

Audiology Projects – Summary Report

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Synopsis (50 words per bullet point)

NHS Devon & NDCS Audiology Transitions Service Pilot Site

This pilot set out to examine the current Audiology Transitions service for young people to establish areas for improvement including the need to increase the take up of the service.

We wanted to seek the views of young people with experience of the paediatric audiology service and those who may wish to access the service and involve them in the development of an improved service.

In particular we focused on setting the current service in the wider context of other formal Transition services, e.g. Devon Youth Service, Connexions Cornwall and Devon, Devon Advisory Teaching Service, Social Care i.e. an integrated process.

Our approach was underpinned by an ethos of empowering young people to develop a service that is flexible to suit the needs of individual young people and which is founded on quality standards of participation and involvement of those using the service.

Within this project we sought to examine, revise and begin to implement a transition process for young people with hearing loss, with a view to gaining commissioning approval and promoting across the South West.

Understanding how best to engage young people with a spectrum of needs and maintain engagement has been the greatest challenge particularly within such a short project.

The learning from this project has largely been connected with this challenge and has resulted in the identification of three strands to take forward after the project ends, improving access through working with other agencies, improving accessibility, relevance and range of information available to young people.

Overall impact of improvements:

- Increased numbers of young people accessing service
- More flexible service able to meet individual needs

- Better joint working with a range of agencies
- Integration of Audiology service with other services i.e. holistic model not health working as a silo
- Improved mechanisms for engaging young people and involving young people in service development and design
- SW model to share learning with other Audiology services
- Health model for engaging young people potentially useful in other health areas
- Better clinical outcomes for young people – e.g. young people continue to access Audiology as adults and monitor hearing loss, receive appropriate treatment/habilitation as result
- Better social outcomes for young people – e.g. young people understand benefit of good use of Audiology and impact on ability to reduce social isolation
- Better educational outcomes for young people e.g. young people understand how to engage with services as necessary once in higher/further education increasing their ability to enjoy and achieve
- Better economic outcomes for young people e.g. improved potential for achieving educationally and therefore in employment, improved ability to access employment opportunities, increased confidence to raise awareness of support needs to enable access to work, informed about opportunities for financial, technical and communication support to enable success at work and independence
- Unplanned benefit – funds given by SW SHA for young people’s involvement has led to increased awareness within SHA of project and willingness to support dissemination of learning and model
- Initiation of engagement with service users (this needs to be built and expanded over time)

Background (up to 250 words)

As an Audiology Service, already operating a Transition Service. The service included proactively contacting young people in their final year at school and offering an appointment and information with regard to entitlement in further education and employment, outlining the adult hearing aid service and what the young person can expect in terms of on-going service.

Although in line with NDCS Quality Standards, the uptake of the service however has been low.

In collaboration with the National Deaf Children’s Society the project set out to examine the current service in the light of the DH Guidance - A Transition Guide For All Services and seek user opinion on how the service can be better coordinated and delivered.

It was already clear from examining the Guidance that the Audiology Transition Service could

sit within the wider context of the formal transition process and provide much better coordination with other services.

Making contact with formal strategic planning groups such as the Children and Young Peoples Strategic Partnership Board (CYPSPB) and liaison with colleagues in Social Services, Education, Youth Service and the Connexions Service and Devon County Council, we considered a significant action to found the project on in terms of its' future sustainability post project timeframe.

This project has from the outset, worked towards establishing a working model for an integrated Audiology Transitions Service that can be adapted for wider use in the South West initially.

Part of the rationale for this was to ensure that this level of service is commissioned across the South West, ensuring that the longer term needs of young people who are deaf are met through proper investment in quality services from birth to independence.

(Please note that this project uses the term deaf to include all levels of hearing loss.)

What we did (500 – 750 words)

The project worked to an action plan developed along the following action themes:

A. Involving Young People

A guidance for questions for young people was developed and circulated to all steering group members (please see attached doc)

South Devon Deaf Children's Society focus group held on 15/1//09 (4 young people, 2 parents)

Academy focus group held on 30/11/09 (10 young people, 2 staff)

North Devon Deaf Children's Society/Audiology focus group held on 12/12/09 (3 young people, 1 parent.)

Connexions focus group held at Clyst Vale held Jan. 2010.

Devon Youth Service, Grenville Youth Club focus group held Jan 2010. (12 young people)

(Young People in these focus groups accessed 3 different Audiology Transition Services: Exeter, North Devon and Torbay.)

