



Audiens Interactive

The Newsletter of
The British Association of Paediatricians in Audiology
Newsletter 55
Spring 2016

BAPA is registered as a charity, No.1142712

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From the Editor

April 2016

I feel the 'conference season', for paediatrics and audiology is in full flow, with our own excellent BAPA conference in January, BAAP in March , and both the BSA and RCCPH this week. The programme for this year's BAPA conference was very relevant and evaluated well, see Ann's report. I reiterate her request for submitting your audit presentations for January 2017. Also any submission for the BAPA annual prize welcome. See details on the web page.

Please take time to look at the BAPA website. There are links to other conferences and courses. Don't miss out on the aetiological investigations course in September led by Shankar and Adrian. Other guidelines/links etc that you think should be on the website please let Jane Lyons know.

Sue Archbold has contributed a piece on the Ear Foundation's research on experiences of parents and teachers of mild/moderate hearing loss. A significant area of our workload in audiology. Also Winifred Baddoo asked one of her patients with moderate then progressive hearing loss to share her experiences. Both pieces are a really useful insight.

This will be my final edition as editor. It has been challenging to gather material either by issuing a general request or in a targeted way. Given the abundance of electronic media and information, the ability and need to produce a newsletter in the current way needs to be considered. If you have views on this please let your rep know so that it can be discussed at the Exec meetings

Anne Marsden

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British Association of Paediatricians in Audiology (BAPA)

Chairman's Report

Annual General Meeting

January 2016

I am now coming to the end of my 2nd year as Chair and at this AGM will hand over to the current Vice Chair and hopefully welcome a new Vice Chair.

The executive committee has as usual met on four occasions during the year to oversee the business of the association. We continue to be able to have these meetings at the RCPCH and have the assistance of the BACCH secretariat with sending out information and our newsletter "Audiens" by email to the membership. For this communication with the membership to be successful it is vital that we hold up to date information of current email addresses. As of November 2015 there were still 12 people for whom we either do not have an email, or the email that we do have is incorrect. You will have had an opportunity to update your contact details when you registered this morning, can you make sure you have given us this information.

In July we received a communication from RCPCH saying that they were seeking a more permanent and structured way to communicate and interact with the many UK paediatric specialty and special interest groups. There are 11 Speciality Groups and 22 Special Interest Groups. They proposed that the RCPCH should convene a regular meeting of a Specialty Board, to which all groups would be invited to send a representative. The first meeting of this group was held at the College's London office in December. This first meeting mainly comprised presentations from different people within RCPCH indicating what they do.

We continue to foster links with the British Association of Community Child Health (BACCH). As part of this affiliation we have been contributing to the BACCH Annual Scientific Meeting (ASM) by providing a workshop. The 2015 workshop was on the topic of investigations into hearing loss under the challenging title "Investigations-Why Bother". This proved very popular and sessions were overbooked and very interactive. The feedback from delegates was excellent-very many thanks to Dr Rangan & Dr Townley for running it. This will be a hard act to follow but we hope to achieve another success in 2016.

BAPA and BAAP (British Association of Audio-vestibular Physicians) continue to work together as the Audiovestibular Medical Federation, the chair of each attending the others meetings. We also contribute to the BAAP Audit meeting in Sheffield. This year Dr Jane Lyons presented the following audit:

"Audit of Key Performance Indicator 2 (KPI2) for babies referred from Newborn Hearing Screening in Rochdale and Oldham in 2014". This will go on their website.

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We have had no submission for the BAPA prize for the 3rd year running. We are investigating the possibility of broadening the remit for this to encourage entries. We have however received submissions for the audit prize & you will have the opportunity of hearing these this afternoon

Our membership numbers are currently 128, comprised of “Full membership”, “Associate membership” (reduced cost for retired members & those doctors who are in training posts) and “student membership”, which is free.

The subject of audiovestibular training for paediatricians is still being discussed within the RCPCH. There is an acknowledged need for paediatricians with training in this discipline and the College Special Advisory Committee (CSAC) chairs of the RCPCH & RCP have agreed the content of a “module” that would give community paediatric trainees the relevant competencies. This is now being examined by the RCPCH. BAPA have written to the President of the RCPCH, copied to the Vice-President Education, stressing the urgency as more Doctors working in this field are reaching retirement age.

In September Dr Siramanna & Dr Harrop-Griffiths delivered their last aetiology training course, under the auspices of the NHSP. They were shadowed by Dr Adrian Dighe and Dr Shankar Rangan representing the Medical Federation of BAPA & BAAP. The plan is that the Medical Federation will now take over the running of this course and provisional dates have been arranged for September 2016. There will be more details on BAPA’s website in 2016.

We would like to have more involvement from the whole membership and have asked the regional reps to mention in their reports the challenges/risks perceived in their regions as well as any meetings that have taken place. We are also putting the Agenda for the exec meetings on the website so that everyone can be aware of what we discuss –this would also give members an opportunity to put forward, through their regional reps, or any member of the exec, things they might like raised.

Finally I would like to thank all of the exec committee for the advice & help given throughout the year and to hand over to the new Chair-Dr Paddy Townsley

Kathleen Coats

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BAPA Annual London Conference 2016

The 2016 BAPA Annual London Conference was held at the School of Oriental and African Studies, University of London on 28th January 2016. In a departure from previous years, this year's conference was held on a Thursday, more about that later.

