British
Cochlear
Implant
Group

BCIG Professional Guidelines for Rehabilitation Staff working within a Hearing Implant Programme

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Note from Authors

The term 'rehabilitationist' has been used throughout this document to refer to any individual who has a professional qualification and is registered to practise clinically / educationally in:

- Auditory-Verbal Therapy
- Clinical Psychology
- Deaf Education (Teacher of the Deaf)
- Educational Audiology
- Hearing Therapy
- Speech and Language Therapy

Who is also employed within a hearing implant programme to deliver, for people with severe/profound deafness:

- Habilitation to children, adolescents and/or adults with congenital (or pre-lingually acquired) hearing loss and / or
- Rehabilitation to children, adolescents and/or adults who have acquired hearing loss and their families

The term 'rehabilitation' has been used to refer to both 'habilitation' and 'rehabilitation' and 'hearing implant' to refer to cover the terms 'hearing' and 'auditory' implant. All professions and related professional bodies and groups are listed in alphabetical order.

Mission Statement

To support consistent and appropriate use of hearing implant systems. To assess, promote and optimise the listening, speech perception, spoken language and functional communication skills of adult and paediatric patients within a multi-disciplinary hearing implant programme. To support improvements in quality of life and optimise the wellbeing of patients and their families, in relation to hearing loss and device use.

Introduction to cochlear implants and other implantable devices

The main focus of teams is cochlear implantation (including electro-acoustic stimulation implants):

Cochlear implants (CI)
A CI is an electronic medical device that replaces the function of the damaged inner ear in cases of severe/profound hearing loss. Unlike hearing aids, which make sounds louder, CIs do the work of damaged parts of the inner ear (cochlea) to provide sound signals to the brain.

Electric- (Electro) acoustic stimulation (EAS)
An EAS system is a treatment option for individuals with normal hearing to moderate hearing loss in the low frequencies and steeply sloping severe-to-profound hearing loss in the mid to high frequency range (also called a precipitous "ski-slope" type hearing loss). The EAS system combines a hearing aid to acoustically amplify low frequency sounds and a CI, which provides electrical stimulation for high frequency sounds.

Many implant centres also offer other hearing implants which including **Bone Conducting Hearing Implants (BCHIs)** and **Auditory Brainstem Implants**. See Appendix A for further details. In addition, further background information on hearing implants is available on the website of the British Cochlear Implant Group www.bcig.org.uk

Service issues

a. Rehabilitation team structure and purpose

All hearing implant programmes should include suitably qualified and experienced rehabilitation staff. This will include one or more of the following professions: Auditory-Verbal Therapists, Clinical Psychologists, Educational Audiologists, Hearing Therapists, Speech and Language Therapists and Teachers of the Deaf. The team must have the knowledge and skills to assess and work with children and adults with a range of complex needs, additional to their deafness (BCIG Quality Standards 2016, section 3.4).

There are historically four professional groups within the field of hearing implants:

- Implant Centre Audiology Group (ICAG)
- Implant Centre Psychology Group (ICPSYCH)
- Implant Centre Speech and Language Therapy Group (ICSLT)
- Implant Centre Teachers of the Deaf Group (ICTOD)

However, the rehabilitation groups work closely together with joint meetings as appropriate and include Auditory Verbal Therapists, Educational Audiologists and Hearing Therapists. Hearing Therapists may also be members of ICAG.

This guidance aims to provide an overview of the role of rehabilitation staff working within a hearing implant programme, and is approved by ICSLT, ICTOD and ICPSYCH. However individual professions should also refer to guidance published through their own professional body, including:

- AG Bell Academy for Listening and Spoken Language
- British Association of Educational Audiologists
- British Association of Teachers of the Deaf
- British Society of Audiology
- Royal College of Speech and Language Therapists
- The British Psychological Society

Given the multi- and inter-disciplinary nature of hearing implant teams, there may be overlapping skills and individual teams should define how professional expertise is used in written protocols and care pathways. There will be differing skill mixes in different teams across the UK. No single model of service delivery is recommended as local and regional policy, and patient demographics, will dictate recruitment and provision. All team members work closely and collaboratively with other members of the hearing implant team and liaise closely with local professionals.

