

## Wirral JSNA: Children and Young People – Hearing

### Summary

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- Hearing impairment in children is a low incidence high impact disability
- There are currently 358 Children and Young People known to the Wirral Sensory Service for having a Hearing Impairment, giving a prevalence of 4.8 per 1000 (Wirral Sensory Service database January 2016).
- Nationally there has been a 16% increase since 2011 in the numbers of deaf children known to local authority specialist educational services (CRIDE, 2014a). This increase in numbers has also been seen by the Wirral Sensory Service, with a 16% increase since 2013 (Wirral Sensory Service database January 2016).
- An estimated 31 in every 100,000 (0.031%) children and young people up to the age of 19 in the UK have co-occurring vision and hearing impairments. In Wirral this figure is currently 0.036% (Wirral Sensory Service database January 2016).
- Nationally, a reported 21% of deaf children have additional special educational needs (CRIDE, 2013).
- Significant hearing impairment can have an impact on language development and communication difficulties can provide a risk for behavioural problems, emotional and psychological difficulties, poorer employment prospects and mental health issues (Blamey & Sarant, 2011; Lederberg cited in Prezbindowski, et al., 1998; Bercow, 2008; Mayer, 2007).
- Chronic otitis media (inflammatory diseases of the middle ear) is the leading cause of hearing loss amongst children. In Wirral, currently 24% of children and young people have hearing impairments due to middle ears issue (Wirral Sensory Service database January 2016).
- Recent research (Archbold et al., 2015) into mild/moderate hearing loss in children, shows this has a bigger impact on family and education than generally recognised by others.
- Over 40% of deaf children (NDCS, 2010) experience mental health problems, compared to over 25% of hearing children. There are currently 6 young people from the Wirral being seen by this local Deaf CAMHS (Wirral Sensory Service database January 2016).
- In England, around 9% of deaf children use sign language in some form, either on its own or alongside another language (CRIDE, 2013). In Wirral this figure is 8.3% (Wirral Sensory Service database January 2016).
- In November 2014, Wirral Sensory Service was rated as good with some outstanding features through a peer review linked to the Quality Standards developed for SEN support and Outreach Services.
- Wirral Health and Education services for children and young people who are deaf already work closely together to provide joined up services.
- Wirral Sensory Service has a low number of out of borough placements
- The new All-age Disability Partnership provides new opportunities for children and young people with hearing impairment though related national, and consequential local, austerity measures should be monitored for any potential service impacts

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## What do we know?

### Overview

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Hearing impairment in children is a low incidence high impact disability. Children with hearing impairment have different needs to adults with hearing loss. In order to reduce lifelong inequalities, it is important that support is provided from birth, throughout childhood and the transition into adulthood. If this support is not received, then during their development, and life, chances can be severely limited.

Significant hearing impairment can have an impact on language development as it has been found that hearing loss slows down the rate of spoken language learning or vocabulary development (Blamey & Sarant, 2011; Lederberg cited in Prezbindowski, et al., 1998). This is important as there are known associated risks with communication difficulties such as behavioural problems, emotional and psychological difficulties, poorer employment prospects, mental health issues addressed, (Bercow, 2008), lower educational attainment and literacy difficulties (Blamey & Sarant, 2011; Mayer, 2007) and cognition difficulties due to language as a 'tool for thinking' (Vygotsky, 1978 cited in Mayer, 2007; Vohr et al, 2008).

In addition, recent research by Archbold et al (2015) into mild/moderate hearing loss in children, shows that there is a bigger impact of mild/moderate hearing loss on family and education than generally recognised by others and that children and young people with mild/moderate hearing losses in school have to use greater levels of effort than generally realised.

There is one Primary Hearing Resource Base in Wirral for children with severe/profound bilateral deafness who require additional support using British Sign Language (BSL). There are no secondary bases for deaf children on the Wirral, but in past years a small number of children have accessed the Secondary Hearing Resource Base in Liverpool, and less than five children currently attend the Royal School for the Deaf, Derby.

The changes in the [Children and Families Act](#) are a rethink of the way children with special educational needs (SEN) are supported. This places children and young people with SEN or disabilities at the centre of planning. Equally it requires local education, health and social care services working together to ensure they provide the right support in order for them to achieve their ambitions and the best possible educational and other outcomes, including getting a job and living as independently as possible.

