

Barriers to Early Intervention Service Delivery for Children with Hearing Loss The Queensland Experience

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Major local service providers

Ø Hear and Say

Ø Hearing Impaired Children's Therapies Inc

Ø Education Department

Ø Mater Children's Hospital

Ø Royal Institute for Deaf and Blind Children

Ø Royal Children's Hospital

Outreach Services

Ø Hear and Say – Outreach

- via Skype

Ø RIDBC Teleschool

- via video teleconference equipment



The Service Mapping Project





Service Mapping Project

Aims:

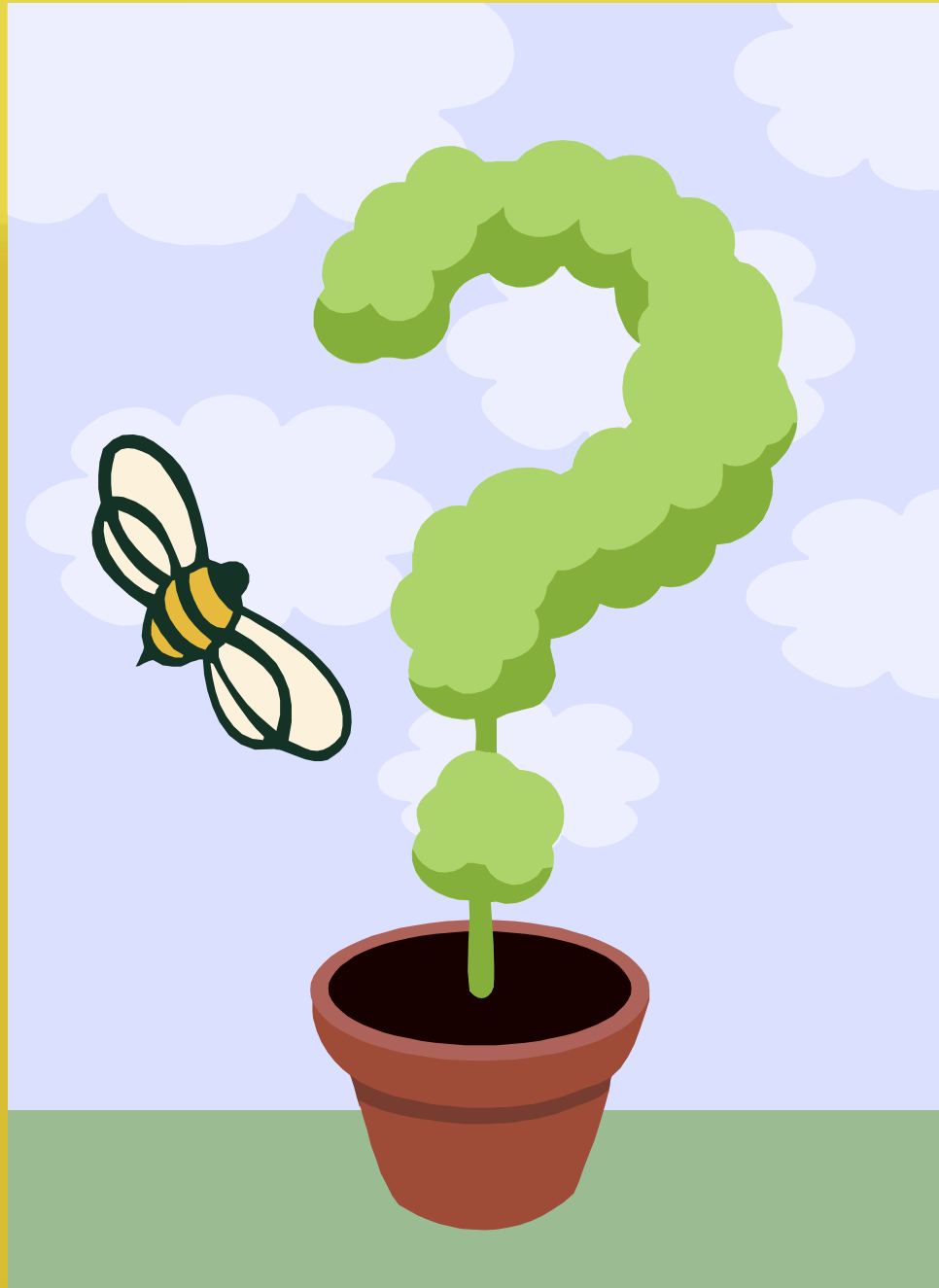
Ø Identify and describe the range and location of major government and non-government early intervention services for Queensland children, aged 0-5 years with a permanent hearing loss.

