

Barnet Children's Service

Inclusion - Complex Needs

Specialist Team

Support for Children and Young People with Hearing Loss

**Position Statement on Auditory Processing Disorder**

*Definition:*

Auditory processing disorder (APD) results from impaired neural function and is characterised by poor recognition, discrimination, separation, grouping, localisation, or ordering of non-speech sounds. It does not result from a deficit in general attention, language or other cognitive processes

(Source: British Society of Audiology: APD special interest group)

APD often co-exists with other sensory, cognitive, neurological or psychological difficulties/disorders, but we are not yet able to determine the precise nature of the relationship between them. APD may be causative or symptomatic or may result from a common underlying cause of another disorder/s. The prevalence of APD in the population is estimated by some researchers to be between 4 - 7%.

People with APD often report difficulties with:

- Understanding when listening to speech
- Reading
- Remembering instructions
- Staying focussed while listening
- Discriminating speech in background noise

APD may impact on speech perception, however, the term APD should only be applied when there is a measurable problem with at least some aspect of processing of *non-speech sounds*.

APD is not of itself a hearing impairment and may be present when there is no hearing loss as assessed by the detection of the thresholds of hearing across the speech frequency range.

### **Identification and Diagnosis**

Some children with APD behave as if they cannot hear. Hearing, and listening, in noisy places can be especially difficult for many children with APD. Although some parents realise their child has difficulties with understanding from an early age, APD often becomes more obvious when children start school. Teachers are sometimes the first to spot the difficulty, especially if the children have difficulties learning to read. Concern arises because children with APD often have normal intelligence, and so would be expected to pick up reading at the usual age.

### **Below are some comments made by children with APD:**

I can't understand what people are saying when it's noisy

I hear, but I don't understand

I can't remember what I'm told - especially if it's a lot of instructions

I have a terrible time trying to learn French

I can't seem to concentrate unless it's very quiet in the room

· If someone talks very quickly, I misunderstand what they say

### **Below are some comments from parents and teachers of children with APD:**

My child finds it hard to concentrate

The teacher feels my child acts like he can't hear, but he's always passed the health visitor and school hearing screens

One of my students is performing poorly in reading, but I know she is bright and I don't understand why this is so difficult for her

If the above circumstances apply to a child you know your first thought might be to have their hearing tested. The school nurse can make a referral to the Children's Audiology team but it is also important for you to highlight your concerns. If no hearing loss is discovered your record of concerns will alert the audiologist to the possibility of the presence of APD.

The audiologist may refer the child for further assessment in order to determine if APD is present such as an APD listening test.

### **APD listening Test**

This test is done in a hearing clinic. The listening test is introduced as a computer game. It is a bit like an odd-man-out game, and so is fun to do. Most children enjoy playing this game. The child sits in a very quiet room (called a sound booth) and listens to sounds played through headphones. The sounds are not loud or uncomfortable to listen to, but they may vary in:

- Pitch (high or low)
- Loudness (quite loud or very soft)

Type of sound

The computer checks how the children respond to these sounds, and then produces an 'auditory processing ability' score. Each child's score is then compared with auditory processing scores from other children of the same age. This helps us to know if the child is likely to have APD.

## What can be done?

### **By Audiology Clinic/ Speech & Language Therapy Services**

Hearing training programmes and strategies (exercises to help the child understand better when listening)

Parental support programmes

### **By School/Local Education Authority**

Child could sit near teacher's desk to aid lip reading and other cues

Teacher could be asked to check child is looking and listening when instructions are given out, especially if teacher walks around when talking

Teacher or classroom assistant could be asked to check child has heard and understood the instructions

(For older children only) Teacher could be asked to provide written information which might be used to consolidate verbal instructions

· Classroom noise could be reduced (more carpeting and soft furnishings, rubber feet on table and chair legs etc)

Listening devices could be provided to make speech clearer in noise -for example, a soundfield system in the main classroom or a personal fm system

### **In the Home**

Family could encourage the child to do any listening learning exercises as prescribed

Family could check if the child is looking and listening when necessary

Background noise in the home (such as TV or radio) could be reduced when trying to communicate.

### **Barnet Advisory Teachers of the Deaf**

We do not provide direct support for children with APD as they do not have a hearing loss.

We are happy to pass on information concerning APD to schools in Barnet and provide further information on how to support pupils who have a diagnosis of APD.

Schools should be aware that not all pupils with a diagnosis of APD will be affected in the same way or to the same extent. It is important to establish how children are affected in order to plan appropriate support. It is reasonable to use evidence of the pupil's progress in school to assess the impact of APD on the pupil in question and the effectiveness of any support that has been put in place.

Where clinics recommend provision of soundfield systems or personal fm radio systems the clinic should be able to demonstrate that:

The child's perception of speech in noise is substantially worse than that of other children of their age.

The child's perception of speech in noise is substantially improved with an increase in the speech to noise ratio as might be provided by the equipment recommended.

Schools may then consider how they may provide appropriate facilities if this is necessary to secure appropriate progress in school.

Date this policy was agreed: 10<sup>th</sup> March 2022

This policy will be reviewed by : Anita Deb Biswas Lead Advisory Teacher of Deaf CYP Barnet