# Service specification for ear checks for children and young people attending residential special schools and colleges in England

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| Service name | Ear checks in residential special schools and colleges. |
| Population and/or geography to be served | Children and young people (CYP) attending a residential special school or college in England either as a residential or as a day pupil, including autistic children and young people and those with a learning disability, or both. The age range for these services is 4 – 24yrs (24yrs and 364 days). |
| Service aims and desired outcomes | To provide offer and access to in-school ear checks for all children and young people attending special residential schools and colleges up to the age of 25. |
| Service description and location(s) from which it will be delivered | In-school ear checks for children and young people who attend residential special schools and colleges.  Locations: residential special schools and colleges |

## 1. National context

Guidance - the service specification will be reviewed periodically by ICB commissioners to take account of any new guidance, policy or legislation for this group of children and young people. New legislation and policies published after September 2023 will need to be included in this service specification.

### 1.1 Prevalence/incidence

By the age of ten in England, there will be up to 1,200 children with congenital or late onset bilateral hearing impairment and between 600 to 800 with unilateral deafness. In a population of 500,000, there will be about ten new cases of Permanent Childhood Hearing Impairment (PCHI) per year, with about 50 preschool and 200 school age deaf children in the population. In some areas, where there are large numbers of children who enter the UK after the age for newborn screening, this can be expected to be two to three times the national prevalence, due to population variations (deprivation and ethnicity). An estimated further 6-800 children can develop or acquire PCHI by the age of ten due to meningitis, mumps, measles, or head injury. An average population of 500,000 people therefore can have about 150 children under the age of 18 with a hearing impairment, and 35 children under the age of five affected by PCHI. The small numbers of children with PCHI mean that highly specialist facilities and services will necessarily be concentrated in urban conurbations, serving a large population. 30-40 percent of children with permanent hearing difficulty have additional health needs or development problems, and 20 percent have more than two. There is evidence that children with hearing impairment are more likely to experience mental health problems or to be abused (Morton 1991) [Transforming Services for Children with Hearing Difficulty](https://dera.ioe.ac.uk/id/eprint/8739/2/A9R19C3.pdf)

### 1.2 National context

There are approximately 274 residential special schools and colleges located across England, with roughly 18,000 children attending these settings. Children and young people who attend these schools and colleges have a range of impairments or conditions, that will require individual consideration of their needs and any reasonable adjustments that may be needed.

[Note: Subject to commissioning arrangements ICB or group of ICBs to include detail on eligible population size, the number and details of special residential schools and colleges within the local area]

## 2. Scope

### 2.1 Aims and objectives of service

#### 2.1.1 Aims

* To provide offer and access to ear checks for all children and young people attending special residential schools and colleges up to the age of 25, including autistic children and young people and those who have a learning disability, or both. That children and young people attending residential special schools, either as a boarder or day pupil have access to ear checks at residential school entry, and at transition to the next phases of their education.
* A hearing check should take place twice during their school career with at least two years between checks, and with a maximum of three successful in-school-based ear checks offered during their education.

#### 2.1.2 Objectives

The key objectives of the ear checks service that the provider must deliver include the following:

* To offer ear checks to all children and young people attending special residential schools and colleges, either as a boarder or day pupil. The primary objective is to identify any potential ear-related problems early, such as hearing loss, ear infections, occluding wax or other conditions that may affect auditory function. Early detection of these issues is crucial for timely intervention and appropriate management to ensure optimal ear health and support the children and young people’s overall well-being and adjustments.
* To ensure that there is a system of clinical governance for all aspects of the service with clear and robust lines of responsibility and accountability.
* Through the consideration of person-centred need and the provision of reasonable adjustments, successfully provide ear checks to eligible children and young people in special residential schools and colleges, to effectively monitor the overall health of their ears, including checking for the presence of any infections, blockages, or abnormalities. The provider must ensure that any potential issues are referred for further assessment promptly, in order for additional diagnostic tests and appropriate treatment to be initiated in a timely way.
* To ensure appropriate information and advice is provided on the service offer for parents/carers/ legal guardians, and residential special schools and colleges, as well as the opportunity to discuss any concerns with a suitably trained and knowledgeable professional prior to the ear check service being commenced.
* It is essential that the ear checks service involves close collaboration with school staff, parents, and carers to understand the individual child's specific needs, gather relevant information about their medical history, and provide guidance and support. This collaboration aims to ensure that all appropriate stakeholders are involved in the child's ear health management and can address any concerns or challenges effectively.
* It is expected that the provider when conducting successful ear checks will involve adapting assessment techniques to accommodate the unique needs and communication styles of individual children and young people attending special residential schools, including those with a learning disability, autism, or both. This may include familiarisation techniques. [Audiology guidelines for the assessment of children with special needs 2020 (batod.org.uk)](https://www.batod.org.uk/information/audiology-guidelines-for-the-assessment-of-children-with-special-needs/)
* The provider must consider the delivery of appropriate person-centred reasonable adjustments and create a supportive needs-led environment. This may involve taking steps to reduce sensory overload, providing familiar objects or toys, and using strategies that promote relaxation and cooperation.
* If any ear-related issues or concerns are identified during the ear checks, a referral must be made for further evaluation to/or intervention from a GP, or Audiology or Ears, Nose and Throat (ENT) Department as appropriate for a more comprehensive diagnostic assessment and any treatment and subsequent ear check evaluation that may need to be made.
* Clear and concise documentation of the ear checks, including test results, observations, and recommendations, must be kept by the provider in order to ensure a comprehensive record of the child or young person’s ear health. The provider must maintain effective communication with parents, carers, and relevant professionals must be provided to ensure that everyone involved is well-informed and can contribute to the management of any ear related problems.
* Data capture must be collected for quality assurance and performance reporting including data on patient outcomes to support the development of a high quality safe and effective service.
* The provider must ensure that informed consent for assessments, ear checks and any further management must be obtained from the child if Gillick competent, and those with parental or legal guardian responsibility where not.
* Ensure relevant resources in an appropriate format, are used as part of the consent process to ensure that all parties (both parents/legal guardians and where appropriate individuals) have all the available information about the ear check service. Professionals shall be sufficiently knowledgeable about the ear check offer to be able to answer any questions with confidence.
* [Gillick competence and Fraser guidelines - NSPCC Learning](https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines)
* [Consent to treatment - Children and young people - NHS](https://www.nhs.uk/conditions/consent-to-treatment/children/)
* [Mental Capacity Act - Social care and support guide - NHS](https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/)
* [0-18 years - professional standards - GMC](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/0-18-years)

#### 2.2 Ear checks delivery

**The provider must ensure that ear checks are** delivered by those working in health, education or social care in line with expectations as outlined in the Ear Checks in Residential Special Schools and Colleges Service Practicing Standards and Clinical Guidance.

The workforce needs to adhere to the recommended training and accreditation as outlined in the practicing standards and clinical guidance (see section 2).

**At the following intervals**

All children and young people should have a minimum of 2 and maximum of 3 successful checks. For guidance these should include: -

* a check when entering the special residential school/college system.
* an additional check when transitioning between stages within the special residential education system (e.g., primary school to secondary school or, from school to college)
* a minimum of two years between successful checks.

#### 2.3 Illustrative care pathway

A diagram of a service

Description automatically generated

**2.4 Ear checks pathway – examples of a child or young person’s journey through the hearing checks pathway**

[Ear checks service process map](#_Appendix_1_-) – image  
[Ear checks service process map](https://www.england.nhs.uk/long-read/ear-checks-service-process-map/) – accessible version  
Ear check service process map – PDF version

#### 2.5 Population covered

This service specification is aimed towards supporting the provision of ear checks for children and young people (CYP) who have a learning disability or who are autistic and attend a residential special school or college in England either as a residential or as a day pupil. A ‘whole school’ community approach should be adopted as part of the eligibility criteria to ensure equity for all children and young people attending these settings.

The age range for these services is 4 – 24yrs (24yrs and 364 days). Children and young people who attend special residential schools and colleges have a range of impairments or conditions, that will require individual consideration of their needs and any reasonable adjustments that may be needed.

**Exclusion criteria**

* Children and young people who have a known hearing loss.
* Children and young people who are under review with community audiology services, or Ear, Nose, and Throat (ENT) services.

### 2.6 Quality and Performance Reporting

#### 2.6.1 Key performance indicators (KPIs)

* 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.