The key role of staff on the rehabilitation team is to:

- Assess patients (and, if appropriate, their families), and contribute to the multidisciplinary decision making process regarding suitability for implantation

- Maximise the client's listening, speech perception and communication skills with their implant
- Assess, monitor and evaluate the patients' progress with their implant
- Train and educate other professionals
- Conduct research and audits

In a paediatric setting, the rehabilitationist role requires close liaison with the client's family/carer, local professionals and other members of the hearing implant team as well as the client. Those working in adult services may liaise with others as appropriate to their adult client's needs, as well as working with the client directly. The service is tailored to each client's individual's needs and abilities and this is particularly relevant with patients who have additional needs, or those whose home language is not English, where the rehabilitationist will be working with interpreters to facilitate delivery of care. The rehabilitationist will adhere to the service delivery models and protocols used within their team.

b. Patterns of service delivery

Service delivery is constantly evolving to reflect the changing nature of the caseload demographics, the ethos of the implant team and the geographical areas covered by the team. Paediatric services may be provided within the clinic or in the community and will involve a number of service delivery models:

- Direct intervention / therapy / teaching /coaching & guidance
- Monitoring / review
- Access to care via telehealth
- Consultation & working collaboratively with local professionals; establishing and maintaining direct communication between the centre and the local setting
- Teaching and training local services

For adult services, the rehabilitationist is likely to work at the implant centre offering outreach only in specific circumstances deemed necessary to facilitate the client's progress. The service may provide therapy either individually or in groups and telehealth may also be offered.

Collaborative working

The rehabilitationist will have a key role in advising about expected progress post implant and identifying when patients are not making expected progress. In relation to other service providers who also work with the client, collaborative work may include:

- Agreeing who will use which formal assessments and at what intervals
- Sharing assessment results
- Sharing outcomes and progress reports either verbally or in written reports
- Jointly planning targets, goals and delivery with local services

Those working with paediatric caseloads should be aware that children with CIs, their parents and local professionals will be liaising with others who are involved in the child's care. This should be handled appropriately and sensitively.

c. Recommended hours of professional provision per patient

Adequate levels of a rehabilitationist's involvement are required to assess client's suitability for hearing implants and to maximise their benefit post-implant. Each implant team will decide how time is allocated both pre- and post-implant and this will be closely linked to the team's chosen model(s) of service delivery and protocols. Teams will establish their own protocols for long term monitoring and support.

Contact includes both direct and indirect work. Liaison and collaborative working with local professionals takes a significant amount of time and this may mean the time allocated for indirect contact exceeds the direct contact with the client.

Some patients have extenuating circumstances which may require a more flexible approach and a need for significantly more contact time. Examples of factors that will increase the amount of time needed are listed below.

- Complex needs in addition to deafness including:
    - Visual impairment
    - Learning disability
    - Multiple physical disability
- The need to monitor communication skills during a hearing aid trial
- Working with multi-lingual patients and families / English as a second language
- Children and adults from complex family circumstances, for example, when social services are involved, social deprivation etc.
- Long term congenital deafness (rather than acquired)
- Age or trauma related cognitive changes
- The need to trial and help troubleshoot assistive listening devices
- Liaising with local services to evaluate and improve listening environments
- Working with individuals who are making slower than expected progress
- Contributing to Education, Health and Care Plans or their equivalent
- Support and counselling for patients and their families who may need help to move towards a positive outcome from the initial diagnosis or untoward or unexpected events post-implant.
- In some adult centres the rehabilitationist is responsible for delivering Objective Speech Testing.

Some cases may need less direct auditory and communication support, although many will still require significant counselling, support and liaison from the team. Rehabilitationists may be responsible for providing these elements of care, irrespective of their professional background.

Provision and support offered for other types of hearing implant devices will be agreed at local levels.

d. Quality assurance

At an interdisciplinary level the rehabilitationist will be asked to contribute to the hearing implant team's quality assurance standards. Each professional group (e.g. ICAG, ICPSYCH, ICSLT and ICTOD) will also meet regularly to ensure that national quality standards are maintained and updated in response to the rapidly changing field of hearing implants.

e. Clinical audit and outcome measures

Clinical audit is an integral part of all hearing implant programmes. It provides an opportunity to evaluate, review and improve assessment, intervention and the broader aspects of service provision. All rehabilitationists should routinely collect outcome data relating to the client's implant use, listening, speech perception, communication skills and patient satisfaction. This data will enable teams to monitor trends in performance and conduct research.

