

OPENING DOORS

to your child's communication journey

An information and resource guide for families with children
who are Deaf or Hard of Hearing

Third Edition 2016



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We acknowledge the collective contribution to this publication.

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Who are we?

The West Australian Foundation for Deaf Children (Inc) is one of the State's oldest charities. It was established in 1896 to improve the lives and education of Deaf and Hard of Hearing children in Western Australia. The Foundation has a long and rich history of supporting deaf education in Western Australia.

Our Aim:

To promote and support education, life skills and learning opportunities for Deaf and Hard of Hearing children and young adults. The Foundation will achieve this through:

- Advocacy on behalf of the children, their parents and other carers and their families.
- Providing information and support.
- Fostering training and development.
- Providing resources.

West Australian Foundation for Deaf Children

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INTRODUCTION

The West Australian Foundation for Deaf Children (Inc) has created this guide for families of children who have a hearing loss. Perhaps you have recently been told that your child has a hearing loss. You may be feeling overwhelmed or confused and are searching for helpful information. It is important to recognise that you are not on your own as each year 4 in 1000 children in Western Australia are born with some degree of hearing loss. This is in line with worldwide figures.

It is hoped that this booklet will help you to make informed choices for service needs. Each child is unique and the choices made at the beginning of your journey may change as your child's needs change. More than one choice may be considered at any given time and applied simultaneously. For example, a speech and sign language program can be considered separately or together. Your professional team will assist you in making timely, informed decisions about how best to support your baby's hearing needs.

Choices made now do not have to be permanent.

This booklet provides information to:

- help you understand what your child's hearing loss might mean for you and your family
- help you make informed choices
- provide practical tips that may assist you moving forward
- support services for you and your children

This document is not conclusive but aims to give you a broad unbiased understanding of services in Western Australia.

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1 WHAT HAS HAPPENED SO FAR?

Your baby has had two newborn hearing screening tests that were performed in hospital or soon after birth. This test gave an indication of how your baby hears in each ear at the time of the screening. This screening test showed that your baby required further investigation by a Paediatric Audiologist.

You have attended a Diagnostic appointment and your child's diagnosis has now been confirmed. The Audiologist has discussed this with you.

What happens now?

If the diagnosis has shown a hearing loss, the tests will also show whether it is likely to be temporary or permanent and your baby will now be referred for appropriate support.

As a parent you may experience a range of emotions on being told this news and at the same time you may be very busy visiting different services and professionals.

Families or carers may contact the West Australian Foundation for Deaf Children (WAFDC) for independent information or support:

Telephone: (08) **9385 3557**

or mobile/text **0423 646 741**

rozL@wafdc.org.au

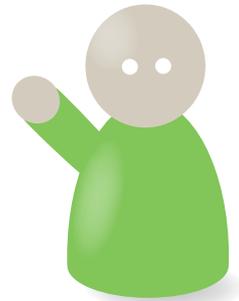
www.wafdc.org.au

Who will your baby see now?

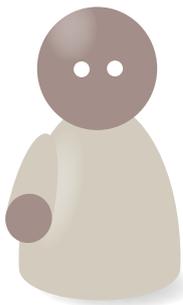
After your baby has had a second “refer” result from the Newborn Hearing Screening Program the following services might be able to assist you.



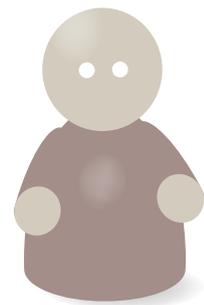
**EAR NOSE AND
THROAT SPECIALIST**
See Page 23



**GENERAL
PRACTITIONER**



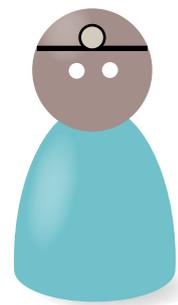
AUSTRALIAN HEARING
Provide hearing devices
and information
See Page 32



**EARLY INTERVENTION
SERVICES**
See Page 28



FAMILY SUPPORT
See Page 28



If appropriate and if chosen

**ASSISTED HEARING
TECHNOLOGY OPTIONS**
(eg. Hearing Implant)
See Page 27

Saachi's Story

The Japanese name Sacchi means "blessed" or "lucky." I knew from the very beginning that this was to be her destiny, in one way or another.

Saachi was born 2 months prior to her due date, which meant she spent the first six weeks or so of her life in the neonatal unit of the hospital. Having to walk away and leave her there each night to go home to eat & sleep was the first massive challenge for me as a first time mum. Being born premmie, not long after her birth she was given a newborn hearing screening. It was then, barely 3 weeks old we were told that she had failed it, but not to worry as many babies fail the first one usually due to blocked ears from birth.

Saachi's final audiological diagnosis was profoundly deaf in the left ear and could hear sounds at 85 decibels in the right. Normal hearing is 20 decibels. In technical terms, audiological assessment obtained with brainstem evoked response audiometry, indicated that Saachi had severe to profound sensorineural hearing loss in the right ear and a profound hearing loss in the left."

Denial is a strange thing, diagnosis an even stranger one. It's the one thing in life, alongside fateful tragedies and accidents that we can't really choose. Well, to an extent. We can choose not to go for the testing to begin with. We can choose not to believe the diagnosis, and live in denial, but we can't choose the scientific evidence that backs it up, as much as I wanted to on that ominous day following Saachi's first appoint with Audiology at the Perth Children's Hospital.

I was in denial for a very short time. Following that, a mother's natural survival instinct kicked in. I began researching like crazy, all the possibilities of why this had happened to us, when there was no deafness on either side of our family. I went through Saachi's hospital notes with a fine tooth comb, looking at the results of the ABR tests she'd had in hospital. ABR stands for Audio Brainstem Response. It's supposed to be an extremely high

tech and highly accurate way of testing very young babies' hearing. She had failed all three ABR tests she'd had in hospital. I was on a mission to find answers so I continued scouring the notes the hospital had provided me with for something, just anything that may enlighten me to how this could have happened and if there was any inkling of a chance that perhaps, just perhaps the DR's and Audiologists had gotten it all mixed up.

Then I found it. A section in Saachi's notes regarding medications given to her whilst in hospital. Gentamicin, it read. Where had I heard of that name before? It sounded scarily familiar. I recalled reading about it in a book my friend had given me whilst in hospital titled "The Brain that Changes Itself."

The months to follow Saachi's diagnosis proved to be the most challenging months of my life to date. Following extensive research & genetic testing, I was convinced the antibiotics were responsible for her deafness. I exerted most of my energy, appealing to the hospital responsible. I was exhausted from the time and energy I spent on questioning doctors and Audiologists, scouring books and medical resources for evidence of why and how we, my family, became that 1 in 1000 statistic.

I started to question why I was exerting so much energy on this when Saachi needed me there for her, not fighting the medical system which was starting to feel like a losing battle.

Shortly after being diagnosed as being profoundly deaf, Saachi was prescribed hearing aids and it was my duty now to keep them in her ears during all waking hours. This would ensure she had the best start to life possible. Early intervention meant that Saachi had a much greater chance of learning to listen, speak and comprehend on par with other kids her age.

The moment she developed her fine motor skills, and the more she grew toward the world of toddler-dom, keeping the hearing aids in proved a daily battle. If any of you have ever had the joy of

changing a toddler's nappy, with all the wriggling, twisting & turning, can you imagine the challenge of trying to get hearing aids in and keep them in? I tried everything, headbands, hats, beanies, double sided tape, you name it. I scoured the Internet for hearing aid hats. Something that would prevent her from pulling them out, but at the same time allow the sound to get in without producing feedback.

All I could find were a couple of overseas web based businesses that offered a limited range of hearing aid bonnets.

This planted the seed for a small business I named Angel Armour which came into fruition in 2012 (<http://www.angelarmour.com.au>).

Although I carefully considered the path of sign language, coming from a musical and theatrical background where hearing has always been a huge part of mine and my family's life, it seemed logical to choose the path of the hearing for Saachi as she would be surrounded with hearing people for most part of her life. I'd also never known anyone close to home who knew Auslan so it would be a case of training an entire family and embarking on an entirely new and foreign lifestyle.

When we concluded that we were choosing the path of speech and hearing for Saachi, we began to feel the pressure from Saachi's therapists to avoid sign language at all costs. I understood their viewpoint, but coming from an Italian background where gestures come hand in hand with speech, it came natural to me to use my hands when speaking. Despite the hard word from these therapists I had to go with what felt right for us. I wondered, had these therapists ever given a deaf child a bath? Or tried to teach a deaf child to swim? And what about the times when technology failed? When the batteries ran out? In the bath, shower or swimming pool we as the parents rely on sign language. These are just some of the challenges encountered on this incredibly heart opening path.

Having to make the life changing and potentially life threatening decision of putting your child through cochlear implant surgery is another story altogether.

All of these challenges in the past four years since Saachi's birth have taught me what could possibly be life's greatest lesson. Somehow, I had to surrender and make peace with the present moment. I had to let go and learn to love the card we had been dealt.

It's an incredibly humbling moment when you realize and accept that to a degree we have no control, and that there is something that is often beyond our comprehension at work.

So as the lesson of letting go goes, the more I have been able to let go, the more I have been able to be truly present and make the best decisions for the both of us. The more I have been able to let go of my beliefs, and the beliefs of others, my stances and the stances of others, my ideals and the ideals of others, the more I have been able to tune in to Saachi's needs. The more I have been able to trust in my own innate knowingness of self, the more I have been able to be honest with myself as to the degree I would be able to accommodate Saachi's needs depending on the path I chose. I realised I could no longer make my decisions based on fear, or trends, or the opinions of others. I had to base every move I made from here on in, and the choices I made on what was real and authentic for us in the here and now.

