

# Lessons from accredited paediatric audiology services

Why commission and provide  
an IQIPS accredited service?



November 2015  
National Deaf Children's Society

**ndcs**  
every deaf child

# Our vision is of a world without barriers for every deaf child.

The information given in this report is based on semi-structured telephone interviews with 10 of the 12 accredited paediatric audiology services, carried out between July and September 2015\*. The same questions were asked of all the services.

We would like to thank all the audiology services that were interviewed for their candour and insight, including:

- Audiology, Hearing Care, Therapy and Balance Service, Pennine Care NHS Foundation Trust
- Hearing and Balance Services, Berkshire Healthcare NHS Foundation Trust
- Audiology Department, Torbay Hospital, South Devon Healthcare NHS Foundation Trust
- Audiology Department, Withington Community Hospital, University Hospital of South Manchester NHS Foundation Trust
- Centre for Hearing and Balance Disorders, University Hospital Coventry, University Hospitals Coventry and Warwickshire NHS Trust
- Audiology Department, Kingston Hospital NHS Foundation Trust
- Audiology Department, Sherwood Forest Hospitals Foundation Trust
- Audiology Department, University Hospitals of Morecambe Bay NHS Foundation Trust

\* There were only 12 accredited services when this research began. An additional service reached accreditation in September 2015.

# About the National Deaf Children's Society

The National Deaf Children's Society (NDCS) is the leading charity dedicated to creating a world without barriers for deaf children and young people. Set up by parents of deaf children in 1944, NDCS has been working since its formation to make sure that deaf children can access high quality public services.

There are over 45,000 deaf children living in the UK. Deafness is not a learning disability and deaf children demonstrate the same range of skills and abilities as other children. If deaf children are given the right support there is no reason why they should not reach the same levels of attainment as other children.

We believe that one of the key elements of a deaf child's success is the early identification and accurate diagnosis of hearing loss. This needs to be followed by the provision of high quality audiological, education and family support throughout childhood, but the right support in the early years is especially important.

## **Purpose**

This document sets out:

- why an accredited service is important for deaf children and their parents
- the benefits of accreditation for audiology services based on the experiences of services that are accredited
- practical advice on participating in accreditation based on the experiences of those who have obtained accreditation.

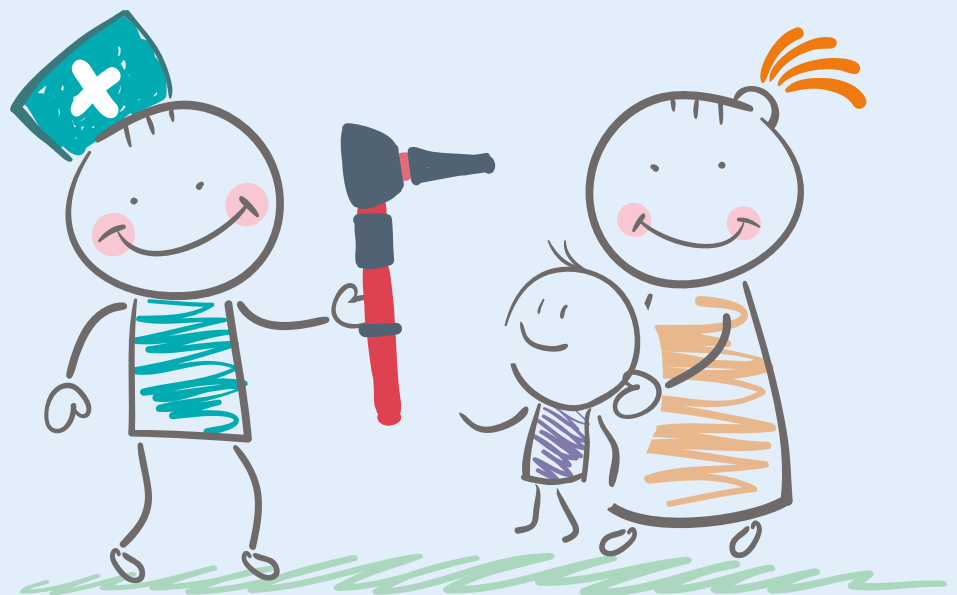
## **Intended audiences**

- Commissioners in Clinical Commissioning Groups
- Managers in provider Trusts and services
- Audiology services.



