

A decorative graphic element consisting of a blue wavy line with a white border, set against a red background that also features a wavy shape. The blue line has a subtle pattern of small 'X' marks.

## **Inquiry into the Hearing Health and Wellbeing of Australia**

**February 2017**



## NT COGSO Submission to the House of Representatives Standing Committee on Health, Aged Care and Sport.

### Reference: Inquiry Into the Hearing Health and Wellbeing of Australia

The Northern Territory Council of Government Schools Organisation (NT COGSO) welcomes the Inquiry Into the Hearing and Wellbeing of Australia.

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

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.

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 1. Dangerous Noise Article**).

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% 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.

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 2**).

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 Northern Territory from 2001 to 2013,
- the diagnoses by age (months) in a birth cohort of Aboriginal infants living in remote communities in the Northern Territory and Western Australia (2012 to 2016),
- the risk factors for Suppurative Otitis Media in Aboriginal children,
- the effects of various strategies for prevention,
- 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, and 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 truth, we believe our nation is failing generations of Australians by not making Hearing Health a national priority.

“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).

**In its submission to the Australian Senate Community Affairs Committee 2010 Report *Hear Us: Enquiry Into Hearing Health*, Audiology Australia recommended the supply and maintenance of soundfield amplification systems in classrooms where there is a significant population of Aboriginal students.**

“There is not a readily identified pathway for funding of soundfield amplification systems for schools in the NT. Certainty of funding for soundfield systems and their supply, installation, training, maintenance, repair and replacement, and procedures to guide this are lacking in the NT.” (Audiology Australia, Submission to the NT Indigenous Education Review).

By way of explanation, “Soundfield 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 soundfield 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”. (**Attachment 3: Article in the Australian Journal of Indigenous Education, Volume 33, 2004**).

An 8-week field trial of soundfield 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.



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 soundfield amplification systems and individual amplification tools as well as acoustic upgrades to classrooms.

It has been proven through Queensland and Northern Territory studies that, the employment of local Aboriginal people as teacher aids 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 4: 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 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.

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 soundfield 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.

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.

**To have a chance of any of this, NT COGSO submits that hearing health and wellbeing should be considered as the next national Health Priority for Australia and please ensure it delivers a National Partnership between the Commonwealth, States and Territories to reduce Hearing Loss and its Effects.**

Tabby Fudge  
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