

30<sup>th</sup> October 2009

Ms Ingrid Zappe  
Senate Community Affairs Committee Secretariat  
Parliament House  
Canberra ACT 2600

Dear Ingrid,

**Community Affairs References Committee Reference: Hearing Health in Australia**

Thank you for the copy of the Hansard to review in relation to the evidence I gave to the Inquiry on 12<sup>th</sup> October 2009. I have sent PDF copies of pages of my evidence where I thought there were transcribing errors.

The Committee did ask me to send to them information on:

- Outcomes Assessments (page CA79) (see below)
- Speech Pathology and Auditory-Verbal Therapy and further questions on the numbers trained in Australia (see Attached).

The information on the difference between Auditory-Verbal Therapy and Speech Pathology is in an Attachment to this letter which has been written by a Consultant to The Shepherd Centre who is the President Elect of A.G. Bell, the world wide training authority for this Therapy. Ms Dickson would be happy to give evidence to the Committee.

**Submissions on Funding for Early Intervention for Hearing Impaired Children**

In The Shepherd Centre's (TSC) written submission we emphasised the need for appropriate funding for Early Intervention Agencies as almost all of them across the country rely heavily on fundraising from Donors. TSC only gets **26% funding from the NSW State Government**.

In our submission to the Committee, we presented the Outcomes of our work in relation to hearing impaired children's speech compared to the average population. These outcomes result in children being able to attend mainstream school and self fulfil in life, becoming independent citizens capable of contributing to society fully. This is a huge saving to the Government and to society. To have these services 78% dependent on fundraising income is fragile and unsustainable in the long term. This year we have had to manage a considerable deficit. Fundraising has been very difficult.

We believe it is essential that the Federal Government **provide part funding for these services in the order of \$6,000** per hearing impaired child per year through to age four when they should be able to go into pre-school which is part of the Government's current pre-school planning and funding. This would cost (\$6,000 X 1173 \*) **\$7,038,000**, nationally including all children with hearing loss four years of age and under. In my evidence I suggested an "Autism model" which this would apply to, where parents could chose an accredited provider. Currently NSW State Government gives some funding for these services.

It costs TSC approximately \$13,000 to provide these services a year to each child. The State Government currently provides \$2,000 per head on a calculation that is always behind the actual enrolled figure. An additional \$6,000 would still not cover costs and would leave TSC with \$904,000 to



raise on 188 children, (our enrolment figure at the end of September 2009). However we believe this would be a very acceptable government contribution.

*\* Report on Demographics of Persons under the age of 21 years with Hearing Aids – 2009 Australian Hearing 2004-2008*

## **Outcomes (Speech and Language) Assessment of Young Children at The Shepherd Centre**

All children at TSC are assessed as to their speech and language progress on an annual basis. Assessment tools have been chosen that compare the development of children at TSC with the typically hearing population of children. These tests are called standardised assessments and are used to gain a realistic picture of a child's development compared to their hearing peers.

In very young children the language assessment used, the Preschool Language Scales – 4<sup>th</sup> Edition (PLS-4), assesses both receptive (what they understand) and expressive language (what they say). This tool is used on children from 0-6 years and allows us to track language development over time. Speech assessments, tests that assess the sounds a child uses in words are introduced at three years of age. This is the age at which children can have their speech development compared with hearing peers. The tests used at TSC are the Diagnostic Evaluation of Articulation and Phonology (DEAP) and the Goldman Fristoe Test of Articulation – 2<sup>nd</sup> Edition. The final tool used assesses receptive vocabulary development. Again this is introduced into the assessment protocol at three years of age, according to standardised administration procedures and the test used is the Peabody Picture Vocabulary Test – 4<sup>th</sup> Edition (PPVT-4). All tools are well used and reported throughout the literature in hearing impairment and speech pathology to be an accurate measure of development in the paediatric population. These tools are also used by the National Acoustics Laboratory in their study of Longitudinal Outcomes for Children with Hearing Impairment (LOCHI).

## **Evidence on Cochlear Implant Surgery in New South Wales**

Evidence from another party implies that there is only one Implant Surgical Unit in New South Wales which is incorrect. Paediatric Cochlear Implant Surgery is done in either of two programmes at the Sydney Children's Hospital Randwick and through the Sydney Cochlear Implant Centres (SCIC) surgeons. The "First Sounds Cochlear implant Program is a joint initiative between TSC and the Sydney Children's Hospital. It provides evaluation, surgery and post operative support. This encompasses Audiological and habilitation services counselling and support.

TSC is essentially a long term habilitation service provider working with families for a number of years to fulfil our mission to get hearing impaired children to speak and in mainstream school. We are not in the medical model. We take any child in NSW and ACT from anywhere whose parents chose AVT. Many times our children are referred to or from SCIC.

## **Suggestion about Opting Out of Surgery/Treatment**

I have read some of the comments on my suggested "opt out" suggestion for cochlear implant surgery. This was a suggestion that implied full funding for bilateral implants Australia wide, processes and procedures that ensured parents followed up on diagnosis and full parental consultation to progress to surgery and associated treatment. This is the process enshrined in all surgery in this country.

