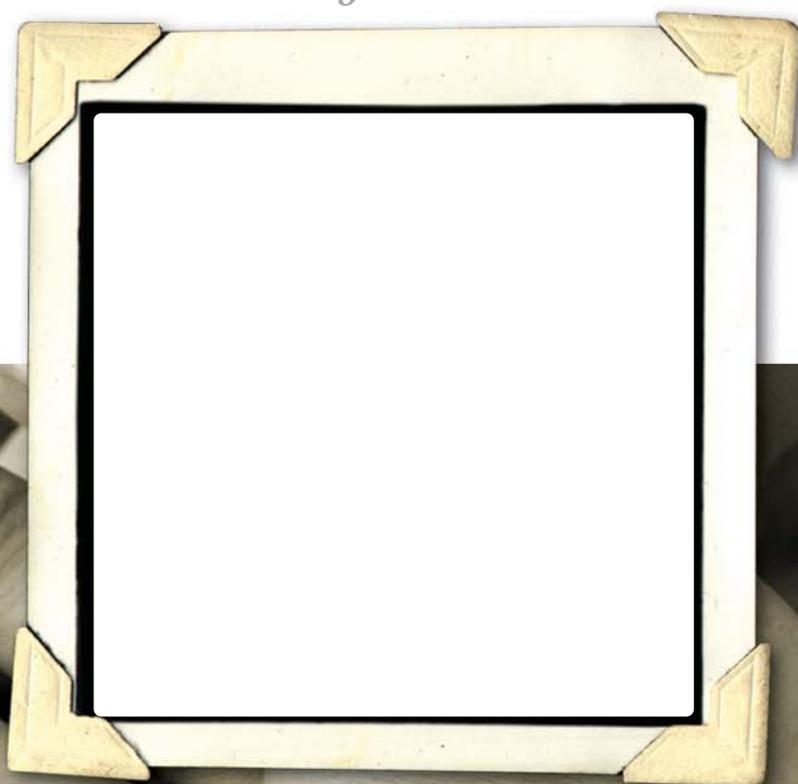


pOssibilities

and pathways
for



A RESOURCE FOR FAMILIES OF CHILDREN WHO HAVE A HEARING LOSS

aCknOwledgements

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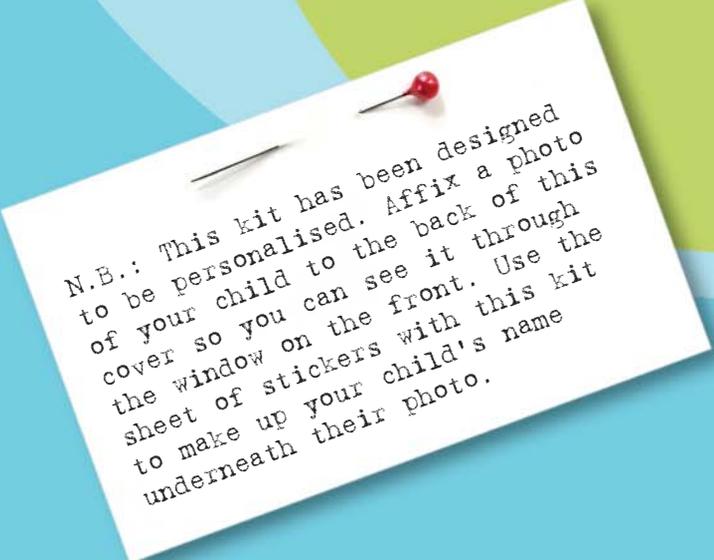
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N.B.: This kit has been designed to be personalised. Affix a photo of your child to the back of this cover so you can see it through the window on the front. Use the sheet of stickers with this kit to make up your child's name underneath their photo.



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Every family is different and will experience different things, in different ways, at different times. Some of the information in this resource will be useful to you now, and some may be more useful when your child is older.

about this kit

THE PURPOSE OF THE KIT

Possibilities and Pathways has been designed as a guide for families whose child has been identified with a hearing loss. It aims to:

- help you explore what your child's hearing loss might mean for your family and your child
- provide information to support your decision-making
- give you some practical tips that might assist you on your way, and
- link you to a range of support services and other useful sources of information.

Every family is different and will experience different things, in different ways, at different times. Some of the information in this resource will be useful to you now, and some may be more useful when your child is older. Keep this book handy and use it at your own pace as the different chapters become relevant to you. You may choose to look through *Possibilities* alone, with your family and friends, or with a professional such as your Hearing Loss Family Support Facilitator (see page 4).

Because the kit is about you and your family, it's been designed so it can be personalised. A space has been provided on the front cover so that you can insert a photo of your child in the slot inside, while a sheet of sticker letters has been included so that you can paste your child's name into the title.

You will also receive a book from Australian Hearing called *Choices*. Australian Hearing is the Commonwealth Government agency that provides services such as hearing assessment, hearing aids, and other listening devices. The *Choices* book is a particularly useful resource for parents in the first six months after diagnosis as it contains information to help you understand hearing loss. If you keep both *Choices* and *Possibilities* together in this kit, as well as any other brochures, reports and information you receive along the way, you will build up a very useful reference package. Best of all, the package will be targeted specifically for you and your child.

WHAT'S IN THE KIT

The *Possibilities* kit contains:

- The *Possibilities* book
- A sheet of sticker letters so you can personalise the resource
- A notepad of 'Our questions' to record questions you may wish to ask professionals and support services
- Two copies of an information sheet for your child's grandparents called 'When your grandchild is diagnosed with a hearing loss'

- Four copies of an information sheet for your friends called 'When your friend's baby is diagnosed with a hearing loss'
- A checklist to help you consider some of the important issues in choosing an early intervention service for your child
- A document wallet for storing your child's reports, letters from professionals, and other information
- Additional space for storing other important resources such as:
 - *Choices* – from Australian Hearing
 - Your child's *Personal Health Record* (their 'red book' provided by the hospital at birth), and
 - Your child's record of medical assessments.

HOW TO USE THIS BOOK

Although *Possibilities* can be read from cover-to-cover, it doesn't need to be read in this way. It has been written so you can dip in and out of the different sections and find the information that is important for you at any particular time.

For example, when you're looking for guidance on what to do next, Section 1 on *Understanding your child's hearing loss* will help; when you're trying to come to terms with your feelings or balancing the family's needs, Section 2 may be useful; and when you're simply trying to locate some contact details or check the meaning of a technical term, Section 3 will provide a quick reference.

Throughout *Possibilities* are boxes with tips from other parents of children who have a hearing loss. You will also find 'Questions to think about.' These might help you to reflect on your own experiences, examine how what you have read and heard relates to your own situation, and prompt you to jot down your questions on the 'Our questions' notepad provided in the kit. You can then discuss these issues with a doctor or other service at a later date.

A note on terminology: in *Possibilities* the terms 'deaf' and 'hearing loss' are used interchangeably to refer to any level of hearing loss. You might choose to use different words, and you might notice other families and professionals using words such as 'hearing impairment' or 'hard-of-hearing.'

We hope *Possibilities* makes a valuable contribution to your family's journey and encourages you to discover many other sources of information and support to help you build a happy future with your child.

Queensland Hearing Loss Family Support Service

One of the many services available to your family is the Queensland Hearing Loss Family Support Service (QHLFSS). This service supports families all over Queensland who have children with a hearing loss. It is available to your family until your child finishes Year 1.