Following on from feedback to last year's conference, this year's programme had a more clinical bias. Dr Veronica Kennedy from Bolton NHS Foundation Trust started the morning session with a talk on tinnitus in children and a review of the recently published guidance from the British Society of Audiology. This was followed by Professor Colin Kennedy from the University of Southampton discussing the benefits of universal newborn hearing screening and early detection of permanent childhood hearing impairment on teenagers including their language and reading abilities. After the coffee break, Professor Heather Fortnum of the University of Nottingham presented the findings of her study of the diagnostic accuracy of school hearing screening tests and cost-effectiveness of school entry hearing screening programmes. Dr Deirdre Lucas of the Nuffield Hearing and Speech Centre discussed the aetiology of late onset and progressive hearing losses.

The afternoon session was opened by Dr Johanna Barry of the MRC Institute of Hearing Research, Nottingham presenting her work on the use of questionnaires in the assessment of listening difficulties in children. Professor Barry Wright from the Leeds and York Partnership NHS Foundation Trust and National Deaf CAMHS completed the invited talks with Theory of Mind and Autism Spectrum Disorders in deaf children.

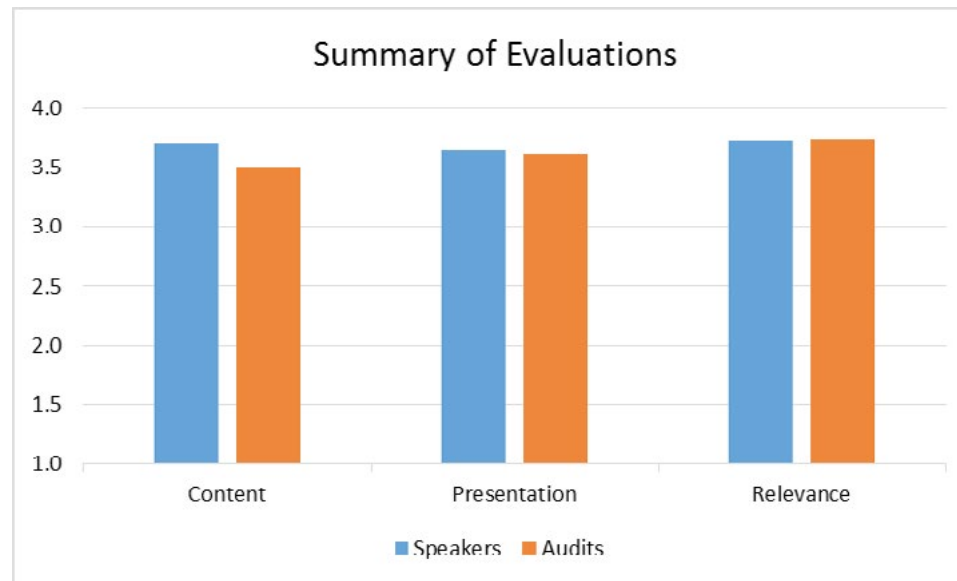
The day concluded with the three prize audit presentations. These were Dr Vishakha Phatak with an audit of aetiological investigations for children and young people with permanent hearing loss, Dr Ruth Henderson with an audit of hearing outcomes in childhood bacterial meningitis and Dr Veronica Hickson with measures of efficiency and family experience of the Early Years Hearing Meeting (EYHM) and resulting Multi agency Support Plans (MASP). As in previous years, the audit presentations were very well received and provided delegates with ideas to take back to their own clinical practice. Start preparing your audits now for next year's meeting, entry forms will be available on the BAPA website later in the year.

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In addition to the lectures, there were two poster presentations – Dr Tamsin Brown with a study looking into interventions for the ‘watchful waiting’ period of glue ear management and Dr Paddy Townsley with an interesting case report.

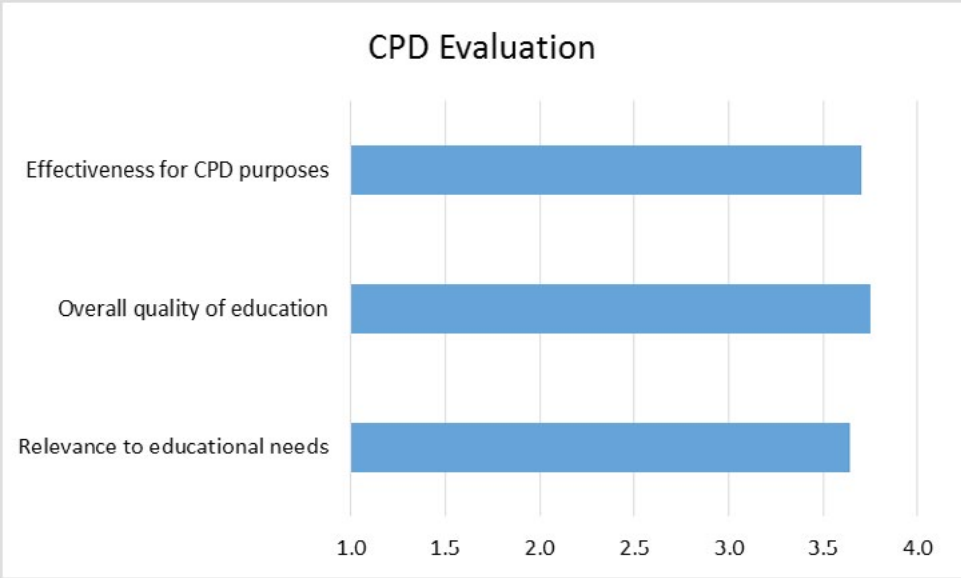
This year’s feedback was very similar to last year’s. The speakers did score slightly higher than last year which probably reflects the more clinical rather than scientific topics. A summary of the feedback from delegates can be seen in Figure 1. Each talk was scored out of 4 for content, presentation and relevance.