Clinical issues

a. Clinical skills

The required skill set of the rehabilitationist joining a hearing implant team will be dictated by their professional qualification and background:

Speech and Language Therapists:
It is recommended that the ICSLT joins the hearing implant team with a suitable breadth of experience working with deaf patients and managing a caseload of patients with complex needs. Evidence of on-going professional development is essential and completion of relevant post-qualification deafness courses is desirable. Experience in other relevant fields including bilingualism, specific language impairment, or acquired communication difficulties is also highly relevant to the caseloads managed by an ICSLT. In order to practice as a speech & language therapist in the UK, the ICSLT must be registered with the Health and Care Professions Council (HCPC) and must demonstrate on-going professional development in order to maintain their registration. It is recommended that the ICSLT is a registered member of the RCSLT. This implies an undertaking to adhere to the RCSLT Code of Ethics and Professional Conduct advocated for SLTs in "Communicating Quality Live" (www.rcslt.org)

Teachers of the Deaf:
The ICTOD will be a qualified teacher and hold the mandatory qualification in Teaching Hearing Impaired/Deaf Children. The ICTOD should have a suitable breadth of experience working with deaf babies, children, young people and children with complex needs, and their families. On-going professional development is a requirement for the ICTOD in order to keep up to date with developments in the field. The ICTOD may also be qualified as an Educational Audiologist.

Auditory-Verbal Therapists:
The ICAVT will have gained in-depth experience of working with paediatric patients with permanent childhood hearing loss during the qualification period. The ICAVT will already have a professional background of SLT, TOD or Audiology. Whilst the ICAVT will have in-depth knowledge and experience of deafness they may not have experience of working with children with complex needs / complex communication needs, older children or adults, although this is desirable. This will depend on their pre-qualification experience and AVT training route. The AVT must be a member of AGBell and maintain their licence to practice under this professional title.

Hearing Therapists:
Hearing Therapists work with adult CI patients, should be RCCP registered and have extensive knowledge and in-depth training with adults with hearing loss and deafness. It is also desirable for the Therapist to have a background in dual sensory impairment. Hearing

Therapists should also have extensive knowledge and experience with auditory training and working with complex cases to ensure the adult CI recipient gains maximum benefit from their implant(s).

Hearing Therapists should have knowledge of and access to outside agencies such as Access to work, Social Services provision, Education provision for the deaf and the Disability Employment advisor in order to assist and promote independent living for adult CI recipients. They should also have full awareness of other technologies useful for deaf adults.

On-going training and CPD must be adhered to in order to keep up with technology.

Clinical Psychologists:
Not all teams employ clinical psychologists as an integral part of the team, however where they do their role is varied and includes assessment, individual, family and group interventions and liaison with local health, educational and social services. Clinical Psychology input can be indicated at any stage of the programme (child or adult) from pre-implant assessment, preparation for surgery and initial programming through to post-implant follow-up and, in the case of young people, transition to adult services. Within hearing implant programmes there is also likely to be an emphasis on assessment of cognitive abilities and/or learning disabilities, as well as neuro-developmental and acquired neurological disorders, with the aim of supporting the child or young person to reach their full potential in terms of their speech, language and academic attainments and maintain function in adults. Clinical psychologists who work in CI teams have chosen to specialise in this area following completion of their professional Doctoral qualification. Clinical Psychologists must be registered with the Health and Care Professions Council (HCPC) and must demonstrate on-going professional development in order to maintain their registration.

All newly appointed rehabilitation staff must have a clearly defined induction and training programme. Ideally this will be supervised by an experienced, senior team member from the same professional background, meeting the requirements of the appropriate professional body.

When considering the skill mix of the team, it is essential that the rehabilitation team as a whole has sufficient experience in the broader field of paediatric / adult work, as appropriate to the patient demographics in the geographical area served. Individuals may be appointed into development posts. In this instance, there must be senior rehabilitationists regularly available for mentoring and close supervision.

There are a number of core clinical skills that the rehabilitationist must have in order to offer assessment and intervention programmes for the implant caseload.