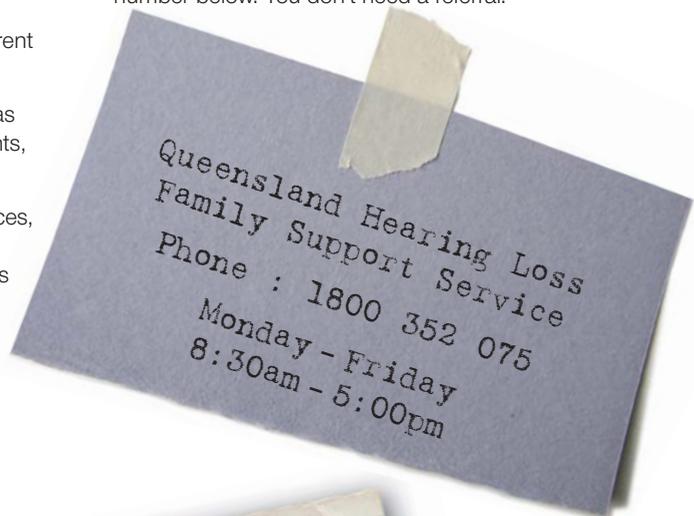
The service comprises a team of Hearing Loss Family Support Facilitators (sometimes referred to as FSFs). The FSFs are all trained as social workers, counsellors or psychologists and have further training in issues related to childhood hearing loss.

Families can use the FSFs in different ways at different times for help in:

- finding information about concerns as diverse as early intervention services, medical appointments, financial support, transport to appointments.
- negotiating the maze of professionals and services, such as which doctor to consult on a particular question, or which services have particular skills and resources.
- attending appointments.
- liaising with the other services your child uses to develop short, medium and long term goals and strategies.

FSFs will also listen when you just want to talk to someone outside your immediate friends and family. They will do this by telephone or video-teleconference, or in person through home visits or visits to a centre.

You may already have been in contact with someone from the QHLFSS, but it is entirely your choice whether you continue to use this service. However, if you haven't yet had contact with the QHLFSS and would like to speak with an FSF, simply call the freecall number below. You don't need a referral.



QUEENSLAND HEARING LOSS
FAMILY SUPPORT SERVICE

section ①:

Understanding your child's hearing loss

As you start on the path of making decisions about how to support your child to achieve their greatest potential, good quality information will be one of your greatest assets.



Other parents say:

- Ask your baby's doctors and audiologists to write down the main points they have discussed with you
- Ask questions and make sure you understand the answers
- Try to get a check list from your medical team so you have a feeling of moving forward.
- When you get into the appointment, take your time to ask the questions you need to. Sometimes it can feel like you're being rushed out the door but it is important to find out what you need to know.
- What worked for me was taking someone with me to appointments (e.g. family or a friend) and not planning anything afterwards, as sometimes the visit would bring up emotions I hadn't planned.

chapter 1:

what happens now?

TYPICAL PATHWAYS

When a child is first diagnosed with a hearing loss, apart from dealing with a range of complex emotions, parents find they are suddenly very busy with so many different people to see and places to go. There is, however, a fairly standard pathway which is recommended for families in these early days. A Family Support Facilitator (see page 4) can help you with each step in the process if needed.

- Your child will have attended audiology by this stage for a full hearing test. If you haven't already had contact with a Family Support Facilitator (FSF), you will probably be referred at this stage.
- The audiologist will recommend that your child sees an Ear Nose and Throat specialist (ENT) and organise an appointment with Australian Hearing.
- The ENT will confirm whether your child can get hearing aids fitted and will also organise other assessments including blood tests, and appointments with a paediatrician, and possibly a geneticist and an ophthalmologist. Chapter 2 gives more detail about each of the recommended assessments.
- Australian Hearing is an Australian Government service which provides hearing devices including hearing aids. They will discuss the different hearing technology options with you and provide you with a book called *Choices* which contains detailed information about the ear, how we hear and what happens with hearing loss.
- The paediatrician will provide advice and support on the health and development of your child.

- During these early months, your child will, ideally, start attending an 'early intervention' service to support their communication development. The different types of early intervention services are explained on the following pages and contact details of different services are in the back of this book. Your FSF can talk about the options with you and link you with the service of your choice.

While this may all seem like a bit of a whirlwind, your child will gain the greatest advantage from the early diagnosis of their hearing loss if they start receiving regular support for their communication development in the first few months of their life.

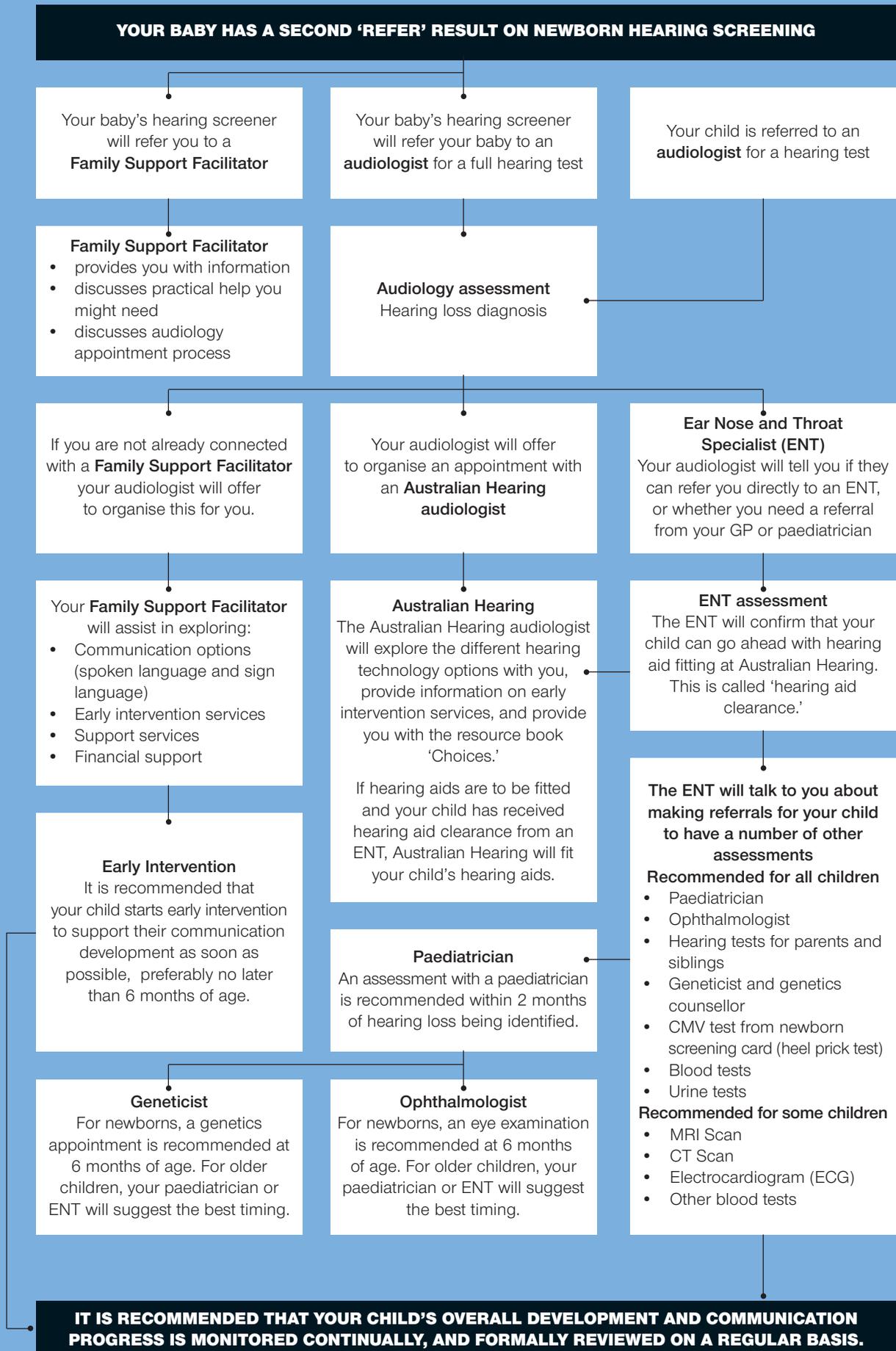
The flowchart on the next page will give you a sense of the order in which things might occur. The following pages provide more information about the new people and services who will probably be involved in your family's life.

