

30 Russell Crescent
Westleigh
NSW 2120

3rd November 2009

The Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir/Madam,

RE: Inquiry into Hearing Health in Australia

I would like to clarify two points in my evidence to the Committee on October 13th, 2009.

Firstly, in relation to communication methods on page CA 76 of the transcript:

In Australia, most early intervention programs pressure families to choose a single method of communication. Some families secretly enrol in more than one program to try to get the best support for their child. My personal preference for early intervention is a system similar to the one provided in Colorado, U.S.A. Here, families are offered a program where they can learn to communicate with their babies both in sign and spoken language, regardless of the level of hearing loss. For example, parents have the opportunity to receive sign language instruction from native or fluent users of American Sign Language at the same time as receiving tuition from auditory-oral or auditory-verbal instructors. This allows families to determine the primary method of communication that is best suited to their child and family. The Co-Hear coordinator (family support worker) provides initial counseling, guidance, and education necessary for the parents to feel comfortable in making a decision about which intervention service they will choose for their family.

There is no evidence that using sign language is detrimental to a child's ability to learn to listen or speak. In fact, learning simple signs in combination with using hearing-aids can enhance a child's ability to communicate. Access to language in this way reduces the need to rush into cochlear implant surgery in the very early months of a child's life.

I am a proponent of cochlear implants and the benefits that this technology provides. However, the decision to implant should not be made without due consideration. Newborn hearing screening should allow parents time to get to know their baby and carefully explore their options before starting on the treadmill towards a surgical intervention that subsequently requires considerable commitment on behalf of the child and parents in order to achieve the best outcomes. A cochlear implant may not live up to the family's initial expectations and there is also the possibility that the device can fail. Having an alternative method of communication is very valuable in these circumstances.

Secondly, on page CA 80 of the transcript I said, "Empower us. Give us all this knowledge. Do not make us dependent on everything. Empower us so that we know what to do." I'd like to explain what I meant.

All new parents embark on a life-long journey to care for their children, deaf or hearing. When a child is first diagnosed with hearing loss, most parents are plunged into a world where ignorance about deafness is common. We expect professionals to be knowledgeable in their field of expertise and we look to these professionals for information, support and advice. However, parents should be taught how to obtain, use and evaluate information. These skills foster independence and enable families to make informed decisions for themselves and their deaf child.

"An over-reliance on professional input can disempower parents, cause feelings of inadequacy, and encourage the tendency to problem-solve only when supported by professionals."¹ (Carpenter, 1997)

"The service provider's role is to help the parents think through the decision-making process, focus on the key issues and evaluate their options. Families who develop independence and advocacy skills are able to remain in control and can better manage their child's support needs."²

Yours faithfully,

Sue Rayner

¹ *Family Centred Practice*. (2003/04). Centre for Community Child Health, Royal Children's Hospital Melbourne. Retrieved 2/11/2009 from http://www.rch.org.au/emplibrary/ecconnections/Family_Centred_Practice_presentation.pdf

² *Quality Standards for Newborn Hearing Screening Services – Supporting families*. (2009). ANZPOD