### Facts and figures

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#### Definition and levels of deafness

##### [WHO definition](#)

'A person who is not able to hear as well as someone with normal hearing – hearing thresholds of 25 dB or better in both ears – is said to have hearing loss. Hearing loss may be mild, moderate, severe or profound. It can affect one ear or both ears, and leads to difficulty in hearing conversational speech or loud sounds.'

Children with hearing impairment have various degrees and types of hearing loss. Level of hearing loss is based upon the [audiometric describers](#) (dBHL) as recommended by the British Society of Audiology (1988) and endorsed by the British Association of Teachers of the Deaf are as followed and based on the average hearing threshold levels at 250, 500, 1000, 2000, 4000 Hz in the better ear.

Mild hearing loss	20- 40 dB
Moderate hearing loss	41 – 70 dB
Severe hearing loss	71 – 95 dB
Profound hearing loss	In excess of 95 dB

**Source:** BATOD (2009) Audiometric descriptors for pure-tone audiogram, Audiology Refresher: G2 The British Association of Teachers of the Deaf Audiology <http://www.batod.org.uk/content/resources/audiology/descriptors/G2-descriptors.pdf>

### **Type of deafness**

The types of hearing loss are conductive, sensorineural and mixed and include bilateral (both sides) or unilateral (one side), symmetrical (same loss on both sides), high frequency and low frequency.

**Conductive:** This is the result of sounds not being able to pass freely to the inner ear. This usually results from a blockage in the outer or middle ear, such as a build-up of excessive ear wax or fluid from infection (especially common in children). The result of this type of hearing loss is that sounds become quieter, although not usually distorted. Depending on its cause, a conductive hearing loss can be either temporary or permanent.

**Sensorineural:** A permanent sensorineural hearing loss is the result of damage to the hair cells within the cochlea, the hearing nerve or both. Sensorineural hearing not only results in a loss of power, but also reduces the quality of the sound that is heard, meaning that individuals with this type of hearing loss will often struggle to understand speech. Once the cochlea hair cells become damaged, they will remain damaged for the rest of a person's life. Therefore sensorineural hearing loss is permanent and cannot be cured.

### **Causes of hearing loss and deafness**

**Congenital:** This may lead to hearing loss at, or acquired soon after birth. It can be the result of genetic factors or complications during pregnancy and childbirth including maternal infection, birth asphyxia, and inappropriate use of particular drugs during pregnancy and severe jaundice in the neonatal period.

<http://www.who.int/mediacentre/factsheets/fs300/en/>

**Acquired:** This may lead to hearing loss at any age. It can be the result of infectious diseases, chronic ear infections, collection of fluid in the ear, use of particular drugs, injury to the head or ear, exposure to excessive noise, ageing and wax or foreign bodies blocking the ear canal.

According to the WHO, chronic otitis media (inflammatory diseases of the middle ear) is the leading cause of hearing loss amongst children

<http://www.who.int/mediacentre/factsheets/fs300/en/>

In Wirral, currently middle ears issues are the cause of deafness in 24% of children and young people who have hearing impairments.

In table 1 below we see the number of Wirral Sensory service users and the cause of their deafness

**Table 1:** Causes of deafness, Wirral, 2015

Cause of deafness	Wirral Sensory Service
Middle ear issues e.g. chronic otitis media, ossicular fixation, cholesteatoma	86
Auditory Neuropathy Spectrum Disorder (ANSD)	Less than 5
Congenital infection e.g. CMV	10
Childhood infection e.g. meningitis	7
Genetic e.g. Connexin 26 or familial	21
Chromosomal disorder	Less than 5
Syndrome (e.g. Treacher-Collins, Pendred, CHARGE)	20
Microtia and atresia	5
Investigations ongoing	44
Perinatal / Maternal drugs/ toxins	11
Unknown	130
(No deafness e.g. APD/ CODA)	18
<b>Total</b>	<b>358</b>

Source: Wirral Sensory Service database, January 2016

## Screening and Diagnosis

### Newborn Hearing Screening

For identification, the NHS [Newborn Hearing Screening Programme](#) Quality Standards (QS) set out the standards for the entire care pathway for the screening of new-borns. It aims for 99% of babies to be screened within 6 hours and 99% within 3 months (NHSP, 2010) Although most cases of hearing impairment will be identified before school entry, [National Screening Guidelines](#) also recommend screening at school-entry at the age of 4-5 for any cases that were missed or have developed after the test.