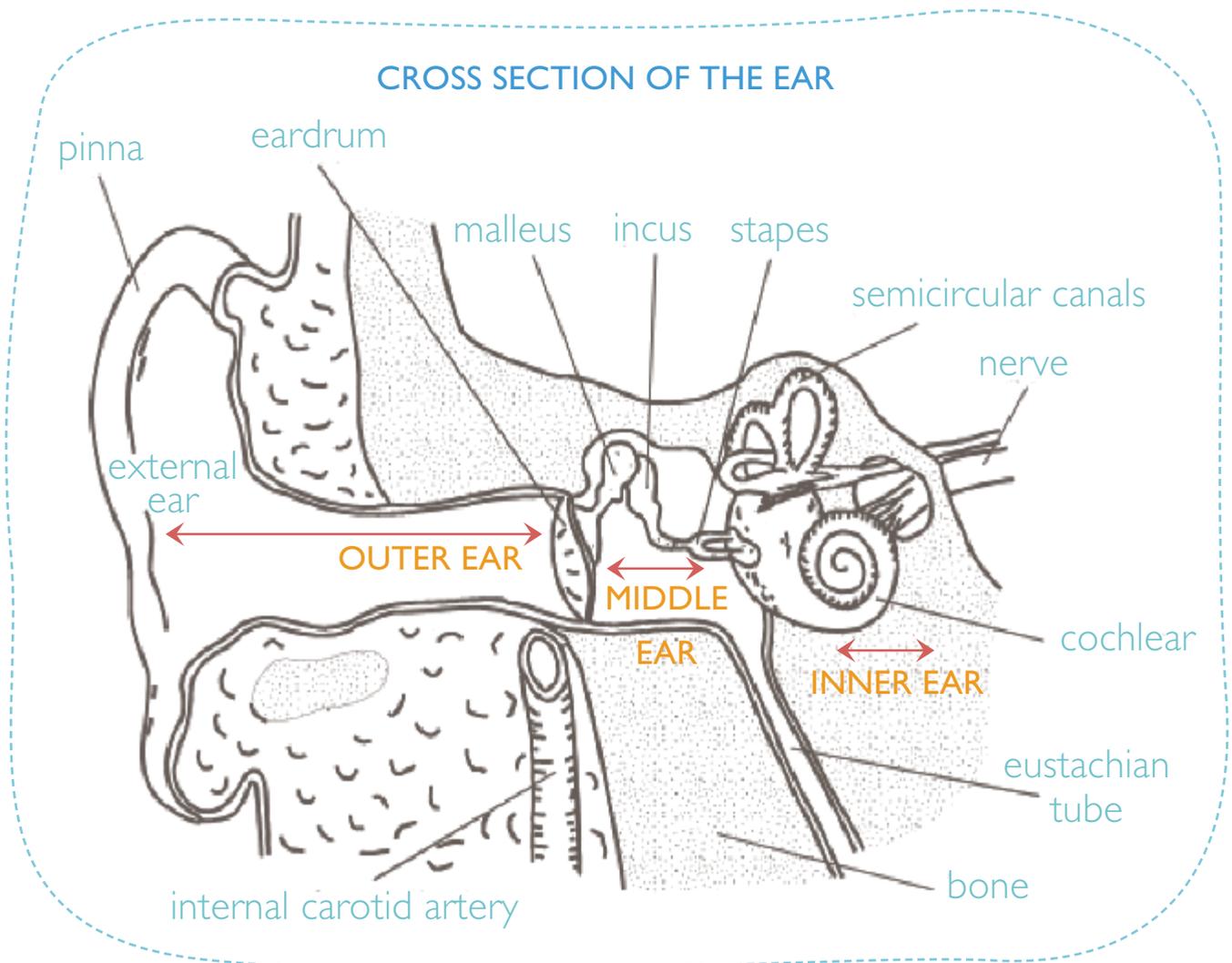
Practicing and teaching yoga during that fundamental time in my life taught me to see the blessing amidst the whirlwind. That when we truly let go of the plans, expectations and ideals that we cling to, the divine begins to weave its magic through us and in our lives.

Written by Tanaya, Saachi's mother.

2

WHAT DO HEARING & HEARING LOSS MEAN?

We hear with our brain. Our ear is a sophisticated messenger that delivers sound to our brain that then makes sense of the information. The ear is not only the shell you see on the outside. It is arranged into three parts. These are called the outer ear; the middle ear; and the inner ear. Each of these parts has a different role to play in transporting sound to the brain.



The degree of hearing loss

There are varying degrees of hearing loss; 4 official categories, descending in severity. They are mild, moderate, severe and profound.

The following classifications describe the effects on hearing ability.

A decibel (dB) indicates the loudness or intensity of a sound. A whisper is about 20dB, ringing telephone is around 65dB and a jet engine taking off is about 150dB.

Mild Hearing loss (21–40dB): If your baby has a mild hearing loss they will have trouble hearing at playgroup or family gatherings, even though they can often manage quite well in quiet situations.

Moderate hearing loss (41–60dB): If your baby has a moderate hearing loss it is very hard for them to understand what you are saying, especially in background noise. Hearing aids will assist hearing ability.

Severe hearing loss (61–80dB): If your baby has severe hearing loss they cannot hear normal conversation and so they will not learn to speak naturally by themselves. Hearing aids will assist hearing ability and sign language skills may assist in communication.

Profound hearing loss (91dB+): If your baby has a profound hearing loss they would need considerable assistance to hear talking and noises. There are specialised hearing aids, designed specifically for larger hearing losses that do just that. Also the option of having a device called a cochlear implant to further support enough access to speech sounds is available. Although spoken communication is more common with a cochlear implant, research has shown sign language to be very beneficial to assist understanding and cognition.

PLEASE NOTE: Hearing aids and/or cochlear implants assist the ear to hear sounds and send them to the brain. However it is through early intervention services that parents and the child access the support needed to assist the child's brain to make sense of sounds. This supports communication development.

Types of hearing loss:

Sensorineural hearing loss (SNHL)

A diagnosis of SNHL means the hearing loss is of a permanent nature. "Sensorineural" refers to problems with either the cochlea (sensory hearing loss) and/or the auditory nerve (neural hearing loss).

It can be present at birth (congenital), through birth complications, or acquired after birth. It may be acquired from a serious infection such as meningitis or mumps; from certain medications; or in many cases, the cause is unknown.

There is poor function in the part of the inner ear called the cochlea in one or both ears. The function of the hearing nerve can also be affected.

Your baby at this point can be referred to an Ear Nose and Throat Specialist (ENT). The ENT Specialist, as part of their investigations, may refer your child to a variety of other professionals e.g. Geneticist, Ophthalmologist or request further tests e.g. MRI scan, CT scan.

It is likely that the audiology organisation you are attending will refer you to Australian Hearing to assess the suitability of hearing aids for your baby. A hearing review is usually carried out after 3 months by the Australian Hearing's Paediatric Audiologist to see if there have been

any changes to your baby's hearing loss. It is at this point an assessment will be made as to the benefit your baby has had as a result of using hearing aids. Other options may be investigated if appropriate e.g. cochlear implants or other surgical procedures; learning sign language as part of bilingual communication.

Unilateral/Single sided (one ear) SNHL

A unilateral hearing loss affects only one ear. It can range from very mild to total hearing loss on the affected side.

There is increasing recognition of the potential impact of a unilateral hearing loss and it should not be underestimated with regards to the development of language and communication

Children with unilateral hearing loss can have difficulty with:

- Hearing in noisy surroundings
- Locating where sound is coming from
- Hearing when sound is on the same side as the affected ear
- Communicating in noisy or multi-speaker/multi-directional (group) conversation
- Social participation
- Speech and language development

Whilst not every child will have problems with language development, some children may miss being fully included in everyday conversation. To minimise the risk of missing this important incidental language learning, children and their conversation partners, including family and friends, should make sure they get the other person's visual attention before and whilst speaking.

Bilateral (both ears) SNHL

Bilateral hearing loss is any degree of permanent hearing loss that affects both ears.

Children with bilateral hearing loss can have difficulty with:

- Hearing quiet or loud sounds
- Differentiating between similar sounds
- Speech and language development
- Hearing speech when there is background noise



Conductive hearing loss (CHL)

Conductive hearing loss is usually temporary in nature and means there is a disruption to the way sound waves are carried through the middle ear to the inner ear. It may be the result of an infection and causes hearing to be muffled. If it is likely your child has CHL, he/she will be referred to your General Practitioner (GP) for treatment and monitoring. A follow up hearing test will be carried out a few months later. If normal hearing thresholds are obtained no further treatment is required. Some examples of temporary conductive hearing loss are:

- Blockage of the ear canal with wax
- Otitis Media (middle ear infection) and/or fluid build-up (glue ear)
- Perforated eardrums

In rare cases, conductive loss may be permanent. A child may also have both a conductive loss and a sensorineural loss. Your paediatric Audiologist is able to tease out the likely site of the hearing problem and will refer you to the most appropriate professional(s). In this situation you will be referred to an Ear Nose and Throat Specialist (ENT). Your Paediatric Audiologist may refer you to Australian Hearing for hearing aid fitting.

Causes of conductive hearing loss: Otitis Media

Otitis media is caused by a virus or bacteria that leads to a build-up of fluid behind the eardrum in the middle ear.

This condition can result from a cold, allergy or respiratory infection. The accumulation of fluid in the ear may cause ear ache pain, swelling and redness, discharge and prevent the eardrum from vibrating properly.

Mild cases of middle ear infection often resolve of their own accord. More persistent cases may need medical attention and antibiotic treatment. It may be necessary for your GP to refer you to an Ear Nose and Throat Specialist (ENT).

Sometimes if the build-up of fluid lasts for long periods of time a condition called glue ear may develop. In some of these cases an ENT Specialist may decide to insert ventilation tubes (grommets).

Treatment of conductive hearing loss: What is a grommet?

A grommet is a tiny tube inserted into the eardrum under general anaesthetic. It allows air to enter the middle ear space to prevent the accumulation of fluid. This normally results in improved hearing. Grommets generally stay in the eardrum for 7–12 months and fall out on their own. Some children need more than 1 set of grommets.

A young girl with long brown hair is smiling and holding a black dog. The dog is looking towards the camera with its mouth open. The background is a blurred green field.

3

WHAT IS EARLY INTERVENTION?

Early childhood intervention is a system of coordinated services that promotes a child's growth and global development and supports families during the critical early years from birth to school entry.

Early childhood intervention works as a multidisciplinary approach which means all professionals involved with your child and family should be working together with you to get the best outcomes for your child. Early intervention programmes for children with hearing loss primarily focus on communication development, but also consider intellectual, social, emotional and physical growth needs.

It is important that sign and/or spoken language early intervention occur during the key language acquisition time between 0–5 years of age.

