

# Behaviourally Complex, Clinically Normal: Rethinking Paediatric Audiology Demand

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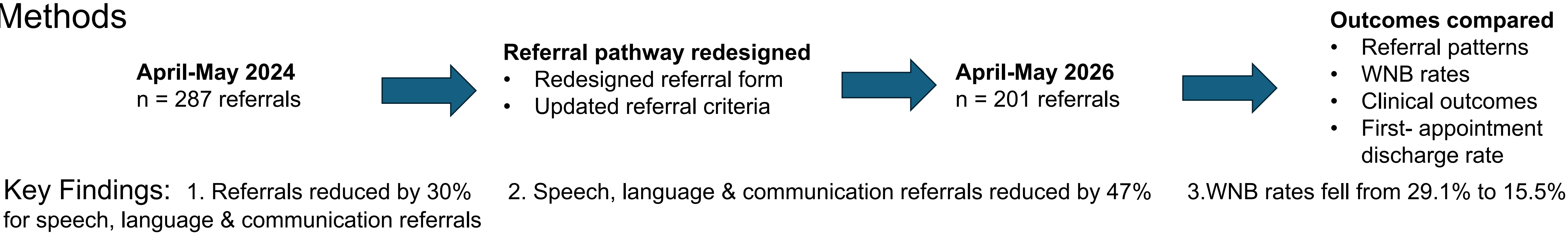
## Background

Increasing referral demand and high Was Not Brought (WNB) rates can reduce paediatric audiology capacity and increase waiting times. A revised referral pathway, including a redesigned referral form and updated referral criteria, was introduced to support more consistent referral management and improve service efficiency. This audit evaluated the impact of these changes.

## Aim

To evaluate the impact of a revised paediatric audiology referral pathway on referral patterns, attendance rates (Was Not Brought; WNB), and clinical outcomes among new paediatric audiology referrals, comparing equivalent audit periods before and after implementation of a redesigned referral form and updated referral criteria.