Figure 1.



The overall feedback for the meeting, in terms of CPD evaluation, was also very similar to last year and shows that the key aims of the meeting - to provide an opportunity for learning and discussion on current issues in paediatric audiology and to support and encourage audit in the field of paediatric audiology - were met. This can be seen in Figure 2.

Figure 2.



An exhibition passport was introduced this year to encourage delegates to visit the exhibitors. Delegates who visited all five exhibitors were entered in to a draw with the lucky winner going home with a box of chocolates!

After many years of the Conference being on a Friday, it was moved to Thursday this year. This was due to the Brunei Gallery Lecture Theatre being used by the University for teaching on Fridays. When organising the Conference, I did contact and visit a number of venues in an attempt to find a suitable alternative to host the Conference on a Friday but no other available venues could offer the equivalent lecture theatre and exhibition space of SOAS for a comparable fee. It was therefore decided to stay at SOAS and hold the Conference on a Thursday. Despite the move to a different day, the number of delegates was 66, the same number as last year. There were 5 exhibitors, 2 more than last year. Delegates were asked to include comments about the day and venue on their feedback forms. Seven people did comment – 2 in favour of Thursday, 2 in favour of Friday and 3 in favour of staying at SOAS regardless of the day. Of course, those who were unable to attend on a Friday, were unable to comment. If you have any comments, please let me know.

In view of the feedback received, next year's Conference will remain at SOAS but once again the venue is not available on Friday so it will be held on THURSDAY 26th JANUARY 2017. Put this date in your diary now and book your study leave. I look forward to seeing you all there.

Ann Large

BAPA Meeting's Secretary

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Reports from around the Regions

Regional Representatives

Liaison between members in the area and reporting back to the Quarterly Executive meeting are the main duties of the Regional Representative. Organisation of local meetings is encouraged.

Each Regional Representative is expected to attend a minimum of at least one Executive meeting a year and produce an Annual Regional Report.

Report Yorkshire and the North East

The Yorkshire and North East BAPA networking group meet every six months. We now try and rotate our venue to our different places of work so that we can tap into the expertise in different areas and try to have an outside speaker if we can. This year a consultant clinical geneticist updated us on genetics and particularly the gene panel. For the remainder of our meetings we rely on members of our group to present on a variety of topics. Case presentations are always welcome and our latest one led to a discussion on safeguarding and questioned at what stage we need to take action when parents are not being proactive enough with a deaf child who needs to wear hearing aids to progress. We have had two audit presentations - 'Results of Aetiological Investigations in Children with a Permanent Childhood Hearing Impairment' and 'Urine Testing for Congenital Cytomegalovirus (CMV) Infection in Babies found to have a Hearing Loss'. The former stimulated discussion on several causes of hearing loss and whether there were any recurrent factors in the history or examination that we were noticing. The latter led to a discussion on linking CMV testing to the Newborn Hearing Screening Programme. A presentation on 'Deafness in the Roma Community and the Impact on our Service' made us aware of how services are very much affected by movement of populations from different areas. We also have input on the eSP database and discuss how we are all progressing with the data entry.

Winifred Baddoo (North East and Yorkshire Rep.)

email: winifred.baddoo@nhs.net

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Report Scotland

Challenges faced by the region – there is continuing concern that the workforce is ageing and little succession planning is evident

Changes in the workforce that have occurred and advance warning of any planned changes – no changes at present

Pressures on the workforce – the amount of time available in each area for paediatric input to audiology continues to vary

Meetings in the region – BAPA and other relevant/audiology related

- AGM – March

No new office bearers were due to be elected. The Chair's report summarised activities and discussions over the past year. The Treasurer's report showed a healthy balance.

- Business meetings – March, June, November

We discussed information from PASAG on the continuing work on the use of outcome measures by audiology, the possibility of a MCN for paediatric audiology, the changes to training of audiologists in Scotland, the low number of educational audiologists in Scotland, the work of NDCS, self assessment scores for paediatric and transition QS, implementation of GIRFEC.

There were reports on the exec meetings.

The draft Revised Paediatric Audiology Quality Standards were discussed.

We had an informative presentation by Pauline Boyce of NDCS on the possibility of a MCN for children's hearing, followed by discussion.

We had an initial discussion about plans for the next BAPA Scotland study day, in November 2016

- Educational components – March, June, November

Case studies and audits

Cultural Awareness Training, presented by Varshali Swadi, BME Community Development Officer for NDCS, Scotland.

Unfortunately Dr Juan Mora, who was to give a presentation on APD, had to cancel attending our meeting. We hope to hear Dr Mora on a future occasion.

QA and accreditation status of the local/regional audiology services – this does not apply in Scotland. The Revised Paediatric Audiology Quality Standards should be ready soon.

Networks for audiology and related services – Pauline Boyce of NDCS is carrying out a scoping exercise for the Scottish Government, on the possibility of a MCN for children's hearing.

Thank you to all our enthusiastic members.