Skills are needed in the assessment, rehabilitation and development of:

- Everyday communication and social skills
- Functional listening and speech perception skills
- Functional understanding and use of spoken language
- Consistent use of the CI in a variety of settings

All professions must also have:

- Knowledge of audiology and assistive listening technology
- Skills in how to counsel adults/families through the assessment and decision-making process
- Insight into the culture and language of the Deaf community
- Understanding of the impact of deafness on quality of life
- Understanding of the impact of deafness and communication development on identity, mental health, social and emotional well-being
- Understanding of the impact of deafness on language development and cognition (including long term vocabulary acquisition for adults with acquired deafness)
- Understanding that patients' needs may change over time and that the nature of support required may be different at different points. E.g. adolescents in the process of transitioning from Paediatric to Adult services, older adults transitioning into Elderly Care.
- Sign language skills (desirable, e.g. Council for the Advancement of Communication with Deaf People (CACDP) qualifications)
- Understanding and knowledge of Communication support teams i.e. lip speakers, note takers, speech to text (for adolescent and adult services)
- Experience and skills working with infants and very young children (for paediatric services)
- Knowledge of the educational practices and policies in the geographical areas covered by the team and a national perspective (for paediatric and adolescent services)

Dependent on the professional background, there are additional clinical skills and knowledge that would be expected of an individual:

- An in-depth knowledge of CI technology and an appropriate knowledge of audiology, hearing aids and Assistive Listening Device (ALD) management, including radio aids
- Expert knowledge of educational policies and practices both locally and nationally
- Voice and speech production including phonetic transcription
- In-depth assessment and analysis of speech, language and communication disorders for differential diagnosis
- Experience in auditory training
- Assessment and treatment of cognitive, emotional and behavioural difficulties
- Assessment of capacity to consent
- Identification and assessment of mental health problems
- Knowledge of local mental health services and national Deaf Child and Adolescent Mental Health Services

The rehabilitationist may also be required to:

- Train colleagues in good communication with deaf people
- Provide 'expert witness' reports
- Support patients and families with the completion of paperwork to enable them to claim disability benefits

- Within adult teams, they may also be called upon as an expert communicator/facilitator able to act as a key worker for a client.

b. Assessment and intervention

Assessment is based on a thorough case history. Assessments are administered pre-implant to establish baseline measures, help to determine implant candidacy, establish provision of local support and predict likely outcomes post-implant so as to manage expectations and counsel patients and their families appropriately.

Post-implant, assessments are used to monitor progress against the expected trajectory of progress and to plan therapy goals and future areas of work for the client. The rehabilitationist will highlight early indicators of unexpected or poor performance and refer to specialist professionals for further assessment and management as appropriate.

The client's listening, speech perception and communication skills may be assessed using a combination of observation, discussion, and formal and informal assessment. The exact battery of assessments may vary from team to team. They will draw upon some or all of the skills outlined in section *a. clinical skills* above. Video and audio recordings may be used with appropriate consent taken.

Assessment results will be shared with the client and their family, the implant team and local professionals, as appropriate. Where possible, the use of standardised assessment measures is recommended to assist in cross-centre collaboration.

Rehabilitation will vary depending on the service delivery model employed by the team. However in all cases, the aim of rehabilitation is to optimise the client's use of their hearing implant. This may involve supporting development in young children, or providing direct and indirect training for adolescents and adults, in the following areas:

- Listening skills / functional listening / speech perception
- Speech and language
- Communication skills including repair strategies
- Ability to troubleshoot and maintain external equipment
- Using assistive listening devices
- Speech intelligibility, voice quality and prosody

Practical and emotional support is needed for the client and their families/carers at all stages of the CI journey. Rehabilitation staff need to be able to identify patients/families who require psychological assessment and intervention, and know how to access this support locally if there is no clinical psychologist on the team.

c. Report writing and record keeping

The rehabilitationist will provide written reports at regular intervals to the client, their family and other professionals. The purpose of these reports is to convey information about the client's progress and to provide recommendations about future management. The frequency and format of reports will vary according to team protocol. Reports may include the contribution of a written submission if requested by a Local Education Authority or equivalent body.

The rehabilitationist is responsible for the accurate recording of all activities relating to the client, both directly through client contact and indirectly through meetings, discussions, emails and telephone calls. These records must be in line with local and national standards and those set out in professional guidance.

d. Training

Rehabilitationists will provide training for a broad range of professionals, including hearing implant team members, local services and other medical professionals. They may also be required to give presentations at formal courses, academic meetings and conferences. Informal/formal clinical placements may be offered to a variety of professional as appropriate.