Ø Suggest practical strategies to improve access to early intervention services for children aged 0-5 years with a permanent hearing loss.



What did we do?

- Ø 20 meetings across Queensland including Brisbane, Cairns, Townsville, Mackay, Rockhampton, Emerald, Maroochydore, Toowoomba, Maryborough, Eagleby.
- Ø VTC meeting with RIDBC, Sydney.
- Ø Phone discussion with Q Health Base Hospitals, Community Health, Bush Children's, Cerebral Palsy League, Department of Communities, Disability Services, 1 speech pathologist in private practice





Barriers to Service Delivery

- Ø Access to Specialised Hearing Impairment Services
- Ø Proximity to Services
- Ø Inequity of Services
- Ø Referral Pathways and Case Management
- Ø Information Gaps
- Ø Family Issues



Barrier 1 Access to Specialised Hearing Loss Services

Highly Desirable Features:

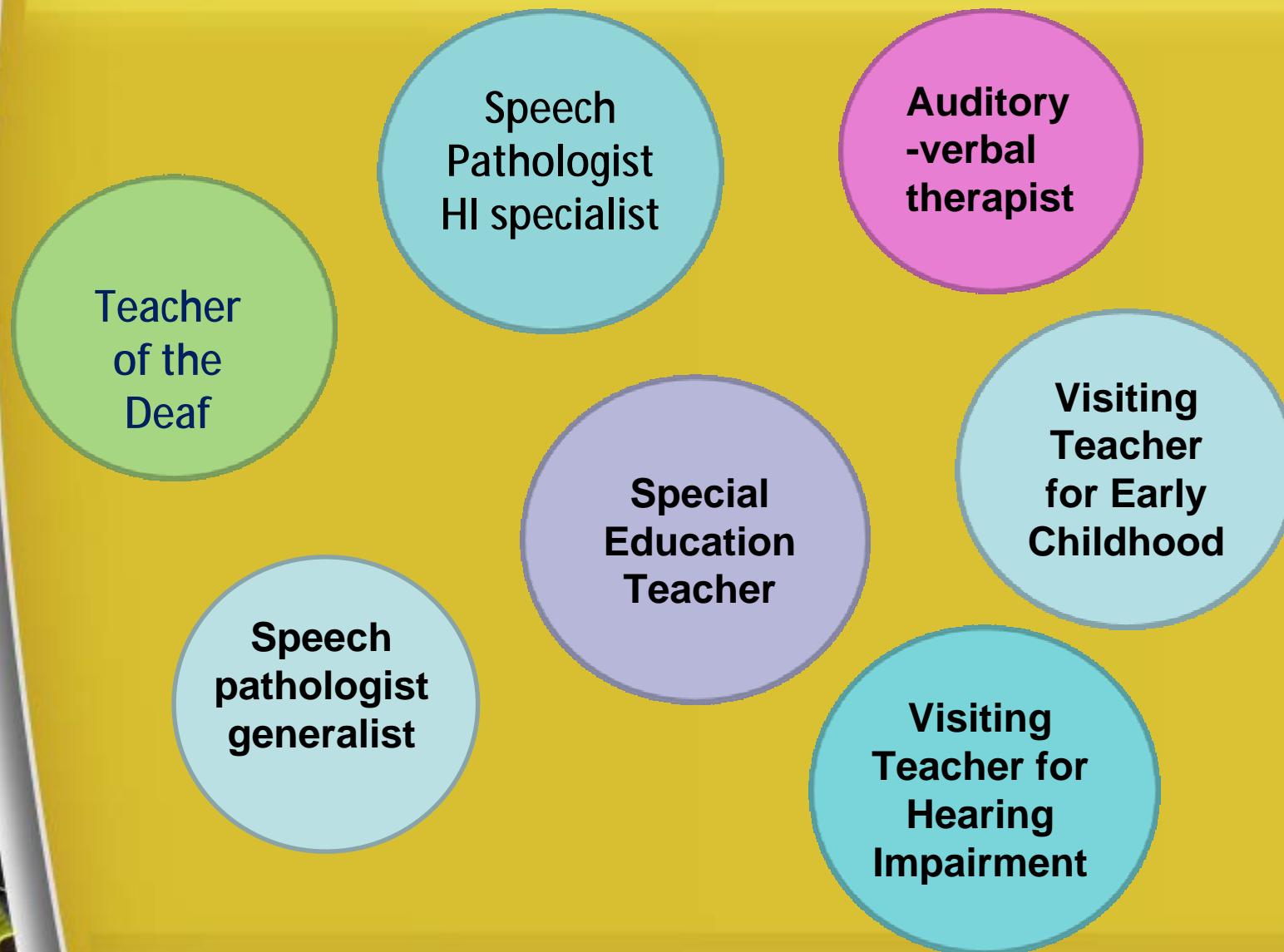
§Availability of ongoing 1:1 early intervention services – face to face or via VTC services

§Availability of local AVT HI home or school visiting services.