Accessing early intervention services

Early intervention (EI) services are offered by both government and non-government organisations in Western Australia. The variety of services available may include one-to-one or group spoken language intervention therapy, bilingual/bicultural education (Australian sign language/ English literacy), playgroups, in-home family sign language program, parent education groups and parent support groups. Early intervention services may also include medical intervention eg. cochlear implantation.

Questions to think about when looking for early intervention services

- Who provides early intervention services in my area?
- What type of service? Spoken language therapy? Sign language education? Both?
- What services can I access where I live?
- What information do I need to bring with me when I visit for the first time?
- What transport is available to intervention services if none in my area?
- Do I qualify for travel assistance?

Ellanee's Story

My name is Cate and I have two daughters with my partner Kelvin. Samara is 6 and has perfect hearing, Ellanee is 4 and is hearing impaired. This came as a shock to us as there was no known reason for her hearing loss. There's no hearing loss on Kelvin's side and no known loss on my side.

Ellanee's hearing loss was detected with the newborn hearing screening test at Bentley Hospital in 2010 within a week of her birth. Her initial diagnosis was a mild to moderate loss bilaterally and she was fitted with her first set of hearing aids at Australian Hearing at 12 weeks. I cried the whole time.

We attended the Telethon Speech and Hearing Centre (TSH) in Wembley for the first 3 years of Ellanee's life, her very first speech therapy lesson was just after she was 3 months old. We attended speech therapy and playgroups on a weekly basis, as well as audiology and psychology meetings. Included in the playgroups was occupational group therapy in a purpose built gymnasium. The staff were absolutely wonderful and it was a fantastic experience for both of us and helped me come to terms and understand what was happening. TSH also offered parenting courses such as Circle of Security. Between TSH, Australian Hearing and PMH appointments, her first 3 years was a very busy time for both of us.

During this time, through an MRI and CT scan, it was found that she had Enlarged Vestibular Aqueducts (EVA) bilaterally, and a one and a half turn cochlear – Mondini ears. Her loss has been attributed to a gene mutation, possibly related to Pendred Syndrome, although her thyroid function was normal when we last checked. Her hearing deteriorated significantly over the next couple of years to the point where cochlear implant surgery was done just before her 3rd birthday at Fremantle Hospital. The surgeon was wonderful and I had complete faith in his work.

It was at the hospital through a nurse on the ward that I had heard about the WA Foundation for Deaf Children and what Roz wanted to achieve with a Parent Mentor Program. I was given the

Foundation's phone number and I was asked if I would like to be a part of the program. Obviously I agreed.

We also attended WAIDE (now SSENS) in Padbury for playgroups after leaving TSH, and Ellanee thoroughly enjoyed this social interaction. Being able to leave her with a group, prepared her for kindy and gave me some much needed time out and the ability to shop alone – Samara was at school by this stage.

Ellanee is now at kindy at Cloverdale Primary School with her big sister in a mainstream class and coping very well – although her first day was too loud and she came home completely overwhelmed. She has a Teacher of the Deaf (TOD) visit her twice a week and her last OWL test (comprehension and expressive language test) came back with her hearing age at 5 years and 2 months so we were obviously very happy with her progress. She is an outgoing little girl, confident and happy in herself.

I need to say, that at the very core of this, is intense emotion. Initially, there is grief and feelings of guilt – I cried for a week after the confirmation of her diagnosis – sadness for the child – knowing she will be lacking a core sense. The ongoing stress about how things will turn out for her at school – bullying, access to hearing and learning etc – are always at the back of my mind. These feelings have never really left me, they are still there and come back to haunt me now and then. But I am strong and have two equally strong children to care for so I get on with it. I'm lucky to have a supportive caring partner who is there for me and has always been there for me every step of the way.

I now know, 4 years on, that she will be fine, and grow to be a confident well spoken adult but 4 years ago, as a new mother of a hearing impaired child, it was the most emotional and stressful event I have ever and probably will ever experience in my life time.

Written by Cate, Ellanee's mother.



There are lots of different ways in which babies with a hearing loss can learn to communicate. Some babies will learn to use speech and hearing, some will learn to use sign language and some will use a mixture of both. Early intervention programs offered in Western Australia use a variety of different teaching philosophies and learning methods for language development.

The choice about which method of communication you and your baby use is your decision. Your child's early intervention support team (educational Audiologist, early intervention organisations, support workers, parent support groups) will help you gain information to make an informed choice. As your baby grows and situations change you may decide to change or add other forms of communication. Every baby is different with individual needs and it is important to remember that you will know your baby the best. It is helpful as a parent to learn of all the options available to you and your baby.

Normal language development depends on many factors e.g. how significant the hearing loss is, the degree of intervention received to assist listening and speech development, the use of sign language, how early in the infants life intervention is received, how often hearing aids are worn, parent involvement and the presence of other health or development concerns.

How can I improve my communication with my child?

- **Cuddling, holding and playing touching games** or singing games are all important ways of communicating with your baby.
- **Ensure there is good lighting** in the room so that your face is not in a shadow. Face the light.
- **Reduce background noise** (turn down the radio, TV etc) or come in close to talk to your baby in a noisy environment.
- **Talking and using facial expression** encourages your baby to look at your face. This will help your baby see the face as having meaning for communication, whether using speech or sign language.
- **Good eye contact is important** when communicating with your baby. Look at your baby's face from about 20cm away – the best distance for babies to focus.
- **Gain your baby's attention** before speaking and/or signing. Wave or tap on an object or the baby to signal "Look at me".
- **Imitate the sounds and/or facial expressions** and hand movements your baby makes, and wait for him or her to repeat them.
- **Model actions and words** eg. wave 'goodbye', hold hands up to indicate 'lift me up'.
- **Speak clearly, naturally and at a normal pace.** Speaking too slowly or shouting will distort the quality of the sound your baby hears.
- **When using sign language,** help your baby see the communication and language you are using. Come in close and hold your hands, or object of interest, in the baby's line of sight and gradually move your hands towards your face as you sign, so your baby relates signing as communication with you.

Playing with sound and language

- When you notice an interesting sound or movement, turn your head from side to side to help your baby locate it – say or sign Where is the sound coming from? or What was that we just saw? Use facial expression to add meaning to your speech or sign.
- Play games such as "Peek-a-Boo" using lots of facial expression.
- Play with noisy and visually stimulating toys and games
- Use speech (lip movements) or gestures at every opportunity
- Try converting sound into hand movements/gestures eg. for a quiet noise sign/gesture 'small' and for a loud noise sign/gesture 'big'

If your baby has a hearing loss in one ear (unilateral loss), position your baby so that the good ear is directed to the sounds you want them to hear and talk in this direction. For example, if you are doing speech and language exercises, make sure you sit on the side with normal hearing. As this is your child's only normal hearing ear, it is also important to protect the good ear from loud noises (power tools, music, headsets).

Hearing Aids

- When developing listening and speech it is imperative that hearing aids are worn every waking hour so that the auditory and brain systems have the same opportunity to develop as that of a baby with normal hearing.
- Hearing aids should not be uncomfortable or painful for your baby if they are fitted correctly.
- Each hearing aid is attached to an ear mould that is the exact size and shape of your baby's ear.
- The Audiologist at Australian Hearing will take regular impressions of your baby's ears so the ear piece or ear mould fit snugly as your baby grows.

Cochlear implant

- For some children with a permanent severe/profound hearing loss, even the strongest hearing aid may not provide enough sound information for normal language development.
- A cochlear implant is a sophisticated hearing device that is implanted surgically. More information can be obtained from your Audiologist or cochlear implant team.

Auslan

- This is the name of the sign language used in Australia by the Australian Deaf community. The word 'Auslan' comes from Australian Sign Language. Like spoken languages, sign language is not a universal language, for example, ASL is American Sign Language, BSL is British Sign Language and NZSL is New Zealand Sign Language. The Australian government recognised Auslan as an official language in 1991.
- Auslan is a visual language that uses signs to create meaning by way of hand shapes, orientation, location, movement and facial expression. Signs are related to concepts, not words. Auslan cannot be read, written or spoken.
- Auslan is acquired or taught to children, where families have chosen a bilingual or signed approach to communication.

Sign Supported English

- Using hand signs at the same time as a sentence is a complementary communication system providing additional visual support for children developing listening skills. It can assist with the learning of written and spoken English.



Recognising the possibilities for your child

People often wonder what their baby's hearing loss will mean for them as they get older and whether they will have the same opportunities and experiences as other children. Will they play sport, will they go to a mainstream school, and will they hear music and everyday sounds?

Given the opportunity, Deaf children can do anything except hear or hear clearly.

Children with a hearing loss are able to experience most of the same things in life as those with hearing, with the right access. They might experience some things such as music differently but this does not mean they cannot be music lovers or players. Your child will play sports, dance, paint, and cook and experience all of the emotions as part of growing up. Hold on to your hopes and dreams for your child.

Children with a hearing loss can have a great opportunity to grow into strong, creative, successful individuals and most if not all of your dreams for your child are achievable. Each phase in your child's life will bring different challenges to deal with. Most of these will be related to the everyday issues of growing experienced by all children. Perhaps some challenges will relate to their hearing loss but not all of them.

Making friends

Some families wonder if their child's hearing loss will affect their ability to make friends. This may be particularly relevant when children start childcare or school.

Here are some ideas you might find useful:

- Provide opportunities for your child to get out and about and experience life.
- Allow your child to mix with your friends and family just as you would with any child.
- Attend the playgroups at your early intervention service and/or community groups.
Playgroups offer a good opportunity for children and parents to meet in small groups and socialise.

Will my baby grow out of it?

Conductive hearing loss may improve with medical intervention however sensorineural hearing loss is permanent.

It is important to have your baby's hearing tested regularly to monitor any further changes to assist with ongoing management.

Where will my child go to school?

Children with a hearing loss can go to their **local government mainstream school** and can be supported by either a Visiting Teacher of the Deaf and/or an Educational Interpreter provided by the School of Special Educational Needs: Sensory (SSENS).

Children up to year 6 can also choose to attend the government school, Mosman Park School for Deaf Children, where they can learn in a bilingual/bicultural environment. Here they are taught by Teachers of the Deaf, supported by Auslan Interpreters and Deaf Role Models. They work in small classes with Deaf and Hard of Hearing (DHH) children in the morning for intensive language and maths development, then are mainstreamed into the co-located hearing school for afternoon sessions. The children have regular access to Audiologists and Speech Therapists. Children come from all areas of the metropolitan area, usually commuting on the school bus service provided by the Western Australian Government.

