



BIAP recommendation n° 21/2 : Multiple disabilities and hearing impairments - potentialization of associated disabilities

POTENTIALIZATION OF ASSOCIATED DISABILITIES

The first BIAP recommendation n° 21/01 highlighted the notions, already proposed by the W.H.O., of primary disabilities and secondary disabilities of varying scope.

In order to better assess the potentialization of primary disabilities and precise the exact influence some parameters have on the chances of integration, the 21-BIAP technical commission carried out a survey whose purpose was to examine the cases of 1,500 hearing-impaired children.

This survey resulted in the creation of a new tool, namely a table used for assessing the importance of associated disabilities (see annex 1). Each hearing-impaired child may be affected by one or several of the disabilities listed under group A, B or C.

The notion of " supplementary disability " or " secondary disability " is more difficult to quantify. We arbitrarily decided to select three easily quantifiable parameters:

1. Time lag between date of diagnosis and hearing aid adaptation
2. Child's age at the time of the fitting procedure
3. Parents' involvement in the process

Having considered the results of the survey (see annex 2), BIAP wishes to make the following recommendations:

1. To carry out a screening as early as possible, in order to detect any possible hearing impairment and associated disabilities. This is of a vital importance when associated disabilities are of a major importance or when there is a high risk of multidisability (see recommendation n° 21 CT 01, ° 3221). A certain number of complementary tests should be carried out in the framework of the aetiological check-up: ophtalmologic check-up (fundus oculi as well as central and peripheral vision), renal check-up, thyroid function evaluation, neuropaediatric evaluation, with imagery and karyotype in case of slowness in the psychomotor development, etc...
2. To confirm the diagnosis by means of techniques adapted to the child's potential.
3. To periodically reassess the child's hearing level and adapt the hearing aid settings.
4. Precocious parental guidance and educational support. Parents should be involved in the audiophonological team's work, right from the time of the diagnosis, together with other specialists who will join the team if new associated disabilities are discovered.
5. Generally speaking, to use all available means in order to ensure the best possible development of the child's potential and to stimulate all possible forms of communication between the child and his/her environment.

The child's age at the time of the hearing aid adaptation procedure is one of the parameters that can be easily quantified:

The survey shows the existence of statistically significant differences between hearing-impaired children educated in conventional schools (integration) and those attending specialised education centres. There are also differences between children who suffer from both hearing impairments and an associated disability and those who are only affected by hearing impairments.

These findings have been summarized into a table (see annex 3) which compares the various "trust gaps" and the age of the children at hearing aid adaptation (5% difference), according to each one of the parameters.

Annexed documents available on request

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