Writing reports for non-specialist audiences – guidance for audiology professionals

Introduction

This guidance is for audiology professionals in the UK who work with deaf children and young people. The purpose of this guidance is to support you to write reports that give external agencies a full and thorough understanding of a deaf child's needs.

Paediatric audiology professionals are frequently asked to provide reports to external agencies for:

- education plans – to enable a full assessment of the child or young person’s needs and provide support to meet those needs
- welfare benefits claims, e.g. Disability Living Allowance (DLA), Personal Independence Payment (PIP).

The purpose of these reports is usually to give evidence of a child’s:

- diagnosis
- hearing levels
- management of hearing loss
- hearing function in daily life, and prognosis.

Audiology assessments are undertaken in soundproofed facilities and measure the best-case scenario for each child. When hearing aids are re-programmed or upgraded, an improvement in test results is expected. Whilst it is important to recognise that hearing devices have been well fitted and that the child is achieving good aided thresholds and high speech discrimination scores, the reports do not always identify the functional difficulties that remain or the implications for the child in their day-to-day environment, where acoustics are often far from ideal. It is therefore helpful if your report can include comments on the functional difficulties deaf children face in their day-to-day environments.

Audiology reports can also be full of technical terms that come across to the reader as jargon that they find difficult to understand. As a result the potential impact of your report can be lost. Providing tailored, accessible information can help:

- the family and other professionals to understand the child’s hearing and listening needs better
- to identify outcomes for the deaf child
- improve the planning and provision of support.

This resource has been developed by the National Deaf Children’s Society, with support from the National Sensory Impairment Partnership (NatSIP). NatSIP receives funding from the Department for Education (DfE) in England for provision of specialist information, advice, support and training to improve the outcomes for children and young people with sensory impairments.

Writing reports to support a child’s education

To ensure deaf children and young people reach their full education potential it is important that early years settings, schools and colleges have a full understanding of their needs, and in particular, their hearing needs.

Audiological information will, alongside information provided by other professionals, help ensure that a deaf child’s potential is maximised and outcomes are improved by making certain:

- that plans for education, health and care support are based on a full and thorough audiological assessment and understanding of that child's or young person's needs and their implications
- that any barriers to their development and achievement are identified and measures are put in place to address them.

Information for a needs assessment

The type of information audiology professionals will be asked for includes:

- history and current status of hearing
- age of the child at diagnosis and cause (if known)
- what technology was introduced, when it was fitted, whether it is used consistently, and what impact it has had
- whether the child the child is independent in fitting and caring for their hearing aids or auditory implants. Do they reliably report faults with them, or do they require help with changing batteries etc.?
- how audiology professionals have worked jointly to date with parents and other professionals supporting the family to assess the child’s functional use of hearing and use of audiological equipment.

By making your report on the child’s hearing and listening development accessible to non-audiology and non-specialist audiences, you can help drive improved outcomes for deaf children, as set out below.

1. Unaided and aided hearing levels. The actual assessment used is not critical, but it is important that the results and information are reported uniformly so that comparisons can be made over time. Therefore it is helpful to report unaided hearing using dBHL and aided hearing using dBA for example.

   This information is valuable to professionals supporting deaf children in schools and for understanding whether a child is able to access the full speech frequency range in the best listening environment. However, the report reader may not be familiar with any audiological terms used and it is helpful to interpret the results clearly. For example, are there any sounds the child is unable to hear?

2. Hearing function reported as speech discrimination scores in quiet conditions and situations where there is more noise such as in a classroom. For example ‘In the best listening conditions John scores 97% when listening to words/sentences…’ but ‘as background noise increases John scores just 50% when listening to words/sentences alone’. You may also have useful information from hearing aid data-logging giving an indication of the proportion of time a child is usually listening in challenging acoustic environments.

This information is valuable to professionals supporting deaf children in schools and understanding how they cope with background noise and any potential additional support needs the child may have. A typical classroom has background noise levels of approximately 50–60 dBA but can be higher, and deaf children require a much higher signal-to-noise ratio to understand speech in the classroom than their hearing peers. The reader may not be familiar with audiological terms used such as dB and SNR so it is helpful to interpret the results clearly. What are the implications of these results for the child when listening in poorer acoustic environments?