### School screening

Although most cases of hearing impairment will be identified before school entry, [National Screening Guidelines](#) also recommend screening at school-entry at the age of 4-5 for any cases that were missed or have developed after the test. As such, schools have routine screening in F2, Y2 and Y6, conducting by screeners trained by audiologists. Special school pupils have screening by qualified orthoptists as they are more difficult to test.

## Prevalence

### Key facts

- Deafness is the third most common disability in the world.
- There are more than 11 million people in the UK with some form of hearing loss, or one in six of the population
- There are more than 45,000 deaf children in the UK, plus many more who experience temporary hearing loss.
- Approx. one in every 1000 children is born with a severe or profound hearing loss.
- Five out of 6 children experience ear infection (otitis media) by the time they are 3 years old.
- 4% of all school children are affected by conductive hearing loss as mostly glue ear.
- About half of all deaf children are born deaf and 10-20% of all deafness is acquired postnatal.
- 40% of deaf children have additional needs
- 90%+ of deaf babies are born to hearing parents.

Sources for key facts:

- NIH (National Institute on Deafness and Other Communication Disorders), quick statistics <http://www.nidcd.nih.gov/health/statistics/pages/quick.aspx#2>
- Deafness – UK statistics and facts, <http://www.disability.co.uk/sites/default/files/resources/UKStatistics%26Facts.pdf>
- Patient: Deafness in Children <http://patient.info/doctor/deafness-in-children>
- Action on Hearing Loss, statistics <http://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/statistics.aspx>
- Action on Hearing Loss (2015) 'Hearing Matters - why urgent action is needed on deafness, tinnitus and hearing loss across the UK' London: Action on Hearing Loss

The Consortium for Research into Deaf Education ([CRIDE](#)) carries out an annual survey of local authority specialist educational services for deaf children. According to the 2014 CRIDE survey (CRIDE, 2014a), looking at a snapshot on January 31<sup>st</sup> 2014, the total number of deaf children (defined as those with sensorineural and permanent conductive deafness) aged 0 to 19 across England, Northern Ireland, Scotland and Wales is at least 48,125. This is a 7% increase from 45,175 in 2013 and a 16% increase since 2011. The survey notes that it is difficult to be certain about the extent to which this increase is due to changes in demography, increase in numbers of deaf children being diagnosed or improvements in reporting.

This increase in numbers (Table 2) has also been seen by the Wirral Sensory Service, although since 2013 they have seen a 16% increase, which is greater than national increases.

**Table 2:** Total number of deaf children within Wirral Sensory Service, 2012 - 2016

	Jan 2012	Jan 2013	Mar 2014	Jan 2015	Jan 2016
Unilateral	45 (18%)	54 (19%)		78 (22%)	87 (26%)
Mild deafness	67 (26%)	73 (26%)		87 (25%)	100 (29%)
Moderate deafness	90 (35%)	93 (32%)		100 (30%)	104 (31%)
Severe deafness	26 (10%)	26 (9%)		22 (6%)	18 (5%)
Profound deafness	17 (7%)	21 (7%)		24 (7%)	31 (9%)
Unknown	10 (4%)	19 (7%)	-	36 (10%)	0 (0%)
Total children	255 (100%)	286 (100%)	292	347 (100%)	340 (100%)
<b>% increase since the previous year</b>		+12%	+2%	+19%	+3%

**Source:** Wirral Sensory Database, January 2015.

**Note:** The total for Jan 2016 is 340 children, although there are 358 children on the database. The 18 children not included here do not have a hearing loss e.g. CODA (Child of Deaf Adult) and APD (Auditory Processing Disorder).

