



England

# Ear Checks in Residential Special Schools

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July 2024

# The NHS Long Term Plan, Purpose and Program

*“...we will work with partners to bring hearing, sight and dental checks to children and young people with a learning disability, autism or both in special residential schools.”* NHSE Long Term Plan 2019

*“Provide equitable access to hearing checks, ensuring the checks offered are appropriate and contribute to improved outcomes for children and young people with a learning disability, autism, or both in special residential schools and colleges, and to gain consensus with a body of evidence, to support a wider vision for good sensory health”* Hearing Checks Program Board (2021)



Involving people

# Early Work That Helped Inform Approach

Scottish Government's award for driving improvement, delivering results



Hearing checks at home for children and young people with a learning disability, autism or both  
NHS England and NHS Improvement in collaboration with Guy's & St Thomas' NHS Foundation Trust



Winner

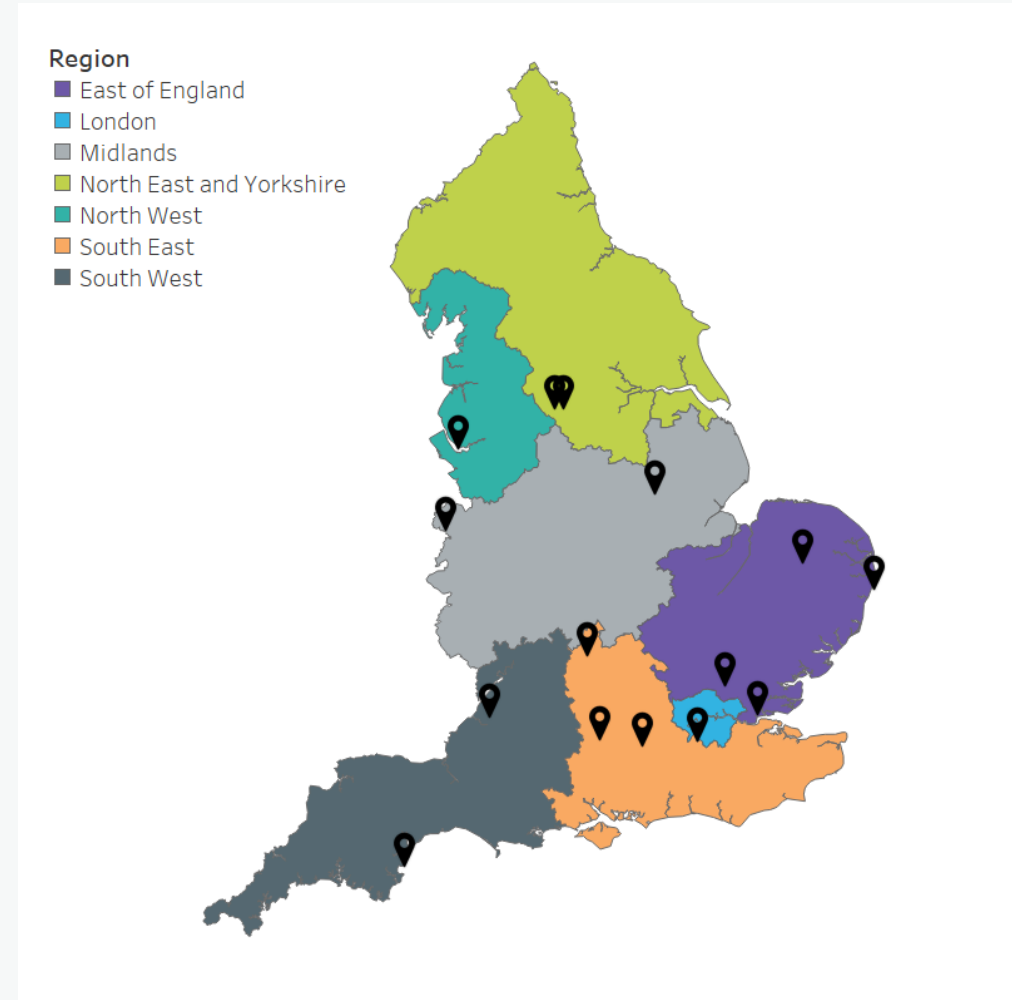


Ear Checks at Home

Seashell Trust

# What We Did

- Built relationships across England with residential special schools, audiology (health) and social care
- 15 sites (1279 students)
- Developed a training programme (56 people trained)
- Co-production around standard protocol
- Three models
  - School-led governance (peer review/support) provided by local audiology (13)
  - Nurse led (1)
  - Audiology led (1)
- School led- School nurse (6), Therapist (3), Familiar and specialist education staff (3)
- Evaluation delivered by our academic partners at the HIN and UCLP