The following points represent the messages young people gave us through the focus groups about their experiences of Audiology Transition and about what they want:

Deaf Awareness

- The most important concern raised was that all staff within audiology departments should be deaf aware. Experiences of a lack of deaf awareness included:
- Receptionists looking at an appointment book rather than at the young person – preventing lip reading
- Names being called out in waiting rooms for appointments when young people are unable to hear i.e. no provision of visual LED systems or flashing system
- Audiologist seeing same young person for years knowing their method of

communication not being able to do basic signing such as say hello/how are you?

Communication

- If you are a BSL user – you need to have an interpreter at audiology meetings to enable independence rather than dependence on parents
- Young people are unsure that they are entitled to request communication support
- They would prefer to be communicated with by being spoken to or signing.

Integrated Transition Support: Many agreed that the existing service was good and that the advice that they received was useful but went on to outline the following improvements;

- Young people did not see Audiology as separate both intertwined with other 'child to adult' concerns e.g. needing support to find work, education choices
- Paying for parking was an issue when attending audiology appointments
- Young people felt there were not listened too or perhaps not trusted when making requests for new batteries. Loan/ spare hearing aids could be provided for when they attend higher education out of the area.
- Need to hold repair clinics for hearing aids outside of school hours. Some of the group would prefer for the frequency of review by Audiology to change more gradually into the adult service.
- As they progress to adulthood, they would still want to have meetings as they grew older. Most would prefer to have information at the various transition stages, 14/15 years, 17 years and then as young adults.
- If the service was to be improved, they would like to have more meetings but shorter in terms of time allocated.
- Most would use the service if it was at a different time or offered in a different way. Some would prefer a one to one service delivered to them at home.
- Written reports provided by Audiology at the time of transition have proved useful when moving to higher education or seeking other help or services
- Greater awareness of the service would be good and that there should be more sharing of information between support groups.
- It was difficult to say when would have been the right time for them to have the transition information.
- Some felt that it would have benefited their smooth transition to college if the SENCO was more closely involved with Audiology during their transition.
- More communication was thought to be needed between all allied professionals involved in all aspects of a young person's transition through to adulthood.

Development of identity and responsibility

- More careful consideration should be given to the timing of the transition by taking into consideration maturity, individual needs, and where they are educationally ready.
- The group were keen to take more responsibility for their care at the appropriate time and are willing to help develop the service further if asked.
- The group felt that it is important that they are not made to feel 'different'.
- Transition' was not a word that they felt was used to describe other areas of their progress through to adult life.

- Named Audiologists would be preferred for the transition and into adult services.
- 'Schools could be better aware of an individuals needs during periods of transition and perhaps Audiology could help with this through better communication.
- Where a young adult is about to move into higher education perhaps the SENCO at the new college could be sent a comprehensive report on their communication requirements.
- The group felt that the service should be reviewed in a similar way to this on a regular basis, consulting with relevant young people, and that they should be kept informed about changes to the service.
- The group did not feel strongly about what the service should be called but had said that they preferred not to be made to feel different.
- Most agreed that they would have liked more information at an earlier age.

Information

Many felt that the information received was good but went on to suggest the following improvements:

- General feeling was that leaflets are not appropriate as get lost, go out of date and are often written too technically or at a level of written English which is not accessible, not plain English and not taking account of lower levels of literacy for some deaf young people. Some would be happy to access a website, though again would need to have appropriate levels of written English, visual information and BSL video as well. Some would not use this forum – more likely to need individual support over time and repeatedly at different times.
- More innovative ways of providing information should be used including Email, text reminders, and possibly a regular news letter about the service.
- Not all of the group had a portfolio of relevant information about their hearing loss and particular hearing needs. This was felt to be particularly useful when moving away to higher education.
- A web site or page would be a good idea.
- They would prefer to see more communications via emails, letters and the internet.
- Where an email address is provided it should be checked regularly each day to be effective.
- Most of them still have the information that they were given and still understand it. It could be improved by having a wider variety of information like social events and activities.
- They would be happy to be involved in designing some of the information needed by young people.

B. Develop approach around identity and development

Following dialogue within the Steering Group, a working group of the Academy and Connexions met to discuss taking this action forward.

Ideas include developing a training package around deaf identity. The CEO of the Academy has submitted a memo: Lost in Transitions capturing thoughts emanating from these discussions.

C. Sharing information/process/protocol by professionals

Developed a process map to document current practice within Advisory Teaching Service, Academy, Audiology and Devon County Council

The Steering Group agreed through discussion on changes required and possible to service delivery.

A four step cascading information/awareness raising/training process has been developed to improve access to Audiology Transitions information, this is to be taken forward by the Audiology Department, NDCS and Connexions Cornwall and Devon.

D. Access Funding

Patient Involvement Services were approached for funding without success.

SW SHA - have funded cost of young people's participation, using to pay individual organisations for involvement activities.