Many children may go on to Shenton College or Belmont City College which are state high schools with specialised Deaf units. Please see SSENS website for more details at www.ssens.wa.edu.au/visiting-teacher-service2.html

Children up to year 6 can also choose to attend **selected private** primary schools across the Perth metropolitan area which provide extra support for hearing impaired children to continue their studies within a mainstream school. Telethon Speech and Hearing (TSH) offers this School Support Program. This extra support allows the child to take a full and active part in school life with support by an on-site Teacher of the Deaf.

Telethon Speech and Hearing (TSH) also provide opportunity for continued support at selected private senior high schools. There are a total of 9 private schools with TSH support. Please see their website for details at www.tsh.org.au/programs-services/hearing-impairment/school-support

Are there parents of children with a hearing loss that I can connect with?

There are several ways:

- Playgroups
- Reputable online forums
- Parent Mentoring programs
- Service providers may be able to put you in contact with other families
- West Australian Foundation for Deaf Children (Family Network Group) in Perth.



Mack's Story

My name is Natalie and I am the mother of a profoundly deaf child. His name is Mack he is 6 years old. Mack was born with congenital cytomegalovirus or CMV. CMV is experienced by only 1% of pregnant women.

Mack was extremely sick at birth and the prognosis was not good. Mack had typical CMV symptoms having enlarged liver and spleen, small head circumference, under developed brain, low birth weight, seizures, haemophilia and hearing loss. Mack spent his first month in the neonatal unit at PMH. He failed the newborn hearing screening test which was done in hospital. I remember thinking if he only just had a hearing loss I'd be happy because things could have been so much worse.

After copious amounts of testing at Australian Hearing and PMH, Mack had a right cochlear implant at 22 months. After an implant a lot of work and time needs to be given to developing speech by both the speech therapist and the parents.

Mack and I had 4 very intensive and stressful years at Telethon Speech and Hearing (TSH) using the auditory verbal method - no visual cues and no gesture. This was difficult for me as I knew Mack needed those cues even when wearing his ears (right cochlear implant and a hearing aid in the left).

Mack has never enjoyed wearing his CI. At first it was a behavioural issue where if you told him off, he would automatically knock his ears off as if to say "I don't have to hear this". Then he began burying it in the sandpit, throwing it out the car window and down a storm water drain. Recently a lady walking her dog near the school found it on the back of the oval and handed it in. I have wasted many hours of my life looking for it. Clearly he doesn't enjoy wearing it.

Mack has sound awareness with his cochlear but has not developed speech. He has profound hearing loss in both right and left ears. I went against advice to implant the other ear.

I have met many deaf and hard of hearing children. Some really enjoy the hearing world and enjoy using their hearing devices. Mack is not one of them. Mack is a true 'deafie' (term of endearment). He enjoys signing and is very visual.

Mack is now in year 1 at Mosman Park School for Deaf children where he is with other Deaf children and Deaf role models. He is immersed in Auslan at school which is his first and only language.

I am now a full time Auslan student at Tafe. I have completed cert II and will be going into cert III next semester. I'm hoping to be accepted eventually into the interpreter course. On weekends a deaf role model comes to the house to teach my husband and daughter to sign.

Mack still has days of frustration and is extremely physical (punching, kicking, biting etc.) but these days are becoming fewer as his communication and language is developing.

Written by Natalie, Mack's mother.

5 WHO CAN HELP?



These are some of the professionals, services and organisations that may form part of your child's support team.

	Newborn Hearing Screening	Diagnostic Paediatric Audiology (newborns and children)	Fitting of Hearing devices and servicing for 0-26 years	Hearing Implant program (paediatric)	Extended Family Support	Early Intervention Education Program	School age education (Primary school)	Auslan inclusive programs (Australian Sign Language)
Princess Margaret Hospital (Perth Children's Hospital)	✓	✓		✓				
Australian Hearing (AH)			✓					
School for Special Educational Needs: Sensory (SSENS)						✓	✓	✓
Earbus Foundation of Western Australia (EFWA)	✓	✓						
Ear Science Clinic		✓		✓				
Hear at Home						✓		
Kids Hear		✓						
Telethon Speech and Hearing (TSH)		✓		✓		✓	✓	
WA Deaf Society (WADS)					✓			✓
West Australian Foundation for Deaf Children (WAFDC)					✓			✓

Professionals:

Audiologist: Professionals specialising in the assessment, diagnosis and management of hearing loss. This includes the fitting and management of different hearing technology, such as hearing aids, cochlear implants and other assistive listening devices. They may further specialise as paediatric diagnostic Audiologists, educational Audiologists and cochlear implant Audiologists.

Ear, Nose and Throat Specialist (ENT): This is a specialist doctor who assesses, diagnoses and treats problems of the ear, nose and throat. They can treat middle and inner ear problems and investigate the possible cause of hearing loss. It is essential that all children who have a hearing loss are seen by an ENT specialist. It is possible to see an ENT specialist as a public patient or as a private patient. This can be discussed with your doctor (GP).

Speech Pathologist: Professional trained in assessing and supporting all forms of communication in babies, children and adults. They can advise on how speech and language is developing and formulate programs to support communication.

Auditory Verbal Therapist (AVT): This professional is first qualified as an Audiologist, speech pathologist or teacher of the deaf, with further specialised qualification. They partner with parents to provide the necessary skills to facilitate the development of listening and spoken language of their child.

Teacher of the Deaf (TOD): A qualified teacher who has gained a post graduate/masters qualification in educating children (birth to 18 yrs of age) with hearing loss. Early Intervention (EI) programs for children with a hearing loss include the employment of Teachers of the Deaf (TOD) to work with babies and pre-school age children and their families. In schools TOD work with classroom teachers to support the education and learning of the Deaf or Hard of Hearing child.

Geneticist: This is a specialist doctor trained in investigating and advising about the nature and inheritance of certain conditions which may suddenly appear or keep recurring in families. Some types of deafness have a genetic cause.

Psychologist: These professionals are trained to assess cognitive and behavioural functioning through a variety of assessment techniques with a view to developing a program to meet the needs of the individual and family. They can also offer counselling and support through the difficult times from diagnosis.

Paediatrician: Medical specialist concerned with the development of infants, children and adolescents.

Occupational Therapist: This professional looks at your child's developmental level of play, fine motor skills and daily living skills, such as eating and dressing. They can show you how to help your child become independent in self-help skills.

Services

Diagnostic Paediatric Audiology

If your child is referred for further testing from a newborn hearing screening program, a comprehensive assessment of your baby's hearing is scheduled. During this appointment, a Paediatric Audiologist determines if a hearing loss is present, how severe it is, and whether the cause may be medically treated. The assessment uses a range of tests which look at the different areas of the hearing pathway: from the outer portion of the ear, up to the brain. The testing is done while your baby is sleeping and doesn't require responses from your baby. Small sensors are used on your baby's forehead and behind his/ her ear, or small probes placed gently at the ear opening, to collect responses from sounds presented to their ears. The tests are completely non-invasive and don't cause discomfort or distress.

Frequently asked questions:

Does the test cause any discomfort to my child?

No, electrodes are similar to small stickers and adhere to the skin in a safe way and sound should not be presented at levels uncomfortable for your child.

Will I know the extent of my child's hearing loss upon finishing the test?

Diagnostic testing should provide you with a description of how your child is hearing and the likely impact on his/her communication development.

How does the Audiologist know for sure my baby has a hearing loss as my baby is so little?

The tests carried out with your baby to diagnose hearing loss are highly reliable and objective. Your baby's ear, nerve and brain responses to sounds are recorded on a computer to produce an audiogram. The Audiologist is trained to interpret the readings and diagnose different hearing conditions.

What happens after the test?

Once the test is completed, several referrals take place if a hearing loss is confirmed. The first referral, in the presence of a hearing loss, is to Australian Hearing. At Australian Hearing, the Audiologists will talk to you about how to assist your child in developing communication through the use of hearing devices (hearing aids and FM systems). Australian Hearing regularly monitor your child's progress with his or her hearing devices.

Will my child need further testing after this?

Hearing tests can occur throughout life and may take different forms. Often the assessments used to diagnose a hearing loss are repeated, and depending on the child's age, may require sedation. All results from these assessments are confirmed through behavioural testing in a hearing booth before your child's first birthday. It is important to prepare yourself for several hearing tests in the first few years.

What should I ask the Paediatric Audiologist?

- What part of the ear is affected?
- Why does my child have a hearing loss?
- Can it be fixed? Is it permanent? How do you know for sure?
- What effect will this have now? Over the next year? Over time?
- Will we be able to communicate by talking or sign language, or both with our child?
- Will this affect my child's schooling?
- Will my child be able to have children without a hearing loss?
- Do I have to pay for equipment?
- Will my child's hearing change?
- How often will my child need hearing tests? What about cochlear implants? Who pays?
- What if I am not an Australian citizen?

Fitting of Hearing devices

Your child will be referred to Australian Hearing (AH) by your Audiologist. This is an Australian Government Service which provides hearing devices including hearing aids, and information about the different types of hearing technology. If appropriate your child will be fitted with hearing aids by AH at no cost.

Questions to ask Australian Hearing

- What sounds and speech can my baby hear without hearing aids?
- What difference will hearing aids make?
- Will my child need to wear hearing aids for their whole life?
- What will I have to pay for and what benefits am I eligible for?
- Is there any equipment I have to pay for? What are FM receivers?
- Does my child have to wear the hearing aids every day?
- What if my baby won't tolerate the hearing aids?
- Are hearing aids uncomfortable?
- How often will the hearing aids need replacing?
- How often will the hearing aids need new parts?
- How often do we need new moulds made?
- How long does an average battery last?
- What happens if they get wet?
- My baby seems fine without hearing aids so why do I need to put them on?

Jenelle's Story

My name is Jenelle, and I have a profound hearing loss. I am also a mother of a profoundly deaf daughter, Lucia.

When I was born I was hearing. It wasn't until I was about 3 years old, that I was diagnosed as having a profound hearing loss. All the doctors & medical staff in the country region and in Perth, stated the reason for my hearing loss as having an allergic reaction to the latest immunisation needle. This was accepted as the cause of my deafness because I had my immunisation needle about 1 month before.