# Pilot Programme- High Level Outcomes

<b>Ear checks results (15 schools/colleges)</b>	
Children and young people offered checks	623 (51.2%)
Total number of checks accepted	522 (84%)
Number of checks not performed as contraindicated by visual check	2
Number requiring referral (primary care referral / audiology assessment)	77 (39 / 38)
No. of students diagnosed with permanent hearing loss	7 (1.1%)



# Key Findings

## 1) There is unmet ear health and hearing need amongst children and young people in residential special schools

- Of 623 children and young people, 13% required ear care or diagnostics
- Seven of 623 (1.1%) have been diagnosed with permanent hearing loss so far, suggesting the incidence could potentially be up to 100x greater than in the typically developing population

## 2) Individualised and flexible approaches to ear checks support acceptability

- Ensuring children and young people's preferences are used to support preparation for the delivery of ear checks. This could involve carrying out a check in a sensory room and/or by a trusted person within the room supporting the check.

## 3) Interdisciplinary working supports obtaining a meaningful check, improves clinical governance and facilitates access to onward care.

- Peer review by and in collaboration with audiology departments supports clinical governance
- Audiology departments and schools should work together to develop resources that enable easy transition when a child requires diagnostic assessment

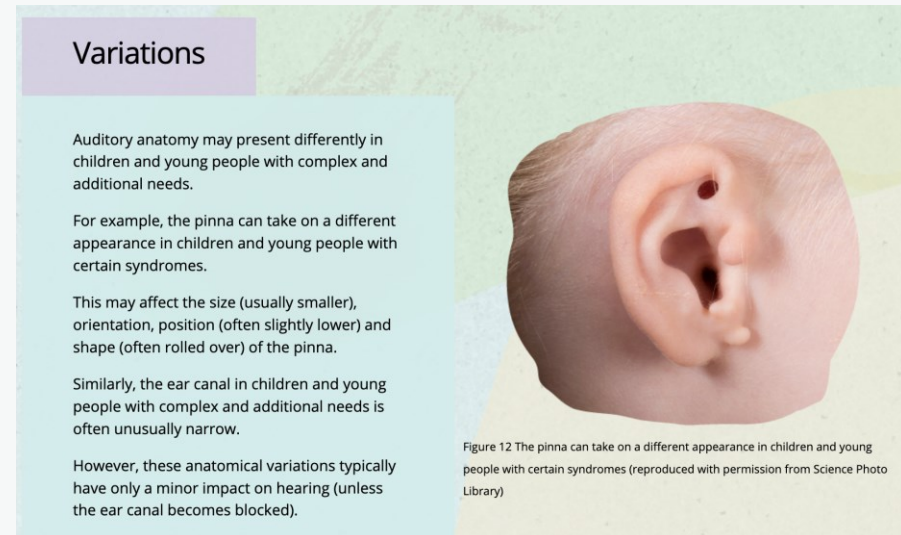


# Outputs – Awaiting NHSE publication approval

1. Test of concept independent evaluation report Pilots/outcomes and learning
2. Practising Standards and Clinical Guidance
3. E-learning training programme
4. Ear Checks Questionnaire and Validation Report
5. Policy Gap analysis
6. Health Economics Report
7. Service Specification and Commissioning guidance
8. Community of practice
  
