

Senate Inquiry into Hearing Health in Australia

TERMS OF REFERENCE

3. The adequacy of access to hearing services, including assessment and support services, and hearing technologies

Assessment services

- Since the advent of newborn hearing screening programs, there seems to be less support of other hearing screening programs. Since newborn hearing screening will only identify approximately one third of children who will eventually require hearing aid fitting it is essential that access to primary hearing screening services be readily available. As a high proportion of children are identified around ages 5-6 years it would be highly beneficial if the school hearing screening program was reinstated or if the child health check undertaken at age 4 years included an objective hearing assessment rather than a set of questions that the GP asks the family.
- Additionally, creation of a national database that contained the records of children diagnosed with hearing loss, and children who have received hearing habilitation would minimise the number of children lost to follow-up after diagnosis.
- It can be difficult to access diagnostic hearing services. These services were mostly available through hospital audiology clinics. A number of hospitals have decided to not fill audiology positions eg Hornsby hospital and Mona Vale hospital which reduces access to this important service. Private audiology services are not routinely set up to accommodate the needs of young children.
- Australian Hearing have changed their focus from a diagnostic service to a habilitative service requiring initial assessments to be carried out elsewhere.

Access to services by Culturally and Linguistically Diverse Clients

There is no provision for people who do not speak English to have the cost of an interpreter covered for their appointment with an audiologist or teacher.

Using family members as interpreters is not appropriate for accessing a health related service.

If an accredited interpreter is provided, the agency has to cover the cost. This arrangement does not encourage providers to offer an equitable, accessible service to multicultural clients.

Access to hearing technologies

Deaf or hearing impaired adults on low incomes who do not meet the eligibility requirements of the Australian Government Hearing Services Program are often forced to wear very old devices which become impossible to maintain over time. New devices are too expensive. This may mean the person is not able to maximise the use of their residual hearing which in turn may impact on their ability to communicate and reduce the opportunity to participate equitably in education and training; to attain employment or career advancement and can lead to social isolation and depression.

Some hearing impaired people who were fitted with hearing aids as children stop using their hearing aids after they lose eligibility for services from Australian Hearing

due to the cost of batteries, repairs and new devices which is contrary to the aim of the previous 21 years where the focus has been on early intervention and the promotion of consistent hearing aid use.

It is recommended that adults on low income be given access to more affordable hearing services.

Cochlear implants

A number of individuals who have obtained a cochlear implant through a publicly funded program will be unable to afford to replace the speech processor when it is lost or unable to be repaired. . Recently Cochlear LTD announced the obsolescence of four models of cochlear implant speech processors. Cochlear implantees who rely upon these devices will need to purchase a replacement once their processor is deemed beyond repair, at a cost of \$8000 – 12,000. If the person cannot afford a new device they will be rendered profoundly deaf and unable to resume use of a hearing aid in the implanted ear.

Classroom amplification systems

Classroom acoustic considerations (reverberation and noise from internal or external sources) limits the ability of many children to properly understand instruction given by teachers. This can apply to any child, but is particularly a problem for children who have any of the following disadvantages. Some Indigenous children will have all of these disadvantages.

- Have conductive hearing loss, which is extremely common in Aboriginal and Torres Strait children;
- Have a mild or unilateral hearing loss. (Children with a greater hearing loss, who will usually also be wearing hearing aids, will also benefit. A recent study (Wake et al, 2006) has indicated that 11% of children in Primary School in Victoria have a hearing loss of some type in one or more ears at any given time);
- Have an auditory processing disorder which may be a result of chronic middle ear infection during their infancy;
- Speak English as a second language.

Sound-field amplification systems are able to significantly enhance communication in the classroom. The system consists of a wireless microphone/transmitter worn by the teacher, a wireless receiver/amplifier, and a loudspeaker in each corner of the room. The system increases the teacher's voice level, and just as importantly decreases the distance from each child to a reverberation-free source of the teacher's voice. Some systems have a second transmitter for use by students in interactive discussions, or for use by assistant teachers, such as occurs in some Indigenous classrooms.

Teachers experience voice disorders at approximately twice the rate of the general population (Roy et al, 2004; Inserm, 2007) due to the strain of making themselves heard in the classroom. A valuable side benefit of sound-field amplification is that teachers report fewer problems with voice strain and voice fatigue (Crandell, Smaldino and Flexer, 1995).

Research undertaken by the National Acoustic Laboratories showed that use of the system resulted in a hugely significant 41% increase in the rate of attainment of educational indicators during the terms the systems were installed (averaged across all children in the classes and across reading, writing and number skills) (Massie and Dillon, 2006a, 2006b).

There is no single authority, state or federal, education or health, that has responsibility to ensure that classrooms with a high proportion of Indigenous children have been acoustically treated or had sound field systems installed.