There are 74,900 children and young people (CYP) 0-19 in Wirral. CYP aged between 0 – 19 years old are monitored by Paediatric Audiology and 358 CYP are known to the Wirral Sensory Service for having a hearing impairment (Sensory Service database). Accurate figures for those between 20 and 25 are not available. This gives a Wirral prevalence of 4.8 per 1000.

According to the CRIDE survey (2014b), across England there is a wide variation in the numbers of deaf children supported by services, ranging from between 24 and 993. The average number of children being supported by a service was 251. This compares with 358 deaf children being supported by the Wirral Sensory Service, slightly higher than the national average.



In England, 79% of deaf children communicate using only spoken English in their school or other educational setting and CRIDE (2013) go onto suggest that around 9% use sign language in some form, either on its own or alongside another language. Across Wirral, 8.3% of children and young people use sign language in some form, either on its own or alongside another language. See 'current activities and services' for further details.

### Dual vision and hearing impairments

An estimated 31 in every 100,000 (0.031%) children and young people up to the age of 19 in the UK have co-occurring vision and hearing impairments. In January 2016, 27 Wirral children and young people (0.036%) were known to the Wirral Sensory Service as having both a vision and hearing impairment.

### Trends

Although projections are not available for the number of children and young people with hearing impairments, current projections from PANSI ([www.pansi.org.uk](http://www.pansi.org.uk)) show a slight fall in the projected the numbers of people aged 18-24 with a hearing impairment over the next 10 years, from 7,534 in 2015 to 6,829 in 2025, with a slight increase projected by 2030 to 7,614. The equivalent numbers are not available for those predicted to have a profound hearing loss. Although this is useful as an indication of hearing loss across the general adult public, as presbycusis, or age related hearing loss is the biggest single cause of hearing loss (<http://www.nhs.uk/Conditions/Hearing-impairment/Pages/Causes.aspx>), this information is not ideal when considering hearing loss in children and young people.

However using the data relating to 18-24 is the best fit as age related hearing loss tends to be a factor from around 40 years of age (<http://www.nhs.uk/Conditions/Hearing-impairment/Pages/Causes.aspx>) and this age bracket is likely to only have noise induced hearing loss as an additional influence, which is the second most common form of hearing loss after age-related hearing loss (Chin Yan Wong et al., 2013).

The Wirral Sensory Service takes an annual 'snapshot' of the numbers of referrals, in its present format, for one year. It is hoped that the use of the new database will more readily identify the numbers of children referred annually with hearing impairments and provide evidence of trends as there appears to have been an overall increase in the number of referrals from Paediatric Audiology to the Sensory Service as can be seen in table 3.

**Table 3:** Wirral Sensory Service referrals received for hearing for the period September 2014 to December 2015

Referral received	Sept 2014 - July 2015	Sept 2015 - Dec 2015
Paediatric Audiology	61	21
Schools – Hearing screen	19	*Less than 5
School – Advice	*Less than 5	*Less than 5
Parents	*Less than 5	*Less than 5
<b>Total</b>	<b>85</b>	<b>29</b>

Source: Wirral Sensory Service database, January 2016

Notes: \*'Less than 5' recorded as numbers are too low to publish and requirement to protect anonymity of service users, though total numbers are accurate

Most deaf children are supported in mainstream schools or generic provision with support as required. The number of out of borough placements for children and young people with a hearing impairment has reduced over the last eight years, and is predicted to remain low for the next two years.

Work continues to understand previous trends and predict any future changes to numbers of children and young people who might be born, or otherwise, with a hearing impairment.

## Performance

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The quality of provision by the Wirral Sensory Service has been sought through a peer review linked to the Quality Standards developed for SEN support and Outreach Services by the Department for Children Schools and families (DCFS) (2008). In November 2014, this peer review rated the Wirral Sensory Service as good with some outstanding features.

Wirral services for children and young people who are deaf already work closely together to provide joined up services. There is a local CHSWG (Children's Hearing Services Working Group) which meets three times a year to ensure that all services designed to support deaf children and their families work in a co-ordinated way. The group invites representatives from health, education, social services, local voluntary sector and parents of deaf children. This provides the opportunity to peer monitor services.