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# Foreword from Professor Sue Hill, Chief Scientific Officer for England



The ability to hear is critical, not just for communication and social interaction, but to enable an individual to fulfil their learning and development potential. The early detection, assessment and management of hearing problems in children and young people is therefore key to their personal, educational and social achievement.

Everybody involved in the provision and commissioning of hearing services for people of all ages needs to fully understand the importance of striving for quality and continual improvement. Such quality gains are a key priority running throughout the cross-government *Action Plan on Hearing Loss*.

This is why this publication is so important for practitioners, managers and commissioners when assessing the benefits of Improving Quality in Physiological diagnostic Services (IQIPS) accreditation. It demonstrates how accreditation under the IQIPs programme can help services to improve and reach clearly defined quality standards.

My thanks go to the National Deaf Children's Society for the development of this booklet, and to all those who contributed to its production by taking part in semi-structured interviews. I am very grateful for the considered feedback they gave.

Accreditation of paediatric audiology services provides assurance to families that they are getting high quality care for their deaf child or young person. I hope you find this a powerful resource in making these important decisions.

A handwritten signature in black ink that reads "Sue Hill".

Professor Sue Hill OBE

NHS Chief Scientific Officer for England and Clinical Lead  
for the Action Plan on Hearing Loss

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# Introduction:

## Why accreditation is important to deaf children and their parents

The Department of Health and NHS England's *Action Plan on Hearing Loss (2015)* highlights the need to address the "variation in access and quality of services experienced by people with hearing loss". This variation was illustrated by the *Newborn Hearing Screening Programme Quality Assurance (NHSP QA) Summary Report* published in 2014, which found that almost a third of audiology services were not meeting key standards that are important in the delivery of an effective service.

The Action Plan also highlighted:

- "a fivefold geographical variation in the referral to assessment time for hearing tests in newborns"
- the "variation in the quality of diagnostic services, in service quality and provision, especially for children with severe or complex conditions and in the transition of care from paediatric to adults".

We believe that – to address this variation – all services need to meet recognised and independently assessed standards that ensure provision that is fit for purpose. The cessation of the NHSP QA, which audited the full care pathway from screening and diagnosis to audiology, education and social care support, means that there is no longer a nationwide assessment of services. As a result, parents no longer know whether the service in their area meets nationally prescribed standards.

For these reasons we believe that to give parents of deaf children the assurances they need about the quality of provision, all services should be accredited under the Improving Quality in diagnostic Physiological Services (IQIPS) programme.

We are encouraged by the way many services have sought to address the issues raised by the last round of quality assurance audits and that many have also registered an interest in IQIPS. We are pleased that 13 children's audiology services have gained accreditation but recognise there is still some way to go.

The aim of this publication is to use the experiences of services that have achieved accreditation to outline the benefits of accreditation for the service as well as deaf children and their families. We are grateful to the services that agreed to be interviewed for this booklet.

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# A brief overview of Improving Quality in diagnostic Physiological Services

## **What is IQIPS?**

The IQIPS programme aims to improve service quality, care and safety for patients undergoing physiological diagnostics and treatment. The process of improvement and accreditation offers the benefits of sharing best practice, the opportunity to improve efficiency, and to provide evidence for service commissioners and managers. It also brings national recognition to the service with a badge of quality.

The United Kingdom Accreditation Service (UKAS) has been licensed by the Royal College of Physicians (RCP) to manage and deliver IQIPS.

## **How does it work?**

Services can choose which of their sites to accredit but each site included in the accreditation must be visited by assessors. The assessment report will detail the procedures carried out, in which location and the equipment used.

Services interested in registering for IQIPS start with the online Self-Assessment and Improvement Tool (SAIT) to see which areas need improvement before an assessment visit is booked. Services assess themselves against 26 standards and criteria in each of the domains:

- clinical practice
- facilities, resources and workforce
- safety
- patient experience.

Once they are achieving a high enough level across the domains they can move on to the next stage of the process.

This stage involves uploading evidence to show that the service meets the standards and can be measured and observed by the assessors. The evidence will be reviewed, and – once approved – an on-site assessment visit will be carried out. Once the visit has happened, services will be given feedback and time to make any adjustments needed to reach accreditation standard.