Alison Schulga – Chair of BAPA Scotland and Regional Representative alison.schulga@nhs.net

South west and South Wales Region

The regional BAPA South Wales and South West meeting was held on October 9th 2015 at the University of Wales College of Medicine, in Cardiff. It was well-attended and was organised by Dr Claire Wilson, as in previous years. Sincere thanks to Claire for doing this. Mr Steven Backhouse, Consultant Cochlear Implant surgeon from Bridgend, gave an outstanding presentation on paediatric cochlear implantation; Dr Nicky Price, Consultant Virologist from Swansea gave a comprehensive review of congenital infections and hearing loss; Dr Amanda Roberts, UHW, Cardiff, gave an update on the new care standards for microtia; Dr Veronica Kennedy, Halliwell Children's Centre, Bolton, reviewed the management of tinnitus in children; Dr Adrian Dighe presented an audit of VRA testing in Bath; Dr Ravi Sanikop, Swansea, gave a presentation on progressive hearing loss and Dr Fiona Astill (F2) presented an audit on hearing assessment after acute meningitis.

We have 22 BAPAmembers split equally between South Wales and the South West (Bath, Bristol, Gloucester and Cheltenham). I took on the role of South West rep at the beginning of 2015 and would be happy to hear of concerns members may have which I could relay to the Executive Committee.

Margaret Hollingworth

Associate Specialist in Paediatric Audiology, Gloucestershire Royal Hospital. margaret.hollingworth@glos.nhs.uk

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South East Region

I have received updates from a few members in the SE region.

Workforce:

Yogi Thakker reports that she is definitely retiring at the end of April 2016. There was little interest for her post when she reduced her hours last year and they are concerned in Milton Keynes that they will be unable to recruit.

Challenges:

Yogi reports a significant increase in the number of generic referrals (developmental etc) and as a result breaching of deadlines; she is worried about the pressure this will place on her specific role and the risk of compromises in the quality of care that her department will be able to offer as a result.

Tamsin Brown updated me about The Eastern Region group. They are trying to address the inequalities in audiology service across the region. For example Cambridge does not do routine school entry hearing testing, but Huntingdon/Hitchingbrooke (not far away) does offer that service.

Networks and meetings:

The Eastern Region Community Paediatric Audiology Interest group is a small group of community paediatricians working within audiology. There are doctors from Peterborough, Luton, Ipswich, Bury St Edmunds, and Cambridge. They have met outside the official Eastern Regional Community Paed meetings (which meet once or twice a year) to discuss a pathway for children diagnosed with CMV who will need treatment or inclusion in a study, so that all across the area are all doing the same thing/ same management plan.

At the most recent Eastern Region Community Paediatric day, the audiology interest group (which meets in the morning before the bulk of the meeting) met with Audiologist Abi Asher , to establish links with the Emmeline Centre/ Cochlear implant centre at Addenbrookes in Cambridge.

I am also aware that the Thames Valley Group continues to meet regularly to share updates and new information, and interesting cases for learning.

Within the SE region, members are occasionally using the group to ask questions of their colleagues about local service provision or clinical advice/questions. I am hopeful that this will continue and increase in time.

QA & Accreditation status:

Mathana Sathanathan updated on the success of her regional children's hearing services in South West London; Hounslow and Richmond community healthcare NHS trust [HRCH] Children's Hearing Services is now IQIPS accredited. She believes theirs is the first community site for paediatric audiology to be accredited.

[Georgia Jackson](#)

South East Regional Representative

NW BAPA region report

The report from the North West can be summarised under the following headings:

- Challenges faced by the region and pressures on the workforce – The Northwest faces challenges similar to the rest of the country due to the financial constraints faced by the NHS. There are increasing pressures on everyday activities in the paediatric audiology services including retiring clinician's post not being replaced, staff shortage, reduction in clerical and admin support and breaching waiting times to name just a few.
- Changes in the workforce that have occurred and advance warning of any planned changes – Following Dr Jane Dalzell's retirement from her post in Chester, there were initial plans to replace her post with a Consultant Audiovestibular Physician. However, it would appear these plans have been shelved now. It is not yet clear how medical input will be provided at Chester. Dr Shailaja Kottapillai has been appointed as a Consultant Audovestibular Physician (Paediatrics) at Manchester, in place of Dr Gill Painter who will be retiring.

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- Meetings in the region – BAPA and other audiology related network meetings– There are regular peer group meetings in the North West, including the North West Paediatric Audiology Audit group, Mersey Deanery group, Paediatric Audiology Clinical Network groups and ABR peer review groups. In May 2015 there was a Northwest regional networks meeting at Bury. The meeting was arranged by Dr Jane Lyons and facilitated by Hazel Badjie from NDCS and Lesley Burn and Gwen Carr who are facilitating regional network formation in Paediatric audiology at a national level. The rationale for forming networks is to provide a peer support and review platform, especially since the QA support for NHSP has stopped. There will be another regional network meeting in Wirral on 19th January 2016 to review the progress of network formation.

Given the number of such regular meetings, it has not always been possible to arrange other BAPA meetings. This is especially given the pressures on study leave and clinical commitments that everyone faces.

- QA and accreditation status of the local/regional audiology services – Some services have achieved accreditation, others have registered and some others are in the process of registering for IQIPS.

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St Catherine's Health Centre, Derby Road, Wirral, CH42 0LQ, Tel: 01515142508 Email – srangan@nhs.net*

Report from Midlands

The Regional Representative for the Midland region is Dr M Ganesh.

