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Inquiry into Educational Opportunities for Aboriginal and Torres Strait Islander students

March 2017

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NT COGSO Submission to the House of Representatives Standing Committee on Indigenous Affairs.

Reference: Inquiry into educational opportunities for Aboriginal and Torres Strait Islander students.

The Northern Territory Council of Government Schools Organisation (NT COGSO) welcomes the Inquiry into educational opportunities for Aboriginal and Torres Strait Islander students.

We make this submission as the peak organisation that advocates for the parents of children attending public schools throughout the Northern Territory.

We submit that without practical communication tools being provided in our schools and an interdepartmental collaborative approach between Health and Education our Aboriginal students will continue to be set up to fail as a result of a "pandemic" of Otitis Media (middle ear infection) which means many literally can't hear their teacher. How do we expect them to learn when they can't hear their teacher?

To make a genuine improvement in the lives and wellbeing of our children much needs to be done to address the effects of Otitis Media (middle ear infection) which causes the prevalence of conductive hearing loss in Aboriginal and Torres Strait Islander children.

Evidence-based research shows that to improve our hearing loss children's ability to learn we need:

- **classrooms with improved acoustics**
- **sound field amplification systems in classrooms with predominantly Indigenous students**
- **individual amplification devices for one-on-one learning and group learning**
- **community members employed in the classroom fluent in the local language and cognisant of local sign languages**
- **audiology assessments**
- **education and awareness of parents, teachers and staff of conductive hearing loss**
- **referral to audiology services of students with suspected hearing loss**
- **access to audiology services**

Imagine sitting at school as a student with hearing loss and English as your second language, lost in your own world because the classroom acoustics simply don't enable you to hear your teacher.

Sadly, that is the case for almost half of our Aboriginal students at any given time. Yet as a society we wonder why these children aren't learning. As a government, you wonder why the gap isn't closing. We would ask; how do you learn when you can't hear the teacher?

Middle ear infection (Otitis Media) is the predominant cause of hearing loss and of the 4,371 Aboriginal and Torres Strait Islander (ATSI) children and young people who received audiology services from July 2012 to June 2015 some 45% suffered hearing loss.

Assessments of children in remote communities show that up to 90% of children suffer hearing loss.

The current Royal Commission into the Protection and Detention of Children in the Northern Territory has heard submissions that many of these children go on to dominate our child protection system and then into juvenile detention. It also heard that many of them then go on to adult prison.

Studies show that of our adult Aboriginal inmates in Alice Springs and Darwin correction systems (more than 80% of the prison cohort), some 90% have suffered hearing loss.

"In remote communities it is common for as many as 90 per cent of the children to have abnormal middle ears; that is, they have current middle ear infection or perforation or scarring of the eardrum related to past infections (Couzos et al., 2001). In urban classrooms it is typical for up to 50 per cent of the Indigenous children to experience conductive hearing loss at any point in time (Quinn, 1988). (Ref: Conductive Hearing Loss and Behaviour Problems Amongst Urban Indigenous Students, Damien Howard 2006).

The prevalence of middle ear infection (Otitis Media) has been studied for the past two decades and is common among Aboriginal people with increasing recognition of the need for health resources to be drawn to tackling this disease of poverty.

The significant gap is a systemic failure to understand that in education, resources need to be provided in our schools to ensure hearing loss students are equipped with the communication tools they need to learn.

This Inquiry's Terms of Reference: access to, participation in and outcomes of pre-schooling is best addressed comprehensively in a September 2012 literature review *A Hearing Loss Literature Review of the Families as First Teachers (FaFT) pre-schooling program in remote Aboriginal communities*. For your reference it is **Attachment 1**.

The literature review, written by Dr Damien Howard was prepared as part of the Cross Agency Prevention of Conductive Hearing Loss Strategy Project, a partnership between Batchelor Institute of Indigenous Tertiary Education and Phoenix Consulting.

The Northern Territory Department of Education and Training (DET), now the Department of Education (DoE), provided funding for this project.

The FaFT Literature Review found that:

"Children with communication problems, as well as children who have experienced neglect or been traumatised, are likely to experience greater adverse outcomes from hearing loss. Research in Western Australia with Aboriginal children found children with speech and language problems experienced more adverse social and emotional outcomes than other children (Zubrick et al, 2006).