You might also like to look at the Frequently Asked Questions and the Glossary at the back of this book. These will help you with some of your questions and explain the new terminology you will come across.

Life will be busy in these early days, but take one step at a time. Even taking small steps in planning for your baby's future will help you discover the many possibilities open to your child. Section two of this book aims to help you with your feelings at this time, in particular what your baby's hearing loss means for you and your family. When you have a chance to step back and think about the longer term, you will find that most, if not all your hopes and dreams for your child can be realised.

Life will be busy in these early days, but take one step at a time. Even taking small steps in planning for your baby's future will help you discover the many possibilities available to your child and family.

PATHWAYS FOR ASSESSMENT, SUPPORT AND EARLY INTERVENTION



PROFESSIONALS AND SERVICES: WHO THEY ARE AND WHAT THEY DO

The table below will help you to keep track of who is in your child's life. This page has a list of doctors you may consult and the next page lists some of the other professionals you may consult. Pages 11-12 lists the services available to support families.

You may wish to write down the names and details of the people you have had contact with. If you notice that you haven't been referred to someone who you think you should see, talk to your Family Support Facilitator or another professional about this.

DOCTORS	CURRENT CONTACT		NAME / CONTACT DETAILS
<p>Ear Nose and Throat Specialist (ENT) ENTs are doctors who specialise in assessing, diagnosing and treating problems of the ear, nose and throat. They can treat middle ear problems and investigate the possible cause of your child's hearing loss. It is essential that all children who have a hearing loss see an ENT.</p>	Yes	No	
<p>Paediatrician A paediatrician is a doctor who specialises in the health and development of babies and children. Working together with your child's ENT they can help explore the possible cause of your child's hearing loss, and assess and provide support for any other concerns about your child's health or development. It is recommended that all children who have a hearing loss see a paediatrician.</p>	Yes	No	
<p>Geneticist A geneticist is a doctor who specialises in finding out whether certain conditions or illnesses have a genetic cause. This can also help in understanding whether your child may have any other health or development needs, and assist with your future planning. It is recommended that all families of children who have a hearing loss consider seeing a geneticist.</p>	Yes	No	
<p>Ophthalmologist An ophthalmologist is a doctor who specialises in diagnosing and treating eye problems. It is recommended that all families of children who have a hearing loss consider seeing an ophthalmologist.</p>	Yes	No	
<p>Cardiologist A cardiologist is a doctor who specialises in diagnosing and treating heart problems. Only a small number of children who have a hearing loss will need to see a cardiologist.</p>	Yes	No	
<p>Nephrologist A nephrologist is a doctor who specialises in diagnosing and treating kidney problems. Only a small number of children who have a hearing loss will need to see a nephrologist.</p>	Yes	No	
<p>General Practitioner (GP) A GP is a doctor who diagnoses and treats a variety of medical issues for patients of all ages. A GP has an important role in co-ordinating the overall health care of an individual, particularly when they are seeing many different specialists. A GP can also make referrals to specialists such as an ENT or a paediatrician.</p>	Yes	No	

EARLY INTERVENTION PROFESSIONALS	CURRENT CONTACT		NAME / CONTACT DETAILS
<p>Audiologist Audiologists specialise in assessing, diagnosing and managing hearing and balance problems, including the fitting and management of different hearing technology, such as hearing aids and cochlear implants.</p>	Yes	No	
<p>Hearing Loss Family Support Facilitator From the time a child is identified with a hearing loss, through to the end of Year 1, Family Support Facilitators from the Queensland Hearing Loss Family Support Service are able to provide families with information and support, as well as assistance with service co-ordination and planning.</p>	Yes	No	
<p>Advisory Visiting Teacher: Hearing Impaired (AVT:HI) AVTs are teachers who have specialist knowledge and skills in the education of children with a hearing loss. They contribute to the developmental and educational programs of children in regular classrooms in government and some non-government schools, Special Education Units, Special Schools, Early Childhood Development Centres, playgroups and childcare programs. AVTs also provide a home visiting service in certain circumstances.</p>	Yes	No	
<p>Speech Pathologist Speech Pathologists specialise in assessing and diagnosing communication difficulties. They also assist people to develop their communication abilities to their full potential, through spoken, signed, written or other means of communication. Speech Pathologists also assess and treat feeding (ie., eating and swallowing) difficulties.</p>	Yes	No	
<p>Teacher of the Deaf Teachers of the Deaf are teachers who have specialist training in teaching children with a hearing loss. In Queensland, they work in different roles in different services, including: classroom teachers in Education Queensland schools; classroom teachers in non-government schools; Advisory Visiting Teachers in government and non-government schools; and as Auditory-Verbal Therapists within early intervention programs.</p>	Yes	No	
<p>Auditory-Verbal Therapist An Auditory-Verbal Therapist is qualified as either an audiologist, speech pathologist, or teacher of the deaf and has further specialised training in Auditory-Verbal practice. Auditory-Verbal practice involves working within the guidelines of the 10 Principles of Auditory-Verbal Practice.</p>	Yes	No	

SERVICES	CURRENT CONTACT		CONTACT DETAILS
<p>Australian Hearing (AH) AH is a free government service available to all children and young adults under 21 years. AH provides services such as hearing assessment, hearing aids, and other listening devices. AH also provides families of children who have a hearing loss with the book 'Choices,' which outlines information about hearing loss and communication development options.</p>	Yes	No	
<p>Deaf Children Australia (DCA) DCA provides information, advocacy, support services and resources for children who have a hearing loss and their families.</p>	Yes	No	
<p>Deaf Services Queensland (DSQ) DSQ works with the community to improve the lives of people who are Deaf or hard of hearing. DSQ provides Auslan interpreter services as well as Auslan classes. They also provide information and resources on deafness and hearing loss and refer families to relevant services.</p>	Yes	No	
<p>Education Queensland Early Childhood Development Units (ECDU) ECDUs are located across Queensland and provide early intervention programs for children from birth to five years. Some centres have a specific focus on supporting the needs of children who have a hearing loss. Communication development options supported by ECDUs include spoken language development as well as sign language development.</p>	Yes	No	
<p>Hear and Say Centre Hear and Say has five early intervention centres specialising in supporting children to develop spoken language through listening using Auditory-Verbal Therapy. Hear and Say provides a range of services including one-to-one therapy, web-based therapy programs for children in regional and remote areas, outreach visits, playgroup, audiology services and a cochlear implant program.</p>	Yes	No	
<p>Parents of Children who are Deaf or have a Hearing Loss (POD Queensland) POD Queensland provides peer support to families. All families are welcome regardless of whether their child uses spoken language, sign language or a combination of both. POD holds regular meetings, social events and information workshops. One-to-one support is also available.</p>	Yes	No	

SERVICES	CURRENT CONTACT		CONTACT DETAILS
<p>Royal Institute for Deaf and Blind Children (RIDBC) RIDBC Teleschool is an early intervention service that provides early education services to children from birth to 18 years who have a significant hearing loss and live in a rural or regional part of Australia. Based in Sydney, therapists provide services using videoconferencing, the internet, email, the telephone, and occasional face to face visits.</p>	Yes	No	
<p>Royal Children’s Hospital Cochlear Implant Program (RCH CIP) and Mater Cochlear Implant Clinic (MCIC) The RCH CIP and the MCIC teams assess children for suitability for cochlear implants. They carry out cochlear implantation for appropriate children, contribute to the management of children’s cochlear implants, and support children’s listening and communication skill development. These multidisciplinary teams include ENTs, audiologists, speech pathologists, social workers and psychologists.</p>	Yes	No	

FINANCIAL AND TRAVEL SUPPORT	CURRENT CONTACT		CONTACT DETAILS
<p>Queensland Health Patient Travel Subsidy Scheme (PTSS) PTSS provides financial assistance to help with the cost of travel and accommodation for patients who have to travel more than 50km to get medical and audiology services.</p>	Yes	No	
<p>Centrelink (Carers Allowance) The Carer’s Allowance is available through Centrelink to assist with the extra costs of supporting the needs of a child who has a hearing loss. Your Family Support Facilitator can provide information on how to apply for this support payment. You can also contact Centrelink directly on 13 27 17.</p>	Yes	No	

Take the opportunity during your appointments to ask questions. Sometimes, it can be hard to think on the spot about the things that you want to find out and so it might help to have a list of questions prepared before your appointments.