9. To do...
10. Ways of working, Leadership development and support Regional impact groups

# Ear Check training developed and ready

- Formal e-learning training based on pilot training
  - e-learning for health (elfh)
  - university partners, expert reference group (ERG) and schools
  - Modules developed with University of Manchester and members of the ERG
  - Key decisions on look and feel made by “users”
- HCR\_01\_001 An introduction to ear checks in residential special schools
  - HCR\_01\_002 Auditory anatomy and the causes of hearing loss
  - HCR\_01\_003 Infection control in hearing assessment
  - HCR\_01\_004 Conducting an ear check
  - HCR\_01\_005 Best practice with ear checks in residential special schools







# Ear Check Questionnaire for children and young people attending residential special schools

- Need for a questionnaire identified through the pilot programme and sharing ideas events
- Expert Reference Group and subgroup, Health Innovation Network(HIN), Residential Special Schools, parent/carers
- HIN Evaluation comprised Cognitive Testing and Simulation testing – Face Validity
- HIN Report
- Quick and Easy to carry out – 15 min
- Ensures reasonable adjustments incorporated into the preparation for an ear check
- Included in the Ear Check pathway – no child is left behind
- Supports onward referral where other elements of the ear check cannot be carried out



# Policy Gaps/Recommendations

- **Recommendation 1:** Special Educational Need (SEN ) Code of Practice Information reports to specifically include information on ear health and hearing needs.
- **Recommendation 2:** Ensure that ear health is included in Annual Health Checks
- **Recommendation 3:** EHC plans to include a systematic approach to sensory need to encompass ear, vision, and dental health.
- **Recommendation 4:** NICE guidelines should be updated to include ear checks for children with complex needs in residential special schools
- **Recommendation 5:** A clear process with training To ensure all persons delivering an ear check are proficient
- **Recommendation 6:** [the Oliver McGowan Mandatory Training on Learning Disability and Autism](#). include training in hearing/sensory awareness.
- **Recommendation 7:** Checks completed upon admission, transition and/or exit with a follow-up
- **Recommendation 8:** A clear commissioning approach is required which would be in line with the governmental aim to tackle health inequalities.

