**SEND Sensory Service**



Hearing Impairment Team

**Pathway of Care**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Referral from Audiology or ENT, with signed consent form. For babies identified via Newborn Hearing Screening Program (NHSP) this will be within 24 hours of diagnosis. | | | | | | | | | | |  | |  |  | Sideways referral from SALT | | | | | | |
|  |  | |  |  |  |  |  |  |  |  |  |
|  |  | |  |  | Professional agencies: School, Health visitor and Specialist Services to advise parents to see G.P for referral to hospital. | | | | | | |
|  |  | | GP |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |
|  | Lead Specialist Teacher (HI) processes all referrals and contacts parents of babies identified via NHSP following quality standards recommendations. NHSP cover provided by Qualified Teachers of the Deaf for 52 weeks of the year.  NHSP babies- contacted within 2 working days and a visit arranged within 10 days of referral. Joint visits arranged with Health Visitors. Referrals outside of NHSP - contacted within 5 working days by their allocated QToD and a visit. | | | | | | | | | | | | | | | | | | | | | |
|  |
|  |
|  |
|  |
|  |
|  |  | |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |
|  | QToD arranges initial visit, either at home, nursery or school to meet CYP and family/carers and to collect relevant information and consent form signed- (if not provided by Freeman). Provide guidance, observations and assess CYP functional hearing. Regular liaison with audiology/ENT. | | | | | | | | | | | | | | | | | | | | | |
|  |
|  |
|  |
|  |  | |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |
|  |  | | Complete eligibility criteria and descriptor of needs levels and make support allocation decision. Is support more than once per half term? | | | | | | | | | | | | | | | | | | | |
|  |  | |
|  |  | |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |
|  |  | | No |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |
|  |  | Continue to monitor for access to curriculum and progress. Reassessment of eligibility criteria increased/decreased support allocation. | | | | | |  | | Direct intervention including support and assessment for CYP. In addition, weekly visits receive 1:1 teaching. | | | | | | |  | Sideways referrals to other agencies e.g., SALT. | | | | |
|  |  |  | |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  | |  |  |  | Yes |  |  |
|  |  |  | |  | Instigate Early Help/EHCP/ASAP, liaise with other agencies. Attend meetings. | | |  | |
|  |  |  | |  | |  | |  |  |  |  |  | |
|  |  |  | |  | |  | |  |  |  |  |  | |
|  |  |  | | | | | |  | |  | |  | |  |  |  |  |  | |
|  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |
|  | If decreased, continue to monitor at specified allocation or follow procedures when closing the Service involvement. | | | | | | | | | |  | | If support allocation is increased to monthly or more. | | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |
|  | Weekly audiology clinic with Sensory Manager and the Clinical Lead for Paediatrics to discuss concerns around individual CYP. | | | | | | |  | | Complete visit/contact notes in child’s file/Capita.  Prepare reports for parents, school and other relevant agencies. Deliver training to settings. | | | | | | |  | Application to Sensory ARP Panel for placement in HIARPs at Benton Park Primary, Broadway Primary or Jesmond Park. | | | | |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | | | | | | |  | |  |  |  |  |  |  |
|  |  | | | | | | |  | |  |  |  |  |  |  |