*.... 'The framework for multidisciplinary working within a Newborn Hearing Screening Programme is the Children's Hearing Services Working Group (CHSWG). CHSWGs cover all services involved in supporting deaf children and their families. All CHWG members should work together to continuously monitor and improve services for deaf children and their families' (NHSP, 2010)' .....*

## What this tells us...

### Overview

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Wirral continues to perform well in its support for children and young people with a hearing impairment in line with national guidance. Some key aspects include:

- Low number of out of borough/county placement
- One Hearing Resource Base for primary pupils.
- Strong links between the sensory service and health to providing early intervention and support in equipment use (e.g. hearing aids), which should improve outcomes in the long term.

### Local views

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#### **Service users and Family Consultation Event July 2015**

An event was run in July 2015 to provide families with the opportunities to meet together and to canvas information from both parents and children (as service users) on the service and in addition their thoughts on current and future health and wellbeing needs. The information, and options, gathered help to develop jointly commissioned service provision between Health and Education organisations.

Key aspects of Service users feedback

Overall:

- Some parents found it difficult to contact the Sensory Service which could relate to a reduction in permanent administration support at Liscard
- Information on the Council web site, signposting to the Service, was not being updated quickly enough (see above)

Overall the service was held in high regard by service users, carers and parents.

Issues relating to their health and wellbeing:

- Developing independence, now and in the future, was the most common response



- Also importance of equality, specialist knowledge, targeted support and help to develop social and emotional wellbeing.
- In the future such aspects as needs to access to networks, continued support/involvement from the Service and the building of confidence were most reported.

Suggestions for improvements included:

- To the Service included developing an understanding of visual impairment in the sighted peer group,
- Improved audio and visual prompts on buses,
- Mentors for everyday life (to improve independence of young people from their family),
- Improved Service information,
- Reduced waiting times for appointments in health,
- Improved access to specialist equipment in the home,
- Improvements in the community to allow independent access to activities
- Improved communication in schools around the needs of the pupil.

To read the full content and feedback view the report [here](#)

### National and local strategies and plans

**Education:** Educational services have statutory responsibilities under SEN and equalities legislation, such as the [Children and Families Act](#) and [SEND code of practice: 0-25years](#).

**Wirral Local Offer:** The [Wirral local offer](#) is used to bring Parents & Carers of children and young people with special educational needs & disability, (SEND), together with a wide and diverse range of Specialist or Targeted Service Providers.

**Screening:** For identification, the NHS [Newborn Hearing Screening Programme](#) Quality Standards (QS) set out the standards for the entire care pathway for the screening of newborns. Although most cases of hearing impairment will be identified before school entry, [National Screening Guidelines](#) also recommend screening at school-entry at the age of 4-5 for any cases that were missed or have developed after the test.

**The National Sensory Impairment Partnership (NATSIP):** [NATSIP](#) is a partnership of organisations working together to improve outcomes for children and young people with sensory impairment. The National Sensory Impairment Partnership (NATSIP) criteria are used to categorise the level of support required.

**Quality assurance:** There is a national strategy to develop information and quality assurance across services. This is currently in development.

### Current activity and services

#### **Wirral Sensory Service**

Please see attached service offer leaflet [here](#)

In addition, the Wirral Sensory Service works to bring young deaf children and young people together through termly activity days aimed at different key stages. British Sign Language (BSL) training is provided to parents and setting staff. CODAs (Children of Deaf Adults) are also supported with an annual monitoring visit or information provided to school, as are children with Auditory Processing Disorder.

## Other key contacts:

### **Wirral Deaf Children's Society:**

Wirral DCS was relaunched in early 2008 and has a committee comprised mostly of parents and carers of deaf children.

[http://www.ndcs.org.uk/family\\_support/support\\_in\\_your\\_area/local\\_groups/find\\_a\\_local\\_group/north\\_west/wirral\\_dcs.html](http://www.ndcs.org.uk/family_support/support_in_your_area/local_groups/find_a_local_group/north_west/wirral_dcs.html)

**National Deaf Children's Society (NDCS):** The [NDCS](#) provide a wide range of information, publications and resources for families and professionals. They have a free, national [helpline](#) and provide [events](#) for deaf young people, families and professionals.