Priority areas to take forward after duration of project have been agreed and a funding bid is in development e.g. future training module re' deaf identity and transitions, deaf awareness re' transitions for non HI specialist staff e.g. Connexions PAs, School Nurses, SENCOs, Teaching Assistants, developing accessible resources e.g. text service, website, BSL DVD.

E. Steering Group Meetings

A multi agency steering group was established with senior management buy in.

5 Steering Group meetings were held with email dialogue between. Agendas and notes are available for each.

F. Apply quality standards

NDCS Quality Standards were used against current service at the outset and will be reviewed at again before end of project.

G. Gather issues for lesson learning & integration

Lessons were recorded in Highlight reports for Improvement Team, through steering group and focus group documentation.

The biggest issue / challenge (up to 250 words)

Key issues/challenges included:

The short timeframe of the project, originally 7 months but reduced to 6 months due to the bringing forward of the report deadline, inhibiting the possibility of being able to implement and evaluate all the learning and improvements identified. The process of transition takes place over several years, is complex, different for different individuals and in different settings – the project requirements and reporting mechanisms are in a standard format for a more 'clinical' outcomes based project – which needs to be taken account of.

This pilot has uncovered many areas for development, innovation and improvement, so far we have been able to scratch the surface only. Further support, funding and research is required to ensure that the valuable lessons learned through this project can be followed through and implemented to enable the benefits to be shared across all Audiology Services.

Given the overall health economic benefits of ensuring that Young People with hearing loss are appropriately supported at 14+ with their audiology healthcare in order to be able to fulfil their future potential through education and employment. This project has successfully modeled significant progress through multiagency collaboration – where traditionally Audiology as a single healthcare issue continues to work in isolation from a rather more joined up approach. This shift is perhaps the most innovative aspect of learning from this project. It also, however raises the need for further support to embed the improvements, support the areas this project has identified but needs some financial support to take forward and highlights the need for inclusion of realistic and separate commissioning specifications for Audiology Services to ensure the appropriate resources are available to ensure that staff capacity, technology and involving young people mechanisms are appropriate and can be supported.

This project has also demonstrated that involving young people through more meaningful mechanisms than surveys or questionnaires is possible but requires time and adequate resourcing. Involving Young People is required overtime, needs to be done in a range of ways, relationships with young people must be built, the results of involving young people must be fed back to them in order to truly value their input, the process must be continuous not adhoc or one off, young people grow up, migrate and move on – adequate staff capacity and planning are critical to effective and meaningful involvement. Young people need support and appropriate engagement opportunities to ensure their involvement.

The lack of financial support for the project. The project has benefitted from the generosity of the Royal Academy for Deaf Education, who provided a free venue for each steering group meeting and acknowledge that such costs must be built into service commissioning specifications to facilitate multi agency working.

Time available to work on the project by project leads and steering group members
Multiagency working: finding suitable time to meet, time available, prioritization of this work over clinics, teaching and caseloads for example

Engagement with young people as service users and families – time to plan & organize, funding, skills with which to engage young people, a range of engagement methods and settings for engagement, awareness of the needs of young people with hearing loss among a cross section of professionals, a commitment to take the service to the community of young people and offer flexibility.

This project has benefitted from the generosity of the South West Strategic Health Authority who have supported the project with £2000 to facilitate the involvement of young people. This financial support comes from the Department of Health Pacesetters Programme, which focuses on community engagement. Some of these funds have been used to support the focus groups with young people. The remainder of the funds will be used to provide a mechanism to involve those young people who have already inputted a further opportunity to shape the design of the service improvements identified.

Throughout this project many professionals from each sector involved i.e. health, education and social care, raised the real issue of young people disengaging with Audiology by choosing not to wear their hearing aids, usually somewhere between age 12 and 16 years. A key issue for the project was to ensure that any improved Audiology Service must be flexible and reiterative to enable young people to re-access the system when they are ready to.

Secondly this issue has led to identifying the need to work on developing better understanding of the different stages of identity that young people with different degrees of hearing loss may experience at different times. One outcome of which for some results in choosing not to wear hearing aids. This project is seeking to take forward this area of work in order to inform professionals and be better able to support young people as they develop their identity, to be aware of the impact of their decisions. (Please see the Lost in Transitions document attached.) The stages of development which may be experience can be described as:



(Adapted by Jonathan Farnhill, Exeter Royal Academy for Deaf Education, from 'Culturally Affirmative Psychotherapy With Deaf Persons' by Glickman & Harvey" (Routledge, 1996)

This project has identified the need for Audiology Services to be aware of these processes and tailor their Transition service accordingly.

