Commissioning audiology services for young adults

What commissioners need to know

This leaflet is written for those responsible for commissioning audiology services for teenagers and young adults, in particular those who have grown up with congenital or acquired permanent childhood hearing impairment (PCHI). It highlights the key differences between paediatric and adult audiology care, and the main challenges deaf young people meet when transitioning between services. It contains quality statements that should be considered during the commissioning process to ensure appropriate services are available to meet the needs of young adults.

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The British Academy of Audiology has published guidelines,¹ which comprise a set of contraindications for direct referral of adults (age 16+ years) for hearing assessment and rehabilitative treatment, or those patients requiring a non-routine audiology pathway.

In addition to those adults above who do not meet direct referral criteria for routine hearing services pathways, young adults who have grown up with congenital or acquired PCHI may continue to require complex audiological care. It is therefore vital that commissioned providers are accessible and include at least one provider that can undertake complex audiological care, including appropriately trained staff who understand and can manage the audiological needs of young adults.

- PCHI is a low incidence condition affecting between 2 and 4 children in every thousand. This compares with adult-onset hearing loss, which affects around 15% of people aged 55–74² and continues to rise steeply with age so that it affects about half of the over 80s.

- Around 40% of children with PCHI have one or more additional health needs³ ⁴. These needs may interact and impact on other aspects of their lives. This can mean that there is longstanding and continuous involvement from a wide range of service providers across health, education and social care.

- In children, aetiology of hearing loss is most likely to be genetic in origin, followed by prematurity, in utero and childhood infection. In adults, aetiology is most likely to be age related (presbyacusis) or noise induced.

- Differences in aetiology, age of onset, degree of hearing loss and previous experience of language mean that the fitting of hearing aids and the expected outcomes are fundamentally different between children and adults.

- Severe and profound hearing loss is more likely in PCHI than adult-onset hearing loss. It is important that staff fully understand a person’s particular audiological needs.
“Transition can be defined as a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult-oriented health care systems.” (DfES & DH, 2006)

Poorly planned transition from children’s to adult health services can be associated with increased risk of non-adherence to treatment and loss to follow-up, which can have serious consequences for the young person.

Transition coincides with a period of rapidly changing physical, psychological, social and educational development. Young people may be under considerable stress, including exams and moving on to higher education or work. Transition processes need to reflect the wider context of a young person’s life at this stage, including identity development. Deaf young people may have different levels of engagement with the audiology service depending on how they are feeling at different times about themselves and their deafness. The Deaf community does not view itself as disabled but instead celebrates its unique language and culture. Peer relationships may take on particular significance and the need to fit in may be very strong at this stage.

**Transition services need to:**
- be sensitive to the individual needs of deaf young people and their families
- take a holistic view of the deaf young person and their family
- help prepare deaf young people for transition and promote independence
- be developed and managed through close cooperation between agencies and professionals involved in the deaf young person’s care.
**Good quality audiology services for young adults:**

- are accredited under the UKAS/RCP IQIPS programme or are actively using the Self Assessment and Improvement Tool (SAIT) with the expectation of receiving accreditation in the near future.

- have participated in the development of a documented transition pathway and policy that has been developed and agreed with all key stakeholders.

- routinely consult young adults in relation to current services and relevant new developments, and ensure they are appropriately represented in service user satisfaction surveys.

- maintain positive relationships with the paediatric audiology service as well as other local services, such as education, social care and voluntary service providers, to ensure that young adult’s holistic needs are met.

- are able to offer an introductory appointment for transitioning individuals before the young person has been discharged from the paediatric service.

- have ensured that all staff who come into contact with deaf young adults have received appropriate training on understanding, engaging and communicating with them.

- provide a range of information that meets the needs of the local population and is easily accessible to deaf young adults.

- are able to offer a young person-led and flexible approach to timing of transfer to allow for the large variation in development and readiness to move on to adult services.

- have access to current NHS contract hearing aids to ensure continuity of provision.

- have training in paediatric hearing aid fitting prescriptions and protocols, including FM equipment and other assistive devices, to ensure young adults are not changed to new prescriptions without an identified clinical need and they are able to continue to successfully use assistive equipment in higher education that they are familiar with.

- have protocols in place that outline shared care or alternative arrangements for young adults in higher education living away from home.

- have clear policies on the provision and/or sale of other assistive devices, such as Bluetooth streamers, that may be purchased elsewhere but require pairing with the hearing aids by the audiologist.

- have accessible battery provision and clear information on availability that take account of periods living away from home for students in higher education.

- have an accessible contact and appointment booking system that does not rely on telephone only.

- have access to community language or BSL interpreters as needed.
Further information

**NDCS regional directors**
Regional directors are the key link between NDCS and the senior professionals and decision makers in their region and are expected to influence and network closely with the key stakeholders in local authorities, children's services departments, strategic health authorities, primary care trusts and central government agencies with the aim of ensuring that the needs of deaf children and young people are reflected in commissioning strategies, policies, plans and practice.

[www.ndcs.org.uk/RDs](http://www.ndcs.org.uk/RDs)

**NDCS transition resources**
NDCS has produced guidance for professionals working with young people from the age of 14 years. It aligns with national policies and aims to support improvement in audiology practice in services for deaf young people and their families during the transition period. You will also find information on the particular challenges that deaf young people and their families describe when transitioning from children's to adult hearing aid services.

[www.ndcs.org.uk/professional_support/transition.html](http://www.ndcs.org.uk/professional_support/transition.html)

**The Buzz website**
An NDCS website aimed at deaf children and young people, containing details of events and information on all aspects of their lives.

[www.ndcsbuzz.org.uk](http://www.ndcsbuzz.org.uk)

NDCS April 2012

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**Footnotes**

1. British Academy of Audiology (2009) *Guidelines for Referral to Audiology of Adults with Hearing Difficulty*
5. Department of Health and Department for Education and Skills (2006) *Transition: Getting it right for young people – improving the transition of young people with long term conditions from children's to adult health services*
6. *Improving Quality in Physiological Diagnostic Services (IQIPS)* [www.rcplondon.ac.uk/projects/iqips](http://www.rcplondon.ac.uk/projects/iqips)
7. NDCS (2011) *Quality Standards in Transition from Paediatric to Adult Audiology Services: Guidelines for professionals working with deaf children and young people*
8. NDCS (2011) *Audiology service provision in the UK, Position Paper* [www.ndcs.org.uk/about_us/position_statements/audiology_services](http://www.ndcs.org.uk/about_us/position_statements/audiology_services)