

**Submission to:**  
**Hearing Services Program Review**

On behalf of:



**Australasian Newborn Hearing Screening Committee**  
**A Committee of Deafness Foundation**

Submitted by

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## 1. Background

In the absence of intervention, children with permanent congenital hearing loss will typically experience delayed or disordered communication and language abilities, with consequential impact upon their educational achievement (Leigh, Schmulian-Taljaard, & Poulakis, 2010). The capacity to ameliorate the effects of congenital hearing loss is enhanced greatly by intervention being provided at the earliest possible time. This is because there is a highly sensitive period for the development of a range of cognitive and linguistic abilities that commences before birth and continues through very early childhood (particularly during the first 12-18 months).

Because of the critical nature of this period of early development, it is extremely important that congenital hearing loss is identified, and intervention is commenced at the earliest possible time. Current international research, including the Long-term Outcomes for Children with Hearing Impairment (LOCHI) (Ching, Leigh, & Dillon, 2013) study being undertaken in Australia under the auspices of the National Acoustic Laboratories, indicates that babies whose permanent bilateral hearing impairment is diagnosed early have significantly better developmental outcomes than children identified later. There is a significant relationship between the age at which children's hearing loss is identified and their levels of language and communication ability later in childhood. In the LOCHI study, for example, children whose hearing loss was identified earlier have been shown to have, on average, better language and communication skills at 5 years of age (Ching & Leigh, 2020).

The Australasian Newborn Hearing Screening Committee (hereafter, "the ANHSC") has been active in advocacy for the introduction and subsequent development of newborn hearing screening since 2001. At that time, the ANHSC was responsible for the development, wide endorsement, and dissemination of the first Australian Consensus Statement on Universal Neonatal Hearing Screening.

The ANHSC (as a Committee of Deafness Foundation) comprises a broad range of professionals representing the fields of Otolaryngology, Paediatrics and Child Health, Education of the Deaf, Audiology, Health Administration. The Committee's membership includes a Coordinator/Director (or equivalent role) from every Australian state/territory-based Universal Newborn Hearing Screening program, as well as representatives from the Deafness Forum, Hearing Australia, the Newborn Hearing Screening Programme of the National Screening Unit in New Zealand, and representatives of parents of children with impaired hearing, including Aussie Deaf Kids.

The initial goal of the ANHSC was to advocate for the introduction of newborn hearing screening programs across Australasia (i.e., Australia and New Zealand). Since its inception, however, the ANHSC has also advocated for the maintenance of standards and the advancement of good practice in newborn hearing screening programs, and the development and application of a national quality and reporting framework for such programs. To these ends, the ANHSC has:

- Provided support for a national working party on the development of standards for newborn hearing screening under the auspices of subcommittees of the Australian Health Ministers Advisory Council (AHMAC);
- Collated information about protocols and practices associated with the various state screening programs with a view to advocating for acceptable minimum national standards of care regarding UNHS; and
- Strongly advocated for a national approach to data collection and management related to hearing screening and hearing service delivery to infants and young children.

In addition, the ANHSC:

- Has advocated for the establishment of a national consensus on strategies to identify hearing loss at the earliest possible time for children who acquire a hearing loss beyond the newborn period; and
- Has staged ten National Conferences on Universal Newborn Hearing Screening and related issues. The 11<sup>th</sup> Australasian Newborn Hearing Screening Conference will be held in Hobart, Tasmania in late 2021.

## **2. Response to the Consultation Paper**

This submission addresses issues pertaining only to sections 1 and 3 of the Consultation Paper; those being:

1. What should be the objectives and scope of the Program? and
3. How well does the Program Interface with other schemes?

Specifically, the submission deals with these issues from the perspective of Universal Newborn Hearing Screening (UNHS) and the various State and Territory programs that operate in Australia.

### **2.1 What should be the objectives and scope of the HSP? (Section 1)**

The Hearing Services Program (HSP) should aim to ensure that all Australian children and young people (i.e., up to the ages of 26 years), who are identified with significant hearing loss, are able to receive hearing assessment services and the provision of appropriate hearing technology at no, or very minimal cost, as a basis for ensuring that their hearing loss has the smallest possible impact on their quality of life.