While the survey methodology used could not determine the cause of the expressive communication problems speech problems are often associated with conductive hearing loss. Difficulty in understanding young Aboriginal children's speech has been found to be a useful indicator of a child at risk of current middle ear disease and hearing loss (Hogan et al, 2012).

"When hearing loss has been chronic and persistent enough to impact on speech and language development as well as auditory processing capacities, a child has a compounded communication difficulty. Not only will such children with hearing loss have problems in understanding what others say to them, they will also often have difficulties in making themselves understood by others. Because they experience difficulty in having their needs known and met, they also experience high levels of frustration and distress. Those trying to understand and interact with them will also experience frustration and distress, especially when they are not aware of the influence of hearing loss and other factors and how to address these. The following description by the mother of a four-year-old girl illustrates this.

> *"She gets upset when we can't understand her. When she's not feeling well or she's trying to express that she wants something, she can't say it. So she'll either throw a tantrum, get upset because we're not understanding, get upset because she's trying to tell us something. As well she is obviously getting frustrated with herself because she can't communicate properly with us and [get] what she actually wants."* (Personal communication, Mother)
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> *"We keep continuously asking her 'What do you want? What do you want?' and she's trying so hard to say it. And then of course it leads to me getting frustrated because she's crying. And it's always the continuous repetition with her that makes it hard, she'll ask a question and when you answer her, I don't know if she's understanding it or if she's just not hearing it properly. Because she's always like 'Uh?'. When she talks to you she grabs your face and you look at her and you can tell she's trying to say something to you and you're talking to her and if you look away she'll grab your face and bring it back so she's looking at you. If she thinks you're not listening to her or she can't hear you, she'll turn your face around. It gets so just draining because she has to have your attention all the time.*
>
> *If she's not feeling well or if she's going down with an ear infection or anything, she won't let me do anything. She just wants Mum to hold her and just playing with Isaiah or doing any of the general housework what not. Getting to work can be hard."* (Personal communication, Mother)

"This mother's experiences highlights not only the compounded impact of conductive hearing loss and speech and language problems but also how the greater demands on carers that children with hearing loss make, especially when persistent hearing loss has contributed to expressive communication problems.

"It has been found that when a significant proportion of a class group of school aged children have a hearing loss, the high level of demands of children with hearing loss impacts on the quality of support

for all children in the group (Howard, 1994). Conversely, the quality of childcare – caregiver to child ratios (Feagans, Kipp & Blood, 1994) has been found to influences the impact that conductive hearing loss has on non-Indigenous children (Feagans et al, 1994). Children with OM are less attentive in larger groups and lower quality care-giving environments, typified by factors such as less frequent interactions and less 'scaffolding' by adults to provide the support structures that help children learn to communicate, are also associated with lower scores on language and cognitive outcomes (Rach, Zielhuis & van de Broek, 1988; Phillips, McCartney & Scarr, 1987) This is especially so when the language or dialect spoken in the care environment is not the same as the one children are familiar with in their home environment. The high prevalence of ear disease and its impact on Indigenous children (in both more individual children being affected as well as the exacerbated impact that can result when many children in a group have hearing loss) provides a strong argument for well-resourced and hearing loss informed early intervention programs. FaFT in the NT is one important step in this direction.

"The importance of children with hearing loss being immersed in rich communication and social environments was highlighted by Lowell (1994). She carried out research on the impact of hearing loss on Indigenous children's communication in a bilingual school environment. She noted that Yolngu (Indigenous people from East Arnhem Land) teachers in a bilingual school often used Yolngu sign language in parallel with verbal communication. The shared experiential, cultural, linguistic, and non-verbal understandings that prevailed in the school were factors that helped to minimise the impact of hearing loss. Conversely when carers come from a different culture than the children they care for, hearing loss is liable to compound the influence of cultural differences (Howard, 2007).

"Lowell's work suggests that the adverse effects of conductive hearing loss can be minimised in group contexts when:

- the language spoken is the one with which children have greatest familiarity;
- the adults who engage children are from the same cultural and linguistic background as the children;
- children engage with other children from the same cultural and linguistic background and with whom they have long-standing and deep relationships; and
- non-verbal communication strategies are employed to supplement verbal communication.

"The findings of Jacobs (1986), Lowell (1994) and Howard (2004 and 2007) suggest that cultural familiarity is an important factor in minimising adverse communication outcomes from hearing loss. When communicating with familiar people from their own culture, culturally derived communication strategies can help children to compensate for the communication disadvantages related to their hearing loss.