3. An indication of lipreading ability, e.g. ‘Without lipreading John scores 67% at normal conversational voice levels. His scores increase to 93% with lipreading.’ This information is valuable to professionals supporting deaf children in schools and understanding whether they need to see faces clearly to follow conversation.

Information about outcomes and provision

Your information should support education staff, educational audiologists or Teachers of the Deaf to make decisions about a child's needs in the nursery, classroom or other education setting including:

- the most appropriate seating position
- acoustic conditions required
- use of FM systems
- need for/deployment of one-to-one support or daily checks of equipment by staff
- need for assistive devices.

Review provision

If a pupil is not making expected levels of progress, all aspects of the child’s education plan must be considered in detail. An audiologist may be asked to provide advice on:

- any changes to the pupil’s level of hearing
- the effectiveness of technology in different acoustic environments.

More information

Parents can call our Freephone Helpline on 0808 800 8880 for support with any aspect of their child's education.

More information on education is also available on our website at www.ndcs.org.uk/education.

Writing reports to support welfare benefit claims

Disability Living Allowance (DLA)

DLA is a non-means tested payment that is provided to help with the extra costs caused by the child's disability. DLA is paid at different rates depending on how much additional help the child needs because of their deafness over and above the usual care needs of a child the same age. Most deaf children are eligible for the care component of DLA and some (over the age of three years) are eligible for the mobility component if they have significant additional mobility, supervision or communication needs out of doors.

The application process for DLA is lengthy and many families are turned down the first time they apply. The form focuses on what a child **cannot** do rather than what they **can**. This is demoralising for both parents and professionals who are usually focusing on the positives – the child's progress and achievements.

Most audiology professionals already write reports for parents, or copy them into letters written about their child. When parents make a claim for DLA they do not have to provide a separate report from an audiologist, but they are asked to submit one (along with other evidence) if they have a report to support their claim. Parents are also asked to complete the claim form with detailed medical information so it is helpful for them if they have a report that refers to and clearly explains the implications of the audiological and medical terminology used.

It is helpful if audiology professionals can provide details of each child's communication needs, including whether in their everyday environment the child:

- uses a hearing aid or auditory implant
- needs help to use and maintain hearing aids or an auditory implant
- is not able to hear some sounds
- is not able to follow a conversation on the phone
- frequently needs things repeated
- needs things repeated in different ways to understand
- withdraws from conversation
- has poorer voice quality than would be expected of a hearing child
- becomes frustrated if not understood
- will only speak with family or friends
- relies on lipreading
- uses sign and relies on interpreters.

The claimant is also expected to show details of developmental needs such as information about the child's developmental milestones, whether the child needs more attention and supervision than a hearing child and whether extra time and effort are needed to help them to learn and develop language and communicate. It is helpful if audiology professionals can provide information based on their knowledge of the child and experience of working with young children. For example:

- information about the child's developmental milestones. Details of anything a hearing child would be expected to be able to do that the deaf child is not achieving yet e.g. do they have a vestibular hypofunction related to their deafness that means sitting and walking are delayed?

- does the child need much more time or effort spent on attention and supervision than a hearing child of the same age? E.g. additional time and effort on practical support such as fitting, removing and maintaining hearing aids and auditory implants are needed for deaf children. Babies and young children using hearing aids or cochlear implants should not be left alone with them in case they put them in their mouth and the aids become a choking hazard. They therefore require additional supervision to avoid substantial danger to themselves. Older children may require additional close supervision when crossing roads or playing outdoors to avoid substantial danger to themselves or others
- does the child require extra time and effort spent on helping them to learn language and communicate? E.g. deaf babies and children will have large numbers of regular appointments with doctors, audiology and re/habilitation teams (such as speech and language therapists or Teachers of the Deaf). Families will spend additional time at home building language development into their daily routines. These all require extra time and effort that would not be expected of a family with a hearing child.

