

Jack - Breakout 1

Jack

how to support me booklet- all of their information, preferences, health etc.

BEFORE

risk factors for hearing loss, history of ear related disease

Questionnaires- individualised, but standardised

good lighting/dimible lighting

DURING

room without blinds

tablet based check that records response

AFTER

Data

checklist for each child-carried through the school

baseline

NHSP

looking in the ears first

large room

simple environemnt

Visual reinforcement audiometry- in school

Route to follow up as simple as possible

wax removal

family advise

who are they comfortable with

Look at the environment- broom cupboard not good

observing response to sounds

spinning and flashing light

in a sensory room

large sensory style room, with sensory equipment hidden, that you can change

Like NHSP- reduce loss to follow up

Bring specialist staff in?

social stories

gather information from staff and parents

what are the likes and dislike

emergency sounds

VIBROTACTILE to condition

is it something the person they know well can do

sensory room stimulus for reward

What is the aim? Have the end in sight? how will we manage?

remote diagnostic?

whats makes them comfortable

questionnaires already developed to gather information

video clips

desensitisation

annual health check with GP

NHSP- OAE, AABR ??

Remote support

Communication aids?

Reasonable adjustments

how do CYP respond to sounds- not just speech

Understanding communications preferences- i.e. makaton

is there a response to everyday sounds

has the child ever responded to sounds, do they still?

Tympanometry

Individualised

personalised

child/young person centred

Shaun - Breakout 1

BEFORE

parents want good communication - throughout whole process

SENCO should be involved

be part of ECP/annual review - rather than a one off new process

social stories

make sure there is someone who is contactable - to be able to discuss any issues

cultural diversity - try and make sure all cultures are involved in discussions to avoid inequalities

engaging with staff - make sure they are on board - build it in to something they are already doing, a scheme of work that they can see a focus in

template of questions that would provide details of CYP to make check a more personal experience - group can put together questions and then info drawn on from parent/carer, schools, cyp

personalisation of experience - adding interests to the room that will be familiar to cyp

familiarisation of equipment

DURING

dummy equipment

use phone/pad as CYP may be used to it

animation

Room personalised with CYP familiar things

AFTER

parents want good communication - throughout whole process

Nicc - Breakout 1

BEFORE

Unmet need -
dont know
what it is

Share images of
what going to
happen with young
person
(familiarisation) -
Harriet Brown

Who does the
check affects
what good
looks like

More time
consuming
management
may be
required

Know the young
person - explain the
appointment,
understand what
will work for them

Young people
are missing
out on checks
- they are the
most
vulnerable

Across the country
waitlists are massive
what happens after
the check is done

Data on the make
up of disability of
those in the schools
so can pre screen
those already
covered as result of
their disability

Build a plan in
terms of how
cope with
extra referrals

Have a validated
outcome measure -
questionnaire
before the check

Skilled
audiologist do
the check so
may save time
in the long
run?

Someone familiar to
do the check -
either from in the
school or an
audiologist who is
familiar

Record video
observations
and include
them in the
young persons
records

DURING

Needs to
be done
regularly

All young
people are
different -
need to be
flexible

What do we
want to pick
up - what
levels of
hearing

Person doing the
check happy to
manage the
situation? - training
v important

Conductive
tests as well =
check every 6
months

Develop a
questionnaire
(parental concerns,
infections) -
examination of the ear
(if not audiologist)
and or behavioural
test if fails then go on
to objective test

Test you use
depends on who is
doing it - need to
look at the young
person and what
good hearing looks
like for them

Questions asked in
questionnaires per
check not
appropriate
currently

Dont
reinvent
the wheel

AFTER

What happens
next after the
check - need
to think this
through -
pathway

Feedback needs to
be done in a
sensitive way in
language that is
understood

Interpretation
can go wrong
depending on
who is doing
the check

Factsheet on
discharge -
not a long
report

Who will be involved?



Who?

When will this pilot project be able to start?



When?

What will the pilot project be about?



What?

We know this already!



Why?

Where will the pilot project take place?



Where?

Breakout session
Jamboards
1. General discussion
2. Fill in the Who, what, where, when table

Jack

Who?

Fire alarm

school level

Trained "checker" who is familiar

Audiologist? for behavioural

What?

Baseline questionnaire

information gathering

What sounds matter?

Battery of Assessment on entrance

Modified thresholds that acceptable- 35 dBHL+ ?

do people benefit from more advanced support

objective- Tymp + OAE

Glue ear

Reasonable adjustments

Based on NHSP

support equity

Behavioural Assessment- voice, environmental- at screening level ? 35 dBHL?

Fast track severe hearing loss

what are we going to do for children we can't check? If there are concerns escalate

Where?

Sensory Room

Large room

When?

When they join/leave the school

Baseline check

EHCP/AHC Annually

Child dependent- MDT approach

when concern is rasied

Collating personalised information to assist with any checks that CYP may have

Shaun

Who?

Staff and child made aware of who will be involved

current information - updated since last annual review - make sure information current

interest of child should be noted

use template of signpost to encourage school staff to think

What?

Keep information separately and feed into EHCP process

Where?

Keep separate information to annual review

use to make sure all information is kept up to date

When?

Would CYP prefer if maybe check be done in evenings/weekend -

Who?

Familiar person in school - training

Young people centred in the way everything is set up

NEEDS TO BE PERSONALISED

Gather all info on young people upfront that can

What?

Find the golden thread of health and care working together

Start with co-produced validated questionnaire about the young person

OAE / behavioural check

If not able to tolerate the OAE then refer on as per local processes

Debrief - if need to go to audiology get a story board to desensitise in terms of follow up

Need to know what want to get out of this in terms of checks

Is key to build relationships with local audiology services so young people away from home can support when away from home

Educate on the importance of sensory health and bring parents/carer/schools into the journey

Pathway post questionnaire or check needs working through

Where?

Sensory spaces where the young person feels comfortable - listening to what the parents/carers/schools share about the young person

In school in quiet place

Debrief - if need to go to audiology get a story board to desensitise in terms of follow up

When?

Once every 6 months?

Need a workforce plan, demand capacity etc and proper commission for audiology services, there is a risk that the check works but the audiology service doesnt have capacity

Do questionnaire double blind and compare with the schools screen - avoid selection bias

Good practice - Harriet Brown in terms of triaging on what questions they are asking and whether they are the right ones