"People with hearing loss are best able to use what hearing they do have to perceive speech when there is minimal background noise. This means the acoustic environment is another important factor to consider in relation to the support needs of young children with hearing loss. Optimising the listening environment can support children with hearing loss to develop and learn.

“Sound is measured in decibels (dB), and the quality of the verbal communication available to a listener is measured by the signal-to-noise ratio. This describes the difference between the level of the sound someone is listening to (the signal) and the level of the background noise (noise). The greater the difference between the signal and the background noise, the easier the signal is to ‘hear’. A signal-to-noise ratio of at least 15 dB is recommended for classrooms and other environments where children interact as a group. That is, the acoustic signal is 15 dB greater than the background noise. However, this ideal is rarely achieved (Crandell, Smaldino & Flexer, 1995).

“A number of features contribute to the level of background noise in schools and other environments where children are gathered together. Firstly, there is the sound generated by the equipment in the room and noise intrusion from outside the room. Secondly, there are the acoustic properties of the area. Lastly, there is the amount of noise generated by the talk of children and carers. Background chatter has been found to more disrupt school performance (Jones, 1989), and children’s talk has been found to interfere with or mask speech perception more than any other sources of noise (Crandell et al, 1995). The degree that furnishings absorb or reflect sound in an area also influences the acoustics in an environment.

“The impact of poor listening environments will be greatest on younger as compared to older children with hearing loss and/or auditory processing problems because the presence of background noise tends to have a greater effect when the exposed individual has had less experience with language. Even before children speak and understand language prelingual hearing loss can impact on the development of auditory skills. These effects are compounded when they come from an English as a second language background that requires more listening in order to understand. For instance, younger children were found to experience more difficulty in hearing word lists when background noise levels are high (Smyth, 1979; Crandell et al, 1995).

“In supporting young Aboriginal children, early childhood programs need to consider the acoustic environment in terms of both the physical layout and the personal communication strategies they will need to adopt in order to maximise children’s hearing. Things to consider include:

- avoiding arrangements that require too many children to share a confined space resulting in the generation of high levels of background noise;
- avoiding noisy play occurring too close to quiet activities, such as reading stories, that require children to listen;
- being aware of and scheduling quiet activities around noise intrusion from outside;
- gaining children’s attention first before speaking;
- using visual aids such as toys or puppets to focus children’s attention in group discussions and as signals for changes in activity, rather than relying on verbal communication alone;
- using repetitive routines that make it easier for children to attend;
- getting close to children when speaking, especially if they demonstrate listening difficulties;
- speaking with tonal variation and facial animation to engage and maintain children’s interest; and
- using accompanying body language to help ‘illustrate’ speech as an aid to children’s understanding of what is said.

"Early childhood is the period when children have most ear disease and when most benefits can result in prevention of middle ear disease as well as from an improved awareness of communication strategies that can assist to reduce the potential lifelong impacts of listening problems. This literature review has been developed as part of a sequence of resources to equip FaFT workers to address ear disease within FaFT programs. This document should be read in conjunction with other documents, including the 'strategy' and 'the facilitators' guide.

The FaFT Literature Review created documents for use in pre-schooling. They are detailed within the Review and NT COGSO strongly recommends that these are implemented across all pre-schooling programs as this has been an evidence-based approach to providing early learning to Aboriginal children supported by their families and educators.

The FaFT Literature Review outlined a "program to address ear disease guided by the following principles:

- *a **holistic focus** that targets the whole community for education and awareness raising to tackle hearing loss problems in young children. It engages families, children, professional workers, agency representatives and other stakeholders in contributing what they can to the prevention of ear disease and to mitigating its impact on children's learning and development;*
- *a **strengths' based approach** that positions Indigenous community members, families and children as having extensive knowledge, expertise and experience of hearing loss and its consequences on their lives that is acknowledged as the starting point for solving the problem;*
- *a culturally informed **communication approach** that recognises the different communication needs of people (adults and children) depending on a variety of factors including the fact of extensive adult hearing loss in remote communities;*
- *an **action oriented approach** that highlights practical action for prevention of conductive hearing loss and minimisation of the impacts of conductive hearing loss through family and agency engagement with FaFT; and*
- *a **locally responsive approach** that supports communities to customise their responses to hearing loss by drawing on their own ways of thinking and speaking about hearing loss."*

Further, research has been carried out in the NT that points to excessive noise in some crowded Aboriginal households as contributing to a new wave of preventable noise induced hearing loss. This work points to exposure of excessive noises that occur when people live in crowded houses, where many residents have existing conductive hearing loss from childhood ear disease and listen to increasingly accessible electronic equipment at a loud level for long periods. This is a new and concerning cause of increased hearing loss in a population group who already have the highest incidence of hearing loss in Australia. (**Attachment 2**. Dangerous Noise Article).