He can be contacted at m.ganesh@telfordpct.nhs.uk

Report from Northern Ireland

The Regional Representative for Northern Ireland is Dr Esther Harper.

She can be contacted at esther.harper@westerntrust.hscni.net

The Ear Foundation:

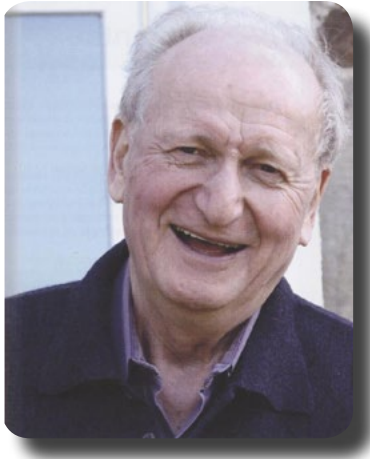
Bridging the gap between the clinical services where hearing technologies are fitted and home, school and work where they are used.

Many of you will know the work of The Ear Foundation, based in Nottingham, but you may not know the breadth of its work and reach today! We brought cochlear implants for children to the UK in 1989 and established the first paediatric implant centre – and now of course cochlear implantation is routine for profoundly deaf children. In the meantime, we have seen the introduction of Newborn Hearing Screening and huge changes in all hearing technologies – digital aids and a whole range of hearing technologies. We know the impact of hearing loss is huge, whether in childhood or adulthood, and today’s hearing technologies have radically changed the opportunities for deaf people. The Ear Foundation now works with those with all hearing technologies and those of all ages – from babies and their families to those in their 90’s....

- a. We provide: A Family programme – reaching 1,500 families per year
- b. A Continuing Education Programme – reaching 3,500 delegates per year
- c. A Research and Public Engagement programme – exploring family and user issues – to influence policy and practice
- d. Sound Advice, our clinical programme, - providing additional support, individual assessments for children and assistive devices.

Information on any of these services, including our research reports are available from our website: www.earfoundation.org.uk. Families remain at the heart of what we do - the technology may have changed, but the impact of deafness has not – many issues may receive the same. Some of our most popular educational activities are our counselling courses – with David Luterman and Kris English. Each year Kris runs a course which consists of two days at The Ear Foundation, with six weeks of guided reading and email discussions in between; the outcomes from this are reported in English and Archbold, 2014.

A recent piece of research that we carried out with NDCS was about children with a mild/moderate hearing loss. This is a group who are often missed, are likely to be later diagnosed and in times of financial cutbacks, their services may be those which are reduced or cut completely. We decided to explore the experiences of parents and teachers in this area – with open and closed questionnaires, and interviews. The results make fascinating reading –and the report is available from The Ear Foundation and from www.ndcs.org.uk. As one mother stated: *“Mild to moderate doesn’t even begin to describe it...”*



David Luterman

614 parents and 166 professionals responded and we followed up with 12 in-depth interviews. The majority were in mainstream, 86%, and only 4% in resource bases in mainstream schools and 1% in School for the Deaf. Interestingly, 6% were being educated at home. Nearly half were considered to have language or learning difficulties. Parents reported that their child's deafness had been diagnosed later than normal: "Since birth I had concerns even though he passed the newborn tests." (Parent Survey). They also reported that there seemed a lack of a care pathway for them and their children; a frequent professional response had been to just "wait and see."

With regard to the social and emotional impact, parent reported lower self-esteem and difficulties in keeping up with other children. Many examples were given of bullying :

- e. "Does not socialise with peers, prefers younger children." (Parent Survey)
- f. "our daughter was badly bullied and had to change school...." (Parent Survey)
- g. "Participating in class, misses out on instructions, low self esteem, bullying from other children." (Parent Survey)

They reported that they make adjustments to their activities in many ways; for example:

- h. *"normal activities need to be adjusted to accommodate him especially if its something new we are doing."* (Parent Interview)
- i. *"We never go swimming....."* (parent)

j. “ we always think about the background noise – the washing machine and so on.....”

However, there were many comments about the value of hearing aids for this group ; as one mother said: *“I would say embrace hearing aids they are your friends.”* (Parent Interview) and:

k. *“I think we shout as a family as the volume has gone up over the years. TV is loud. We can all get frustrated we can’t hear each other. Thankfully hearing aids make a difference.”* (Parent Survey)

Both parents and teachers recognised the challenges for this group of children in the classroom due to background noise and the changing listening condition and challenged the assumption that a mild/moderate deafness is not a problem. Teachers also mentioned that there may be acceptance issues as the child does not want to identify with being deaf as they appear to “hear.” Parents were well aware of the challenges their children faced describing what they saw as a huge impact. For example:

l. *“It impacts massively on his education as he is unable to tell that he has not heard properly or has missed something.”* (Parent Survey)

m. *“Profound. Starting nursery at three was a nightmare. My daughter’s behaviour can be disruptive.entering play with others is fraught with difficulty when you cant hear what is going on.”* (Parent Survey)

n. *“Major. Has had to be taken out of two schools as he couldn’t keep up in background noise....”* (Parent Survey)

o. *“Huge. She has to concentrate extra hard to hear which is very tiring.”* (Parent Survey)

Educationally, 47% were considered to be behind their age, 35% right for their age and 18% advanced. However, in spite of their difficulties, they were considered as a low priority, with resources not being expended on this group.