WORKING WITH PROFESSIONALS

With so many people working with your family, life can sometimes seem like a real juggling act! This section offers some suggestions about how to get the support you need. You may also wish to refer to Chapter 6 which is about learning to trust your judgement as a parent, and establishing what you want from professionals and services.

MAKING APPOINTMENTS

Here are some points to think about when you're making appointments. Services won't always be able to fit in with all your preferences, but it's worth letting them know what works best for you.

- What days and times are better for you to go to appointments than others? What times are particularly inconvenient?
- Is it possible to plan appointments with different professionals on the same day or during the same trip if you're travelling from a regional or rural area?
- Do you know which professionals do home visits and provide outreach services?

GOING TO APPOINTMENTS

When going to appointments:

- Do you want someone to go with you?
- A friend or family member might help you get the most out of your contact with professionals. They might pick up extra information, or simply offer support during and after the appointment.

- Are you clear about what is being said?
- If you're not sure you understand what a professional is telling you, it's okay to ask them to explain things more than once, or in a different way.
- Do you want to ask for the important points to be written down?

This can be helpful if you are going to appointments on your own or if there are too many details to remember everything you are told.

ASKING QUESTIONS

Take the opportunity during your appointments to ask questions. Sometimes, it can be hard to think on the spot about the things that you want to find out and so it might help to have a list of questions prepared before your appointments. It is also useful to write a list of new questions after you've finished an appointment.

In your *Possibilities* kit is a pad of pages with the heading 'Our questions' that you can use for this purpose. A list of 'Frequently Asked Questions' is at the end of this book. These may clear up some of your own questions and also generate more questions. Remember, there is no such thing as a silly question!

References

Aussie Deaf Kids, n.d., 'Building Blocks: a parent to parent guide for families whose baby has been diagnosed with a hearing loss', viewed December 2007, http://www.aussiedeafkids.com/pdf/building_blocks_boy.pdf.





Other parents say:

- Try to meet and talk to other parents that have been through all the testing and appointments and try to meet other deaf children and teenagers and adults and realise that they do actually lead a “normal life”
- Get as much information you can on your child’s deafness, schooling and speech therapy
- Store all of the information you have about your baby’s hearing loss in one place
- Parents who receive unbiased information and support will usually make the right decisions for their baby and family

chapter 2:

hearing loss, health and development

GETTING THE FACTS

Understanding exactly what your child's diagnosis is and what it means to their overall health and development is an important first step in planning how to support your child in the future.

Queensland Health has a guideline of recommended medical and developmental assessments for young children who have a hearing loss. The guideline has a particular focus on a child's overall health and development, and the possible cause of their hearing loss.

The assessment processes will usually involve a combination of:

- talking with you to develop an understanding of your child and family, including your pregnancy history, birth details and family health history
- doing a physical examination of your child
- doing specific tests (e.g. blood tests, urine tests, x-rays), and
- observing your child's skills as they develop over time.

Some tests are recommended for all children, while other tests are only recommended for some children. The tests that might be suggested for your child will depend on the type of hearing loss your child has; whether other people in your family have a hearing loss; or whether your child has other health concerns.

ASSESSMENTS RECOMMENDED FOR ALL CHILDREN

It is recommended that all children are offered appointments to see the following professionals and services:

- Audiologist
- Ear, Nose and Throat Specialist (ENT)
- Australian Hearing
- Paediatrician
- Geneticist
- Ophthalmologist

If you are not offered these assessments, it's recommended that you talk to your primary doctor (usually ENT or paediatrician) at your next appointment.

ASSESSMENTS RECOMMENDED FOR SOME CHILDREN

Some children will be advised to have other tests or see other specialists. Some of these are listed below. It is suggested that you talk to your ENT or paediatrician about whether or not the following tests are relevant for your child.

MRI Scan

An MRI scan shows the structure of soft tissues such as the brain and the hearing nerve, and identifies whether they have developed normally. An MRI scan can sometimes help to explain the reason for a child's hearing loss. It is also done when a child is being assessed for a cochlear implant.

CT Scan

A CT scan shows the structure of the bony parts of the ear and whether they have developed normally. Like an MRI scan, a CT scan can sometimes help to explain the reason for a child's hearing loss, and is also done when a child is being assessed for a cochlear implant.

Renal ultrasound

A very small number of children who have a hearing loss can also have problems with their kidneys. A renal ultrasound creates images of the kidneys to help identify if they have developed normally.

Electrocardiogram (ECG)

A very small number of children who have a hearing loss can also have problems with their heart. An ECG provides a recording of the rhythm and electrical activity of the heart.

THE BENEFITS OF ASSESSMENTS

Undertaking these assessments will give you the best chance to understand:

- your child's hearing loss
- your child's abilities and strengths that will support their communication and overall development
- any developmental or health needs which may require specific support, and
- which of these issues are likely to stay the same, and which might change over time.

Having a clear understanding of your child's hearing loss will be very valuable as you make decisions about:

- your child's communication development
- which early intervention service you might use
- whether your child might benefit from support with other areas of their health or development
- hearing technology that might be useful for your child
- medical and surgical treatment options that might be available, and
- your broader family situation and needs.

THE IMPORTANCE OF EARLY INTERVENTION

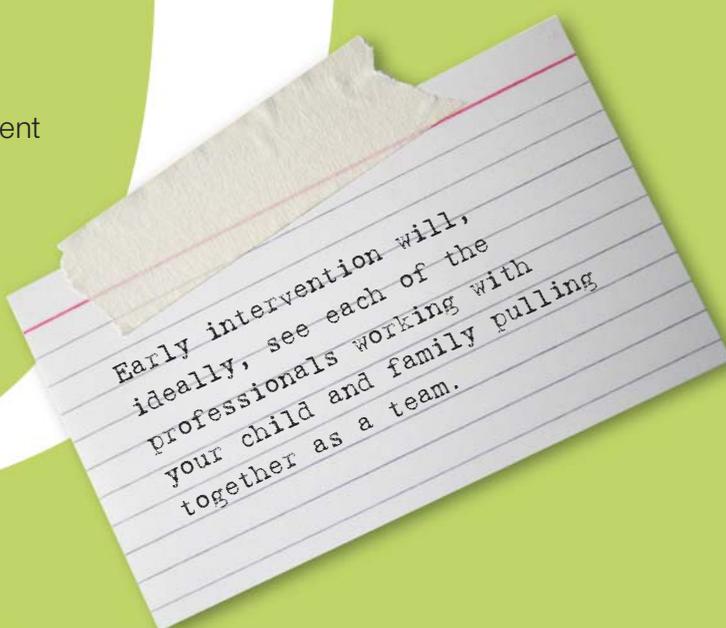
As well as organising the medical assessments your child may need, you will need to choose an early intervention service for your child. Research shows that when a baby is born with a hearing loss, starting intervention before 6 months of age gives them the best chance of doing well in their communication development. It also lessens the risk of delays in their development.

'Early intervention' is the system of coordinated services that helps a child's development and supports families during the critical early childhood years from birth to school entry. Early intervention programs for children who have a hearing loss not only have a strong focus on communication development but they also support the social, emotional, intellectual, and physical growth and development of your child and the broader needs of your family.

Early intervention will, ideally, see each of the professionals working with your child and family pulling together as a team. This is called a 'multidisciplinary approach.' Your family and child are core members of this team from the beginning and it's important that you're central in deciding what happens, as well as in co-ordinating how and when things happen.

