

Recommendations to support the provision of highly specialist speech and language therapy services for children and young people who have a hearing loss in Scotland

1. Introduction

- 1.1 Around 1 in 1,000 babies are identified at the neo-natal hearing screening with a permanent bilateral hearing loss greater than 40dBHL in Scotland each year.¹ In addition to identifying these babies, the screening also identifies babies with permanent unilateral hearing loss, permanent mild hearing losses and babies who have temporary conductive hearing losses.¹ However, 50% of children with a permanent deafness will be identified after the new-born screening period, including those born with mild deafness which may be missed by new-born hearing screening; those who have progressive, later-onset or acquired deafness; and those who were born deaf but who missed new-born hearing screening or moved into the country later.^{2,3,4,5}
- 1.2 This document aims to support the provision of highly specialist speech and language therapy services, to ensure these children receive the right support, at the right time.

2. Benefits of providing a highly specialist speech and language therapy service

- 2.1 A deaf child's language and communication outcomes are subject to them receiving the right support at the right time. Children identified early and provided with specialist support at an early stage have the potential to develop high level language and communication skills. Whilst later identification can have an impact on the attainment of language and communication, specialist support can improve outcomes.^{6, 18}
- 2.2 Deafness is recognised as a *'low incidence, high need condition... (requiring the skills and expertise of a highly specialist SLT)'*⁷ *'Without this highly specialist speech and language therapy intervention, language outcomes for HI/Deaf children... will be suboptimal'*⁷ ... *'potentially compromising their educational, social, economic and mental health outcomes for life'*.^{8,9}
- 2.3 The role of the specialist speech and language therapist (SLT) is to optimise the child's speech, language and communication abilities to their maximum potential, as part of the core multi-disciplinary team. This may involve providing immediate support to families following their child's diagnosis, including the following:
- Listening to families and helping them to understand their child's hearing loss and its impact on their communication
 - Providing support to families in the use of hearing aids or cochlear implants
 - Providing clear and unbiased information on various communication methods to allow parents to make an informed choice on communication method(s) and put in place appropriate support

- Providing specialist assessment by taking into account the communication environment, the mode(s) of communication and the multi-factorial influences on expected outcomes
- Taking the lead in differential diagnoses, to distinguish between deafness and other conditions such as autism, developmental language disorder (DLD - formally known as specific language impairment), auditory neuropathy disorder and auditory processing disorder
- Liaising with other professionals to share information and provide integrated support – these might include: audiologists, consultants, teachers of the deaf, paediatricians or health visitors
- Identifying and implementing the most appropriate intervention for an individual child, taking into account the impact on their communication and wellbeing needs
- Ensuring that hearing technology is enabling the child to hear speech intelligibly and functionally, and to liaise with audiology where there is a mismatch between functional hearing and audiological assessment
- Providing families, teachers and others with the skills necessary to communicate as effectively as possible in order to promote optimal outcomes with respect to speech, language and communication development in the child, regardless of which communication method the family choose
- Providing a consultancy service for non-specialist SLTs working with children with a hearing loss
- Providing training for non-specialist SLTs and other professionals from health, education and voluntary sectors

3. Risks of not providing this level of service

3.1 Deaf children and young people are at higher risk of poor educational attainment, abuse and mental health difficulties:

- 63.3% of 2016/17 leavers from special schools or secondary schools receiving additional support for a hearing impairment achieved 1+ award at Scottish Credit and Qualifications Framework (SCQF) Level 5 (National 5 or equivalent), compared to 84.8% of all leavers from special schools or secondary schools.¹⁰
- 42.2% of 2016/17 leavers from special schools or secondary schools receiving additional support for a hearing impairment achieved 1+ award at SCQF Level 6 (Higher or equivalent), compared to 60.7% of all leavers from special schools or secondary schools¹⁰

- 9.4 % of deaf school leavers left school with no qualifications (compared with 2.5% of all pupils) in 2016/17¹⁰
- Deaf children with permanent hearing loss are twice as likely to experience abuse as hearing children¹¹
- More than 40% of deaf children experience mental health difficulties in childhood or early adulthood, compared to 25% of the general population¹²

3.2. Deafness has a relatively low incidence; however, it is a long-term, high-need condition.

3.3. The British Sign Language (BSL) (Scotland) Act 2015, BSL National Plan (2017-2023) and 'Getting it right for every child' (GIRFEC) approaches have the potential to improve outcomes but this is dependent on continued investment in specialist support.