We lived in a very small country town called Three Springs, which is situated about 4 hours north of Perth, just before Dongara. It is a very small farming community and unfortunately there were no medical professionals to deal with hearing loss. Mum took on the role of my mentor, my mother, my teacher and speech therapist, and we spent many hours together trying to get me to talk and listen.

While growing up I never really had any close friends. I was more of a loner and would be quite happy to sit and read a book or catch up on my homework. I struggled with friendships, socialisation and just trying to keep up with my peers as I relied totally on lip reading and it was hard trying to keep up with everyone in conversation.

Most of my hearing appointments were based in Perth or in Geraldton, and back then I only had a visiting Teacher of the Deaf (TOD) maybe once a term. When she came, I used to run as far as I could to get away from these visits as I didn't like to be taken out of the classroom because I didn't like to classify myself as a deaf child or someone different. I wanted to be accepted like everyone else.

Apart from Mum, I grew up with no help or support and being in the remote country town, I didn't have access to facilities such as television subtitles, note takers, interpreters or anything like that through all my schooling years.

I did 3 years of boarding school at Sacred Heart College in Sorrento, and unfortunately I did not enjoy these years. I struggled with keeping friends, not being able to fit in with everyone listening to music and being with groups of people. Unfortunately I spent a lot of time trying to convince Mum that I didn't want to do high school anymore.

We all moved to Perth when I was 17 and I studied at a business college for over 12 months to obtain my Business Studies Diploma. Unfortunately I spent the next 10 months unemployed. It was so devastating to see all my classmates getting jobs so easily but as I couldn't use the phone I wasn't offered any admin/office jobs. Finally I was given a trial and I worked for a superannuation company for 8 years but I was never once offered a promotion and continued working as a filing clerk.

I was offered the chance to learn sign language and I thought why not. I learnt it at TAFE and this was one of the best decisions of my life. A new world opened up for me. It was so much easier for me to socialise with friends, at the park, at parties, in the night clubs, in pubs and relationships became so much easier. I had found my passion and it was communicating with my friends in Auslan – also known as sign language.

I am now married to a deaf husband, Mark and we have a 13 year old hearing son and a 7 year old daughter with a severe to profound hearing loss. Once again she was not diagnosed with a hearing loss until 3 years of age. Due to the all the struggles that I dealt with growing up, I taught her Auslan (sign language) from a young age.

I have had my struggles with Lucia being diagnosed deaf. It was hard, because a lot of people thought she was just not talking because I was teaching her too much signing. After MRI and CT Scans, visits to WAIDE (now called SSENS), visits to Telethon Speech and Hearing (TSH), PMH, Early Intervention, and Australia Hearing, it was decided she would use hearing aids. Unfortunately they were accessing inadequate

sounds for her and there was no improvement with her language.

She had her first Cochlear Implant at 4 years of age and her second cochlear implant recently at 6 years of age. I am very proud to give her these opportunities and hopefully it will give her a good start in her career and future.

It was a very hard decision for me to make to get Lucia implanted, mainly because I don't have cochlear implants myself and I didn't want her to go through the operation when I hadn't done so myself. I also felt I was going against the Deaf Community in getting her implanted but what everyone needs to know is "she is still deaf". Having cochlear implants is not going to fix her ears. When she is swimming or in the bath or if her implants malfunction and break down, she will always have Auslan / Sign Language skills as a back-up. But since being implanted with her second cochlear, her language, her speech, and her auditory skills have improved dramatically, and she is now able to locate where the sound is coming from. She has a love of music and she is now slowly trying to learn music. It's hard as this is something she has to learn on her own as I am unable to teach her but it's something she can do with determination and encouragement.

I hope Lucia sees me as her mentor as well as her Mum and her taxi driver to all her appointments. Because we are both deaf we have a bond that no one else can replace.

Written by Jenelle.

Lucia's Story

Hello, my name is Lucia and I am 7 years old.

My mum found out that I was deaf when I was 3 and I got hearing aids and they didn't work for me. Mum decided to give me a cochlear implant when I was 4.

When I was 6 years old, I asked Mum for a second implant as I was getting frustrated with not knowing where the sound was coming from especially when Mum was calling me.

I got my second cochlear implant when I was 6, almost 7 years old.

My mum has hearing aids, and I hear a lot more than her. I was out the back one day with Mum and I tried to tell her that there was a frog but Mum didn't believe me so she moved the pot plant and she was shocked there was a frog. Also Mum doesn't hear the cooking timer so I am always telling her that the cooking is finished.

I learnt sign language "Auslan" when I was a baby so when I found out I was deaf, I already had a language. I used sign language to communicate with my mum and dad, as they are deaf too, and also my brothers Tyler and Brandan who are both hearing.

Before I got my cochlear implants, Mum tells me that I was not talking. So we had to go to PMH every two weeks to do speech therapy with Katie and see Carl from audiology and look at where I am now thanks to my Mum. When I was younger I didn't like going to PMH so Mum used to reward me with buying new baby dolls clothes at Kmart – they had to be under \$4.00 or Mum wouldn't buy them.

I attend a mainstream school in Canning Vale, and I'm in Year 2. I have a full time interpreter with me so if I don't understand the teacher, the interpreter will always back me up and help me out. I wish I had more friends at school that did sign language as it would be easier for me to understand.

I am looking forward to attending Shenton College in Year 7 because there will be more deaf children there and I hope I will make some new deaf friends.

Written by Lucia.

Family Support

Every organisation listed in this booklet may offer family support (refer to heading 'Organisations' on page 32 for details of what this family support is).

Questions to ask

- How can I meet other parents of deaf children?
- How can my child meet another child with a hearing loss?
- Are there any on-line support groups?
- How do I get in touch with a Parent Mentor?

Education

Early Intervention (EI)

These are services that run programs to support communication development for infants and children with hearing loss. EI centres have different philosophies and teaching practices and either solely embrace the development of speaking and listening, or also include the development of sign language (Auslan). In WA, EI support services are offered by School of Special Educational Needs Sensory (SENS), Hear at Home, Telethon Speech & Hearing (TSH).

Questions to ask EI organisations

- How many years can my child participate in the Early Intervention program?
Do you offer play groups?
- What costs are involved?
- What different teaching approaches do you use to communicate with children? Sign Language? Speaking? Both?
- How much involvement do parents have?
- What professional support do you have?
- How does the process work?
- What sort of education can I expect from my child?
- Will my child be able to sign?
- Will my child be able to speak?
- Will my child go to our local mainstream school?

School Age Services

School-aged children can be supported by Teachers of the Deaf (TOD) from the School of Special Educational Needs Sensory (SSENS) at any local public and most private schools statewide. These teachers travel to the school to provide individual support (Visiting Teacher Service).

Telethon Speech and Hearing (TSH) employ Teachers of the Deaf to create specialised deaf units in selected private schools in the Perth metropolitan area.

Mosman Park School for Deaf Children is a public primary school which offers specialised education for Deaf children in an inclusive school setting. Students work in intensive language and maths development classes in the mornings, with a Teacher of the Deaf, supported by Deaf role models and Auslan (Australian Sign Language) Interpreters. In the afternoon, they are mainstreamed into the collocated hearing classes where they further develop their communication and social skills.

Many children go on to Shenton College or Belmont College which are public high schools with Deaf units.

The WA Deaf Society (WADS) provides Auslan For Families as a school-age program where additional or ongoing support is required to enable a Deaf student and their hearing family to learn to communicate effectively using Auslan as part of bilingual communication.

Hearing Implant (if applicable and if chosen)

There are instances when hearing aids alone will be insufficient for your child to have the best chance of developing spoken language. This is when a hearing implant should be considered. Unlike a hearing aid, a hearing implant bypasses the damaged parts of the inner ear and directly stimulates the hearing nerve. This signal is then interpreted as speech by the brain. A hearing implant can be useful when the damage to the inner ear is too much for hearing aids alone to overcome. This is often the case with severe-profound sensorineural hearing loss.

If there are concerns regarding your child's speech and language development despite him or her being adequately fitted with conventional hearing aids, you may be referred to an implant centre to assess hearing implant suitability. Your implant centre Audiologist will work in conjunction with your Australian Hearing Audiologist and Early Intervention Team or School Support Unit to determine your child's candidature as a hearing implant recipient. This involves further hearing assessment, both aided and non-aided, speech & language assessment and other developmental assessments as appropriate. Your child's medical suitability to receive the device will also be considered. Should your child be a suitable hearing implant candidate, surgery will be arranged and a detailed re/habilitation program will be designed.

The final decision to proceed with implantation is yours as parents. This should not be taken lightly. Hearing implantation is a big decision and requires a commitment from both the child and the family. It is important that you have all the information necessary to make an

informed decision. There are many appointments to attend during the candidature process and throughout your child's habilitation. The implant team will help you through this process.

Frequently asked questions

How will I know if my child needs a hearing implant?

There are many factors involved in deciding on implantation. Generally, the Audiologist will address whether hearing aids are providing your child with enough input to critical sounds for speech development. Research has shown children with severe/profound hearing loss will most likely perform better with a hearing implant compared to conventional hearing aids. The eligibility criteria for implantation change with advances in technology, and it is important for parents to be aware of this. If you have any queries or concerns yourself, you should raise these with your Australian Hearing Audiologist, Early Intervention Team or School Support Unit.

What is involved in the surgery?

The surgery usually takes between 3-5 hours and involves a small electrode array being expertly placed inside your child's cochlear and a magnet placed under the skin behind the ear. This is done under general anaesthetic.

What is the cost of having a hearing implant?

Hearing Implants are offered free of charge through the public system to children meeting the criteria for implantation. In the private system, undergoing the procedure for hearing implantation can cost upwards of \$25 000. If you have private health insurance the bulk of the procedure and the device itself may be covered. This should be discussed with your health insurance provider.

For more detail on any of these points please contact your implant centre directly.

What to ask the hearing implant team?

- How does a hearing implant differ from a hearing aid?
- What can my expectations be from a hearing implant? What will my child hear with a implant?
- What is involved in the surgery? Are there any risks?
- How reliable are cochlear implants? What are the failure rates?
- How long does a cochlear implant last for?
- How can we update the technology? How often do we have to replace the device on the outside? And the inside?
- Are there any limitations with a cochlear implant? Can my child have an MRI? Can my child participate in sports?