Professor Amanda Leach, leader of the Ear Health Research Program, Child Health Division at the Menzies School of Health Research, provided a Presentation to the Ear Disease Roundtable, AMA, in

Canberra in November last year and has kindly agreed for her Presentation paper to be referred to in this submission and for it to be included as an Attachment.

The Presentation "NT Prevalence update & What Works" is crucial reading for this Parliamentary Inquiry. (**Attachment 3**).

Professor Leach's presentation shows the evidence-based research on;

the causes of Otitis Media (middle ear infection); the prevalence among Aboriginal children living remotely in the NT from 2001 to 2013, the diagnoses by age (months) in a birth cohort of Aboriginal infants living in remote communities in the NT and WA (2012 to 2016); the risk factors for Suppurative Otitis Media in Aboriginal children; the effects of various strategies for prevention; and, antibiotic and surgery trials and health gains from intervention.

What Works shows the lengthy waiting times for babies eligible for a hearing test. Within the cohort, some 54% have had no hearing to test to date, and of those, 68% had waited more than 12 months.

What Works also shows the prevalence of Otitis Media (middle ear infection) as a health crisis which the Australian Medical Association describes as a pandemic. We refer to the AMA submission to the House of Representatives Standing Committee on Health, Aged Care and Sport in its *Inquiry into the Hearing Health and Wellbeing of Australia.*

NT COGSO submits that it is a health crisis that leads to an education failure that leads to an overburdened justice system resulting from these societal failures.

"In many remote communities with a high level of middle ear disease only 10 per cent of the children have normal hearing in both ears (Couzos et al., 2001). Indigenous children also experience their first episodes of middle ear disease at an early age. In a prospective study of otitis media and conductive hearing loss in Indigenous children, otitis media was observed in Indigenous infants as young as eight days old; by four months of age almost all had experienced episodes of otitis media. (Ref: Conductive Hearing Loss and Behaviour Problems Amongst Urban Indigenous Students, Damien Howard 2006).

Included in this submission is an Excerpt from the Audiology Australia (NT Chapter) Submission to the Review of Indigenous Education in Northern Territory, which is contained it the Northern Territory's Bruce Wilson Indigenous Education Review draft Report of February 2014.

"Audiology Australia wishes to reiterate important points about otitis media (ear infections), hearing loss and its potential consequences related to educational outcomes [1]. It is important that education policy-makers, funders, service providers and personnel at all levels have a good understanding of this in order to address educational needs and improve outcomes for students with hearing loss.

[1] Audiology Australia. *Chronic Otitis Media and Hearing Loss Practice (COMHeLP), A Manual for Audiology Practice with Aboriginal and Torres Strait Islander Australians*, 2012. http://www.audiology.asn.au/

"Otitis media and ear disease are significant health issues for Aboriginal communities within Australia. Periodic and occasional ear infections in one or both ears are typical for young children in the Australian community generally. However, the incidence of recurrent or chronic ear infections is higher amongst Aboriginal and Torres Strait Islander communities. The infections also often recur for a longer period of time.

"The effects of ear disease and otitis media will result in hearing loss. Hearing loss associated with otitis media may range from mild-moderate conductive hearing loss which may fluctuate or be long-term in nature. Chronic ear disease and its complications may result in more permanent hearing loss of varying degree – mild, moderate or severe.

"For young children, hearing loss will impact on speech and language development.

"For students with hearing loss, listening in the classroom environment and in group activities becomes harder and so a group learning environment becomes more challenging. This would have some impact on behaviour and learning outcomes. Persistent and ongoing hearing loss in children can impact on literacy, learning, education, behaviour, communication skills, inter-personal relationships, well being and later employment options [2].

"The impacts of hearing loss on young children and students with hearing loss who do not have English as their first language are more significant when in a classroom and when trying to learn English.

