uk/professional_support/other_academic_and_professional_resources/audiology_resources.html.

³⁵ www.gov.uk/topic/population-screening-programmes/newborn-hearing. 2010. (accessed 31 October 2016).

³⁶ NHS England. *Public health functions to be exercised by NHS England 2016-17: Service specification no. 20: NHS Newborn Hearing Screening Programme* www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/04/serv-spec-20-chld-hearing-screening-prog.pdf (accessed 31 October 2016).

³⁷ www.iqips.org.uk (accessed 31 October 2016).

³⁸ FM Working Group and National Deaf Children's Society. *Quality Standards for the Use of Personal FM Systems*. 2008. www.ndcs.org.uk/professional_support/our_resources/education_resources.html. (accessed 31 October 2016). At the time of writing, updated version due to be republished in spring 2017.

Domain C standards: The effectiveness of services in improving outcomes for deaf children

- C1** Children's progress is measured against the national standards³⁹ for early years outcomes, in particular, around language and communication, with the aim of maximising the number of children who start school with age- or near age-appropriate language, communication and social skills.
- C2** Developmental assessments are undertaken regularly, as well as at nationally prescribed points, including the Integrated Health and Early Years Review at two years (previously covered by the Healthy Child Programme Review and the Early Years Foundation Stage progress check). During this, professionals are alert to the specific areas of communication, language and personal, social and emotional development in relation to the child's hearing loss. Use of the Ages & Stages Questionnaire (ASQ-3) is suggested in the review.⁴⁰
- C3** The data relating to progress is used in national benchmarking exercises, such as the National Sensory Impairment Partnership (NatSIP) outcomes benchmarking exercise.⁴¹

³⁹ www.gov.uk/government/publications/early-years-foundation-stage-framework--2. (accessed 31 October 2016).

⁴⁰ National Children's Bureau. Integrated review resources. www.ncb.org.uk/integrated-review-resources

⁴¹ www.natsip.org.uk/index.php/outcomes-benchmarking. (accessed 31 October 2016).

Domain D standards: Leadership and management

Staff competencies

D1 Staff working in early years services for deaf children have appropriate professional qualifications and take part in continuing professional development in accordance with the standards and requirements of their particular profession.

D2 Early years specialists going into the home and into mainstream early years settings are trained in:

- hearing loss and its potential impact on a child's development
- assessment of need
- working in partnership with other professionals
- early child development
- the development of language and communication
- audiological support
- emotional support and counselling skills
- providing accurate and unbiased information
- monitoring progress.

Ensuring effective multi-agency planning and coordination

D3 There are effective multi-agency and multidisciplinary arrangements for providing leadership and coordinating support for deaf children and their families from different organisations and professionals. These arrangements are carried out by the Children's Hearing Services Working Group (CHSWG) which:

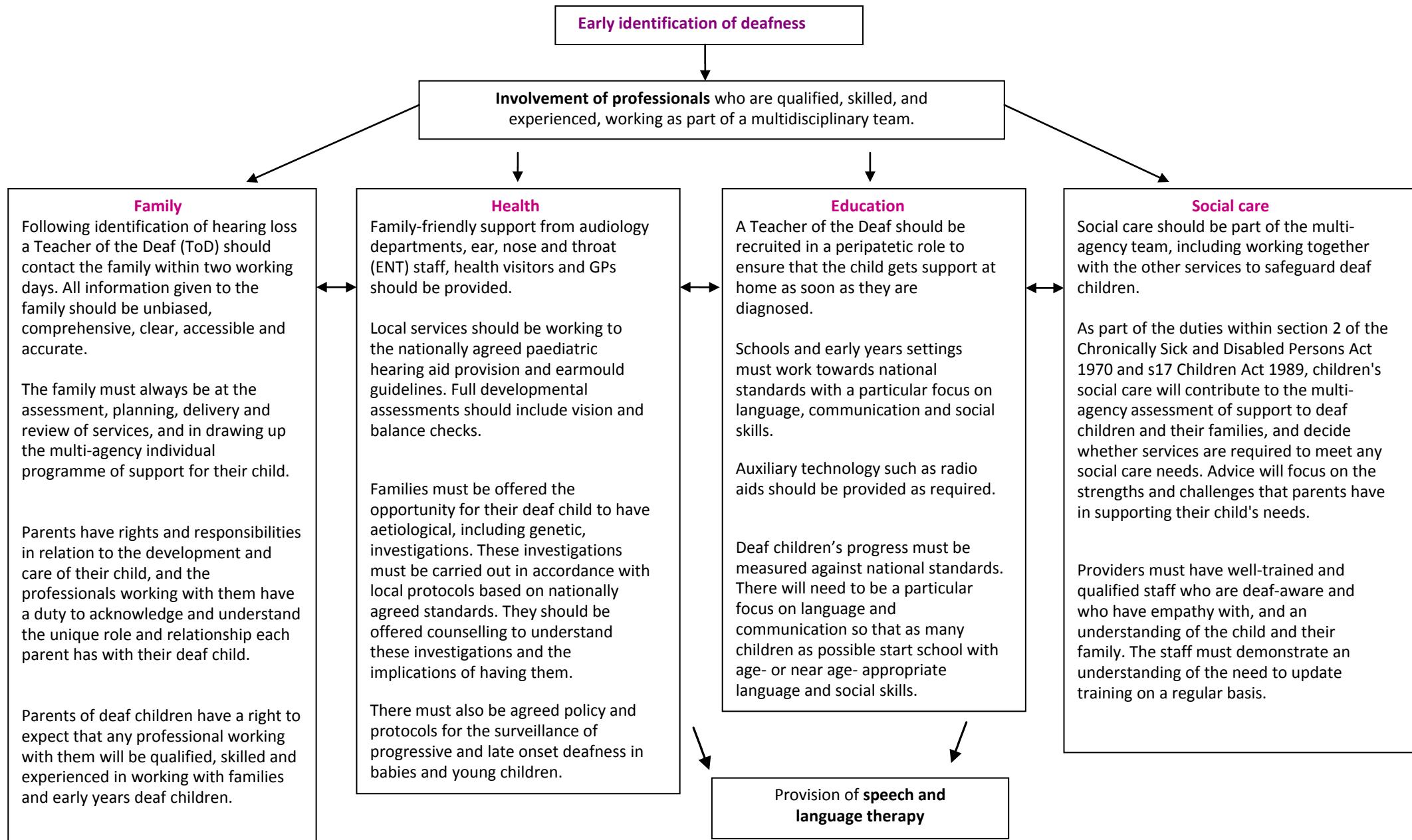
- is supported by all relevant services, including specialist education, audiology and social care services for deaf children, which contribute towards its effectiveness
- ensures parental involvement
- oversees the implementation and monitoring of quality standards
- carries out an annual survey of service user satisfaction
- annually reviews the outcomes achieved by deaf children
- publishes an annual report
- meets at least twice a year
- keeps records of CHSWG meetings and attendance, ensuring these are publicly available.

Review and quality assurance arrangements

D4 Commissioners work with service providers to keep provision under review and improve the quality of service by:

- reviewing the outcomes achieved by deaf children
- surveying families and early years settings about their experiences and/or making use of any existing surveys carried out by other service providers
- considering trends in key performance indicators relating to service quality
- comparing service delivery against national standards and responding to audits or inspections by independent bodies (e.g. Ofsted, Care Quality Commission, accreditation agencies).

Flow chart showing multi-agency involvement



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