p. *“ Children with profound losses get prioritised over mild/moderate cases and thus when short staffed they are the ones who are still seen.”* (Professional Survey)

q. *“No support as need is not recognised....”* (Professional Survey)

For parents where support had been helpful it seemed that this resulted from good liaison between audiology services and education. 72% of children were reported by parents to be seen by a Teacher of the Deaf (n = 502); 18% monthly, 40% termly, and 12% annually with 30% being seen according to need. However, many parents had no idea that teachers of the deaf existed: "I am not sure what a 'Teacher of the Deaf is'" (Parent Survey). There was a similar situation with regard to a specialist teaching assistant, with only 15% of children seeing a specialist Teaching Assistant; (n = 475). A quarter of the 293 parents whose children did not see a specialist Teaching Assistant did not know about their existence:

- r. *"Never heard of them"* (Parent Survey)
- s. *"We were not informed of this service."* (Parent Survey)
- t. *"I did not know this service was available."* (Parent Survey)

An issue which arose spontaneously was that of a fluctuating conductive loss; *"fluctuating loss gives inconsistent listening experiences. The child or young person frequently doesn't realise that they have missed information. Lack of understanding from others that acoustic environment really affects what has been heard."* (Professional Survey). Information about the use of bone conducting hearing implants and their effectiveness was not well known.

In summary, the terms “mild” and “moderate” used to describe the hearing loss do not describe the impact described by parents and professionals at home and school:

- u. Children with mild/moderate hearing loss experience diagnosis and fitting of aids later than in other groups, with an apparent lack of care pathway and liaison between professionals.
- v. There is an increasing use of technology, including bone-conducting hearing implants, for children and young people with mild/moderate hearing loss and there is a need for up to date information and training for those working with them, including audiologists.
- w. There is a need for parents of children and young people with mild/moderate hearing loss to be particularly pro-active: parents were unaware of the roles of teachers of the deaf and teaching assistants.
- x. There is a major lack of deaf awareness in mainstream schools for children and young people with mild/moderate hearing loss in particular.
- y. The impact of fluctuating, conductive losses and unilateral losses are often not recognised.
- z. With financial and service cutbacks and prioritisation of services, there appears to be a particular impact on support for children and young people with mild/moderate hearing loss.

With the majority of profoundly deaf children now having cochlear implants, and national data showing an improvement in educational outcomes, it is time to address the needs of those with mild/moderate hearing losses.

Sue Archbold, PhD

report from www.earfoundation.org.uk

www.ndcs.org.uk

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A personal experience of deafness and cochlear implants by Bethany Merritt

Born with a moderate sensorineural hearing loss and come from a family which is a mixture of Deaf and hearing. Those who are deaf have a variety of hearing loss ranging from moderate to profound. I was brought up using speech and British Sign Language. The hearing itself progressed once I hit eleven years old, and dropped to a profound hearing loss progressively over the years until January 2013 when the hearing disappeared overnight. With it dropping overnight it was a very scary thing as it was during my first year of A Levels; I was worried I wouldn't keep up with my studies as I was no longer hearing the teachers and it became mentally draining as I had to rely on lip-reading when there was no note-takers. It wasn't till interpreters were put in place after Dr Baddoo (my audiologist) and Teacher for the Deaf Sarah Barton and Jane Hoyer at the time, confirmed my hearing loss.

Being on steroids helped boost my hearing and worked temporally for a day or two at a time. After the third course of steroids, Cochlear Implants were then introduced by Dr Baddoo who began to explain how it could benefit. I did further research myself with my mother, spoke with friends who already had them; but I was slightly against them to start with as I was conscious about how they looked and it was also how other deaf family members would see them.

By meeting with other medical professionals at a Cochlear Implant information day (The Ear Foundation Charity) I was persuaded to have two as it would give me surround sound. I felt fully involved in the process and the journey to having Cochlear Implants.

At the implant centre in Nottingham, the staff (audiologists, surgeons, Teacher for the Deaf, Speech and Language Therapists) were fully impartial which also helped with making the decision. I was then implanted bilaterally 12th July 2013 and switched on 9th August 2013 with Cochlear Nucleus 6's.

By having bilateral implants, it has benefited me greatly, I succeeded in my A Level exams. It gave me my speech back, as previously told by a Speech and Language therapist, that I had gained a 'deaf voice' due to losing my hearing. I was then able to follow my career aspirations of becoming a Primary School Teacher by getting into the University of Wolverhampton; which I believed I wouldn't have been able to do without my implants and being unable to access sounds.

Most importantly, the one thing I am grateful for about my Cochlear Implants is that it gave me my independence back.