QUESTIONS TO THINK ABOUT WHEN FINDING OUT MORE ABOUT ASSESSMENTS...

- What assessments have we already completed and which ones are still to be organised?
- Do we understand what each assessment is for? If not, who can we ask?
- Can we coordinate so that a couple of assessments can be done at once rather than multiple appointments on different days?



Early intervention will, ideally, see each of the professionals working with your child and family pulling together as a team.

ACCESSING EARLY INTERVENTION SERVICES

Most early intervention services are offered by government or non-government special early childhood education units or centres around the state. They vary and may include one-to-one appointments and therapy, playgroups, parent education groups, and parent support groups.

Where and how these services are delivered will depend on the type of service being offered, where you live, the types of programs the organisation is running, and the available technology. Some examples include:

- Centre-based services
- Telephone services
- Video-teleconferencing
- Internet / web based therapy
- Home visits
- Outreach services

The contact details for the early intervention services available to Queensland children are at the back of this book. You will also find a checklist for choosing an early intervention service in this kit. This checklist will help you consider some of the important issues in deciding on a service for your child. Take this checklist along when you visit services to make sure you've covered all the bases. Extra copies of the checklist are available from your Family Support Facilitator or on the Healthy Hearing Program website www.health.qld.gov.au/hearing.

QUESTIONS TO THINK ABOUT WHEN LOOKING FOR EARLY INTERVENTION SERVICES...

- Who provides early intervention services in my area?
- What services can I access outside my local area?
- What information do I need to bring with me when I visit early intervention services for the first time?
- Would I prefer to contact services myself or organise for another service (QHLFSS or Australian Hearing) to refer me to the early intervention service?
- Does the Early Intervention Checklist prepare me for my visits to the different services?



QUESTIONS TO THINK ABOUT WHEN COMMUNICATING WITH YOUR BABY...

- Have I reduced background noise and positioned myself so that my child sees me?
- What games can I play with my baby that involve lots of talking, touching and eye contact?
- What are the times of day when my baby is most active and will respond well to playing and interacting?
- Who else can become involved in these interactions (siblings, grandparents, friends)?

Other parents say:

- There are many ways to interact, communicate and play with your child. Have fun exploring the little games you may come up with that you can enjoy together.
- Do everything you feel you want to do. Be guided by what your child responds well to.
- Meet with other parents of deaf children and learn what things they are doing and enjoying.
- There's no right or wrong as long as you're spending as much time loving and being with your child as possible.
- Get your partner, your other children and your relatives to spend lots of time with your baby as well.

chapter 3:

communicating from the beginning

OFF TO A POSITIVE START

You can do many things to make sure your child gets off to the best possible start with their communication development. Even before you have made decisions about hearing aids, early intervention services and how you will support their communication development, you can do some simple, loving actions.

Sharing quiet moments together is important. Babies enjoy the intimacy of being close and looking at people. They also learn about people and themselves as they do this.

Use speech, touch and facial expression to communicate with your baby. It's instinctive to comment when your baby moves or makes sounds, and it's exactly the right thing to do. For example, if your baby burps, you might say 'do you feel better now?' Touch is a very important part of early communication – strokes, tickles and cuddles all encourage your baby to be aware of you and their enjoyment of being with you and listening to you.

TALKING, LISTENING AND PLAYING

Here are some tips to encourage enjoyable interactions between you and your baby. The Choices booklet has further tips on communicating with your baby.

Consider the environment...

- Position your baby so that they can see you as much as possible.
- Move away from or reduce background noise so your child has the best chance of hearing you talking to them.
- Reduce the distance between you and your baby when you're talking to them. Come even closer when it's noisy.
- Make sure the room has good lighting.

Understand your baby...

- Watch and think about your baby's behaviours.
- Spend time in close face-to-face interaction with your baby.
- Copy the sounds your baby makes.
- Use your voice, movement and touching to gain your baby's attention...

- Make your voice fun to listen to. Use lots of facial expression – your baby will be interested in the movement of your face, eyes and lips as you speak and play.
- Use child-directed speech or sign in response to your baby's behaviours, e.g. using repetition (speech, touching), varied intonation, facial expression and head movements.
- Try singing while feeding or changing your baby.
- Rock your baby rhythmically to songs, music and in good-night routines.
- As you walk around with your baby, comment on the different sounds in the area.
- Use simple songs and reassuring tones to soothe your baby.
- Talk to your baby during daily routines such as feeding and changing.
- Gently touch your baby; stroke their cheek or kiss their tummy. Talk as you do this and be aware of how your baby shows their enjoyment of this close physical contact.

CHILDREN WHO HAVE A UNILATERAL HEARING LOSS

Children who have a hearing loss in just one ear can benefit from all the above ideas, but other things are also useful for their specific needs.

- Position your baby so that their ear with the better hearing is directed towards the sounds you want them to hear.
- Place furniture such as cots and high chairs away from background noise and in a position to take advantage of their better hearing ear.
- Place your baby's car seat on the opposite side of the car to their better hearing ear.
- Make sure your baby is seated so more interesting sounds come to their better hearing ear.

Reference

Early Support Program, 2006, 'Development cards', viewed January 2008, <http://www.earlysupport.org.uk/modResourcesLibrary/StreamRenderer/Development%20cards%20deaf%20children%20Aug%2006.pdf>.



QUESTIONS TO THINK ABOUT WHEN CHOOSING A COMMUNICATION APPROACH...

- What are our main goals for our child's communication?
- How clearly do we understand the different methods, and where can we get further information if necessary?
- What are the important things to consider when choosing a method of communication for our child?
- If we decide a communication style is not working, what can we do to look at other options?

Other parents say:

- Explore all options at your own pace so you fully understand the differences between communication options and go with your gut instinct
- This is a very personal decision which can be the result of much research and agonising. Even though you may have doubts, please know that you will make the right decision for your family situation.
- Look at what suits your child, your family, and your life.
- If you can, talk to other parents who are already in the early intervention program and ask them what they think about it.
- Remember that you may change your mind as you see what is working well for your particular child's personality and aptitude.

chapter 4:

possibilities for communication development

REASONS TO BE OPTIMISTIC

You have every reason to be optimistic about your child developing into an effective communicator and you will probably be thinking about how you can support your child's communication development very soon, if not immediately, after learning of your child's hearing loss. Many possibilities are open to you and your child.

Most children who have a hearing loss can learn to talk. Their ability to communicate by using spoken language depends on many things, for example, how severe the child's hearing loss is, how much they can hear when they use hearing technology such as hearing aids and cochlear implants, and how much support they receive to develop their listening and speaking skills.

Some children will learn to communicate best by using speech, others will learn best by using sign language, and others still will learn best by using a combination of both.

CHOOSING A COMMUNICATION APPROACH

All children, regardless of their hearing abilities, must develop skills in communicating effectively to support their social, emotional and academic development.

Since every type of hearing loss is different, and every child who has a hearing loss learns differently, no single approach to developing language is best for all deaf children. You can take one of several different directions, depending on your individual circumstances. The right approach is the one that works best for your child and family.

All types of communication are natural for some people under certain circumstances. All the communication approaches work toward the use of both 'receptive language' – understanding the language that other people use – and 'expressive language' – using language to express ideas.

Some families choose to use aspects of different programs, combining what works for their child. The only thing that makes one approach better than another is when that approach happens to work better for a particular child.

When you are choosing an approach:

- Find all the information you can about the services available to you before moving forward – even if you think you are clear about the direction you want to take
- Visit more than one program and sit in on a session or two
- Listen to more than just one person, and
- Be open to advice, but also trust your own judgment about the best direction for achieving your goals for your child.

You might also find it valuable to:

- Speak with other parents who have been through the same process
- Talk to young adults who have a hearing loss to find out about their experiences, and
- Explore the information sources listed at the end of this resource.

