

I am writing in response to the **Inquiry into Hearing Health in Australia** that the Senate has referred to the Community Affairs References Committee for inquiry and report by the last sitting day in February 2010:

**Hearing Health in Australia with particular reference to:**

- a) the extent, causes and costs of hearing impairment in Australia;
- b) the implications of hearing impairment for individuals and the community;
- c) the adequacy of access to hearing services, including assessment and support services, and hearing technologies;
- d) the adequacy of current hearing health and research programs, including education and awareness programs; and
- e) specific issues affecting Indigenous communities.

I am an Audiologist with 15 years of experience as a paediatric, diagnostic Audiologist in public hospitals in Victoria. I have worked in both Victorian country and Melbourne metropolitan services during this time. My current role is to oversee the running of the Audiology Department at Southern Health in Victoria. This is the largest public paediatric diagnostic services in the state providing almost 8000 occasions of audiological services per year.

There is a strong body of evidence that indicates the diagnosis of significant, permanent hearing loss and early intervention should occur at 6 months or younger for best long term outcomes. Universal Neonatal Hearing Screening (UNHS) is operating in various forms across Victoria in an attempt to diagnose permanent, significant hearing loss at the earliest possible opportunity. Evidence suggests that permanent, congenital, significant hearing loss affects between 1-5 in 1000 infants. Current evidence suggests hearing loss in childhood that remains undiagnosed and untreated will result in significant adverse social, emotional and educational outcomes resulting in significant burden and cost the families, communities and government. Paediatric services therefore have a strong focus on the early detection and appropriate intervention of permanent, significant hearing loss in infants. Additionally, paediatric audiology services provide audiological assessment and management to a wide variety of referrers including General Practitioners, Ear Nose and Throat surgeons, Paediatricians, Maternal and Child Health Nurses, Teachers and families for a wide range of reasons including ear infections, pre and post operative assessments, speech delay, developmental delay, suspected autism etc.. Hence paediatric audiological services tend to have a wide variety of referrers and reasons for referral.

In my opinion, there is an insufficient supply of quality, paediatric, diagnostic audiological services in Victoria. Southern Health based at Clayton, for example, provides paediatric diagnostic services to the entire south east of Victoria as there is no other public paediatric unit in the

region. For most paediatric diagnostic services, resources are insufficient to meet community demand. Insufficient resources to meet demand include space, sound proof rooms, diagnostic equipment and trained staff. And therefore:

- Paediatric diagnostic services generally have 6-10 week waiting periods for first assessment. This is unsatisfactory for families with new babies failing hospital hearing screening and for children with urgent medical issues.
- Paediatric diagnostic services have been unable to adopt new technologies to fit with best practice standards. There has been significant technological advancement in the field of audiology and most paediatric clinics are unable to adopt new technologies to fit in with best practice due to insufficient resourcing.

Audiological services in Victoria (and indeed across Australia) are being asked to support Universal Neonatal Hearing Screening (UNHS) without ANY funding for the diagnostic component. Currently newly born babies are screened for hearing loss in hospitals and for those that do not pass screening, are referred for full diagnostic follow up. The screening component is fully funded by the state of Victoria. The follow up diagnostic component receives no funding and public audiology clinics support this important initiative without any provision of resources. In my opinion this is unsatisfactory.

There is a debt of complete public, paediatric audiological service in regional Victoria. In the past few years Victoria has seen the closure of regional audiological public services at Warrnambool, Ballarat, Traralgon and Bendigo. This has resulted in

- Additional pressures on already stretched metropolitan, paediatric audiological service providers
- The need for families to travel great distances to access paediatric audiological services. Local services are patching with varying degrees of quality.
- Regional and metropolitan services will be compromised further with the rollout of VIHSP in the near future.

In summary, Victorian paediatric audiological services have large demands, are insufficiently resourced, support UNHS without appropriate allocation of resources and are considerably stretched by these increasing demands.

Yours sincerely

Melissa Dourlay,