Regarding the early identification of hearing loss and engagement with programs of UNHS, the HSP should aim to:

- ensure that the families of children with newborn children who are diagnosed with hearing loss are provided with timely and supported access to high quality hearing assessment and are fitting with appropriate high-quality hearing devices (hearing aids), and
- ensure that families are informed about and directed to a range of early intervention services in accordance with the principles co-determined with National Disability Insurance Scheme.

The ANHSC notes that these objectives are currently addressed by Hearing Australia as the deliverer of the paediatric component of the HSP. To date, this has been achieved to a level of capability that is the envy of the developed world. Under the Community Service Obligations (CSO) placed on Hearing Australia by the HSP, services are delivered to a uniformly high standard across the country, regardless of families' geographic locations.

The ANHSC maintains that it is imperative that the level of capability in the early assessment of hearing loss, early fitting of devices, and onward referral to other intervention services that is currently provided by Hearing Australia under the HSP be maintained as a consequence of any review of the HSP. Indeed, it is the position of the ANHSC that the current role of Hearing Australia as the sole and obligated national provider of paediatric hearing services is critical to the integrity of the national neonatal hearing screening pathway as described under the *National Framework for Neonatal Hearing Screening* (Department of Health, 2013).

The ANHSC seeks to record its view that the delivery of best practice in paediatric hearing services (i.e., of the type that has been delivered to newly diagnosed children with hearing loss and their families by Hearing Australia) would not be well served by any move to have the objectives of the HSP met by multiple competitive providers of such services. Currently, the manner in which these services have been provided nationally by Hearing Australia (in cooperation with State UNHS programs) has seen Australia become the envy of rest of the world in regard to securing uniformly positive outcomes from UNHS, including world-leading low levels of "loss to follow-up" in the screening pathway.

## **2.2 How well does the Hearing Services Program interface with other schemes? (Section 3)**

The ANHSC acknowledges that the streamlined referral pathway between the CSO Program, the NDIS, and early childhood early intervention services for children aged 0-6 years is a very positive and, to date, very successful aspect of the program as it currently operates. The pathway process ensures that that newborn babies who are diagnosed through UNHS, and their families, are supported appropriately to address their hearing technology needs on route to engagement with early intervention services.

The ANHSC notes this system is extremely effective, in spite of the fact that the two systems (i.e., state-based UNHS programs and the HSP) operate entirely independent of each other regarding data management and client tracking. There remains a significant potential for better coordination and interfacing of these programs in terms of data management and client tracking systems.

While there is a great potential for better data management and sharing in order to make the systems work even better, there is considerable potential for the systems to fail or operate less effectively if there were to be multiple providers of these services on either side of that interface. The "warm handshake" that currently occurs between UNHS programs and Hearing Australia at the point of handover of child clients is a notable feature of the current pathway for children and families from UNHS to early

intervention. That pathway is underpinned by the fact that Hearing Australia is operating nationally and is obligated under the terms of the HSP to ensure the minimisation of the time between identification, diagnosis, detailed audiological assessment, and engagement with intervention services for newborns with hearing loss and their families.

### 3. Conclusion

The Australasian Newborn Hearing Screening Committee acknowledges the great work of state and territory governments regarding implementation and development of UNHS programs and the outcomes that have flowed from those efforts. However, we acknowledge also, and seek to highlight, the important role of the Hearing Services Program and its obligated paediatric services provider (Hearing Australia) in ensuring the continuing success of the UNHS programs in Australia.

Clearly, Australia is in a strong and continually improving position regarding the implementation of UNHS. Nevertheless, there remains much to be achieved and there is clear need for vigilance to ensure that Australia continues to build on this strong position through continuous improvement.

The Australasian Newborn Hearing Screening Committee would be only too pleased to provide any additional information that the Hearing Services Program Review Panel may require about the ongoing important role of the HSP in the National Framework for Neonatal Hearing Screening.

### 4. References

Ching, T. Y. C., & Leigh, G. (2020). Considering the impact of universal newborn hearing screening and early intervention on language outcomes for children with congenital hearing loss. *Hearing, Balance and Communication*. DOI: 10.1080/21695717.2020.1846923

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Leigh, G., Schmulian-Taljaard, D., Poulakis, Z. (2010). Newborn Hearing Screening. In C. Driscoll, & B. McPherson (Eds.), *Newborn Screening Systems: The Complete Perspective* (pp. 95-115). San Diego: Plural Publishing, Inc.