- How many manufacturers provide cochlear implants? What are the differences between them?
- What costs are involved for the implant surgery and long term management?
- What will be expected of me as a parent with regards to appointments?
- Does the cochlear implant “fix” hearing loss?
- What is the best age to perform an implant?

Bilingual/bicultural communication.

Some families may want their child to grow up being bilingual/bicultural, able to communicate using Auslan (Australian Sign Language) and written/spoken English.

Many organisations run Auslan-inclusive programs.



Organisations

There are a number of government and private organisations that are available to assist you and your child. Useful things to consider when making appointments:

- Enquire about your eligibility for financial assistance (See Chapter 6).
- Consider asking a family member or friend to accompany you to appointments for support and for remembering information.
- It is a good idea to write down a set of questions you need answered so that you don't forget as consultations are often short.
- A diary and notebook may be helpful.
- Develop your relationship with a team who nurtures you and where you feel the most comfortable.

Australian Hearing (AH)

This is an Australian Government Service which provides hearing devices including hearing aids, and information about the different types of hearing technology.

Australian Hearing will give every parent a copy of their publication called 'Choices', which contains detailed information about hearing loss, hearing aids, communication options and national support services.

Australian Hearing's services can be provided to children who are Australian citizens or permanent residents. Hearing impaired children with temporary residency status are not eligible for services under the Program but will be reviewed individually and may be approved if certain conditions are met. New Zealand Citizens who reside permanently in Australia no longer need to be seen under temporary resident provisions because the Office of Hearing Services (OHS) have been advised that they are eligible for the program. Proof of permanent residence in the form of a relevant visa or an Australian Medicare card with the child's name on it must be provided.

Families also have the option to contribute to the cost of hearing aids with more sophisticated and advanced features than the fully subsidised aids. The amount that families are required to contribute depends on the hearing aid, make, model and specific features.

Ear Science Clinic (formerly ESIA)

A not-for-profit organisation in Subiaco that specialises in hearing services for individuals and families from birth through to adulthood. The clinic provides a full range of services from diagnosis of hearing loss through to cochlear implants.

The Ear Science Institute runs both the Lions Hearing Clinic and the Ear Science Clinic, the largest hearing implant service in Western Australia.

The highly skilled multidisciplinary implant team works collaboratively to ensure families are well informed of their implantable hearing options and kept up to date with the latest advances

in implantable technology. Ear Science Clinic works in conjunction with the School of Special Educational Needs: Sensory (SSENS) to provide support for hearing impaired children and their families with cochlear implants.

Earbus Foundation of Western Australia (EFWA)

Provides free newborn hearing screening services in private maternity hospitals in Perth and country WA and free diagnostic hearing tests for babies and infants. The Foundation links children and families to both Australian Hearing and the Perth Children's Hospital as required and can provide referral links to the WA Foundation for Deaf Children and Early Intervention therapy providers. Earbus Foundation is supported by an outstanding Clinical Team consisting of Audiologists, GPs, Nurse Practitioners, Ear Nose and Throat (ENT) Specialists and Teacher of the Deaf. Earbus Foundation is a not-for-profit children's charity based in the metropolitan area but also works in many regional locations stretching from the Kimberley to Esperance.

Hear at Home

This organisation provides services funded by the Australian Government via the Better Start for children with a disability initiative (see page 43).

Offers a dynamic service for young children (birth – 7 years) diagnosed with hearing loss. The service advocates that the majority of infants and young children with hearing impairment have the potential to become competent listening and spoken language users in the hearing world. By working with families as soon as their child is diagnosed with hearing loss, Hear at Home guides and coaches parents (through regular therapy sessions) on how to facilitate listening and spoken language learning opportunities throughout their child's everyday life.

Hear at Home therapists are highly experienced, trained and certified in the auditory-verbal philosophy (see www.agbellacademy.org) and provide regular, relevant in-home learning opportunities that can be practised each day. Hear at Home collaborates with external services including audiology, ENT and occupational therapy to ensure each child receives access to spoken language and services related to their development.

Every child within a family unit has a unique set of needs. Hear at Home strongly adheres to "Family Centred Practice Principles"; recognising that each parent knows their child better than any professional and a partnership between parent and professional can facilitate optimal outcomes for a child.

All auditory-verbal sessions in the home are covered under the Better Start funding model. Hear at Home is an alliance of three independent, certified Auditory-Verbal Therapists who own and operate independent practices and come together under the banner "Hear at Home".

For more information, please go to www.hearathome.com.au

Kids Hear

Kids Hear Diagnostic Audiology is an independently owned clinic specialising in diagnosing hearing loss. Their Paediatric Audiologists evaluate and manage hearing loss from newborns to adolescents. Kids Hear is able to provide infant diagnostic testing using Auditory Brainstem Response (ABR) in both an awake and sedated state depending on the patient's requirements. Medicare rebates are available for patients with appropriate referrals or a signed referral letter available from the website www.kidshhear.com.au.

Kids Hear is based within Perth ENT Centre allowing the child to be seen by an ENT specialist, if required, without a waiting period. Kids Hear provides expert guidance to parents and families, so the children receives the best possible care.

Princess Margaret Children's Hospital (PMH) /Perth Children's Hospital (PCH)



At PMH (soon to be PCH) our services in hearing are centred around families. Our philosophy is simple: families first. We provide state-of-the-art, comprehensive range of audiological services, alongside a multi-profession team that includes Speech Pathologists, ENT doctors, Paediatricians, Oncologists and Geneticists. We are responsible for the largest paediatric cochlear implant program in WA as well as the statewide newborn hearing screening program. We offer infant diagnostic assessment using ABR under natural sleep, sedation as well as General Anaesthetic.

We are unbiased in our approach to communication development for children with hearing loss and their families. Our services are focused on supporting families throughout their hearing journey in a nurturing and knowledgeable environment. We actively engage in research around family support, and collaborate with services across Australia to continually benchmark what we do and why we do it. We also engage in training students and clinicians around Australia to ensure that we leave a legacy of family-centred practice for the next generation. Working with families is our calling, and our biggest privilege.

School of Special Educational Needs (SSENS)

SSENS is part of the Education Department of Western Australia. Based at the Statewide Services Centre in Padbury, it provides educational and support services for Deaf and Hard of Hearing (DHH) children from 0 –18 years, their families and schools throughout the state.

The Early Childhood Services program provides early intervention for babies (0–4 years) and families from two purpose built centres in the metropolitan area (Padbury and Southwell). Teachers of the Deaf (TOD) work with the Student Services team to help families make an informed decision about what communication method/s may work best for their child.

The visiting Teacher of the Deaf Services provides a support program for school-aged Deaf and Hard of Hearing students, which extends to both public and private sector schools. An individual level of service is recommended to support the educational impact of hearing loss for

each student. Teachers of the Deaf offer a range of services to support students, including one-to-one teaching programs and professional learning to teachers and schools.

SSENS also provides specialised support for babies and students with additional learning and/or medical needs – for example highly individualised communication support to meet the needs of students with multi-sensory disabilities.

Mosman Park School for Deaf Children (MPSDC) is a public primary school which offers specialised education for Deaf children from kindy to year 6. We have children who communicate either orally or by using Auslan and they are supported by highly specialised staff including Teacher of the Deaf, Auslan Interpreters and Deaf Role Models. Children at the school also have regular access to Audiologist services and speech therapy. Children work in small classes in the mornings where the program is developed to suit their specific needs. In the afternoon, the Deaf children work in the collocated hearing school with their hearing peers. This is an inclusive, integrated educational environment designed to meet all of the academic and social needs of deaf children. Most students utilise the School Bus Services to access the school as they come from many different locations in the metropolitan area.

Telethon Speech & Hearing Centre for Children (TSH)

This organisation provides services funded by the Australian Government via the Better Start for children with a disability initiative (see page 43).

Is a respected provider of diagnostic, therapy, education and support services for children and adults with hearing loss, and children with speech and language delay. TSH is a not-for-profit organisation and registered charity, which has been providing these vital services for almost 50 years. TSH provides the following services:

- Early Intervention and school support programs for children with hearing loss.
- Early Intervention for children with speech and language delay or disorder.
- Specialised paediatric audiological services.
- Specialised adult audiological services including cochlear implant clinic.
- Support and advocacy services for adults with hearing loss.

Telethon Speech & Hearing's programs are evidence based, best practice using a family centred approach. TSH provides a whole of life service for children with hearing impairments.

All children enrolled in the Early Intervention Hearing Impaired program receive individual sessions with a Speech Pathologist or Auditory Verbal Therapist. These sessions are based on the Auditory-Verbal Therapy approach and will focus on teaching the family strategies and techniques to help their children develop their listening, speech and language skills. All children enrolled are also offered therapy group sessions whereby children with hearing loss interact with similar children. All enrolled children have access to a multidisciplinary team that provides holistic early intervention services. The TSH multidisciplinary team includes Auditory Verbal Therapists, Speech Pathologists, Audiologists, Occupational Therapists and Psychologists.

TSH also provides a school age support program in nine schools across Perth. Teachers of the Deaf are based at the schools to provide support to the children, families and school staff. The program is also supported by a multidisciplinary team which includes Audiologists, Psychologists and Occupational Therapists and they provide individual and group sessions with the children as well as supporting the families, Teachers of the Deaf and mainstream school staff.

TSH is a registered provider within the National Disability Insurance Scheme (NDIS) as well as with the Office of Hearing Services.

WA Deaf Society (WADS)

A not-for-profit organisation established in 1921 to meet the needs of Deaf and Hard of Hearing people and their families. A core business of WA Deaf Society is sign language communication. WADS offers Auslan education courses and Interpreting services. Families can also receive information on Deafness Awareness Training (DAT) and information about technology and devices that can assist a deaf family member communicate more effectively.

WADS provides a free bilingual bicultural EI Language Early Access Program (LEAP playgroup) that recognises the use of both sign language communication and hearing/oral communication for language development. Deaf children of hearing families socialise with hearing children of Deaf families, whilst hearing and Deaf parents benefit from the socialising and exchange of parenting and language learning skills. The Deaf parents act as an important cultural and linguistic role model for both the Deaf children and their hearing parents.

Auslan for Families is a unique home-based program designed to support hearing families with a Deaf child. WA Deaf Society staff work with the whole family, including parents, siblings and the child at different times from 0 to 17 years of age, to develop strategies that enhance the family's capacity to be the natural facilitator of the Deaf child's first language Auslan.