British Association of Paediatricians in Audiology
(A company limited by guarantee)
Annual Report and Financial Statements
for the Year Ended 30 September 2015

Hallidays
Chartered Accountants
Riverside House
Kings Reach Business Park
Yew Street
Stockport
SK4 2HD

British Association of Paediatricians in Audiology

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The following page does not form part of the statutory financial statements: Statement of financial activities per fund

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British Association of Paediatricians in Audiology
Reference and Administrative Details

Charity name	British Association of Paediatricians in Audiology
Charity registration number	1142712
Company registration number	07445618
Principal office	22 Goring Road, Llanelli, SA15 3HN
Registered office	22 Goring Road, Llanelli, SA15 3HN
Trustees	Dr Jane Lyons, Dr Veronica Hickson, Dr Gillian Painter, Dr Adrian Dighe, Dr Ken Abban, Dr Kathleen Coats, Dr Patricia Townsley (Appointment 12 June 2015)
Bankers	Royal Bank of Scotland, Preston Fulwood Branch, 2 Lytham Road, Fulwood, Preston, PR2 8JB
Accountant	Hallidays, Riverside House, Kings Reach Business Park, Yew Street, Stockport, SK4 2HD

British Association of Paediatricians in Audiology Trustees' Report

Structure, governance and management

British Association of Paediatricians in Audiology (BAPA) was incorporated on 19th November 2010 and is governed by the Memorandum and Articles of Association as amended by special resolution dated 10th June 2011. It became a registered charity on 4th July 2011. The assets of a not for profit organisation of the same name which was not a registered charity were transferred to BAPA on its registration.

BAPA is a private company limited by guarantee.

New trustees, who are also directors, are recruited by the existing trustees. Trustees retire by rotation. The charity may by ordinary resolution appoint a person who is willing to be a trustee, and determine the rotation in which any trustees are to retire.

Objectives and activities

BAPA's objectives are the relief of the handicap by the furtherance of the study of audiology and the prevention, diagnosis and management of hearing impairment in children and other groups for the benefit of the public.

The objectives are met by the following activities-

- a. The promotion of standards in both training and professional qualifications of Paediatricians working in audio-vestibular medicine and to contribute to the training of other professionals working in related disciplines.
- b. The promotion of multidisciplinary working for the benefit of children and their families
- c. The promotion of multidisciplinary working by maintaining and developing links with other professional bodies.
- d. (The holding of meetings, lectures and discussions in various regions and the publication at regular intervals of a newsletter for members.

Achievements and performance

During the period under review BAPA held its annual clinical meeting in London which was attended by 71 delegates.

For the furtherance of higher learning, BAPA interacted with other professional bodies including: The Royal College of Paediatrics and Child Health, the British Association of Audiological Physicians, the British Society of Audiology, the Royal National Institute for the Deaf, the National Deaf Children's Society and the British Association for Teachers of the Deaf.

Financial Review

At the year-end BAPA had free reserves equivalent to approximately 12 months expenditure.

The Trustees and Directors have approved a reserve policy of £32,000.

Small company provisions

This report has been prepared in accordance with the small companies regime under the Companies Act 2006.

Approved by the Board on 5 January 2016 and signed on its behalf by: Dr Ken Abban Trustee

British Association of Paediatricians in Audiology

In accordance with the engagement letter, and in order to assist you to fulfil your duties under the Companies Act 2006, we have compiled the financial statements of the charity which comprise the Statement of Financial Activities, and the related notes from the accounting records and information and explanations you have given to us.

This report is made to the Charity's Board of Directors, as a body, in accordance with the terms of our engagement. Our work has been undertaken so that we might compile the financial statements that we have been engaged to compile, report to the Charity's Board of Directors that we have done so, and state those matters that we have agreed to state to them in this report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and the Charity's Board of Directors, as a body, for our work or for this report.

We have carried out this engagement in accordance with technical guidance issued by the Institute of Chartered Accountants in England and Wales and have complied with the ethical guidance laid down by the Institute relating to members undertaking the compilation of financial statements.

You have acknowledged on the balance sheet as at 30 September 2015 your duty to ensure that the charity has kept proper accounting records and to prepare financial statements that give a true and fair view under the Companies Act 2006. You consider that the charity is exempt from the statutory requirement for an audit for the year.

We have not been instructed to carry out an audit of the financial statements. For this reason, we have not verified the accuracy or completeness of the accounting records or information and explanations you have given to us and we do not, therefore, express any opinion on the financial statements.

Hallidays

Chartered Accountants

11 January 2016

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British Association of Paediatricians in Audiology
Statement of Financial Activities (including Income and Expenditure Account)
for the Year Ended 30 September 2015

		Unrestricted Funds	Total Funds Year ended 30 September 2014	Total Funds 1 December 2012 to 30 September 2013
	Note	£	£	£
Incoming resources				
Incoming resources from generated funds				
Activities for generating funds	2	12,366	12,366	14,036
Investment income	3	61	61	58
Total incoming resources		12,427	12,427	14,094
Resources expended				
Charitable activities	4	7,732	7,732	8,326
Governance costs	4	7,343	7,343	7,805
Total resources expended		15,075	15,075	16,131
Net movements in funds		(2,648)	(2,648)	(2,037)
Reconciliation of funds				
Total funds brought forward		34,358	34,358	36,395
Total funds carried forward		31,710	31,710	34,358

The notes on pages 31 to 36 form an integral part of these financial statements.

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British Association of Paediatricians in Audiology (Registration number: 07445618)

Balance Sheet as at 30 September 2015

			30 September 2014		30 September 2013
	Note	£	£	£	£
Fixed assets					
Tangible assets	8		13		17
Current assets					
Debtors	9	1,182			
Cash at bank and in hand		<u>38,356</u>		43,482	
Creditors: Amounts falling due within one year	10	<u>(7,080)</u>		<u>(7,110)</u>	
Net current assets			31,697		34,341
Net assets			31,710		34,358
The funds of the charity:					
Unrestricted funds					
Unrestricted income funds			31,710		34,358
Total charity funds			31,710		34,358

For the financial year ended 30 September 2015, the charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

The members have not required the charity to obtain an audit of its accounts for the year in question in accordance with section 476.