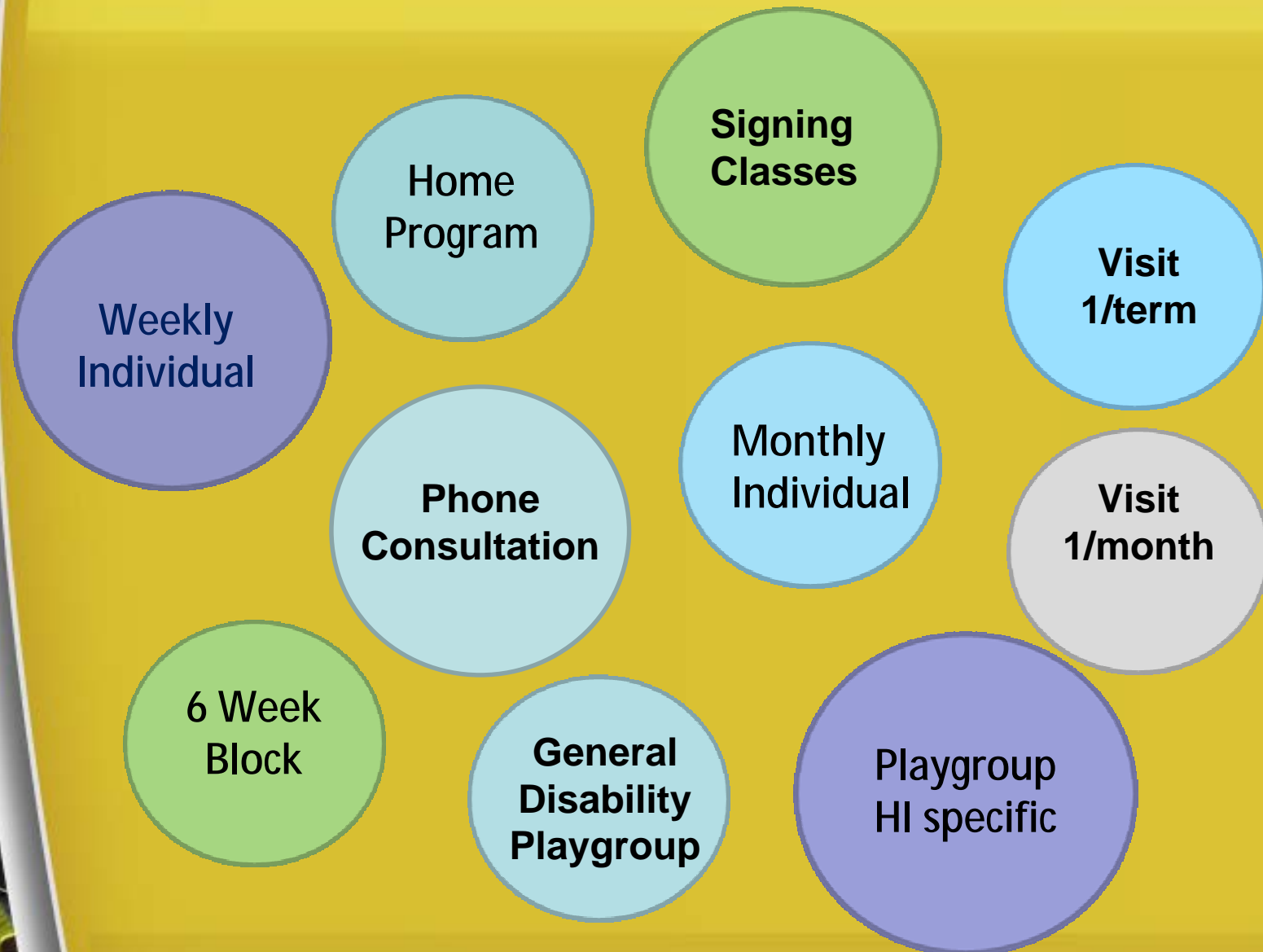
§Auslan support – classes and role models