Continuing education

a. Ongoing educational needs of rehabilitationists working in hearing implant teams

Each rehabilitationist must meet the requirements or their relevant professional body in terms of Continuing Professional Development (CPD), including registration to practice as appropriate. The research and knowledge base in the field of hearing implants is expanding rapidly and those working in the field require continuing education to stay abreast of this. Access to relevant post-qualification courses is recommended. Attendance at seminars, manufacturers' training, national/international conferences, specific interest groups, British Cochlear Implant Group (BCIG) meetings and national meetings will offer further necessary professional development opportunities. Individuals are encouraged to join the BCIG and participate in its activities to promote improvement of knowledge and best practice in the field of hearing implantation. A commitment to maintaining and developing professional expertise has financial and time implications that must be considered when resourcing posts.

b. Research and development

Most hearing implant team members, in particular senior team members, have an active role in conducting research and audits. Where there is an expectation of involvement in research and audit, individuals must be given adequate support through the allocation of study time and relevant resources.

This document was compiled by Rehabilitationists representing the Implant Centres Co-ordinators Group, ICSLT, ICTOD, ICPSYCH and ICAG
and was approved by the British Cochlear Implant Group Council 2017.

Appendix A

Bone Conducting Hearing Implants (BCHIs)

BCHIs include both **bone conducting hearing devices (BCHDs)** and **middle ear implants (MEIs):**

BCHDs bypass the outer and middle ear, delivering sound waves directly to the inner ears. Such devices can be fitted to spectacles or held in place with a headband. Surgical interventions can result in percutaneous or transcutaneous devices being implanted depending on appropriate selection and assessment.

MEIs are surgically implanted electronic devices which aim to correct hearing loss through stimulation of the cochlea by delivering sound energy to the ossicles or directly to the entrance of the cochlea (oval or round window placement). MEIs are placed into the middle ear and generally leave the external auditory canal open and unobstructed. A MEI differs from a CI in that the latter directly electronically stimulates the auditory nerve. (*Clinical Commissioning Policy: Bone conducting hearing implants (BCHIs) for hearing loss (all ages)* July 2016; Prepared by NHS England Specialised Services Clinical Reference Group for Specialised Ear Surgery)

Further detail can be found in the Clinical Commissioning Policy, of via the manufacturers listed in Appendix B.

Auditory Brainstem Implant (ABI):

This implantable device is used to treat total bilateral deafness caused by significantly compromised or absent cochleae or absence or damage to the vestibulocochlear nerve as a result of genetic conditions, tumours or surgery where hearing cannot be improved by hearing aids or other hearing implants. Auditory Brainstem Implants involve a wider specialist team including neurosurgeons, neurology and specialist nursing input.

Further detail can be found via the manufacturers listed in Appendix B.

Appendix B

c. Sources of useful information

As a member of a Hearing Implant Programme, you automatically become a member of one or more of the following professional groups, and group meetings take place at least annually:	
Implant Centre Speech and Language Therapy Group (ICSLT)	
Implant Centre Teachers of the Deaf Group (ICTOD)	
Implant Centre Psychology Group (ICPSYCH)	
Implant Centre Audiology Group (ICAG)	
Professional Bodies:	
British Cochlear Implant Group (Professional organisation & details of all Implant Centres) www.bcig.org	
Royal College of Speech and Language Therapists: Communicating Quality Live www.rcslt.org	
British Association of Teachers of the Deaf: www.batod.org.uk	
Alexander Graham Bell Association for the Deaf and Hard of Hearing: www.agbell.org	
British Society of Audiology: www.thebsa.org.uk	
The British Psychological Society: www.beta.bps.org.uk	
British Association of Educational Audiologists: www.educational-audiologists.org.uk	
The British Society of Mental Health and Deafness: www.bsmhd.org.uk	
Hearing Implant Companies:	
Advanced Bionics www.advancedbionics.com	**MEDEL** www.medel.com
Cochlear Corporation www.cochlear.com	**Oticon** www.oticonmedical.com
NICE Evidence Updates	
Provides annual evidence updates with results of literature searches that have been quality assessed according to NICE criteria www.evidence.nhs.uk	
Technical Devices and Aids (ALDs, accessories for processors):	
Connevans Ltd. www.connevans.com	
Key National Charities for Deaf People / Implant Support Groups:	
Action on Hearing Loss The largest charity representing deaf and hard of hearing people in the UK. www.actiononhearingloss.org.uk	**National Deaf Children's Society (NDCS)** The largest charity representing deaf children and their families in the UK. www.ndcs.org.uk
Cochlear Implanted Children's Support Group	**The Ear Foundation**