## **How can IQIPS help commissioners of NHS services?**

In its report *Commissioning a Good Child Health Service (2013)* the Royal College of General Practitioners stated there was a need to “act on the unacceptable variations in child care”. Commissioning services that meet a common set of acceptable standards across England is a means of minimising variations in the quality of audiological hearing care of children.

There is a public expectation that the health services commissioned are fit for purpose. Commissioners procure a wide range and diversity of services. Given this wide brief it is understandable that their knowledge of low incidence needs such as childhood deafness could be more limited than other conditions. Commissioning services that are accredited through IQIPS will help give commissioners an assurance that they are investing in provision that is fit for purpose.

The document *Public Health Functions to be Exercised by NHS England – Service specification No.20: NHS Newborn Hearing Screening Programme* also states:

**“Audiology departments undertaking audiological assessments on babies referred from screening should participate in a scheme for external review of auditory brainstem response (ABR) and a quality initiative e.g. IQIPS.”**



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# Benefits to NHS Trusts and audiology services

The benefits identified through interviews with 10 accredited services were:

- proving quality
- service improvements
- staff morale
- support from UKAS
- trust-wide savings.

*“Sometimes you can plod, you can think you’re doing one thing but actually when you start to look into it in detail you realise that things weren’t as tight as you thought they were or processes weren’t as smooth as they could be...it’s been a lot of hard work, probably more than I anticipated in the first instance, but I do feel it’s very worthwhile doing.”<sup>1</sup>*

## Proving quality

One of the most often cited benefits for services of becoming accredited was being able to **prove the quality of the service to those outside the department** – whether that was to patients, commissioners, the NHS Trust or the Care Quality Commission (CQC). Having a nationally recognised accreditation allows the public and commissioners to be sure that services are consistent – both across departments within the trust and more widely across the NHS – and that they meet set quality standards. Most services were incredibly proud of the work they were doing and **wanted to be able to evidence what they achieve**, benchmark themselves against other providers and show how they provide a good service to patients.

Part of this desire to achieve accreditation was also about the **independence of the assessment** – a team from outside the department looking critically at what the department does and agreeing that it meets a high standard that is consistent with what other departments provide.

Other services felt that **benchmarking** what they do against others was important and allowed them to know that they were keeping up with their competitors.

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1. Audiology Department, Torbay Hospital, South Devon Healthcare NHS Foundation Trust

### Proving quality case study

The IQIPS process was seen as an opportunity for the audiology department to understand their strengths and weaknesses, to benchmark themselves and to be independently assessed for the first time. They thought they were a good service but wanted to be sure.

They also wanted to learn from the process and weren't afraid of there being areas they needed to improve to reach accreditation. It was felt that it was better to be proactive and to engage early as IQIPS was likely to become mandatory at some point.

The fact that the assessments were carried out by experts in audiology, who are independent of the trust, was seen to give the process a high level of credibility and reassured staff that they were providing a quality service that was value for money. The value for money element was seen to be especially helpful when dealing with senior management at trust level.<sup>2</sup>

### Service improvements

Enabling services to identify improvements and rectify any issues is one of the key aims for IQIPS. Although most services felt they were doing a good job and ran a quality service, more in-depth scrutiny of performance against key standards identified a number of areas for improvement that were common across a number of audiology departments.

The most common improvement identified through IQIPS accreditation was the general formalisation, standardisation and regular updating of policies and procedures. Almost every service said that this was an improvement that came out of accreditation.

Although some of the changes could be seen as small if taken individually, services agreed that they added up to more than the sum of their parts when looked at as a whole.

Other improvements included:

- increased use of **peer review** and observation
- greater monitoring of the service and regular scheduling of **audits**
- more **consistency** across staff, departments and sites
- being able to identify **gaps, strengths and weaknesses**
- embedding **good practice** and administrative discipline
- promoting more transparency and a **culture of openness**
- improving the clinical **environment**
- improving **access** for patients



- better **safety protocols** and features – e.g. more panic buttons
- improved **information and feedback** for patients – e.g. posters on feedback or letters to reinforce verbal information given in appointments
- reduction in **waiting times**
- better **patient engagement** – e.g. closer working with Children’s Hearing Services Working Groups (CHSWGs)
- formalisation and better documenting of **staff knowledge**
- increased **staff training** leading to more specialist teams
- improved **product procurement** to make sure patients have the best equipment and services know they are getting value for money.