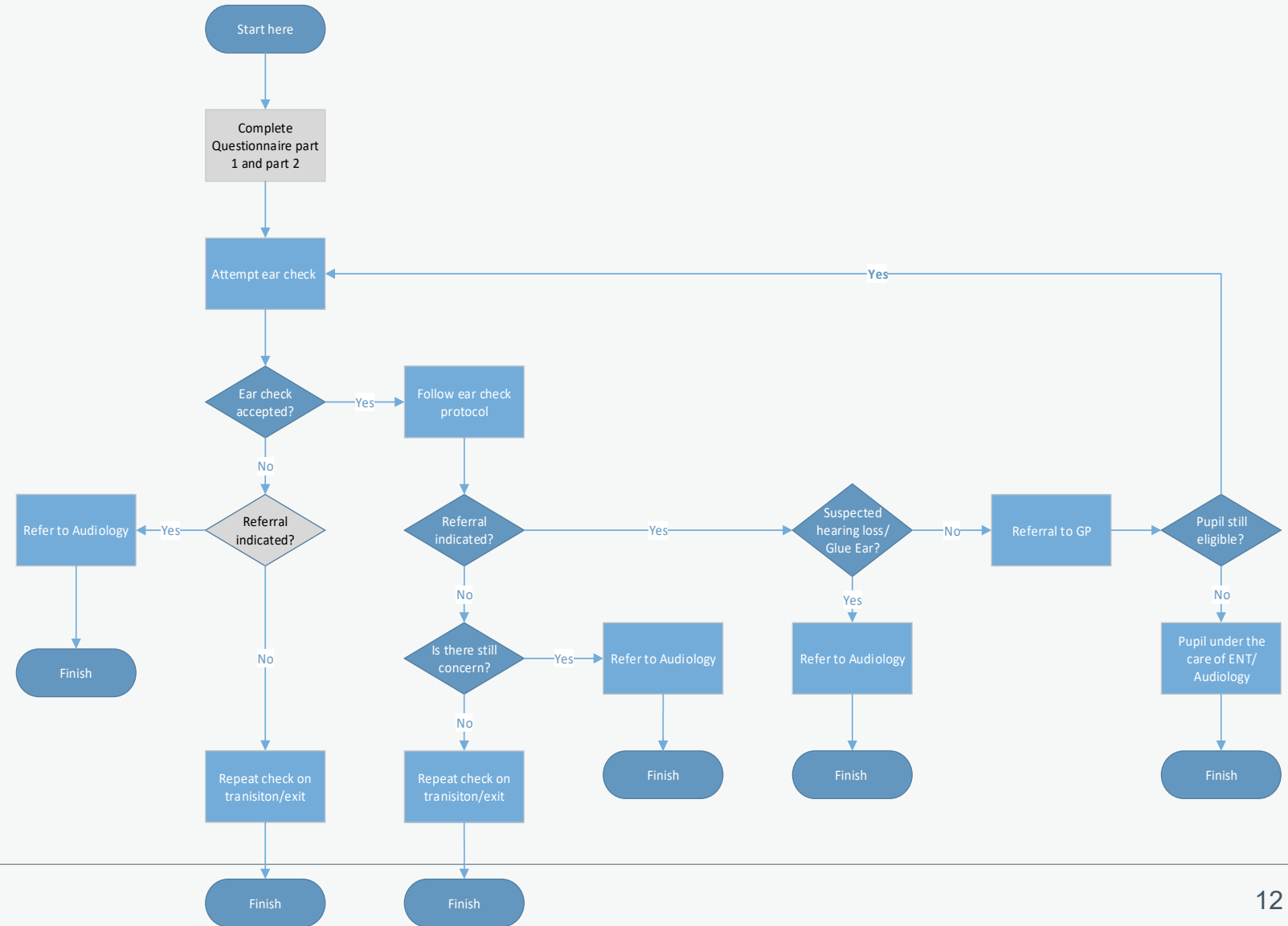


# KPI's to be collated each year

- Eligible Population size
- Number/Percentage of eligible population offered a ear check.
- Number/Percentage of eligible population who consented to receiving an ear check.
- Number/Percentage of checks provided to eligible population.
- Number/Percentage of checks successfully completed.
- Number/Percentage of checks requiring onward referral for follow up or additional treatment.
- Numbers/Percentage referred to primary care.
- Numbers/Percentage referred to community audiology services

# Practising Standards and Clinical Guidance

Clinical  
Practising Standards  
Framework to develop  
SOP  
Offers standardised, but  
flexible approach  
Sets out training and  
clinical governance  
requirements





# Health Economics Report

- In collaboration with Cambridge University, MTech
- Focus on social return on investment
- Captures social value by translating outcomes into financial value
- Provides a double bottom line: Financial Impact(ROI) and Social Impact(SROI)
- Helpful for:
  - ➔ Communicating the impact of hearing checks
  - ➔ Planning for resourcing
  - ➔ Evidence for implementation
  - ➔ Supporting sustainability

Report: Literature review, gap analysis, impact for the system and for community

The main results for benefits are:

- The value of interventions on education, health, and social care is £1,577,394. This is the potential impact on the budgets of the relevant service providers and commissioners
- The value of interventions on employment is £15,964,112. This reflects a potential impact on economic productivity for society
- The value of interventions on QOL is £170,461,200. No economic benefit is received from these impacts, but they represent the value in economic terms of the benefit to the target population and their families and carers

It is not unusual for the value of QOL benefits to overshadow other

# Co-production support for Ear Checks programme

## - Setting up regional Impact Groups

Over the next 4 months, we will be developing **7 Regional Impact Groups** across the NHS England regions

These will be made up of **a range of stakeholders**, including healthcare professionals, education professionals, parents and carers, and people with lived experience

- **Sharing of learning** from the pilot project within local areas, using commissioning guidance developed by NHS England  
**Working collaboratively to advocate** for a **co-produced approach** to the checks within local services  
**Sharing of best practice** nationally through Hearing Health events

# Timeline

	June 24	July 24	August 24	September 24
<b>National Hearing Health Collective</b>	Engagement	National Event	Regional planning	Regional meet ups
<b>Regional Impact Group meet ups</b>			Attend regional meet-ups	Handover development
<b>Handover development</b>				