§There are no nationally recognised protocols

Barrier 1 Access to Specialised Hearing Loss Services

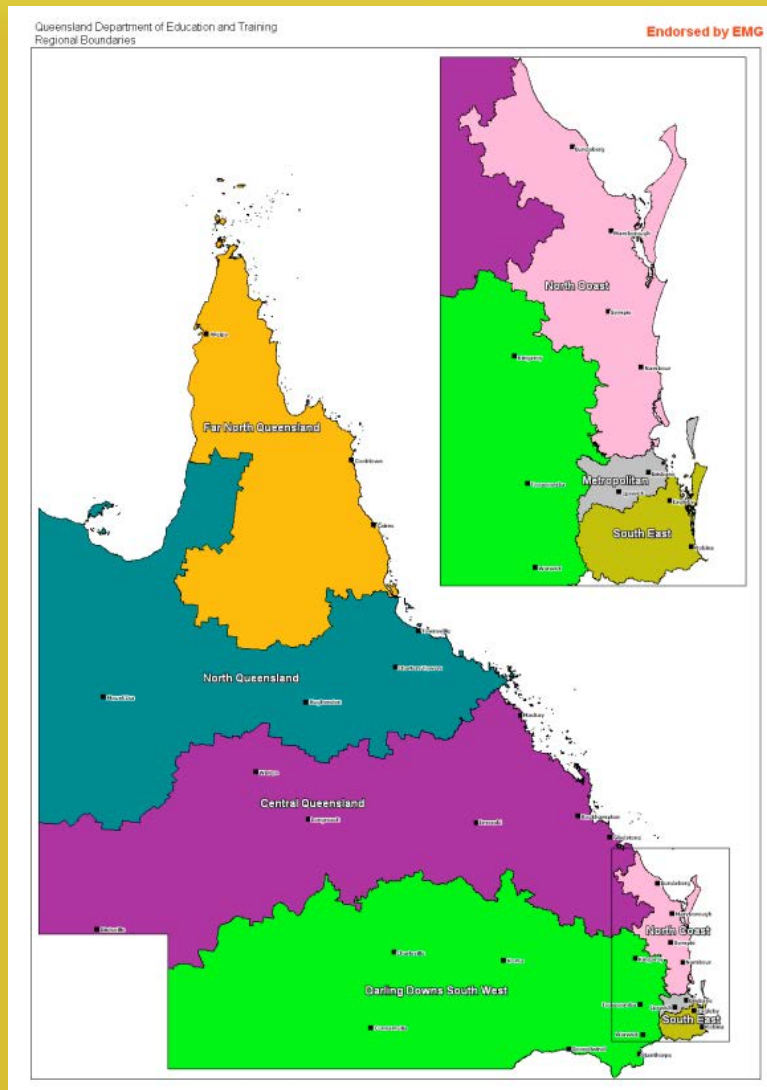



Regularity of services varies.



Barrier 2

Proximity to Services





Barrier 3

Inequity of Services

- Ø Children with Cochlear implants generally receive a better range of service options.
- Ø Children with mild bilateral or unilateral hearing loss are ineligible for Better Start funding support to access private speech pathology services.
- Ø Children with chronic conductive loss can have difficulty accessing EI services.



Major local service providers

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Ø Hearing Impaired Children's Therapies Inc