### **Staff morale**

Many services spoken to were incredibly proud to have been accredited. Often **professional pride** was cited as the primary motivating factor for services to start the accreditation process.

Half of the services spoken to found that **going through the process motivated staff**.

#### **Reasons cited were:**

- the **benefit to patients** of improvements made to the service
- the **journey to reach accreditation** and the **improved teamwork** with colleagues that this necessitated
- the potential of IQIPS to **secure services for the long term** and ensure continuity for patients and jobs for staff
- accreditation **gave staff clearer expectations** and therefore a **greater confidence when carrying out their work**.

### **Staff morale case study**

Getting good feedback as a result of accreditation was very positive for staff at South Manchester. They felt that staff morale improved and that it brought them together as a team. The approach taken by this service was an inclusive one that sought to include all staff in the IQIPS process.

**“We have audit sessions as a team every two months, and we used that time to look at it [finding evidence for IQIPS] and we broke it down into manageable chunks and had little groups working on the different parts. Then we’d come together and look at it and make sure it was ok – we had a file on our shared drive where all the evidence went into. People worked on it when they could.”**

**“It was divided up into areas of expertise and people were responsible for making sure the different policies were up to date...everyone had their own responsibilities. There were at least 10 people working on it, it’s not something one person can do – no way – you need people to check that what you’ve done is appropriate evidence and enough evidence.”**

As well as including the wider team in the planning, preparation and process of IQIPS, the leadership team in South Manchester motivated staff by reminding them why it was important and appealing to their pride in their work.

**“It’s about getting the message across that this is important and that it’s for everybody’s benefit at the end of the day... It’s about pride in the service and I think everybody’s got that, they want to be good, they want to be the best.”**

In addition South Manchester felt that the support they had from senior management was important.

**“You have to have your higher managers keen on this process – they’ve got to understand it as well.”**

This is something that a number of services have reported as missing in their experience, believing that some managers at trust-level were unsupportive and disinterested, with very little knowledge about what IQIPS is for.<sup>3</sup>

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3. Audiology Department, Withington Community Hospital, University Hospital of South Manchester NHS Foundation Trust

## Support from UKAS

Most services found that the assessment team provided by UKAS were **helpful, supportive and positive** in their approach, providing information about the process, responding to queries by phone and email, and organising face-to-face meetings to discuss the process and the assessment visit in more depth.

Services felt that the UKAS assessment managers and assessors **wanted them to become accredited, provided good advice and preparation**, and weren't trying to trip them up.

### Support from UKAS case study

Pennine were very quickly given a named assessment manager and were invited to a meeting to discuss the process, how to prepare for it and what realistic timelines might be to reach accreditation.

*“[the assessment manager] gave us all the information that we required, good clear instructions, she gave us assurance that they weren't trying to find fault. They were really coming in to audit services and improve them. They gave us positive recommendations with no surprises...much more relaxed and comfortable than previous audits we've had from other organisations. Still very strict and well performed, but I felt it was fair. ”*

*“People think that this process is something they can do in a short timeframe but it actually takes a long time to get set up and have enough evidence to prove that you're a quality service. [the assessment manager] made that very realistic, not for us to try and rush into things and strangulate ourselves almost with timescales, so that was useful. She actually told us the level of detail they were going to look at and some of the areas that were pertinent to what they felt were quality. ”*