Regardless of which approach your family chooses, you will need to be highly involved with the professionals working with your child so that you can learn the methods and use them at home. The most important place for children with (and without) a hearing loss to learn language is with their family in the activities of their daily lives.

Ultimately, the most important thing is that you choose a service, or a combination of services, that you feel is right for your child and your family.

Your Family Support Facilitator can help you explore the different communication approaches. They can also support you in making your decisions.

IMPORTANT NOTE:

Given the many changes that are occurring within the education system, please raise any questions you have about signing approaches with your Family Support Facilitator or local Education facility. It is important to discuss any communication options you are considering with the relevant professionals.

CHANGING APPROACHES

Once you have chosen a communication approach, it's important to use it and give it a fair chance to succeed. Even so, you shouldn't feel locked-in by your choice.

Over time, your understanding of the needs and preferences of your child and family will grow and change. As this happens, if you recognise that another communication approach or early intervention service may match the needs of your child and family better, explore these alternatives and change your decisions if necessary. Your Family Support Facilitator and early intervention service will help you.

APPROACHES TO COMMUNICATION DEVELOPMENT

Several different approaches to communication development are discussed in the following pages. The methods vary in whether they focus on the development of spoken language skills, sign language skills, or a combination of both signed and spoken language.

USING LANGUAGE/SKILLS NEEDED TO COMMUNICATE

We bring many different skills together to communicate, and people use different combinations of these skills. Understanding what people say and being able to use words and sentences are just two of these skills. Language provides a means for organising and sharing information and ideas, and it is probably the most important communication skill for any child to develop.

Whether someone has a hearing loss or has normal hearing, the meaning held in language can be shared in many ways. Some of the most familiar ways are speech, tone of voice, gestures, facial expressions, and writing. Many people use a combination of these to send and receive messages.

Other effective communication skills that some people may be less familiar with are sign language, finger-spelling, and lip-reading.

VISUAL APPROACHES

SIGN LANGUAGE

A sign language is a visual language in which 'listeners' use their eyes instead of their ears to receive the information being shared, and 'speakers' use hand shapes, facial expressions, gestures, and body

language to create language. Sign languages are independent and unique languages with a structure and grammar different from spoken languages. People learning a sign language must master vocabulary, grammar, and social aspects of the language just as they do with any spoken language. There are many different sign languages across the world.

Auslan, or Australian Sign Language, is the language of the Australian Deaf community. In 1987, the Australian Government officially recognised Auslan as an Australian language. Auslan is *not* a signed representation of the English language in which one word follows the next and the meaning is conveyed through the word order. Instead, Auslan has its own word order and unique grammar. Facial expressions are combined with signs to show different emotions and meanings.

The ability to use Auslan helps people to participate in the Deaf community. When 'Deaf' is spelt with a capital D like this, it usually refers to people who consider themselves to be members of the Deaf community and part of a specific cultural and language group using Auslan as their first or preferred language. More detail about the Deaf community and Deaf culture is provided in the *Choices* book.

Signed English is another type of communication that uses signing. Although it uses some signs similar to Auslan, Signed English is quite different from Auslan. In Signed English, signs are used to represent every spoken word to represent the grammar of English. Signed English – accompanied by finger spelling (see below) – was designed to be **always** used at the same time as spoken English; its ultimate aim is that the child will develop spoken English skills and also develop their English reading and writing abilities.

Finger-spelling involves using the hands to spell out English words and is used as part of both Auslan and Signed English. Each letter of the alphabet is indicated by using the fingers and palm of the hand in a specific pattern. Finger spelling is used for spelling names, places and words that don't have a specific sign.

Reasons some families choose visual approaches

- If the child's family are Deaf and communicate via Auslan or Signed English then they may raise their child to learn this language as their first or possibly only form of communication.
- They may want their child to develop the appropriate language to interact in the Deaf Community, and with others who use sign language.

AUDITORY APPROACHES

AUDITORY-VERBAL THERAPY

Auditory-Verbal Therapy focuses on developing spoken language through listening. It stresses the importance of consistent use of the best available hearing technology to maximise a child's use of their hearing. Auditory-Verbal Therapy emphasises the use of hearing – rather than vision – to develop communication. Sign language is not used and children are discouraged from relying on other visual cues such as lip reading. The main goal is to develop spoken communication skills.

Auditory-Verbal therapy is offered by audiologists, speech pathologists or teachers of the deaf who have obtained a certificate in Auditory-Verbal Therapy. These professionals focus on training the family to become the main facilitators of speech and language development so that learning can occur in every day situations.

Reasons some families choose this approach

- Over 90% of children who have a hearing loss have parents who have normal hearing. Most of these parents use a spoken language as their first language and want this spoken language and its associated culture and traditions to be shared with their children as their first language.
- Auditory Verbal Therapy allows parents to support their child's language development, in the language that they are most skilled in, in every day situations.
- Developing effective spoken language skills provides children with a hearing loss with opportunities to participate in the hearing community.

AUDITORY-ORAL APPROACH

The aim of the Auditory-Oral approach is similar to the Auditory-Verbal approach. They both stress the importance of consistent use of the best available hearing technology to maximise a child's use of their hearing. Like the Auditory-Verbal approach, the auditory-oral approach aims to develop the child's skills in communicating by spoken language. An auditory oral program may be offered by teachers of the deaf or speech pathologists who work with children who are deaf or hard of hearing. The teacher or therapist administers the program and provides home programs and ideas so the family can work on goals in the home environment.

Auditory-Oral approaches do not use sign language or finger spelling although natural gestures in everyday situations may be supported. Sometimes lip reading can be used to assist comprehension, but it is not a skill that is specifically taught.

Reasons some families choose this approach

- Parents may choose an Auditory-Oral approach so their child can develop speech and engage with the hearing community. Parents choosing the Auditory-Oral approach would have similar reasons for doing so as the parents who choose the Auditory-Verbal approach described above.

AUDITORY AND VISUAL APPROACHES

BILINGUAL-BICULTURAL

A bilingual-bicultural approach involves Auslan being used and taught as the child's first language and English as their second language. Some children who use a bilingual-bicultural approach learn English solely for the purpose of developing reading and writing skills; other children will also work towards developing spoken English. The ability to use Auslan, together with knowledge of Deaf culture, enables participation in the Deaf community.

Reasons some families choose this approach

- Just as parents who use spoken English might hope to share their first language with their children, parents who are Deaf and identify with the Deaf Community are also likely to want their Deaf children to share their first language of Auslan. This approach also allows the development of English language skills for literacy and the ability to interact successfully with people who use spoken language.
- A small proportion of children gain little or no benefit from hearing technology. For these children, many parents will choose a Bilingual-Bicultural program so their child develops effective language skills using Auslan as well as English language literacy skills.
- The Bilingual-Bicultural approach will provide children with the opportunity to participate in the Deaf community.
- This approach gives people the capacity to communicate when spoken language skills are not adequate. For example, when communicating in noisy environments, windy weather, in the bath, or when swimming.

SPOKEN LANGUAGE IN COMBINATION WITH AUSLAN

Some families make the decision for their child to develop spoken language in combination with Auslan. Some of these families come from a hearing background and have spoken language as their first language, others come from a Deaf background and have Auslan as their first language. In contrast to a Bilingual-Bicultural approach, the aim may not necessarily be to develop Auslan as the child's first language.

Reasons some families choose this approach

- They want their child to develop skills to interact effectively with the Deaf community as well as with the hearing community.
- They want their child to have the flexibility of language skills so the child can eventually make his or her own choice about interacting with hearing and Deaf people, rather than making a single choice on behalf of their child at a young age.