The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies regime and with the Financial Reporting Standard for Smaller Entities (effective April 2008).

Approved by the Board on 5 January 2015 and signed on its behalf by:

Dr Jane Lyons Trustee,

Dr Gillian Painter Trustee

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British Association of Paediatricians in Audiology
Notes to the Financial Statements for the Year Ended 30 September 2014

1 Accounting policies

Basis of preparation

The financial statements have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice 'Accounting and Reporting by Charities (SORP 2005)', issued in March 2005, the Financial Reporting Standard for Smaller Entities (effective April 2008) and the Companies Act 2006.

Fund accounting policy

Unrestricted income funds are general funds that are available for use at the trustees' discretion in furtherance of the objectives of the charity.

Further details of each fund are disclosed in note 13.

Incoming resources

Income derived from events is recognised as earned (that is, as the related goods or services are provided).

Investment income is recognised on a receivable basis.

Resources expended

Liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to the expenditure. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

Governance costs

Governance costs include costs of the preparation and examination of the statutory accounts, the costs of trustee meetings and the cost of any legal advice to trustees on governance or constitutional matters.

Support costs

Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources, for example, allocating property costs by floor areas, or per capita, staff costs by the time spent and other costs by their usage.

Fixed assets

Individual fixed assets costing £100 or more are initially recorded at cost.

Depreciation

Depreciation is provided on tangible fixed assets so as to write off the cost or valuation, less any estimated residual value, over their expected useful economic life as follows:

Audiology equipment 25% written down value

Fixtures and fittings (including computers) 25% written down value

2 Activities for generating funds

	Unrestricted Funds	Total Funds 2015	Total Funds 2014
	£	£	£
Subscriptions			
Subscriptions	5,501	5,501	5,910
Clinical meetings			
Clinical meetings- delegate fees	5,465	5,465	7,291
Advertisers & exhibitors	<u>1,400</u>	<u>1,400</u>	<u>1,100</u>
	<u>6,865</u>	<u>6,865</u>	<u>8,391</u>
	12,366	12,366	14,036

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3 Investment income

	Unrestricted Funds	Total Funds 2015	Total Funds 2014
	£	£	£
Interest on cash deposits	61	61	58

4 Total resources expended

	Membership	Clinical meetings	Other charitable activities	Governance	Total
	£	£	£	£	£
Direct costs					
Cost of goods sold	200	6,065	-	-	6,265
Accountancy fees	-	-	-	2,382	2,382
Depreciation of tangible fixed assets	-	-	-	4	4
	200	6,065	-	2,386	8,651
Support costs					
Office expenses	-	1,040	-	-	1,040
Printing, posting and stationery	174	-	-	-	174
Subscriptions and donations	-	-	240	-	240
Sundry and other costs	-	-	13	-	13
Cost of trustee meetings	-	-	-	4,780	4,780
Bank charges	-	-	-	177	177
	174	1,040	253	4,957	6,424
	374	7,105	253	7,343	15,075

5 Trustees' remuneration and expenses

No trustees received any remuneration during the year.

6 Net expenditure

Net expenditure is stated after charging:

	2015	2014
	£	£
Depreciation of tangible fixed assets	4	6

7 Taxation

The company is a registered charity and is, therefore, exempt from taxation.

8 Tangible fixed assets

	Plant and machinery including motor vehicles	Fixtures, fittings and equipment	Total
	£	£	£
Cost			
As at 1 October 2014 and 30 September 2015	29	24	53
Depreciation			
As at 1 October 2014	19	17	36
Charge for the year	2	2	4
As at 30 September 2015	21	19	40
Net book value			
As at 30 September 2014	10	7	17
As at 30 September 2013	13	10	23

9 Debtors

	2015	2014
	£	£
Prepayments and accrued income	1,182	-

10 Creditors: Amounts falling due within one year

	2015	2014
	£	£
Other creditors	6,132	5,530
Accruals and deferred income	1,718	1,550
	7,850	7,080

11 Members' liability

The charity is a private company limited by guarantee and consequently does not have share capital. Each of the members is liable to contribute an amount not exceeding £10 towards the assets of the charity in the event of liquidation.

12 Related parties

Controlling entity

The charity is controlled by the trustees who are all directors of the company.

13 Analysis of funds

	At 1 October 2014	Incoming resources	Resources expended	At 30 September 2015
	£	£	£	£
General Funds				
Unrestricted income fund	34,358	12,427	(15,075)	31,710

14 Net assets by fund

	Unrestricted Funds	Total Funds 2015	Total Funds 2014
	£	£	£
Tangible assets	13	13	17
Current assets	39,547	39,547	41,421
Creditors: Amounts falling due within one year	(7,850)	(7,850)	(7,080)
Net assets	31,710	31,710	34,358

	Unrestricted income fund 2015	Unrestricted income fund 2014
	£	£
Incoming resources		
Incoming resources from generated funds		
Activities for generating funds	12,366	14,036
Investment income	61	58
Total incoming resources	12,427	14,094
Resources expended		
Charitable activities	7,732	8,326
Governance costs	7,343	7,805
Total resources expended	15,075	16,131
Net movements in funds	(2,648)	(2,037)
Reconciliation of funds		
Total funds brought forward	34,358	36,395
Total funds carried forward	31,710	34,358