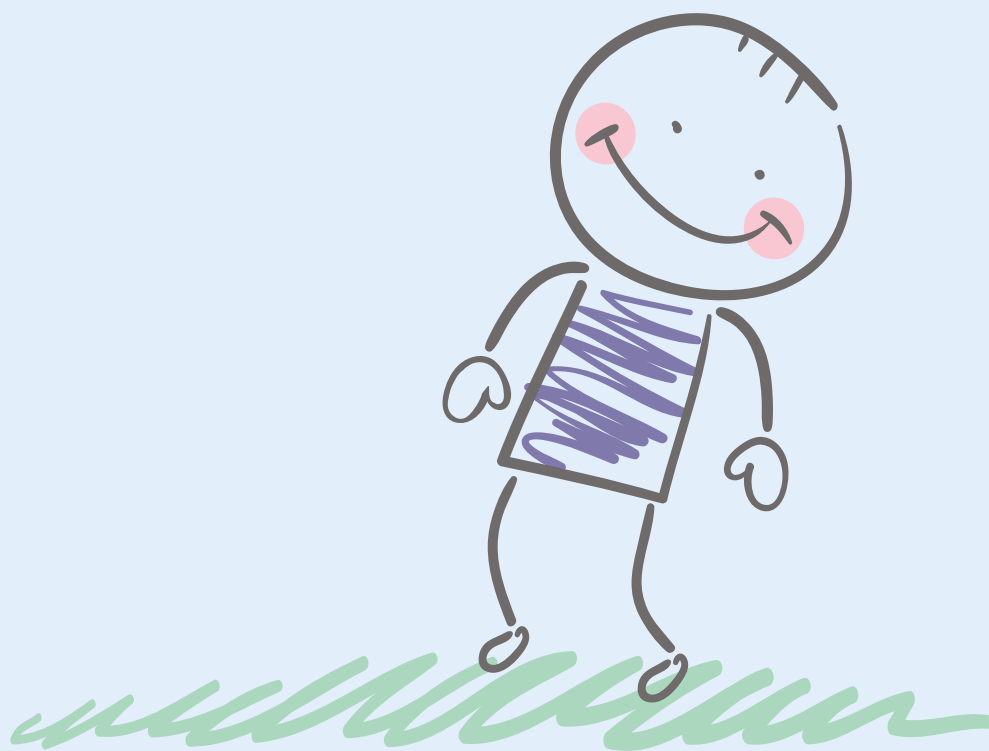
They also took up the offer of a second meeting where they could go into more depth about the visit itself.<sup>4</sup>

## Trust-wide savings

Very few services had identified tangible departmental-level savings as a result of IQIPS but a number reported **efficiencies or improvements** made as a result, which would save departments' time and money over the long term.

Some services suggested savings which may be made at trust-level:

- The CQC charge hospitals to be inspected – **IQIPS is a CQC approved scheme** meaning lighter touch inspection for accredited services. This could save the trust further CQC costs.
- It has been suggested that trusts may be able to **save money on insurance policies** as a service that has been independently assessed as high quality and follows audited procedures is less likely to be embroiled in costly compensation claims – however, none of the people we spoke to were aware of this, as they are unlikely to deal with insurance at department level.
- By proving the quality of their services the NHS is more able to **compete against the private sector and secure services for the long term**. A number of services have seen increased demand since IQIPS accreditation and one service said that the Any Qualified Provider (AQP) commissioning programme specifically had driven up users of their service. The accreditation highlighted that the service existed, and the NHS in the area was a more trusted 'brand' than high street providers.



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# Advice on participating in accreditation

## Top tips for services

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### Take your colleagues with you:

Suggestions for getting staff on board were mostly to do with good communication and engagement from the outset. Keeping colleagues up to date with progress, explaining why the service was being accredited and the impact this would have on patients was also a motivating factor. Others found that a 'no blame' attitude around the accreditation process was important for staff to feel comfortable. Some used quizzes, all-staff training sessions and inventive signs to help motivate staff.



*“We had some engagement meetings with staff prior to the assessment visit around why we were doing it and why it was required and the sort of things that might be covered. It was an opportunity to address questions, if they had any concerns about anything – the staff were all very on board...it wasn't a big surprise to staff that this was coming.”<sup>5</sup>*

**2****Share out the work:**

Some of those leading the process tried to do all the work themselves – none of them recommended this approach! Services most often allocated leads to gather specific evidence and take responsibility for ensuring it was up to date. Teams were split around staff skills, site location or the quality domains set out in IQIPS. This approach also ensured that all staff were engaged with, and had a stake in, the accreditation process.