"The financial costs of hearing loss in Australia are considerable and results in net costs of lost wellbeing. Access Economics had prepared a report on the financial cost of hearing loss in Australia which reported that, "In 2005, the real financial cost of hearing loss was $11.75 billion or 1.4% of GDP'.

"Access Economics also estimated the incidence, financial impact and burden of disease from otitis media in Australia for 2008 [3]. In one approach to analysis, the costs of otitis media cases occurring for all Australians in the year 2008, the burden of cases was 3,974 - 9,758 disability adjusted life years (DALYs) (887 - 2,178 DALYs among Indigenous Australians). The net cost of lost wellbeing was estimated to be $1.05 billion to $2.6 billion.

"Strategies to help support schools with high numbers of Aboriginal or Torres Strait Islander children with hearing loss are important to help these students reach their potential and for better educational outcomes. This then better enables further education and training opportunities and potential for employment.

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[2] Access Economics, 2006, *Listen Hear! The economic impact and cost of hearing loss in Australia* www.hearingcrc.org/crc-corporate-publications/listen-hear

[3] Access Economics, 2009, *The cost burden of otitis media in Australia* www.deloitteaccesseconomics.com.au/publications+and+reports/browse+reports

"Audiology Australia recommends that for Aboriginal communities where the prevalence of conductive hearing loss is significant, it is important from an audiological and educational perspective for educational personnel and schools to [4]:

- Improve their awareness and understanding of
    - otitis media (ear infections), ear disease and associated hearing loss.
    - the prevalence of otitis media and its underlying reasons within communities.
    - the importance of ear and hearing health for listening, communication, language development, education and employment.
    - the nature of conductive hearing loss associated with otitis media and that hearing can fluctuate.
- Recognise behaviour indicative of hearing loss in children and young adults.
- Recognise the signs and symptoms of middle ear disease.
- Understand and support key primary prevention messages.
- Conduct preventive health and education programs in the classroom/community.
- Understand the role of the audiologist in the identification and management of ear disease and hearing loss.
- Understand the objectives of ear and hearing health programs, the roles and responsibilities of relative agencies and how educational facilities can support these.
- Improve school enrolment processes to seek or record information from families, local primary health services and hearing services (with appropriate provisions for patient privacy) so that children who already have a significant history of otitis media and hearing loss are readily identified at the point of school entry. Hearing services are trying to improve the surveillance of ear and hearing health from a young age and so improve the detection and management of hearing loss for children well before they reach school age. It would be helpful for schools to know this hearing health history from the outset of school entry so appropriate strategies are ready in place.
- Improve skills and knowledge of teaching staff to better assist them to identify the warning signs of fluctuating or long-term hearing loss and how to manage this effectively in their communication, classroom and teaching methods.
- Improve skills and knowledge of schools to understand how they can access, engage with and refer to local primary health services and appropriate hearing services according to individual

[4] Audiology Australia. *Chronic Otitis Media and Hearing Loss Practice (COMHeLP), A Manual for Audiology Practice with Aboriginal and Torres Strait Islander Australians*, 2012. http://www.audiology.asn.au/

students' hearing health needs.

- Improve classroom design and acoustics so that noisy and reverberant acoustic environments do not impact on a student's listening even further.
- Use soundfield amplification in classrooms to provide a more consistent level of a teacher's voice evenly transmitted around the room and above any background noise (signal-to-noise ratio) and to optimise listening for all students. (See discussion of *Soundfield amplification* below.)
- Improve training of school staff so that they have the appropriate skills and knowledge to understand the benefits of soundfield amplification and to understand the use and maintenance of particular systems.

"Australian Hearing has the responsibility to manage permanent or long term hearing loss in children as part of its Community Service Obligations. During the 2012 calendar year, Australian Hearing fitted a total of 559 Aboriginal children in the whole of NT with hearing devices. Many of these children live remotely across NT and with hearing loss arising from chronic otitis media [5].

"However, children with milder degrees or fluctuating hearing loss may not always be recommended for a personal hearing device based on clinical decisions such as the extent of the problem, likely benefit of amplification and individual circumstances. Rather, classroom communication strategies and/or the use of soundfield amplification may be advised [6].

"Soundfield amplification (or *soundfield distribution* as it is beginning to be known) refers to the use of speakers to more evenly distribute sound in an area such as a classroom. The teacher speaks into a microphone, which makes it much easier for children with mild hearing loss to hear and engage in the classroom.