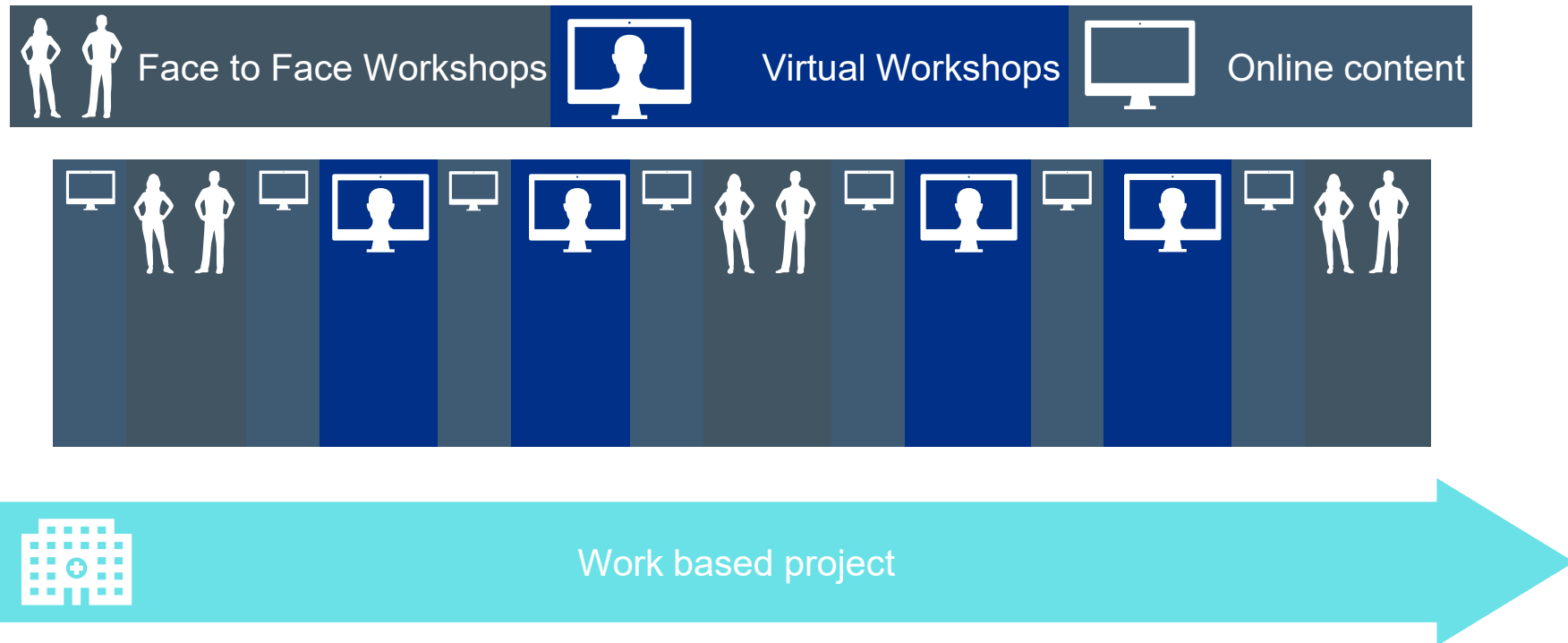
# Ear Checks Leadership Development

- Support those who will be leading the implementation of the Ear Checks Programme
- Increase ability to influence and lead across emerging systems and traditional organisational and professional boundaries
- work effectively with key partners across the system, particularly Commissioners & Education
- build trusted relationships with the communities that they work with
- To develop the role of advocate for the children and families that use services.
- Play a lead role in nurturing, developing and sustaining Communities of Practice
- Support the implementation of emerging best practice, policy and guidance across systems with children and families at the centre of service planning and delivery

# Draft Leadership Programme Outline



# Draft Leadership Programme Structure



# Interested please contact

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Looking for SME in this area



Keen to be/lead part of a group to enable the commissioning to land



Wants to learn more about Co-pro and influencing



16 places first face to face October 2024 in Birmingham (the Signing Tree)



Application in email to Ruth Thomsen via [admin@ahcs.co.uk](mailto:admin@ahcs.co.uk)

# Acknowledgements- Strategic Partners

Shortlisted for two NASEN awards