4. Current speech and language therapy context within Scotland

4.1. In Scotland, health board areas are varied in terms of size and density of population, with heavily populated urban and large remote and rural areas. The nature of service delivery, therefore, will vary accordingly. The majority of health boards currently have a hearing impairment (HI) specialist SLT who aims to ensure that speech and language therapy support for children and young people with a hearing loss is in line with RCSLT recommendations^{13,14,18} and underpinned by Scottish Government legislation and directives.^{15,16,17} The future of these posts is vulnerable. The recent loss of specialists in some areas raises concerns about equity of provision and the maintenance of national standards.

4.2. HI specialists are not easy to recruit or retain. To minimise these difficulties, a local training provision for other SLTs within the services is recommended, with access to ongoing specialist training and peer support.

5. Care pathways

Areas with an HI specialist share a high degree of commonality in their care pathways.

5.1 Specialist HI care pathways aim to:

- achieve high quality and equity of service for the population;
- be preventative with intervention provided before communication difficulties have become established "*because of the known consequences*"¹⁸ and to support "*primary prevention of communication difficulties in deaf children*"¹⁹; and
- ensure that requests for assistance (RFA) are responded to urgently and by a specialist HI therapist.

6. What does best practice look like?

6.1. We aim to ensure the delivery of the highest quality care with the most efficient use of resources. Speech and language therapy services for children with a hearing loss should:

- be delivered by an SLT with the recommended competencies;
- be evidence-based and work towards measurable outcomes;
- allow early, timely and equitable access to services;
- support informed choice and decision making;
- allow the specialist SLT to engage and involve families by working in partnership to achieve wellbeing outcomes and ensure families have the confidence and knowledge to support their child's language and communication development;
- provide families with information about both national and local support networks;
- provide support to create an optimal environment for language learning; and
- provide support at all three levels of universal, targeted and specialist as appropriate.

6.2. The specialist SLT should:

- have a crucial and equal role within the multidisciplinary team, working with other lead professionals;
- have a high level of technical knowledge to support optimal use of hearing technology;
- have an obligation to maintain their knowledge and keep up-to-date with current research;
- have a responsibility to provide ongoing training and clinical support to develop the skills of other SLT colleagues;
- be a member of their local Children's Hearing Service Working Group (CHSWG), maintain connections to the national clinical network (CEN HI Scotland), and have representation on national forums, including Paediatric Audiology Services Advisory Group (PASAG) and the Scottish Government's Cross Party Group on Deafness²⁰; and
- be involved in service development and redesign.

This document is an adaptation of the RCSLT and NDCS 'Recommendations for commissioning highly specialist speech and language therapy services for children and young people who are deaf'.

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Defining terms

Speech refers to saying sounds accurately and in the right places in words. It also relates to speaking fluently, without hesitating, prolonging and repeating words or sounds. It also means speaking with expression in a clear voice, using pitch, volume and intonation to add meaning.

Language refers to understanding and making sense of what people say. It also includes using words to build up sentences which are used in longer stretches of spoken language and to build conversations. This skill involves putting information in the right order to make sense.

Communication refers to how we interact with others; being able to talk to people and take turns as well as to change language to suit the situation. It includes non-verbal communication; for example eye contact, gestures and facial expressions. In addition, communication relates to being able to consider another person's perspective, intentions and the wider context.

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