"The benefit of a soundfield amplification system in a highly reverberant room or one with poor acoustics can be compromised or negated. Room acoustics therefore require carefully considered management in conjunction with the use of soundfield systems.

Soundfield amplification systems are not funded by Australian Hearing and are not funded across Australia in a systematic or consistent way. Schools often have to source their own funding, apply from sporadic funding programs when available or some have been fortunate to have funds provided by local service groups."

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[5] Australian Hearing Annual Report 2012/12. http://www.hearing.com.au/wp-content/uploads/2013/09/Australian-Hearing-Annual-Report-2012_13.pdf

[6] Australian Hearing, http://www.hearing.com.au/supporting-aboriginal-torres-strait-islander-children-classroom/

In regard to the Terms of Reference; *engagement and achievement of students in remote areas* this cannot be truly addressed with implementing communication tools.

The Article: *Soundfield amplification: Enhancing the Classroom Listening Environment for Aboriginal and Torres Strait Islander Children*, published in the Australian Journal of Indigenous Education, Volume 33, 2004, **(Attachment 4)** comprehensively explains the importance of acoustics, sound field amplification systems and the employment of local teacher aides.

"Sound field amplification is an educational tool that allows control of the acoustic environment in a classroom. Teachers wear small microphones that transmit sound to a receiver system attached to loudspeakers around the classroom. The goal of sound field amplification is to amplify the teacher's voice by a few decibels, and to provide uniform amplification throughout the classroom without making speech too loud for normal hearing children".

An 8-week field trial of sound field amplification was carried out in four classrooms, two in each of the rural Queensland communities of Cherbourg and Yarrabah. The research undertaken by Robyn Massie et al., showed an increase in the total number of communicative interactions; an increase in child, teacher and peer verbal communication and an increase in the number of interactions initiated by the children.

The study "investigated the effects of sound field amplification on the communication naturally occurring in the classrooms of Aboriginal and Torres Strait Islander children.

"The results confirmed the extremely noisy and reverberant conditions in which teachers and children are operating on a daily basis.

"The findings indicated that sound filed amplification intervention encouraged the children to interact with teachers and peers in a proactive way. Teachers identified voice-relate3d factors to be a major personal benefit of the systems."

NT COGSO submits that the prevalence of Otitis Media (middle ear infection) is significant across all remote Indigenous communities and affects Australians in Queensland, Western Australia, and South Australia to a large extent and Aboriginal Australians across the urban centres of all States and Territories, yet there is no Federal-State-Territory national partnership agreement to address this significant health and education issue that has dramatic disadvantage consequences flooding into our child protection and justice systems.

In the Northern Territory, NT COGSO has worked with the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) to advocate for the creation of an Interdepartmental Working Party between Education and Health with AMSANT and NT COGSO representatives.

It is through this Working Party that we hope to strengthen the innovative policy implementation efforts of the NT Department of Education with *Hear Now* and the NT Department of Health with *iHearing*.

However, the reality is, that without Federal Government support through a National Partnership funding agreement, the Northern Territory's budget constraints will mean it will take decades to address the overwhelming need for access to assessments, specialist audiological support, the roll-out of sound field amplification systems and individual amplification tools as well as acoustic upgrades to classrooms and also crucially, the employment of local Indigenous adults in classrooms as teacher aides to assist with local "sign language" communication.

It has been proven through Queensland and Northern Territory studies that, the employment of local Aboriginal people as teacher aides and teachers in the classrooms is incredibly effective because they understand the local sign language and use it as an effective communication tool.

The reality is that Auslan is not delivered as a language across remote schools for conductive hearing loss students (about 90% of the school cohort) and is only provided as a communication language for sensory/neural hearing loss deaf children. Recent funding cuts to Deaf Children NT has dramatically reduced the Auslan teacher service. As a consequence, access to Auslan is getting worse, rather than improving it.

Further, it is known that Aboriginal communities have their own sign languages as well as develop family-based signing systems for individuals. In her submission to the Royal Commission into the Protection and Detention of Children in the Northern Territory, Jody Barney – a Deaf Indigenous Community Consultant and Deaf Cultural Broker, who has more than 25 years professional experience working in the field and is also an Indigenous Deaf person – said she is fluent in eight (8) different Aboriginal and Torres Strait Islander sign languages and systems, and has knowledge of over 55 separate signing systems used in Indigenous communities across Australia.