*“Initially there was just myself and my deputy that led the programme so we would submit all the evidence...we’re going to be doing it differently now! We want to allocate some leaders for each domain and then allocate staff so there’ll be a group of people looking at one domain and updating the evidence for next year. I think that will help people to feel more included in it. Perhaps that was a mistake on my part in the initial stages, they knew it was going on but didn’t necessarily always understand why we were doing it...I wish I’d done it that way to begin with.”<sup>6</sup>*

**3****Don’t underestimate the amount of time it takes:**

Preparing and uploading the evidence before an assessment visit takes place is time consuming. This is the one thing that all services wish they’d known more about and were therefore better able to plan for, before the process began. On average, services estimated that reaching accreditation took them in excess of 300 person hours, with one service estimating it took them over 600 hours. These estimates include adult and paediatric services as most services accredited them jointly.

*“Initially we hadn’t set aside enough manpower...it was only as it approached that we realised how much work it entailed. It was something we then set aside a lot of time in a short period to make sure we were ready. It requires all hands on deck, across the board. It’s something that you can’t just do as senior managers – everything you’re talking about has to be completely filtered down and it doesn’t happen overnight. Little things like locking your computer every time you walk away from your desk, you can’t instil that in people in 24 hours, that’s got to be drummed into people over weeks and months before it becomes second nature.”<sup>7</sup>*

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6. Audiology Department, Torbay Hospital, South Devon Healthcare NHS Foundation Trust

7. Audiology Department, NHS Trust



**4****Get organised:**

Many found that the process helped to ensure that back office functions were more efficient and that all staff had access to up-to-date information at the click of a button. Shared drives for maintaining policies and procedures were widely used as were gap analyses, staff training on new systems and allocating lead members of staff to take responsibility for certain areas.

*“We probably spent nearly two years prior to [formally starting the IQIPS process] gathering evidence and pulling things together...we did upload a lot of evidence and we did try and get a lot of information.”<sup>8</sup>*

**5****Accredit all your services at once:**

Although it is possible to accredit parts of a service, services we interviewed recommended accrediting all your services at once. It might seem like this would be more work, but most services accredited all the services they could in one go as it allowed them to make cost savings and efficiencies of scale when it came to preparing the evidence for assessors. As much of the evidence required is trust-wide, updating or creating policies that affect more than one service makes sense.

*“It made financial sense to do the paediatric and balance services at the same time as the adult service, which was most affected by AQP. Going through the headache of doing it – it made sense to do it across the board. So it [the decision] was logistical and financial.”<sup>9</sup>*

**6****Use the support available:**

All services spoken to were positive about the level and quality of support available from the UKAS team. Although they carry out the final assessment of services, there was no feeling that they wanted to catch them out and were keen to help services improve to meet the standard required for accreditation.

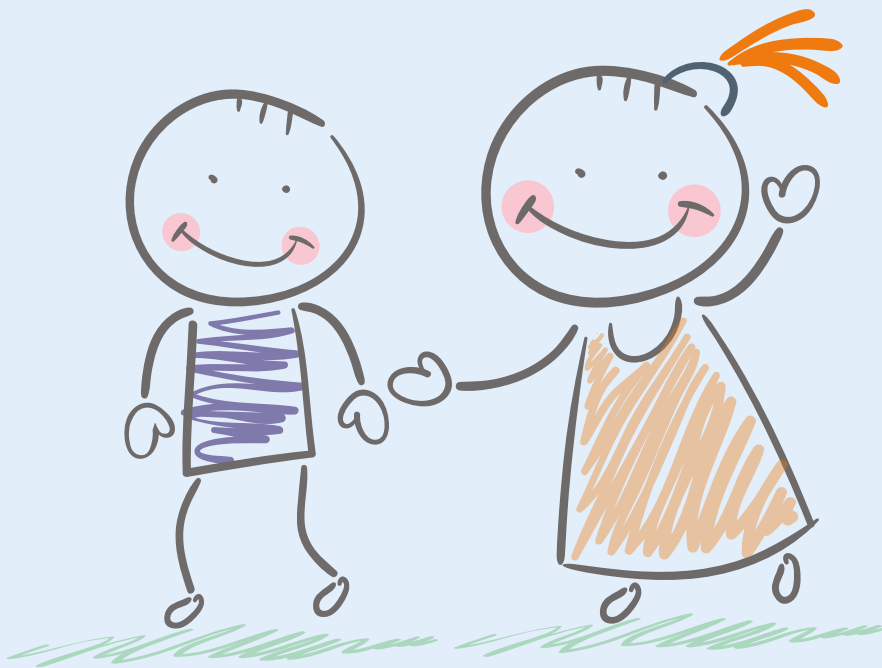
*“[the assessment manager] spent a lot of time talking me through what she felt was missing, what they would need to see and what, when they came to see the staff, they would be likely to be asking...They were very good at trying to clarify for us what their priorities would be.”<sup>10</sup>*