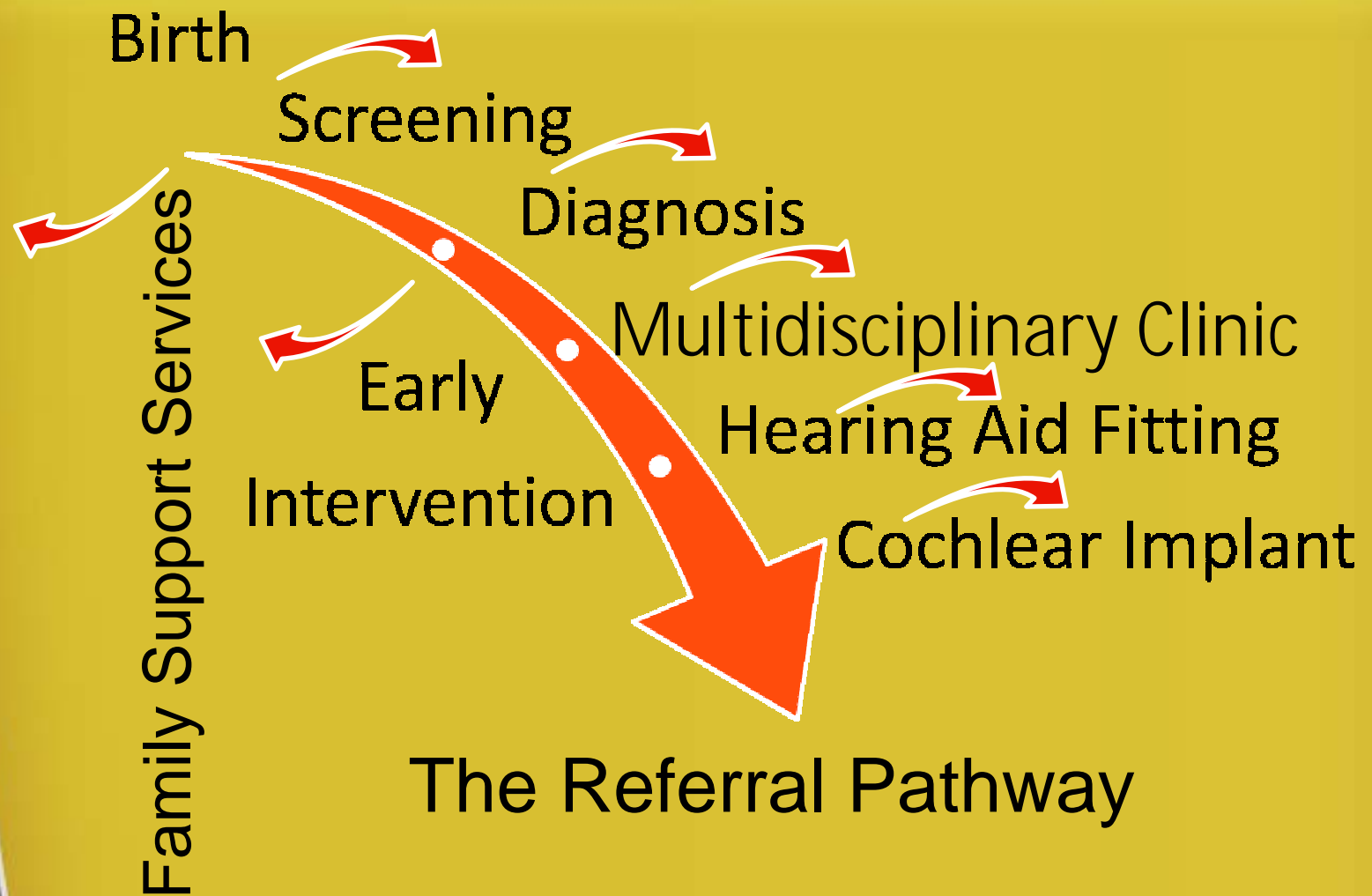
Ø Education Department

Ø Mater Children's Hospital

Ø Royal Institute for Deaf and Blind Children

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Barrier 4 Referral Pathways and Case Management





Barrier 4

Referral Pathways and Case Management

- Ø Communication breakdowns happen.
- Ø Families move and don't make contact with service providers.
- Ø Families opt out of EI and don't always get followed up.
- Ø "A team approach works best."



Barrier 5

Information Gaps


- Ø Lack of central data source relating to EI attendance state-wide.
- Ø Knowledge about local services.
- Ø Knowledge about video teleconference services.
- Ø Knowledge about when to refer on to a more suitable EI agency.



Barrier 5

Information Gaps

- Ø Teacher of the Deaf training is no longer available in Queensland.
- Ø Clinical information about a child can get lost or not passed to the correct person eg audiograms.
- Ø If a child sees more than one professional, information may not be shared.



Barrier 6


Family Issues

Some families are more vulnerable than others:

ØParents with low socioeconomic status.

ØParents with English as a second language.

ØParents with lower education levels.



Barrier 6

Family Issues

- Ø Some families don't understand the importance of early intervention.
- Ø They may disengage from services and not pursue follow up or monitoring.
- Ø Some parents are not confident using signing.
- Ø Some parents may be uncomfortable using Video Teleconference or skype services by themselves.



**Where do we go
from here?**



Future Directions

- Ø QChild - The use of a dedicated early intervention module within the new Healthy Hearing database to track children's ongoing engagement and progress with early intervention.



Future Directions

A state-wide, interagency Early Intervention Working Group has been formed.


Specific areas requiring attention include:

- ØThe development and adoption of consistent early intervention guidelines.
- ØImproving case management across agencies and regions.
- ØImproving consistent access to early intervention for all children with hearing impairment.
- ØEncouraging uptake of available video teleconference services to expand rural and remote services.



Future Directions

- Ø Develop innovative approaches to enhance delivery of services for disadvantaged groups including families from culturally and linguistically diverse groups, indigenous backgrounds and those living in rural and remote locations.
- Ø Closer links with Better Start Funding (Fahcsia) and Better Start speech pathologists.



“EI services represent the purpose and goal of the entire [newborn hearing screening] process. Screening and confirmation that a child is deaf/hard of hearing are largely meaningless without appropriate, individualized, targeted and high quality intervention”

Joint Committee on Infant Hearing 2013



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