Auslan For Families is a flexible, evidenced-based program consisting of blocks of teaching sessions delivered in the home or other key environment by a qualified native Deaf Auslan teacher and speech pathologist/case management officer. At key times such as initial and review sessions, communication between Deaf and hearing participants is facilitated by a NAATI-accredited Auslan interpreter. The program teaches the family how to adapt their communication and home/other key environments to be visually accessible to their Deaf child, and information about Deaf culture and relevant sign language is learned through everyday interactions and activities

The Deaf Auslan teacher is both instructor and role model for the family on Auslan sign language and Deaf culture, and the speech pathologist/case management officer works with the family, teacher and key personnel to support and strengthen their capacity to provide opportunities and experiences that will promote the Deaf child's sign language acquisition, language development, learning and participation in everyday activities.

The program is individualized and can be accessed according to the age/stage of the child and needs of the family. WADS staff work with the family to access the program via National Disability Insurance Scheme (NDIS), Better Start or other individual funding for children who meet Disability Service Commission (DSC) eligibility criteria.

West Australian Foundation for Deaf Children (WAFDC)

A not for profit charity organisation that supports Deaf and Hard of Hearing children (0–24 years) and their families by promoting and supporting the education, life skills and learning opportunities of deaf children. The Foundation provides community support and non-biased information to families and carers of newly diagnosed children with a hearing loss.

The Foundation hosts the Family Network Group (FNG) which provides opportunities for families to meet in a relaxed setting at information nights, coffee mornings and fun children/family activities.

The Foundation provides trained Parent Mentors who have already been on the journey of hearing loss with their own child, and are available to support parents with Deaf and Hard of Hearing infants and children.

The Foundation provides specialist training for teachers to become qualified Teachers of the Deaf (TOD) in WA through the Royal Institute for the Deaf and Blind Children (RIDBC), Renwick Centre.

Our commitment is to support children and families in WA by providing independent, unbiased and accurate information and support services. We use an inclusive and holistic approach to improve life skills and empower deaf children and young people.

This Foundation has also compiled this booklet.



Jack's and Charlotte's Stories

Our journey started in March 2007 when Jack was diagnosed with a severe to profound hearing loss. I remember commenting to my Mum when Jack was just a few days old that I didn't think he could hear but Mum didn't seem to think that was the case. Then when Jack was six weeks old we attended a wedding and at the reception we were placed virtually under the speakers and Jack slept through the whole night! The local Child Health Nurse commented that some babies are placid enough to do that.

However, when Jack was eight months old I filled in a questionnaire about his development, there were some questions that raised my suspicions even more. Does he try to find you when you call from another room? No, I can stand next to him and call him and he doesn't respond. That was the start of a few tests of my own. I gathered the pots and pans from the kitchen and headed for Jack's room while he was sleeping. No amount of banging and clashing would wake him that day.

We were referred to Telethon Speech and Hearing (TSH) for a hearing test. These tests confirmed Jack's hearing loss.

Jack received his first hearing aids in May 2007 and he happily wore them all the time. We started our rounds of tests at the Audiology department at PMH. It was quickly established that hearing aids were not going to be enough for Jack and so he was tested for eligibility for a cochlear implant. We were given the go ahead for an implant and surgery was scheduled for September 2007.

Jack's surgery was very successful and he was switched on in October. He didn't have the big emotional response that see you in some stories. His processor was set to be just a little louder than his hearing aids and over time the mapping was adjusted slowly each time until it reached its most effective point.

As we have a four hour car trip to visit PMH each time, our follow up appointments were set at monthly intervals. Sometimes we would have all our appointments in one day, other times we had them over two days. Jack responded really well and was soon on his way with developing his speech and his listening skills.

At the time of his diagnosis we were given the choice of joining with either Telethon Speech and Hearing Centre (TSH) or WAIDE (now known as SSENS). We live in Manjimup so we felt that WAIDE could serve us better as we could access their services from home. Jack was visited by a Visiting Teacher from Bunbury from the time he was ten months old, initially at home and now at school.

Jack is now 9 and unless you know that he is deaf, when you speak to him, you wouldn't know as his speech is just like yours and mine. Academically speaking he is in the upper part of his grade across all subjects and his favourite pastime is reading. He received his second implant when he was 6 and he is still getting used to it. Hopefully over time it will become as good as the first implant.

Christopher was born in February 2008 and he had his hearing tested during one of Jack's appointments. He passed his test with flying colours!

In October 2009 we welcomed Charlotte into our family. Initially we thought that her hearing was okay and as our regional hospital was not able to offer the Newborn Screening Test at that time. We booked her in for a test alongside Jack's next audiology appointment at PMH. The newborn screening test resulted in a referral and a follow up ABR showed that she had a mild to moderate loss.

Charlotte was fitted with hearing aids at three months – just when she discovered that she could grab things with her hands! The number of times we misplaced her hearing aids in the early days was ridiculous! We had to be creative in trying to get her to keep them on, ending up with a neoprene swimming band. It was tight enough for her not to get her fingers under to pull the hearing aids out. Over time she got used to them and now as a 5 year old she wears them all the time. We have had her assessed for a cochlear implant but at this stage it is not warranted. In working with both Australian Hearing and PMH we have been able to get her hearing aids optimised for the best possible results and although she still has gains to make, she is starting to catch up with her peers.

Both Jack and Charlotte have an FM system that our school uses extensively which is of great assistance to both of them.

In 2012 Olivia joined our family and she passed her hearing test as well.

Our journey has been varied and has had its challenges, one of those being the distance that we are from the services that we need to access. The team that we have been working with at PMH have looked after us by scheduling appointments together to minimise our travel time.

Our journey is far from over and it will be interesting to see where technology will take us in the coming years as we walk with our children down the path that is presented to us.

Written by Joh, Jack and Charlotte's mother.



6 ADVOCACY AND SUPPORT

Advocating for your child means promoting his or her welfare and interests.

Parents want the best for their children and want to provide the best opportunities so that they can grow to be happy, independent adults. Parents are responsible for their child's welfare and have their child's best interest at heart; they are natural advocates for their children.

As your baby grows you will find there are situations where you may require advocacy skills. The tips below may help you along the advocacy pathway:

- Educate and inform yourself about hearing loss and its effects on your baby.
- You are the key member of your baby's support team so it is important that you see yourself as part of the professional team.
- Become familiar with terminology, jargon, rules and processes and if you are unsure ask.
- Be confident about your abilities and rights. Effective communication is one of the keys to success.
- Keep a record or copies of all reports, letters and notes of phone calls in a file.
- Ask for help from your team.

Your family

Brothers and sisters

Having a new baby in the family is an adjustment for siblings. Diagnosis of hearing loss affects everyone in the family. There are things you can do to make the situation easier for your other children:

- It is often helpful to educate siblings about hearing and hearing loss. Knowing the facts reduces their uncertainty and puts their fears into perspective.
- Listen to siblings and allow them to express their feelings and questions.
- Where possible, make time for each child through the day. Any alone time with mum and dad can make a difference to their experience of the diagnosis and habilitation process.
- Continue your usual family activities and rituals.

A message to extended family and close friends

Grandparents, other extended family and friends can provide positive emotional and practical support after an infant has been diagnosed with a hearing loss.

There are a number of practical ideas to assist the family. Some families may really appreciate practical help with cleaning, washing, ironing or shopping. Allow the parents to guide you. Avoid taking control.

Babysitting the new infant and/or other siblings can allow parents some time out to relax or time to attend appointments.

Discuss with the parents how you can be involved in supporting communication development (eg attend sign language classes, attend oral language therapy sessions).

Embrace user-friendly technology. Learn how to put in hearing aids and how to test them, change the battery and so on.

Suggestions to enhance the family coming to terms with the news

Families respond well to statements that reflect positivity and encouragement. In the early days, when parents are still coming to terms with the diagnosis of their child's hearing loss, parents appreciate practical assistance and someone to listen to their experience, more than advice and opinions. With loving support, the family and child will have the best possible start.

Parents who receive support and good information from professionals are able to make the right choices for their family.

Financial Support

Patient Assistance Travel Scheme for rural areas (PATS)

PATS is designed to provide assistance to people who live in isolated and remote communities to access specialist medical treatment. Families who live more than 100km (one way) from the nearest treating specialist are eligible to apply.

More information about PATS can be found at

www.wacountry.health.wa.gov.au/pats or contact your local PATS office on the numbers below:

Albany	1800 728 747
Broome	(08) 9194 2236
Esperance	(08) 9079 8100
Geraldton	(08) 9956 2216
Kalgoorlie	(08) 9080 5681
Mandurah	(08) 9586 4413
South Hedland	1300 653 231
South West	1800 823 131
Wheatbelt	1800 728 792

As well as the PATS scheme there may be other services available.

Visit <http://wafdc.serviceseeker.com.au/> and search the 'Service Directory'.

Try to arrange for appointments with the various specialists on the same day and arrange to stay overnight where possible. You may be able to apply for financial assistance for this. It might be better to stay overnight as you and your baby will feel rested and more relaxed.

Be organised, keep everything in one place and when at your appointment don't allow specialists to rush you. You have travelled a long way to attend your appointment and you should return home feeling the visit was worthwhile.

Carer's allowance

You may be eligible for a carers allowance to help with extra costs that you may incur having a child with a hearing loss. Contact Centrelink on 132 717 for more information or to make an appointment. Information from the following links may be useful before ringing Centrelink-

<http://www.humanservices.gov.au/customer/enablers/centrelink/carers-allowance/eligibility>

<https://www.comlaw.gov.au/Details/F2011C00725>

Better Start

This initiative was implemented in July 2011 by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs to financially assist children with selected disabilities, The Government chose to include hearing loss in this initiative.

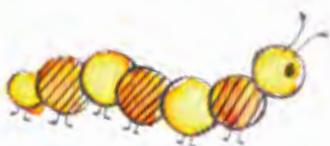
Families of children with a hearing loss of greater than 40db in the better ear can access Better Start funding. Teachers of the Deaf who specialise in early intervention can be employed by families through this scheme to work with their child from birth to 7 years. These Teachers of the Deaf need to be registered with the Department of Social Services (DSS) to enable a family to access this funding for their child.