**Frequency of reporting will be determined in discussion and agreement with the local commissioner.**

#### 2.6.2 Quality indicators

| **Quality requirement** | **Threshold** | **Method of measurement** |
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| **Improving children/young people and parent/carer experience** | Termly collation of feedback (to cover all schools in the commissioned geography annually) to support the identification of any barriers to service user engagement and achievement of a successful ear check, and strategies to address them effectively. | Parent/Student and School/College satisfaction review. Annual report at end of academic year. |
| **Staffing** | Number of trained, qualified and competent staff carrying out ear checks.  Percentage of staff who have undertaken initial training or updated training in line with Practicing Standards and Clinical Guidance. | Annual – provide evidence that staff have undertaken appropriate training (or updates) for all staff in line with frequency as set out in the Practicing Standards and Clinical Guidance. |

### 2.7 Equality

The provider is expected to meet the public sector Equality Duty which means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees [Equality Act 2010: guidance - GOV.UK](https://www.gov.uk/guidance/equality-act-2010-guidance)

It also requires that public bodies:

* have due regard to the need to eliminate discrimination
* advance equality of opportunity
* foster good relations between different people when carrying out their activities

### 2.8 Governance

In addition to delivering the ear check service in accordance with the practicing standards and clinical guidelines, the provider will have operational systems that support the following principles:

* clear lines of responsibility and clinical accountability and oversight
* a programme of quality improvement activities in order to assure the commissioner of the quality and integrity of the service
* clear policies aimed at managing risk and procedures to identify and remedy poor professional performance

### 2.9 Essential equipment facilities and workforce

The provider must:

* provide and use equipment in accordance with manufacturer specification and equipment protocols
* provide, use, and ensure maintenance and calibration of testing and screening equipment in accordance with manufacturer specification and equipment protocols, as set out by the British Society of Audiology
* ensure that appropriate consumables are available to enable continuous operation.
* ensure that equipment is kept in good repair and replaced as appropriate in line with manufacturer recommendations
* ensure that the current versions of software and firmware are installed on all equipment

The provider must source in line with the Ear Checks in Residential Special Schools and Colleges Service Practicing Standards and Clinical Guidance: -

* ear checks equipment
* suitably qualified staff

## 3. Applicable service standards

### 3.1 In accordance with national guidance the following documents provide additional reference and information

* [NHS Long Term Plan 2019](https://www.longtermplan.nhs.uk/)
* [The Oliver McGowan Mandatory Training on Learning Disability and Autism | Health Education England (hee.nhs.uk)](https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism)
* [NHS England » Sensory-friendly resource pack](https://www.england.nhs.uk/long-read/sensory-friendly-resource-pack/)
* [NHS England » Reasonable adjustments](https://www.england.nhs.uk/learning-disabilities/improving-health/reasonable-adjustments/)
* [NICE guidelines for disabled children and young people up to 25 with severe complex needs NICE guideline [NG213]](https://www.nice.org.uk/guidance/ng213/chapter/Recommendations-on-support-for-all-disabled-children-and-young-people-with-severe-complex-needs#principles-for-working-with-children-young-people-and-their-families)
* [Ear and hearing health in children](https://www.sciencedirect.com/science/article/abs/pii/S1751722224000210)

#### 3.2 Applicable standards set out in guidance and/or issued by a competent body (e.g., British Academy of Audiology and British Society of Audiology)

* [British Academy of Audiology Quality Standards in Paediatric Audiology](https://www.baaudiology.org/app/uploads/2022/07/BAA-Paed-QS-final-version.pdf)
* [Recommended procedure ear examination](https://www.thebsa.org.uk/wp-content/uploads/2023/10/OD104-54-BSA-Recommended-Procedure-Ear-Examiniation-February-2022.pdf)

### 3.3 Applicable local standards

#### Equipment

Appropriate medical equipment will need to be procured ensuing algorithms are appropriate, devices are serviced and calibrated as set out in appropriate ISO standards and compatible with online professional audiology and/or ENT (Ear, Nose, and Throat) peer review services.

The provider will be responsible for all equipment purchase or leasing, set up costs, as well as maintenance, repair, and replacement of equipment. Providers must ensure all test equipment is checked daily and calibrated in accordance with national guidance.

## Ear checks service process mapAppendix 1 - Ear checks service process map