Ms Barney submits to the Royal Commission that: "In many Indigenous communities, hearing loss is an unidentified, undiagnosed and therefore unaddressed concern. If many in a community have a hearing impairment of some level, there may be no self-awareness of loss because the hearing loss has been normalised."

"This is particularly important when people are asked to self-identify that they have a hearing loss. It also means Indigenous people often don't have the capacity to advocate for themselves for treatment and services."

"As a result, in both Indigenous communities and more broadly, Indigenous people with hearing loss may often be wrongly identified as having some other medical or more commonly cognitive impairment."

There needs to be a significantly increased investment in audiological assessment and support interventions for our children. Today in the Northern Territory, more than 2,000 children are on a referral waiting list for assessment.

Moreover, there needs to be strategies in place that support the referral of appropriate Aboriginal children with hearing loss for audiological assessment. There are cultural factors, that have been identified through research carried out in the Northern Territory, that obstruct children who have

hearing loss being perceived by teachers and child care workers as needing an audiological assessment. (**Attachment 5**: Classroom Case Study: Cross Cultural Obstacles to the Referral of Aboriginal Children for Hearing Tests, Dr Damien Howard, The Australian and New Zealand Journal of Audiology, Vol 28 May 2006). This means that there is a need for school-based screening programs and family educational programs to help prompt appropriate audiological referrals.

Hearing Australia receives Federal Government funding for the assessment of remote Indigenous children. We suggest that a service delivery model that has specialist audiologists working with the Aboriginal Medical Services who operate remote health clinics is an additional or alternative service well worth investigating if Australia is to achieve a sustainable service delivery that addresses the existing backlog and is capable of working with preventative researchers such as Menzies School of Health.

One of the significant problems has been a lack of structural changes to our schools to enable our children to hear during the periods of hearing loss. If you've ever had a middle ear infection you'd know what it's like trying to hear through a fog – the sound is muffled, words become indistinct. Add the dynamic that it's a second language you're trying to hear, and learn, in a noisy classroom and it becomes all the more challenging.

This has an impact on behaviour and learning outcomes. Persistent and ongoing hearing loss in children impacts on literacy, learning, behaviour and communication skills.

It is vitally important that this Inquiry recommend the upgrade to acoustics in remote schools.

As NT COGSO President, I recently presented a paper to the Australian Council of State School Organisations (ACSSO) recommending a multi-jurisdictional approach to addressing the impact of conductive hearing loss and its significant service delivery deficits.

To be truly effective in systemic change to close the gap of disadvantage, all tiers of Government – Territory, State and Federal – need to work in a National Partnership as this is an issue that affects children across state and territory borders.

Our advocacy to deliver acoustic upgrades and sound field amplification systems into our schools has become known as **Hearing in Education for Learning Project (HELP**) and we've been thrilled with the support of AMSANT, Deaf Children Australia and experts such as Dr Damien Howard who completed his PhD in the faculty of Education on Conductive Hearing Loss and Behaviour Problems Amongst Urban Indigenous Students in 2006.

NT COGSO respectfully submits that the Indigenous Affairs Standing Committee recommends:

- reducing Otitis Media (conductive hearing loss) be added as a Closing the Gap target
- a national classroom acoustics upgrade program that prioritises schools with predominantly Aboriginal students
- establishing Education protocols and procedures for the use of Sound field amplification systems in classrooms and individual hand-held amplification devices (also useful in groups)

- the provision of sound-field amplification and individual hand-held devices
- community members employed as teacher aides in classrooms who are cognisant of local sign languages
- education and awareness materials for parents, teachers and staff of conductive hearing loss
- referral of students with suspected conductive hearing loss to audiology services
- increased access to audiology services.

We submit that an effective tool for the delivery of these recommendations would be a National Federal-State-Territory Funding Partnership.

Sometimes, from little things, big things grow.

Imagine a child sitting at school in a classroom with acoustics that reduce noise and with a sound system amplifying the teacher so that they have no difficulty hearing and learning. Imagine that child with the support of a local Aboriginal adult competent in the local sign language. The world of learning will finally open up to them instead of being a student with hearing loss destined for our child protection, juvenile detention and ultimately adult prison systems. Who knows, we may actually succeed in 'Closing the Gap'.

"Education is the most powerful weapon we can use to change the world." – Nelson Mandela.

Tabby Fudge
President
NT Council of Government School Organisations