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8. Audiology, Hearing Care, Therapy and Balance Service, Pennine Care NHS Foundation Trust

9. Audiology Department, NHS Trust

10. Audiology Department, NHS Trust



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#### **Plan the assessment day:**

Coordinating staff in advance of the visit can save time and ensure assessors get to see everything they need.

*“We have 14 satellite clinics across the three boroughs and they went to every single one...we coordinated them so we had people taking them round and that saved a lot of time. If we hadn't have done that it might have been quite a challenge.”<sup>11</sup>*

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#### **Share the love:**

Achieving a hallmark of quality was a real motivator to many of the staff working in audiology departments across all levels. Getting good feedback and sharing these compliments with staff are important for keeping people focused and motivated.

*“We're very fortunate we have a team who really want to give good customer service and they're really keen on providing good quality services...we do a regular KIT [keeping in touch] meeting now and it gives feedback on incidents that may have occurred or complaints and compliments, and that feedback is always taken very positively.”<sup>12</sup>*

11. Audiology, Hearing Care, Therapy and Balance Service, Pennine Care NHS Foundation Trust

12. Audiology, Hearing Care, Therapy and Balance Service, Pennine Care NHS Foundation Trust

**9****Take your time:**

A number of services reported working to very strict deadlines in order to become accredited before the AQP regime started, when they needed IQIPS accreditation in place to apply for contracts. Having a tight deadline for reaching accreditation was not recommended by services we spoke to.

***“Do not give yourself too tight a deadline. Give yourself adequate time to ensure that you can realistically have all the evidence in place.”<sup>13</sup>***

**10****Think about how you will maintain your accreditation:**

IQIPS is an ongoing process and the work doesn't stop after the accreditation visit is over. This is probably the best time to think about how you will embed any changes needed and what you could learn from how you organised staff, resources, time and skills during the initial phase of the assessment.

Services suggest that maintaining accreditation is significantly less work – they reported spending between a third and a tenth of the time on maintaining accreditation compared to the initial phase. Some services allocated one member of staff who was responsible for updating evidence each week, others decided to share the responsibility across domains, sites or skills. However you decide to do it it's a good opportunity to put appropriate processes in place for maintaining the accreditation in the long term.

***“Now we've got all that evidence, what it takes is updating. What we do is at our audit [meeting] every couple of months – for that session – we look at what needs updating now, it's on the agenda every time, and then we update it so it's ready for the next upload...we're trying to maintain the evidence we've got on our shared drive and make sure it's current and up to date. It's an ongoing process – we've not stopped!”<sup>14</sup>***

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13. Audiology, Hearing Care, Therapy and Balance Service, Pennine Care NHS Foundation Trust

14. Audiology Department, Withington Community Hospital, University Hospital of South Manchester NHS Foundation Trust

# Conclusion

The majority of audiology services we spoke to were clear that the IQIPS process was a driver of positive change in their department; whether this was formalising policies and procedures, showing them where there were gaps in provision or improving safety measures – almost all felt that the process was worthwhile and that accreditation had led to improvements that supported their clinical work.

Staff did say that IQIPS was hard work and took a lot of time to achieve, but they reported unexpected benefits such as improved staff morale or increased numbers of patients choosing to be treated in their department. We hope that by providing an insight into the process, and highlighting common approaches to emulate or pitfalls to avoid, that other services will follow suit.

## **What now?**

The benefits for services go beyond those we expected to find when we started interviews. Along with many of the accredited services we spoke to, we'd like to see government action to ensure full accreditation across all paediatric audiology services. When NHS departments have invested staff time, public money and large amounts of effort to reach accreditation it is imperative that the Government ensures a level playing field in audiology by making IQIPS accreditation mandatory.