For more information go to:

Better Start WA email: betterstart@carerswa.asn.au

Better Start WA phone number: (08) 9228 7400

Website: www.carerswa.asn.au/carers-wa-services/better-start-for-children-with-disability/



Chris's & Edie's Stories

This story starts with my Mum reporting me to be a reasonably placid child, who made all the right noises and did all of the appropriate things. Infant testing was not available at Attadale Hospital on the 28th June 1974. I had a very close relationship with my older brother Tim (by 2 years). I was basically his shadow and he, the leader of the pack would act on my behalf. Interestingly he spoke on my behalf as well, or prompted me when he saw that I had not heard and understood. Neither of my parents felt this was unusual.

June 1977 Mum's friend, a Primary School Teacher, suggested there were signs of hearing loss. Aged 3, a visit to the Commonwealth Government Hearing Centre in Vic Park resulted with the Audiologist concluding that there was no evidence to support hearing loss. Suspicious, my parents then took me to a recommended Hearing Specialist who similarly saw no evidence to support this. His method of testing included the use of a tuning fork.

Mum's friend again raised her concerns.

A further consultation was arranged at the Commonwealth Government Hearing Centre and it was only then that a young Audiologist concluded I had a "U" shaped profile; a fingerprint of my impairment. Moderate bilateral sensorineural impairment was the prognosis. Hearing Aids were ordered. I recall the process of being fitted as deeply traumatic. I was referred to the "Deaf School" for ongoing consultation. Another Audiologist assed my capacity and concluded that I was able to manage using lip reading skills. Arrangements were made for regular visits from the Centre.

My hearing aids were another matter indeed. It eventuated that I received one hearing aid, and this was somewhat cumbersome to a child that had no obvious disability. Conscious of my new look and susceptible to criticism, I struggled. This was me aged 9.

After years of parking this whole episode of my hearing life, I now realise that I was on the receiving end of bullying of the highest order at school. Recounting my experiences has helped me understand this better and start to reconcile. Sport was and has been, thankfully, my salvation. I have mostly been fit, active and moderately talented. With sports I learned to communicate on field by lip reading, hand signals, and a fair bit of shouting. Athletics, Rugby and Rowing were my passion, and if it wasn't apparent that I understood instruction, I was able to demonstrate that I had some grasp by my actions on the pitch or on the water. By this stage the hearing aid was a thing of the past. Refusing to be the subject of ridicule, and by leveraging these coping strategies I got on with it, never thinking to reach out or that there might be people in a similar situation as my own.

At University I continued to push on, never thinking that the headaches I was getting were a result of trying to listen too hard. Thankfully by this time, most lectures were being recorded and I was able to go back and capture anything I had missed. I still hid the fact that I had a hearing impairment even though as I recall now there were moments where it was obvious that I was not in control. Never did I think to revisit the wearing of hearing aids given that I was a poor student who could barely afford to pay rent and buy books.

Working in busy, noisy environments to support my studies was challenging but all part of the journey. My loved ones knew of my impairment but that was basically it. As I started to forge a career I became more open to sharing, and often people were amazed when I told them. Otherwise I came across as either arrogant or aloof (or both).

Our daughter Edie was born September 3rd 2005 with the initial hospital screen proving nothing. It wasn't until Edie was 4 that things started to unravel. We took her to her local GP and were referred to an Audiologist due to glue ear. Grommets were installed. She passed her Kindy hearing test, but it wasn't until my wife challenged the Audiologist with the information that I was

hearing impaired that a mild loss was detected in Edie, but because of the glue ear and grommets this could not be substantiated. Edie continued to develop normally albeit in a loud manner. We put it down to her big personality.

After the grommets had fallen out our Audiologist finally confirmed our fears and suggested that because she had passed the newborn hearing screening test but now a hearing impairment had been detected, her hearing must have deteriorated. We were told not to worry because "Cohlear technology was commonplace".

The pain and guilt I felt at this point was crippling. To know that I was the potential source and was responsible is something I still have not entirely come to terms with. Unable to deal with reality I retreated and hid. My wonderful wife however, stood up to the challenge and confronted the Audiologist and commenced proceedings with Australian Hearing. Edie was finally diagnosed with mild bilateral sensorineural impairment.

Edie was referred to WAIDE and Telethon Speech and Hearing, but proved after being fitted with hearing aids that her impairment was really a drop in the ocean. All singing, all dancing, with the sporting genes that helped me cope she is articulate, confident and outgoing. There are aspects of learning where she needs support but these are monitored closely. Like me she has deployed strategies to help manage situations. Critically though, and unlike me, she is not afraid to ask for help.

Perception of impairment (of any kind) is no longer a burden for our children. I look at her now and realise that my feelings of guilt were a reaction to fear of the unknown.

I didn't want to deal with it because of denial. I realise now that my reaction was part of a larger grieving process. For me, all of a sudden my child was not perfect and my own world was thrown into turmoil.

Career, relationships and day to day existence continue to be a challenge but my experience is nothing compared to those of the new friends I have made through the Family Network Group (FNG) and Parent Mentor Group (West Australian Foundation for Deaf Children), and the Deaf Community at large.

Being part of these groups has helped me to reconcile, to understand a little better and to realise that our unique hearing profiles, these individual fingerprints we have, define us but in no way limit our potential.

Written by Chris, Edies father



CONTACT INFORMATION

For services in your local area please visit the service directory on the West Australian Foundation for Deaf Children's website at <http://wafdc.serviceseeker.com.au/>

Princess Margaret Hospital (PMH)

- Newborn hearing screening (NBHS)
- Diagnostic Audiology Services
- Cochlear implant program

Roberts Road, Subiaco, Perth 6008

Tel NBHS: (08) **9340 8366**

Email: hearingscreening@health.wa.gov.au

Website: www.pmh.health.wa.gov.au/services

Hospital main number: 9340 8222

Australian Hearing

Australian Government agency dedicated to helping people manage their hearing loss so they have a better quality of life.

27 Wittenoom Street, East Perth 6004

Tel (08) **9226 7100**

www.hearing.com.au

School of Special Educational Needs: Sensory (SSENS)

- Early Childhood Services
- Playgroups
- School Age Services

Statewide Services Centre

33 Giles Avenue, Padbury 6025

Tel: (08) **9402 6409**

Email: sensory@education.wa.edu.au

www.ssens.wa.edu.au

Mosman Park School for Deaf Children

- Bilingual/Bicultural education which targets each child's needs.

91 Victoria St, Mosman Park 6012

Tel: (08) **9384 2088**

SMS: 0437 412 975

www.mosmanparkschoolfordeafchildren.wa.edu.au

email: MosmanPark.SFDC@education.wa.edu.au

Ear Bus Foundation of Western Australia

- Newborn hearing screening (NBHS)
- Diagnostic Audiology Services

18 Barrett Street, Building E, Wembley 6014

Tel: **0423 161 772**

email: otitismedia@hotmail.com

www.earbus.org

Ear Science Clinic

- Cochlear implant program and associated services

Suite 2, Level 2

1 Salvado Road, Subiaco 6008

Tel: (08) **6380 4944**

email: info@hearingimplants.org.au

www.earscienceclinic.org.au

Hear at Home

- *Early Intervention Language and Listening Therapy in your own home*

Tel: **0415 313 419**

Email: pia@hearathome.com.au

www.hearathome.com.au

Kids Hear

Diagnostic audiology for infants and children

Perth ENT Centre

Suite 1, Salvado Road, Subiaco 6008

48 Arnisdale Road, Duncraig 6023

Tel: (08) **6380 4955**

Fax: (08) 6380 4954

Email: info@kidshear.com.au

www.kidshear.com.au

Kalparrin

Not-for-profit organisation run by Parents of Children with Disabilities Inc. and is available for family members/carers of children of all degree of abilities

Princess Margaret Hospital, Roberts Road

Subiaco 6008

Tel: (08) **9340 8094**

Email: kalparrinwa@health.wa.gov.au

www.kalparrin.org.au

Senses WA

- *Disability support services to people of all ages*
- *Service to people who are deafblind*

11 Kitchener Avenue, Burswood WA 6100

Tel: (08) **9473 5400**

TTY: (08) 9473 5488

email: admin@senses.asn.au

www.senses.asn.au

Telethon Speech & Hearing (TSH)

- *Early Childhood Services*
- *Playgroups*
- *School Age Services*

36 Dodd Street, Wembley 6014

Tel: (08) **9387 9888**

email: speech@tsh.org.au

www.tsh.org.au

WA Deaf Society (WADS)

- *Early Intervention and School Age Services (LEAP Playgroup & Auslan for Families)*
- *Auslan classes*
- *Interpreting Services*
- *Advocacy*
- *Family support*
- *Specialist Employment Services*

Suite 46/5 Aberdeen Street, East Perth 6004

Tel: (08) **9441 2677**

TTY: (08) 9441 2655

email: wadeaf@wadeaf.org.au

www.wadeaf.org.au

West Australian Foundation for Deaf Children (WAFDC)

- *Promote and support education, life skills, learning*
- *Advocacy*
- *Family Support*

53 Curtin Avenue, Cottesloe 6011

Tel: (08) **9385 3557**

email: admin@wafdc.com.au

www.wafdc.org.au

Your support team - Quick Reference

DOCTORS	
General Practitioner	
Name:	Address:
Phone:	Email:
Ear Nose and Throat Specialist	
Name:	Address:
Phone:	Email:
Paediatrician	
Name:	Address:
Phone:	Email:
Geneticist	
Name:	Address:
Phone:	Email:
Ophthalmologist	
Name:	Address:
Phone:	Email:
Cardiologist	
Name:	Address:
Phone:	Email:
Nephrologist	
Name:	Address:
Phone:	Email:

HEALTHCARE PROFESSIONALS

Audiologist

Name:

Address:

Phone:

Email:

Speech Pathologist

Name:

Address:

Phone:

Email:

Social Worker

Name:

Address:

Phone:

Email:

Psychologist

Name:

Address:

Phone:

Email:

EARLY INTERVENTION PROFESSIONALS

Teacher of the Deaf

Name:

Address:

Phone:

Email:

Early Childhood Teacher

Name:

Address:

Phone:

Email:

Auditory Verbal Therapist

Name:

Address:

Phone:

Email:

West Australian Foundation for Deaf Children

Telephone: (08) 9335 3557 or 0423 646 741

Email: rozL@wafdc.org.au Website: www.wafdc.org.au