The impact to date (250 words)

Overall impact in terms of QIPP (Quality Innovation, Productivity and Prevention:

This project focuses on improving the current service rather than developing a completely new service and developing an integrated model for Audiology transitions to integrate with transition processes with other agencies. Improvements identified through the project:

1. Service will begin at 14 year instead of 16 years as is current – immediately giving access to 60 patients per year (as opposed to current 20)
2. Integration will take place with other services: Connexions and Education Advisory (Education) service opportunities will be attended by Hearing Therapist
3. Access will be improved through improving engagement with young people: more young people friendly information provided in a range of formats including text and internet information (currently seeking funds to take forward this strand)
4. Integration will take place with Connexions Cornwall & Devon through provision of training and information on Audiology Transition issues for young people to enable 'other' professionals to highlight with young people particularly with mild to moderate hearing loss. A 4 step cascading model has been developed between the project and Connexions to ensure that a wider range of young people have

the opportunity to access the service, please see attached process doc.
(currently seeking funds to take forward this strand)

5. Improved joint working with Exeter Royal Academy for Deaf Education, Connexions Specialist Personal Advisers and Education Service by Audiology Department through Hearing Therapist/Audiologist input and or attendance in annual review meetings for young people with sever to profound hearing losses.
6. Awareness raising among range of professionals of audiology transitions issues around identity and development identified as needed via pilot site to work on with Exeter Royal Academy for Deaf Education (currently seeking funds to take forward this strand).

Barriers, challenges and lessons (up to 250 words)

What worked:

Forming a multiagency steering group to foster a collaborative approach, sharing perspectives and learning about each others' work.

What didn't work:

Initially the project aimed to form a young people's steering group, this was not achieved within the short timeframe of the project. We would now recognize as not realistic and not necessarily an appropriate engagement method – though may be something to work towards in the future.

Lessons (learning & sharing points) included:

A more flexible service that starts at an earlier age for young people and that has a number of access points along the journey of a young person transitioning to adulthood in order to meet individual needs.

Identification of the need for improved resources, including a wider range of formats with easier to access information e.g. use of existing websites such as the PCT and the PALS service, schools website, more visual information, use of information via texting, provision of BSL video to accompany deaf friendly text, information available which is tailored to young people with complex needs and their families.

Access to Audiology is not what it should be: audiology departments need to ensure all staff working within them are deaf aware and employ young people friendly practice and use appropriate technology to support engaging with young people e.g. texting information, appointments, internet based information, LED systems in waiting rooms, (please see attached young people's focus group outcomes docs and North Devon Young People's Focus Group Mind Map.)

Dissemination of the learning from this project will need to be shared to encourage systematic joint working with NHS and Local Authority Participation Officers, PALS services, Youth Parliaments, Strategic Partnership Boards etc.

Better links with other agencies engaging with young people throughout transition stage to adulthood enabling opening up of access points to young people eligible for audiology transition service e.g. annual reviews, via Connexions Personal Advisers.

Understanding that transitional health issues including hearing impairment are not yet embedded in Local Authority joint commissioning plans requiring targeted joint working

Access to young people who themselves may be few in number in mainstream settings i.e. not in significant cohort groups is challenging and requires resourcing.

resources.

Engagement methods to involve a sporadic and mobile group within the youth

Next steps

The Audiology Department, R, D & E will continue to implement the improvements identified by the project to ensure they are embedded by September 2010.

NHS Devon & NDCS will continue to work with Connexions Cornwall & Devon to implement the 4 step process model identified by the project to increase access for young people.

Step	Description of activity	Impact
1	Checklist of issues to cover re' transition for young people who are deaf	Connexions PAs are able to take account of potential transitional issues relating to deafness
2	Briefing information on checklist issues for team leaders On line deaf awareness training module	Audiology Transition issues are addressed by Connexions PA as an integrated approach to 'transition' process
3	Face to face Training covering Audiology, Deaf Awareness, Transitional issues for deaf young people	Audiology Transition issues are addressed by Connexions PA as an integrated approach to 'transition' process
4	Information sharing: new protocol enabling Audiology to share information regarding hearing loss	All young people in x areas (to be finalised) have an opportunity to receive the service

NHS Devon & NDCS are actively seeking funding to support the implementation of three work strands: information/resources development, working with Connexions, understanding identity development and the impact on young people who are deaf as they transition from childhood to adulthood (please see attached Lost in Transitions doc). These strands have been identified by the project as gaps needing to be developed.

NHS Devon & NDCS will seek to continue to work with the National Improvement Team and the South West Strategic Health Authority, to ensure the dissemination of the learning of this project. We will also the possibility that that the NDCS website *TheBuzz* becomes a national information sharing point for young people about audiology transitions.

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Please email completed reports along with any supporting information to your National Improvement Lead and Alyson.banks-davies@improvement.nhs.uk no later than Friday 5th March 2010