UK Children's FM Working Group

Survey of policies on candidacy, provision and funding of FM systems

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How should we decide when to provide a child with an FM system?

Introduction

The UK Children's FM Working Group was constituted in February 2004 with the aim of improving mutual sharing of information, promoting joint working and good practice and encouraging developments in FM technology for deaf children and young people. A key objective was to consider what actions could be taken to support teachers, audiologists and others working in the

Data obtained during the MCHAS project indicated that between 12 and 90% of children wearing hearing aids had FM systems depending on geographical location (Bamford et al 2004). Two UK surveys investigating the use of FM with cochlear implant speech processors had shown that 30-33% of children had been fitted with FM and 76-87% of cochlear fitted with FM and 76-87% of cochlear implant centres had a policy (Wood et al

available regarding the criteria for provision of FM systems adopted by authorities across the UK.

The group identified the need to gather information on current practice across the UK in order to support practitioners in working towards more equitable provision. A survey of all Hearing Impaired Services was therefore one of the first actions undertaken by the Working Group.

Method

150 UK Heads of Service for Hearing Impaired Children. A prepaid, addressed envelope was provided to facilitate participation. The survey asked just one

"Does your service have a local policy for candidacy for FM provision?"

c)No, we do not have a separate policy regarding provision, decisions are made on an individual basis

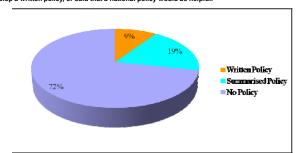
nere was also a space for respondents add comments.

Results

5 respondents (9%) attached separate written policy statements. Two of the policies included an assessment matrix and one an assessment questionnaire. The other two policies related to issues around the provision and use of FM systems, rather than assessment criteria.

10 respondents (19%) gave a summary of their policy.

38 respondents (72%) replied that "We do not have a separate policy regarding provision, decisions are made on an individual basis." Of these, 6 respondents (11%) were either planning to develop a written policy, or said that a national policy would be helpful.



Conclusions

A clear majority of Hearing Impaired Services in the UK do not have a written policy on criteria for the provision of FM systems. Decisions are normally made on an individual basis, based on widely varying criteria. Provision is constrained in some areas by funding. Whether a child is provided with an FM system; the age at which provision takes place; the type of system provided; whether or not use is limited to conventional school activities – all will vary depending on where in the UK the child lives.

To obtain a comprehensive picture, a wider survey is being prepared for circulation in 2008. Postal, telephone, face to face and online methods will be used to try and increase the return rate.

Hearing loss

"FM systems will be provided for children with a moderate hearing loss or greater, or with a hearing loss greater than 50dB (a respondents)"

"FM systems will be provided for children with a severe or profound hearing loss (2 respondents)"

"We treat each child as an individual, the level of hearing loss is not the main criteria for a radio aid, it is how each child functions that matters."

"It is a professional judgement not dependent on degree of loss or stage."

Speech discrimination must be " greater than 80% accuracy at 3-6 feet in a classroom" for provision

"Additional difficulties may result in a child with a less severe loss receiving FM

"This will be the next policy to work on."

The majority of respondents included comments about relevant issues. These comments provide a subjective indication of the varying, sometimes contradictory, approaches to provision of FM systems in different authorities and the issues of concern.



Use of FM systems out of school

"We do not usually provide FM systems to children in the home setting."

"Money for funding is our main problem! We did have a lot of old FMs which needed re-placing – so had to do many fundraising events to raise £20,000. Our annual budget is around £4,000 – to pay for leads, shoes, repairs, etc. We've just had a "one-off" payment of £10,000 to buy larger audio equipment – and FM if possible."

"We are in a position whereby there have not been huge funding pressures affecting availability of FM systems. We have done a lot of fundraising to support the funding through the LEA. We have not been in a position whereby children having been assessed and thought to benefit from an FM system have not been provided for."

"The budget for radio aids is controlled by the educational audiologist, not our service. She decides on which child will be issued with a radio aid and what type of radio aid. She is willing to listen to our staff as to who should receive radio aids but will not allow anyone to decide which type."

"We do not generally provide them for children under 5"

Not issued until 1 to 2 months prior to entry

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For more information about this research, the work of the Group and its members, contact: jhi@oticon.co.uk or richard@connevans.com.

References

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