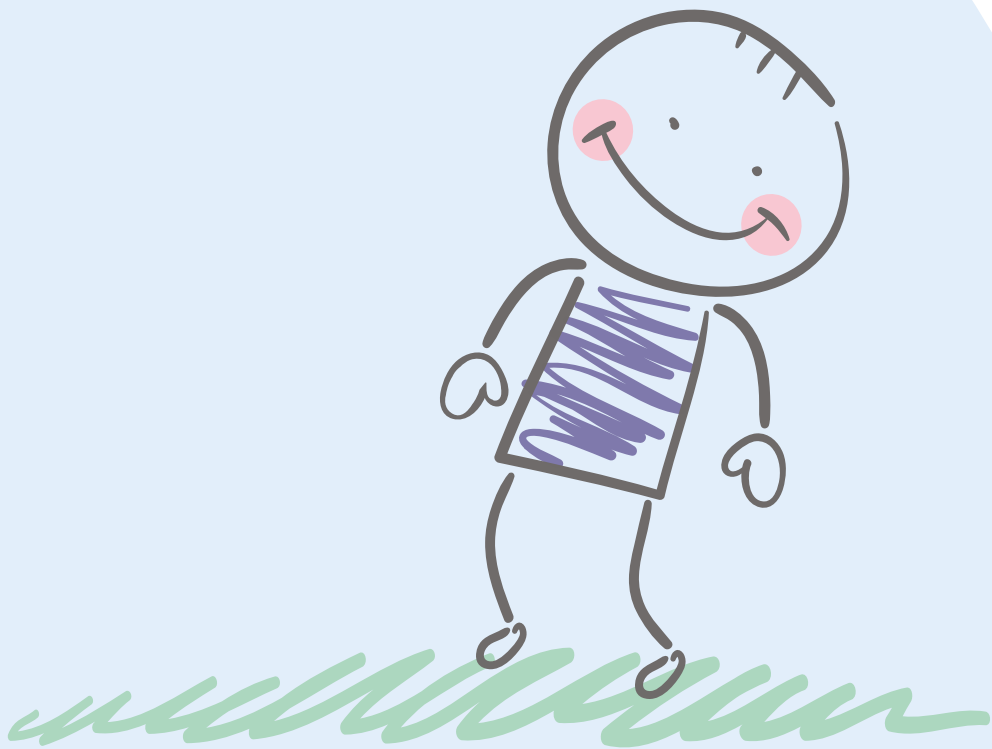
Ultimately we'd like to see all services accredited so parents know that their deaf children are cared for by a safe service that has been assessed as high quality by an independent body.

# Appendix 1

## **Suggestions to improve the accreditation process for the United Kingdom Accreditation Service (UKAS) and the Royal College of Physicians (RCP)**

As a result of our conversations with accredited services we gathered a lot of information about what worked well within the accreditation process and what could be improved. These comments will be fed back in further detail, directly to UKAS and the RCP, but there were some common improvements that services thought could be made:

- **Greater recognition of IQIPS** – for accreditation to be meaningful and helpful to services it needs to be more widely recognised by patients, NHS management and commissioners.
- **Improved online infrastructure** – this was mentioned, particularly by those who went through the process early, as very slow and inadequate for the job of uploading large amounts of data.
- **A greater focus on assessing clinical practice** – some services felt too much time was given to trust-wide standards and risk assessments, potentially neglecting patient-level interaction and quality measures. Others felt specific standards for paediatric audiology were needed to really prove quality.
- **Reduced costs and greater transparency** – although services realised that a thorough inspection regime costs money, it's also a bad time to be asking services to pay often five figure sums for an accreditation scheme that isn't mandatory. In addition many complained about the lack of transparency when it came to pricing structure and what was included.
- **Reducing repetition** – many services found that some areas overlapped significantly and the gathering and uploading of evidence could be repetitive and perhaps unnecessary. The design and structure of the online tool seemed to exacerbate this feeling.
- **Helping accredited services share experiences** – gathering feedback and sharing stories from services that had been through the process was seen as a positive way UKAS could help encourage others to be accredited. An online discussion forum and more networking events or discussions about the process from services that have been through it, were suggested as ways to achieve this.





**The National Deaf Children's Society is the leading charity dedicated to creating a world without barriers for deaf children and young people.**

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