

**Guidelines for Support to Children and Young People with a Diagnosis of**

**Auditory Processing Disorder (APD) in Haringey**

This guidance has been coproduced by representatives from Haringey Educational Inclusion Team, Educational Psychology Service and the NCL CCG. It has been based on good practice guidance produced by British Audiology and Practice Guidance on current management of auditory processing disorder (APD) and the DFE Briefing Paper: Auditory Processing Disorder, An Education Response

**What is APD?**

The British Society of Audiology (2018) define APD as follows:

‘APD is characterised by poor perception of speech and non-speech sounds. It has its origins in impaired neural function, which may include both the afferent and efferent pathways of the central auditory nervous system (CANS), as well as other neural processing systems that provide ‘top down’ modulation of the CANS. APD affects everyday life mainly through a reduced ability to listen, and therefore respond appropriately to speech and other sounds. Individuals referred for APD assessment typically present at clinics reporting hearing difficulties, despite a normal audiogram in most cases.’

Children referred for APD assessment typically have a normal audiogram but present with characteristics that may include:

* difficulty hearing spoken language in the background of other sounds, including speech (the most common presenting complaint)
* difficulty hearing in reverberant acoustic environments, or when speech is rapidly presented or degraded in some way
* mishearing speech and similar sounding words (‘shoulder’ versus ‘soldier’)
* responding inconsistently or inappropriately to spoken language and auditory information
* taking longer to process spoken language and auditory information
* frequent requests for repetition
* difficulty hearing on the phone
* poor attention to and/or memory of spoken language and instructions

There may also be reports of impaired speech, language, phonological awareness, literacy, attention, and academic performance.

Prevalence estimates of APD in children range from 2–10% with frequent co-occurrence in children with other learning or developmental disabilities

**The Multi-disciplinary Team Approach to Supporting Pupils with APD**

Where a child has APD, we would expect to see a significant educational impact.

Prior to diagnosis, the child is likely to already be receiving some form of additional intervention in school to access the school environment and make good progress. This is likely to be delivered under the umbrella of ‘SEN support’ coordinated by the school SENCO, and the school will be making use of some of its SEN budget for this purpose.

For a child with a firm diagnosis of APD, the school will continue to monitor their progress through their SEND Support offer. If the assess-plan-do-review cycle indicates that the child needs a more personalised approach, there are a number of agencies that can support with this.

* The Educational Psychology Service will assess cognitive abilities, processing speed as well as verbal and non-verbal cognitive ability, attention memory, reading, spelling, and writing. They will also assess overall development, including social and emotional well-being as necessary. They can make recommendations for further onward referral as well as support at school, including special exam arrangements and educational placement
* The Hearing Support Team will provide recommendations for improving the listening environment and technology such as assistive devices. They will help set up any assistive device and offer the school staff training on the appropriate use/maintenance of the equipment
* The Speech-Language Therapy service is responsible for evaluating and diagnosing problems in speech and language (comprehension, language use and pragmatics (social aspects of language), phonological awareness, working memory and executive function. A referral will be made to Speech and Language team if it is felt there is a language delay/disorder in addition to the APD
* The wider team comprises of the general practitioner (GP) and other professionals, depending on the needs of the child. Professionals often involved include ear-, nose- and throat consultants, paediatricians, occupational therapists, sensory integration specialists, opticians but others may also be involved

The professionals who will be involved will be agreed on a case-by-case basis.

**The Use of Assistive Listening Devices**

Some children with APD benefit from the use of an assistive listening device. Medical professionals may recommend this is trialled for an individual in order to establish its effectiveness. When this has been recommended by paediatric audiology services the Local Authority will provide 3–6-month trial of the appropriate device. The Teacher of the deaf will help school monitor the benefits of the device on speech perception in noise and access to learning.

If the trial provides evidence of the effectiveness of the device for the child, the school will provide one from its SEND support funding.

**Finding out more:**

APD MESH Guide –

<https://www.meshguides.org/guides/node/1432>

British Society of Audiology guidance.

<https://www.thebsa.org.uk/resources/overview-current-management-auditory-processing-disorder-apd/>

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