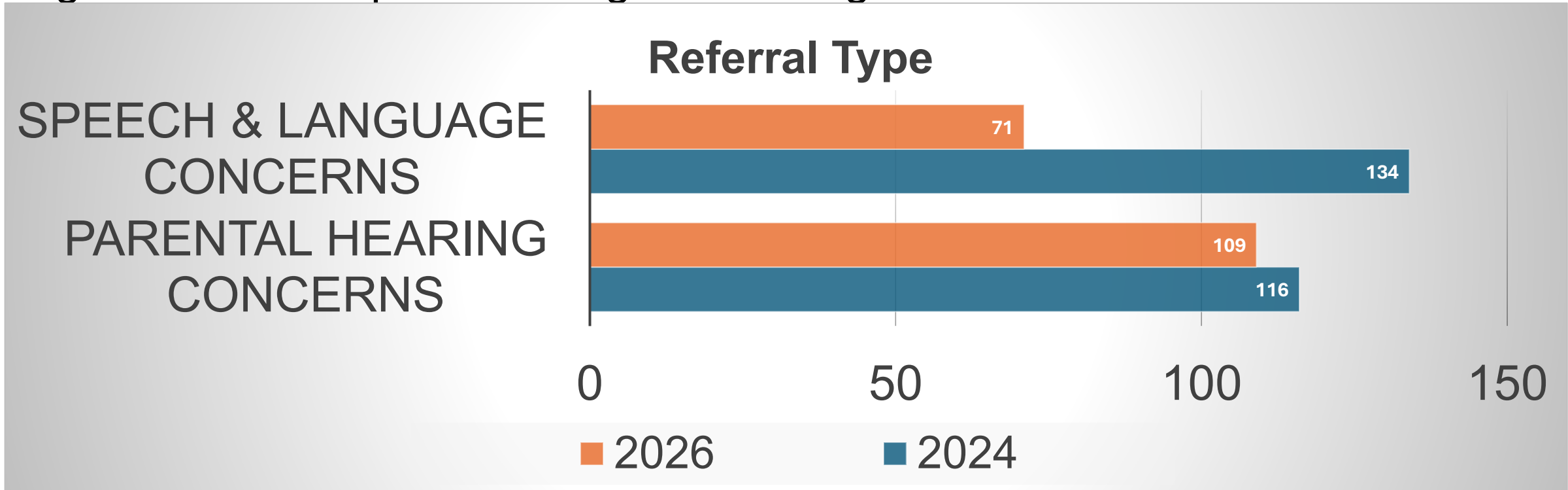
## Methods



## Results

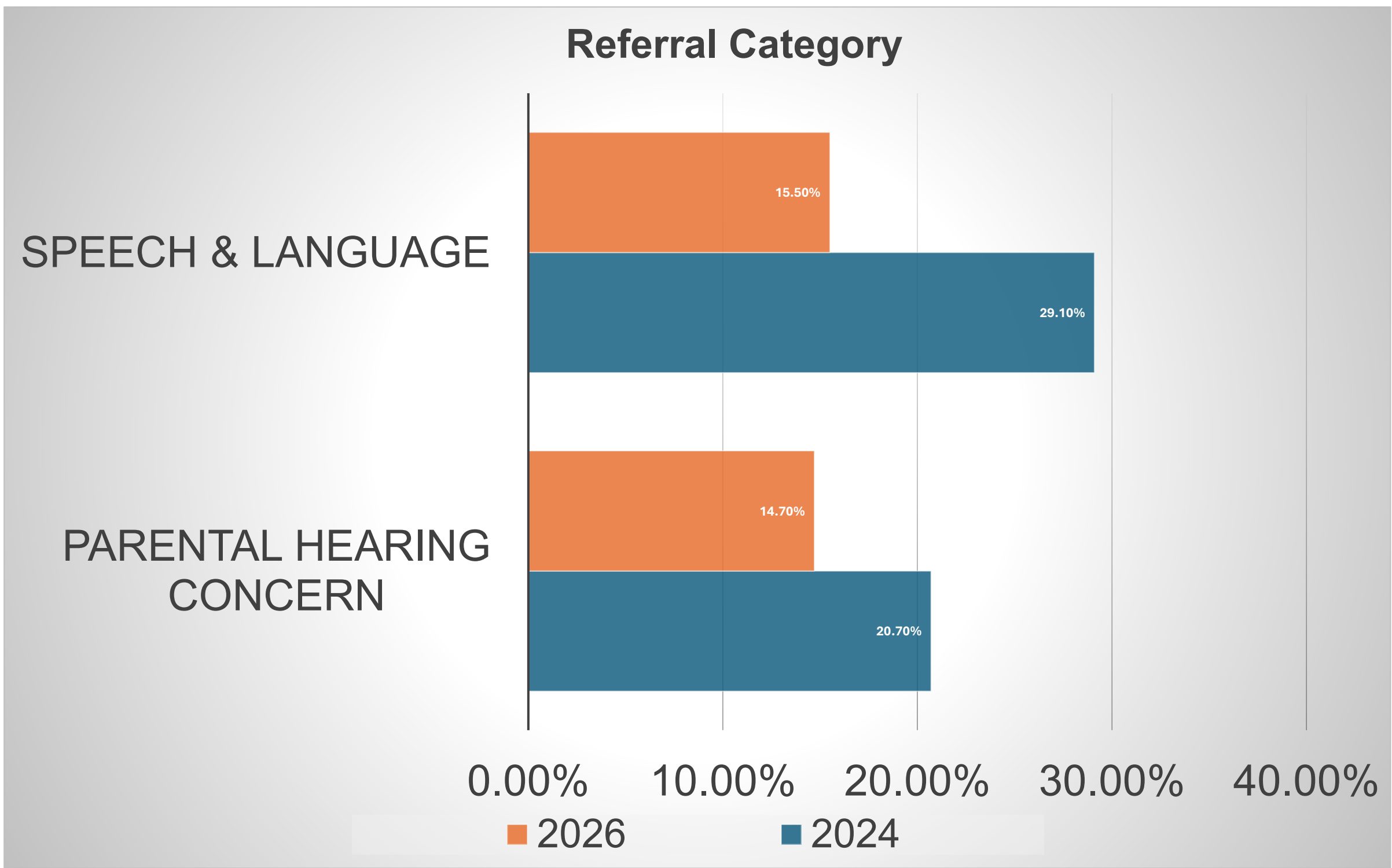
### 1. Referral Demand Reduced

Figure1. Referral profile changed following the introduction of the revised



Total referrals reduced by 30% (287 to 201), largely driven by a reduction in speech , language and communication referrals.

Figure 2. Non-attendance rates improved following referral pathway redesign



Attendance improved across both major referral groups, with the largest reduction in WNB rates observed in children referred with speech, language & communication concerns

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47% Reduction in WNB rate for speech, language & communication referrals

## Conclusion

Implementation of a revised paediatric audiology referral pathway was associated with a 30% reduction in referrals, a substantial reduction in WNB rates, and a marked reduction in speech, language and communication referrals. The proportion of children discharged at their first appointment increased from 18% (51/287) in 2024 to 53% (106/201) in 2026. Despite these improvements, children with speech, language and communication concerns continued to generate significant workload through inconclusive assessments, repeat appointments and extended diagnostic pathways. Although many children ultimately demonstrated normal hearing, this group remained clinically complex, highlighting that behavioural complexity does not necessarily indicate underlying deafness.

## Key Message

A redesigned referral pathway was associated with fewer referrals, improved attendance and a three-fold increase in first-appointment discharges (18% to 53%). However, behaviourally complex children with normal hearing continue to consume substantial paediatric audiology capacity, highlighting that clinical complexity does not necessarily equate to deafness and that ongoing referral optimisation remains essential.

### 2. Behavioural Complexity Remains a Challenge

| Year | Inconclusive Assessments |
|------|--------------------------|
| 2024 | 9                        |
| 2026 | 10                       |

Of the 10 inconclusive assessments in 2026

- 5/10 required melatonin/ theatre ABR
- 3 WNB to review
- 2 Satisfactory Hearing using soundfield testing achieved at follow up- discharged

All inconclusive assessments in 2026 occurred in children referred with speech, language and communication concerns

### 3. Three-Fold Increase in First-Appointment Discharges

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The proportion of children discharged at their first appointment increased almost three-fold, from 18% to 53%. Despite this, a small cohort of behaviourally complex children continued to require repeat appointments and advanced diagnostic assessment, demonstrating that service demand is increasingly driven by complexity rather than referral volume.

### 4. Clinical Complexity Drives Service Demand

The findings suggest that paediatric audiology demand is increasingly driven by clinical complexity rather than referral volume alone. Although referrals reduced and first-appointment discharge rates increased, a small cohort of children with complex communication needs continued to require multiple appointments and advanced diagnostic assessment despite ultimately demonstrating normal hearing.

### 5. Service Impact

- 30% fewer referrals
- 47% reduction WNBs
- Three-fold increase in first appointment discharges
- Capacity increasingly focused on clinically complex children