My suggestion was not in the TSC submission but involves a consideration of:

- For all children for whom surgery is advisable and appropriate there should be **funding for one or two cochlear implants as determined by the surgeon's recommendation and at the time clinically indicated based on evidence based outcomes.**



- All surgery is subject to informed consent and discussion with patients and in the case of paediatric surgery of course there should be full consultation with the family with the early intervention agency.
- While families need time to consider and consult, early intervention, either with a hearing aid or surgery or both, is best done as soon as possible as hearing aids or implantation or both under one year produces the best results. This can be verified by our research and that of National Acoustics Laboratories.
- **Australian Hearing in its evidence advised that 25% of children are dropping out of the system and not getting any intervention which is an unacceptable result for the children. The figures are alarming.**
- On this suggestion there would be an expectation by the system of **active intervention of some sort.**

## Ongoing Costs of Cochlear Implants

Evidence was also given on the costs of ongoing support for cochlear implants especially speech processor upgrades over a life time. The projected figures looked reasonably aggressive into adulthood and should be checked by Australian Hearing and Cochlear who could comment on cost and projected rate. It must be noted that speech processor upgrades are covered by Australian Hearing until the child is 21. TSC like many other agencies will support their children as they move into adulthood for Cochlear mapping and support services. The family or adult is left to find the money for the speech processor upgrade. The cost of upgrades should fall over time and the rate of upgrade may lessen.

The rate of speech processor upgrade for adults (not children who have a life time need) would probably be less as most adults would be implanted later in life as hearing loss increases with age.

I thank the committee for their time and for looking at this further material.

Yours sincerely

Anthea Green  
Chief Executive Officer

Attachments

# TWC H.I.L.L.S.

## AUDITORY-VERBAL CONSULTANCY

Cheryl L. Dickson, M.Ed., Cert. AVT

October 21, 2009

### Senate Submission on Auditory-Verbal Therapy

1. What's the difference between Speech Pathology and Auditory-Verbal Therapy? (Reference: 50 Frequently Asked Questions About Auditory-Verbal Therapy. Warren Estabrooks, AG Bell Publications, June 2000 - Question 7 page 26)
  - A Certified LSLS Auditory-Verbal therapist is a person with a Master's Degree or international equivalent in one of three domains: audiology, speech pathology or teacher of the deaf. They then study and practice under supervision for three years to acquire the knowledge in the other two disciplines in order to sit an internationally accredited certification exam.
  - Auditory-Verbal therapists have specific and unique skills in the area of developing spoken language via audition, mirroring the processes that children with typical hearing go through as they learn language.
  - Auditory-Verbal therapists take children with hearing impairment through developmental sequences in audition, speech and language in order to develop their speech and language skills. Speech pathologists often use remedial models to develop these skills.
  - Auditory-Verbal therapists begin working with children with hearing impairment as soon as they are diagnosed, often after identification from their newborn hearing screening. The sooner a child receives intervention, the less delay there is to address. Speech pathologists work in more of a 'failure' model, only working with children whom have a delay or a significant disorder to remediate.
  - Auditory-Verbal therapists are specifically trained and knowledgeable in the areas of audition and amplification/cochlear implants. They possess very specific knowledge for this particular population. Speech pathologists are not trained specifically to work with the population of children with hearing loss. They may receive as little as one course covering all the areas of hearing loss, amplification, audition and cochlear implants.
2. Who studies Auditory-Verbal Therapy?
  - In order to become a Certified Auditory-Verbal therapist by the AG Bell Listening and Spoken Language Academy, a person must be an audiologist, speech pathologist or teacher of the deaf first. Then they must be mentored and supervised for three years before qualifying for an international exam to become certified.

# **TWC H.I.L.L.S.**

## **AUDITORY-VERBAL CONSULTANCY**

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3. How many Auditory-Verbal therapists are there in Australia?
  - There are 36 Certified AV therapists in Australia. There are only 376 world-wide in twenty different countries.
  - NSW – 17
  - QLD – 9
  - SA – 3
  - VIC – 5
  - WA – 2
  
4. What training is involved to become a Certified Auditory-Verbal Therapist?  
(Reference: [www.agbell.org](http://www.agbell.org) The Listen Academy)
  - Three years of supervision and mentoring by a Certified AV Therapist
  - 900 clock hours of direct AV therapy with children with hearing impairment & their parents, with formal supervision each year
  - Instruction in nine domains by a Certified AV therapist
    - **Hearing & hearing technology**
    - **Auditory functioning**
    - **Spoken language communication**
    - **Child development**
    - **Parent guidance, education and support**
    - **Strategies for listening and spoken language development**
    - **History, philosophy and professional issues**
    - **Education**
    - **Emergent literacy**
  - Certification Exam by AG Bell Listen Academy
  - Renewal of Certificate every two years with on-going professional development pre-approved by the AG Bell Listen Academy
  
5. How much does it cost?
  - In a best practice model, a Certified Auditory-Verbal Therapist is hired to mentor and train all staff members for the three years needed to qualify for the exam. In Centres the size of The Shepherd Centre, this easily equates to 0.6 FTE. The supervision and training is continuous over the three year period, with slightly more time required in the first year.
  
6. Are they all women?
  - No, while the vast majority of Certified Auditory-Verbal Therapists are women, it is open to everyone and there are some male AVTs. One very well known male in the field is Warren Estabrooks, and the current President of the AG Bell Listen Academy is also a male, Don Goldberg.

**TWC H.I.L.L.S.**  
**AUDITORY-VERBAL CONSULTANCY**

Cheryl L. Dickson, M.Ed., Cert. AVT

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If I can be of further assistance, please feel free to contact me via the email address or phone numbers above. Thank you for the opportunity to address your questions.

Regards,

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Cheryl L. Dickson, M.Ed., LSL Cert. AVT  
President Elect  
AG Bell Listen Academy