(CICS) This charity has a great 'links' page on their website with links to many other useful resources www.cicsgroup.org.uk	Useful & practical source of information www.earfoundation.org.uk
National Cochlear Implant Users Association (NCIUA) www.nciua.org.uk	
Other relevant national charities / sources of information: *(With thanks to the National Association of Deafened People who have collated many of the websites below)*	
British Tinnitus Association (BTA) Provides information and support, training and raising awareness. Produces a quarterly magazine for members. www.tinnitus.org.uk	**Deafness Research UK** Is the medical charity for deaf and hard of hearing people. (They have recently merged with Action On hearing Loss but website is still current). www.deafnessresearch.org.uk
Cued Speech Association UK Provides information about and training in Cued Speech. www.cuedspeech.co.uk	**DeafPLUS** Works to encourage integration and equality between deaf and hearing people in all areas of life. www.deafplus.org
www.deafinfo.org.uk a central place for information about deaf mental health	**Equality and Human Rights Commission Disability Helpline (England)** www.equalityhumanrights.com
Forest Bookshop Books, videos etc relating to deaf and hard of hearing issues *www.forestbooks.com*	**Hearing Link** Formed in September 2008 by the merger of Hearing Concern, a national charity dedicated to improving the quality of life of those who are hard of hearing, and LINK, which provides a variety of services for deafened people, their families, and the professionals who work with them, including rehabilitation programmes for those who have recently become deafened and their families. www.hearinglink.org
Hearing Dogs for Deaf People Select and train dogs to alert deaf people to sounds they cannot hear such as the alarm clock, baby cry, smoke alarm and many others. www.hearingdogs.org.uk	**Meniere's Society** Helps people with Meniere's (vertigo), tinnitus and deafness www.menieres.org.uk
Meningitis Now www.meningitisnow.org	**Music and the Deaf** Supports music opportunities for people who are deaf or hard of hearing. Organises workshops, courses and signed theatre performance. www.matd.org.uk
NADP National Association of Deafened People www.nadp.org.uk	**NRCPD** Register of interpreters for deafblind people, lipspeakers, notetakers, sign language interpreters, sign language translators and speech to text reporters. www.nrcpd.org.uk
RNID Library	**SENSE**

Houses collections relating to the audiology and deaf studies RNID Library, Institute of Laryngology and Otology, 330-332 Grays Inn Rd, London, WC1X 8EE Telephone/Textphone: 020 7915 1553 www.ucl.ac.uk/library/rnidlib.shtml	For children and adults who are deafblind. www.sense.org.uk
Sign Community (formerly British Deaf Association) A charity that represents the Sign Language community. www.signcommunity.org.uk	**Sign Health** The Deaf Health Charity www.signhealth.org.uk
Signature The new name adopted by CACDP early in 2009. Signature is a_UK awarding body offering qualifications in communication methods by deaf people and in deaf awareness and is the registration body for professional BSL/English interpreters, Lipspeakers, Deafblind Manual Interpreters and Speech to Text Reporters. www.signature.org.uk	**STAGETEXT** Provides captioning services for theatres. The text is displayed as the actors speak/sing, enabling people with a hearing loss to understand fully. www.stagetext.org
STTRs Direct Specialise solely in Speech to Text communication (using either Palantype or Stenograph) for people who need that support in work, educational settings etc. www.sttrsdirect.co.uk	**UK Council on Deafness (UKCoD)** The national umbrella organisation for charities and professional bodies concerned with deafness. www.deafcouncil.org.uk
Education:	
City Lit Centre for Deaf People The City Lit Centre for Deaf People provides education, training and support for deaf and deafened people and those wishing to work with deaf people. www.citylit.ac.uk	**Skill - National Bureau for Students with Disabilities** A national charity promoting opportunities for young people and adults with any kind of disability in post-16 education, training and employment across the UK. www.skill.org.uk
Government Departments and Agencies www.gov.uk	
Benefit Enquiries www.gov.uk/disability-benefits-helpline	**Department for Education** www.gov.uk/government/organisations/department-for-education
Department of Health (DoH) www.gov.uk/government/organisations/department-of-health	