- When a very young child is diagnosed with a hearing loss, it may not be clear whether they also have other needs that could influence whether spoken or sign language communication development is more likely to be successful. Encouraging both sign and spoken language skills when a child is very young takes advantage of the important early years for language development. Some, but not all, families may later decide to stop using one system or the other as their child's communication develops.
- Parents may wish to give their child diverse communication skills to communicate in a range of different situations. For example, having the ability to speak with hearing peers, but the ability to use signing in situations where listening can be very difficult even with hearing aids (e.g. in a noisy room, in windy weather) or impossible because hearing aids or cochlear implants can't be used (e.g. in the bath or when swimming, when hearing aids or speech processors are faulty).

ALL-INCLUSIVE COMMUNICATION SYSTEM

Some children who have a hearing loss have other needs to be considered when choosing communication approaches. Their other needs may require combining one or more different methods to support the child's communication.

An all-inclusive communication system follows a philosophy of combining a range of methods to support the communication development of a child who has a hearing loss. The idea is to design the program to fit with the child's individual needs. For this reason, the communication strategy could use any combination of:

- hearing aids and cochlear implants,
- spoken language,
- sign (Makaton, Auslan, tactile signs for children who might be Deaf and Blind),
- visual aids (such as photographs, pictures, symbols or boardmaker),
- writing,
- gesture or
- technological communication devices.

Reasons some families choose this approach

- A child may have multiple needs and could have difficulty learning to use either spoken or signed language alone.
- An all inclusive communication system is flexible and can be altered as the child's needs become more evident or change.
- As the child is encouraged to communicate using spoken language and visual support, some parents will use this all inclusive system to allow their child to discover the communication option that best suits him or her.

OTHER APPROACHES

Other communication approaches such as *Total Communication*, *Cued Speech* and *Lip-reading or Speech-reading* are described below. Total Communication and Cued Speech are not as commonly used.

Total Communication encourages the development of spoken language in combination with Signed English. The aim would be for the child to develop skills in Signed English as well as spoken English skills. At present there are a number of changes occurring within Education Queensland and it is important to consult your local Education facility about what communication options are being offered.

Cued Speech is a visual communication system that uses eight hand shapes in four different placements near the face in combination with the mouth movements of speech to distinguish the different sounds of spoken language. Parents are expected to use the cues at all times when they are speaking. Children learn to speak through the use of the cues, lip-reading, and using the best available hearing technology. The primary goal of Cued Speech is to develop spoken language and the literacy skills necessary for integration into the hearing community.

Cued Speech is not currently offered by any of the early intervention programs available to Queensland children. Its use across Australia is limited.

Lip-reading or speech-reading is the ability to read words from a speaker's lip and face patterns. Because lip patterns differ from person to person, the art of lip-reading is as much a creative art as it is the art of watchfulness. It requires not only a very good understanding of English but also the ability to 'read' facial expressions for tone and mood. To get the most out of lip-reading, people also need to learn to anticipate or guess what is being said.

WEIGHING UP THE 'INS AND OUTS' OF THESE APPROACHES

Other parents and adults who are deaf (both those who are part of the Deaf community and those who choose not to be) or who have a hearing loss will prove to be an excellent source of information about the 'ins and outs' of various approaches. You can contact these people in several ways:

- Your Family Support Facilitator can organise for you to connect with other parents who have children who have a hearing loss as well as adults who are deaf or who have a hearing loss
- Contact details for parent support groups are listed at the end of this resource
- Deaf Services Queensland can assist you to meet adults who are active members of the Deaf community, and
- Each of the early intervention services can put you in touch with families who attend their services. Some of these families may know deaf adults who live independently of the Deaf community and who would be happy to share their experiences with you.

References

Beginnings: for parents of children who are deaf or hard of hearing, 2008, 'Communication decisions', [inc.http://www.ncbegin.org/communication_options/comm_options.shtml](http://www.ncbegin.org/communication_options/comm_options.shtml).
 Early Support Program, 2007, Information for parents: deafness, <http://www.earlysupport.org.uk/decNone/modResourcesLibrary/StreamRenderer/Info%20for%20parents%20-%20deafness%20May%2005.pdf>

section ②:

Finding your family's path

Different parents speak of experiencing a wide range of different feelings when they find out that their child has a hearing loss.



Other parents say:

- It can be a bit of a shock at first, but it definitely gets better with time.
- Never think you are alone and that you are the only person to have a deaf child. The benefit you have now is they can be diagnosed at a much younger age.
- Don't forget your other children. They sometimes can feel as though they are missing out on all the attention. I used to have one day that I would just spend with my other daughter and do something special with only her.
- No matter what, you will have people around you who can help you with this. Don't shut your friends and family out, let them help you.
- Be gentle on yourself, take time out.

Different families – different feelings

Different parents speak of experiencing a wide range of different feelings when they find out that their child has a hearing loss. Many have talked about feeling...

Relieved • Shocked • Overwhelmed • Curious
In denial • Guilty • Hopeful • Accepting
Fearful • Sad

chapter 5:

the early days

DIFFERENT FAMILIES – DIFFERENT FEELINGS

You and your family will respond in your own way. You may feel one of these emotions strongly. You may feel none of them. You may feel a whole range of them at different times. Sometimes, you might feel that you're jumping from one feeling to another in the course of a day, or over a longer period of time.

Whatever you are feeling is okay; there's no right way to respond. Your feelings and responses might be influenced by many different things. For example:

- whether your child's hearing loss was completely unexpected or whether you knew it was a possibility
- whether you had been concerned about your child's hearing for a while
- whether other people in your family have a hearing loss
- whether your child's hearing loss was present at birth or developed when your child was a little older
- whether your child has other health difficulties or developmental concerns, and
- how things are going in your life more generally.

Many people say that they experience feelings that seem to contradict each other. Although it can seem quite confusing, there is nothing wrong with having conflicting feelings such as:

- great hopes and dreams for everything your child might experience and achieve in their life; but fear about how a hearing loss might affect these dreams.
- joy at your beautiful child who brings so much fun into your life; but sadness about their hearing loss.

- shock that your child has an unexpected hearing loss, that leaves you wishing it would go away; but love and joy from the life you share with your child just as they are.

Your child is a gift in your life and the joy you experience in having a baby is there regardless of what else happens. Your child having a hearing loss may present challenges, but your child is still your much loved child first and foremost. Hearing loss is a part of who they are, but it's certainly not everything about them.

SHARING THE NEWS

After you have come to understand a little about your child's hearing loss, there will probably be other people in your life who you will want to tell – your other children, your parents, your brothers and sisters, your friends, and other people close to you.

Some people find they'd like to talk to as many people as possible and gain as much support as they can straight away. Others find this is a private time and would prefer not to talk too much. If you've got strong feelings one way or the other, let people know or ask someone else to tell them. Just as it is okay to say, 'I need to talk,' it's also okay to say, 'I need some space for a while.'

You might notice your own reactions change when telling other people. Sometimes the experience of speaking to others can make the information seem more real and cause strong emotions. At other times, it might be a great relief to share things with people who you know care about you and your family. When deciding to talk to others, you might like to prepare yourself by thinking about some of the following questions.

QUESTIONS TO THINK ABOUT WHEN SHARING THE NEWS...

- How do you feel about talking to other people about your child's hearing loss?
- Who do you want to tell now? Who would you prefer to wait and tell later?
- Would you prefer to talk to people at your home, meet somewhere else, or talk on the phone?
- What do you think it's most important for them to know? What don't you want to talk about?
- What don't you want other people to say or do? How might you let them know this?
- What would you like from other people at this time? What do you think your friends or family could help with? Do you feel able to ask them about this?
- Would you prefer to ask a close friend or family member you trust to tell some of the other people in your life? If so, who is the best person to do this? What do you want them to say and what would you prefer they didn't talk about?

SHARING THE JOURNEY

One thing is certain, you are not alone. A wide range of supports is available to help you along your way. Some supports will specifically help you to understand your child's deafness and what it might mean for your family and your child. Other supports will be valuable in more general ways. Support may come from many different people in both formal and informal ways:

- family and friends
- your local community
- community organisations
- other parents who have children with a hearing loss
- other people who have a hearing loss
- services for children with a hearing loss and individual professionals
- Family Support Facilitators

Further information about different support services and websites is provided at the end of this resource.