### **Wirral Sensory Service, Specialist Speech and language Therapy and Paediatric**

Audiology work very closely together to provide the best outcomes for young children with hearing impairments in Wirral. They meet three times a year for an Audio-liaison meeting to support this.

### **Children's Hearing Services Working Group (CHSWG):**

The local CHSWG meets three times a year to ensure that all services designed to support deaf children and their families work in a co-ordinated way. The group invites representatives from health, education, social services, local voluntary sector and parents of deaf children. This provides the opportunity to peer monitor services.

**Training courses:** Speech and Language Therapy Services and Wirral Sensory Service organise and deliver training for setting staff and parents. Paediatric Audiology and Wirral Sensory Service work together to provide hearing aid workshops for setting staff, and it is hoped that a pilot workshop for parents will be offered in June 2015. Contact Peter Davies, Head of Service for further information at [pjdavies@wirral.gov.uk](mailto:pjdavies@wirral.gov.uk).

**Stay and Play:** Stay and Play is a monthly early years group for deaf children organised and run by the staff from the Wirral Sensory Service and the specialist Speech and Language Therapist. It is hoped a sing and sign session will start in January. Contact Peter Davies, Head of Service for further information at [pjdavies@wirral.gov.uk](mailto:pjdavies@wirral.gov.uk).

**British Sign Language (BSL):** Wirral Sensory Service runs annual BSL courses. Priority and funding for places are given to those parents or siblings of deaf children who benefit from BSL and for staff who work with deaf children and young people using BSL supported by Wirral Sensory Service. Contact Peter Davies, Head of Service for further information at [pjdavies@wirral.gov.uk](mailto:pjdavies@wirral.gov.uk).

**Primary Hearing Resource Base:** Townfield Primary School's Hearing Support Base (<http://www.townfieldprimaryschool.co.uk/hearing-support-base/>) provides needs led, flexible approach towards supporting deaf children and covers Foundation Two through to Year Six. All the pupils have an Education, Health and Care Plan (EHCP) and benefit from communication using British Sign Language. They are fully integrated into their mainstream classes with additional support, including 1:1 sessions, small group teaching, reverse inclusion and schemes of work to meet the needs of the pupils.

### Associated risks with hearing loss

Significant hearing impairment can have an impact on language development as it has been found that hearing loss slows down the rate of spoken language learning or vocabulary development (Blamey & Sarant, 2011; Lederberg cited in Prezbindowski, et al., 1998). This is important as there are known associated risks with communication difficulties such as behavioural problems, emotional and psychological difficulties, poorer employment prospects, mental health issues addressed, (Bercow, 2008), lower educational attainment and literacy difficulties (Blamey & Sarant, 2011; Mayer, 2007) and cognition difficulties due to language as a 'tool for thinking' (Vygotskey, 1978 cited in Mayer, 2007; Vohr et al, 2008). In addition, recent research (Archbold et al., 2015) into mild/moderate hearing loss in children, shows that there is a bigger impact of mild/moderate hearing loss on family and education than generally recognised by others. So much so that children and young people with mild/moderate hearing losses in school have to use greater levels of effort than generally realised.

**Social Care:** There are no identifiable specialists and [Merseyside Society for Deaf People \(MSDP\)](#) has reduced in size.

**Premature and low birth weight** babies are at greater risk of hearing impairment

**Alcohol and drug exposure:** a high percentage of children suffering from foetal alcohol syndrome (FASD) and maternal drug misuse have hearing impairment. There are high rates of alcohol misuse in Wirral highlighted by hospital stays for adults with alcohol related harm being almost a third higher than the English average, with opiate/crack drug use estimated at approaching twice the national average (14.2/1,000 people compared to 8.4/1,000 people for England) ([Wirral Health Profile, 2015](#))

**Childhood infections** such as measles and rubella can cause hearing impairment. Measles immunisation is necessary to reduce preventable childhood deafness. MMR immunisation rates in Wirral are at 95% for children having first dose by age 2 years. This is currently above the English average and historically these rates have always been good.

**Deaf children with additional needs:** According to the CRIDE survey (2013) sensory services reported 21% of deaf children as having an additional special educational need recorded. The most common additional need appears to be moderate learning difficulties.