Parents can call our Freephone Helpline on 0808 800 8880 for support with applying for DLA for their child. More information on DLA is also available on our website at www.ndcs.org.uk/dla, including guidance on what DLA is, how to make a claim and fill in the application form, the claim process and how to complain about delays or poor decisions.

Personal Independence Payment (PIP)
PIP is a new benefit which is replacing DLA for people aged 16 or over. Parents and young people can find out when they will be eligible to claim PIP by visiting www.gov.uk/pip-checker.

One of the main differences between PIP and DLA is that when a young person reaches 16, they will be the claimant, rather than their parents. PIP is provided to help with the extra costs caused by the young person's disability, for example if they have difficulties with daily living or with getting around, they can claim. It is not affected by any other money the young person may have.

Like DLA, the application process for PIP is lengthy and many young people are turned down the first time they apply. The form focuses on what the young person **cannot** do rather than what they **can**. This is demoralising for the young person, parents and professionals, who are usually focusing on the positives, such as their progress and achievements.

When young people make a claim for PIP, they do not have to provide a separate report from an audiologist, but they are asked to submit one (along with other evidence) if they have it to support their claim. Young people are also asked to complete the claim form with detailed medical information so it is helpful for them if they have a report that refers to and clearly explains the implications of the audiological and medical terminology used.

It is helpful if audiology professionals can provide details of the young person's communication needs, including whether they:

- use a hearing aid or auditory implant

- need help to use and maintain their hearing aids or auditory implant
- are not able to follow a conversation on the phone
- frequently need things repeated
- rely on written signs and information when out
- are unable to hear warning signals or alarms
- need things repeated in different ways to understand
- withdraw from conversation
- have poorer voice quality than would be expected of a hearing person
- rely on lipreading
- use sign and rely on interpreters.

Additionally, it is helpful if audiology professionals can provide details of any impairment to balance function and how this impacts on the young person.

Parents can call our Freephone Helpline on 0808 800 8880 for information on how to support their child with filling in the form.

More information on PIP is also available on our website at www.ndcs.org.uk/pip, including guidance on what PIP is, how to make a claim and fill in the application form, the claim process and how to complain about delays or poor decisions.

About the National Deaf Children's Society

The National Deaf Children's Society is the leading charity dedicated to creating a world without barriers for deaf children and young people across the UK.

We use the term 'deaf' to refer to **all types of hearing loss or impairment from mild to profound**. This includes deafness in one ear or temporary deafness such as glue ear.

We use the word 'parent' to refer to all parents and carers of children.

For more information for professionals visit our website at www.ndcs.org.uk/professionals. For information to support parents visit www.ndcs.org.uk/family_support.

For information and practical support on issues related to childhood deafness, contact the National Deaf Children's Society Freephone Helpline on 0808 800 8880, email us at helpline@ndcs.org.uk or contact us via Live Chat at www.ndcs.org.uk/livechat.

If you or a family you are supporting prefer to speak a language other than English, once we know the language of choice and phone number (in English) we can call back with an interpreter within a few minutes.

This information can be requested in large print, in Braille and on audio CD.

Last reviewed: May 2015

Next review due: May 2017

About the National Sensory Impairment Partnership (NatSIP)

The National Sensory Impairment Partnership (NatSIP) is a partnership of organisations working together to improve outcomes for children and young people with sensory impairment (SI). The agreed purpose of NatSIP is:

- to improve educational outcomes for children and young people with sensory impairment, closing the gap with their peers, through joint working with all who have an interest in the success of these young people.
- to help children achieve more and fulfil the potential of children and young people who have SI.
- to promote a national model for the benchmarking of clear progress and impact criteria for children and young people who have SI.
- to support a well-trained SI workforce responsive to the Government agenda for education.
- to inform and advise the Department for Education in England and other national agencies on the education of children and young people with SI.
- to promote collaboration between services, schools, professional bodies and voluntary bodies working with children and young people who have SI.
- to promote collaborative working between education, health and social care professionals in the interest of children and young people who have SI.

For more information about NatSIP and to access to resources, visit www.natsip.org.uk – a major gateway for SI professional practice.