Table 4 suggests that Wirral has 17% of deaf children in generic special schools, and 3.5% being in a hearing resource base or school for the deaf.

**Table 4:** Wirral Schools and attendance by children with hearing impairment, 2015

Mainstream	Special school	Pre-school and early years	Out of Authority Deaf school	Hearing Resource Base	Total
261 (73%)	62 (17%)	23 (6.5%)	2 (0.5%)	10 (3.5%)	358 (100%)

Source: Wirral Sensory Service database, January 2016

**Mental Health:** According to the NDCS (2010), historical data, cited in government research (NHS, 2005); suggest that over 40% of deaf children experience mental health problems, compared to over 25% of hearing children.

There is a [Deaf Child & Adolescent Mental Health Services](#) (CAMHS) which works across the country with deaf children, young people and their families up to the age of 18 years old who are experiencing mental health problems including emotional/behavioural issues. They also work with hearing children of D/deaf parents. They offer multidisciplinary assessments and treatment and a range of therapeutic interventions. The treatment is tailored to meet the needs of the young people and their families. The Manchester Outreach Service covers the North West of England, and currently there are currently 6 young people from the Wirral being seen by this local Deaf CAMHS.

## What is coming on the horizon?

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### Further consideration

**Local Opportunities:** With the development of the All Age Disabilities Partnership Board and its associated work, it is likely to have outcomes for those children, parents and services in relation to hearing impairment with the opportunity to enhance their care and support.

**Local services** provided by Local Authorities, especially Education, and those from Health providers through Wirral Clinical Commissioning Group (CCG) and other partners are likely to be affected as a consequence of the continuing national austerity measures. The exact nature of any changes remains unknown but there are a number of initiatives that look to improve client and patient journeys. For example, alternate models of work are being considered such as commissioning, Shared Services and Local Authority Trading Companies (LATCs) which could alter how support is provided but not necessarily reducing quality or outcomes. Currently Wirral is doing well in line with national guidance. However the resources need to continue or there may be a risk of underperformance or increased cost with more out of borough places.

**Impact of mild/moderate hearing loss on family and education:** Recent research (Archbold et al., 2015) into mild/moderate hearing loss in children, shows that there is a bigger impact of mild/moderate hearing loss on family and education than generally recognised by others and that children and young people with mild/moderate hearing losses in school have to use greater levels of effort than generally realised. It found that 60% of parents felt that they wanted more support for their child and 66% of parents felt their child's teacher or form tutor had sufficient information about hearing loss. It also showed that there is an increasing use of technology, including bone-conducting hearing implants, and there is a need for up to date information and training for those working with them, including audiologists. Further as this group may appear to "hear" without audiological equipment, this can lead to confusion for them, their parents and teachers and possible non-use in later years. In particular, the impact of fluctuating, conductive losses and unilateral losses are often not recognised and with financial and service cutbacks and prioritisation of services, there appears to be a particular impact on support for children and young people with mild/moderate hearing loss.

**Aetiological investigations:** In Wirral, currently for 48% of those children and young people with a hearing impairment where their cause of deafness is unknown or investigations are ongoing. Recent investigative work by Paediatric Audiology is improving the number of known causes, however much of this work is still ongoing.

## Links

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Wirral Local Offer <http://localofferwirral.org/>

The National Sensory Impairment Partnership (NatSip) <http://www.natsip.org.uk/>

National Deaf Children's Society (NDCS) <http://www.ndcs.org.uk/>

Wirral Deaf Children's Society (WDCS): <https://www.facebook.com/pages/Wirral-Deaf-Childrens-Society-129743306416/>

## References

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**Action on Hearing Loss (2015)** 'Hearing Matters - why urgent action is needed on deafness, tinnitus and hearing loss across the UK' London: Action on Hearing Loss

**Archbold S., et al., (2015)** 'Mild-moderate hearing loss in children, Experiences of young people with mild to moderate hearing loss: Views of parents and teachers.' The Ear Foundation and NDCS [http://www.ndcs.org.uk/professional\\_support/external\\_research/#contentblock1](http://www.ndcs.org.uk/professional_support/external_research/#contentblock1)

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