PLANNING WITH YOUR PARTNER

Some families find that the unexpected news of finding out that their child has a hearing loss can build strength in their relationship. Other families find it can put a strain on their relationship. Sometimes this can go up and down a bit.

All parents have to make important decisions about their child's wellbeing and future. This involves parents negotiating about many things. When a child has a hearing loss, and both parents are unfamiliar with what this means, this process can be a little more complicated. You'll find that you will agree on some decisions easily, but others will not be so clear and will need you to spend time together thinking about the best way forward.

When your relationship is under strain, remember that you don't need to have all of the decisions sorted out straight away and very few decisions are set in stone forever. Perhaps you could decide which decisions need to be made more quickly, and focus on these and hold off on other issues for a better time.

Try to make opportunities to spend time alone with your partner to discuss how your child's hearing loss has affected you both. Maybe a friend or family member can help by looking after your children. People often have very different reactions to significant events in life and it can sometimes be hard to understand why your partner is responding differently to you. Taking time to talk might help to strengthen your understanding of each other's experiences, and assist you in making better decisions in the short and long term.

Considering the following questions may help you and your partner to build a better understanding of each other:

QUESTIONS TO THINK ABOUT WHEN PLANNING WITH YOUR PARTNER...

- What are the things that your partner and you agree on and feel the same about?
- What issues do you have different opinions about?
- What would help you to move forward with these issues?
- When are good times for you and your partner to spend time together to discuss your thoughts, feelings and plans?
- What opportunities can you and your partner create to spend some time together to simply enjoy each other's company?
- Could someone help by looking after your children for a couple of hours every now and then?

BALANCING THE NEEDS OF THE REST OF THE FAMILY

Most families with more than one child will say that balancing everyone's needs can sometimes be a challenge. This might be particularly noticeable in the early days after your child's hearing loss has been diagnosed.

Depending on how old your children are, they may experience a range of different feelings as they come to understand their sibling's hearing loss, and these feelings might be expressed in all sorts of different ways. Here are a few things to think about to help your children understand their brother or sister's hearing loss.

- Make sure your children know that it's okay to ask questions and give them honest answers with the information you have. If you don't know the answers, let them know that you will try to find out.
- Although it's great if your children want to help support their brother or sister's development, it's also important that they don't take on too much. They also need to have the chance just to be children.
- Be aware of children's feelings and support them when they express their emotions.
- Try to find some special time for each child in your family.
- Make sure your children know that nothing they did caused their brother or sister's hearing loss.
- If you know what caused your child's hearing loss, consider explaining this to them.
- If you know that there is no risk of your other children developing the same type of hearing loss, it may be useful to explain this.
- Help your children develop ways to explain their brother or sister's hearing loss to their friends.
- Show your pride in all your children and encourage each of them to be aware of each other's achievements.
- Remind family and friends to consider the needs and achievements of all the children in your family.

DRAWING ON SUPPORT OF FAMILY AND FRIENDS

Your family and friends can be a great source of emotional and practical support. Examples of support that family and friends can offer include:

- listening to some of your experiences
- looking after your other children while you take your child to an appointment, do something for yourself, or simply have a rest
- making your family a meal on a day that you have a number of appointments
- explaining to others about your child's hearing loss, so you don't have to keep repeating your story, and
- spending time with you socialising and having some fun.

Some people worry about being a burden on others when they accept their generosity, but family and friends are usually delighted to be able to do something practical to help people who are important to them.

If you don't feel like you want or need this sort of support, it's fine to ask friends and family to take a step back. You might suggest that they check in with you again in a few weeks so you can let them know how things are going. This gives you the space that you want without making family and friends feel that you're ignoring them.

In your *Possibilities* kit, you'll find copies of an information sheet for your child's grandparents called 'When your grandchild has a hearing loss' and one for your friends called 'When your friend's child has a hearing loss.' These resources will give your family and friends some extra information as well as some ideas on how they may be able to support you. Pass these on to your family and friends when you feel ready. Extra copies of these resources are available from your Family Support Facilitator as well as online at www.health.qld.gov.au/hearing.





Other parents say:

- As parents you are the ones who know your child and are in the best position to make decisions based on your own beliefs and values within the family – what you believe is going to work and be successful for them
- Parents are natural advocates for their children and you should play an active role in planning your child's future
- No matter what decisions (medical, educational, personal) you have to make in the coming days, weeks, months and years, follow your own instincts in what you believe is the best thing for your child.
- Surround yourself with people who empower you as a parent.
- The most important thing to remember is that you, as the parent, knows your child the best and be confident that you have made the right decision regarding your deaf child's future.

chapter 6:

trusting yourself

MAKING DECISIONS

As a new parent, you have many decisions to make. Before long, you'll find that a whole team of different professionals is working with you. These professionals are likely to present you with many different decisions to make about tests that can be done, ways of helping your child's hearing, and communication development programs you can go to.

Trust yourself to make the best decisions for your child. Take your time and believe in your ability to know what is best for your baby or child. When making decisions:

- Don't be concerned about what other people might think about your questions.
- Remember that some decisions need time and space to become clear. Try a new perspective – sit under a tree in a park, talk to someone who sometimes has different ideas to you but who you trust, talk to other parents, go for a walk. The famous philosopher Friedrich Nietzsche once said 'All truly great thoughts are conceived by walking.'
- Also remember that very few decisions that you make cannot be changed in some way later on.
- For decisions that you know will have a long term effect or can't be reversed, wait until you are sure, but also find out what the impact of waiting might be.
- Trust your instincts.

Although the professionals working with your child have a lot of training in their field, and are experienced in working with children with a hearing loss, they don't know your child as you do. The time you spend with your child and the special bond you have with them means that you have the best overall picture of your child, and their strengths and needs within your family and community. Your role is to take the expert knowledge that professionals might have about particular aspects of your child and build it into your understanding of your child as a whole.

Because there are many ways to do things and no perfect answers, you'll find that on some issues you'll have different opinions from some professionals, as well as some other families you might meet. If this happens with professionals, it might be useful to talk with them about your different ideas, what the two of you agree on, and the pros and cons of taking one direction or another. Even though you might have different ideas, professionals also want the best for your child and talking these things through can help you work towards achieving this together.

Ultimately, it's always your choice which services you use, which tests you have done, and when you want to do these things.

KNOWING WHAT YOU WANT FROM PROFESSIONALS AND SERVICES

It's possible that you might feel some pressure to take a certain path with your child's communication development, or connect with a specific service. These are big decisions about your child's future. Because you are the one who is responsible for making these decisions, you must respond to your own sense of what is right for your child and family rather than responding to pressures from other people.

No two children with a hearing loss, or the families or communities they are part of, are the same. So each child and family will have different needs to be met in different ways. You don't need to feel that there is only one way to do things.

It can be quite liberating to take the first steps of positive action for your child. The important (but difficult) task you have is to get enough information to make the best decisions you can. So how do you go about choosing what path to take?

Trust yourself to make the best decisions for your child. Take your time and believe in your ability to know what is best for your baby or child.

One of the important things to think about is what you want from the people who help you. The following is a 'wish-list' that some parents of children with a hearing loss say they want from the professionals they connect with.

When you're exploring different services that your child and family might participate in, it might also be worth thinking about some of the things that are believed to be part of a good quality service.



PROFESSIONALS 'WISH LIST'

Professionals should:

- provide unbiased information about communication options
- provide the information parents need to make well-informed decisions; including books, brochures, phone numbers, support groups, anything that will be helpful in understanding a child's hearing loss and where to find help
- respect the choices that you make and let you make the final decision
- give an opinion when asked... but not deliver it in 'absolutes'
- let you know when they don't have the answer, and help you in finding the answer.

Good professionals believe:

- that families bring unique expertise to the parent-professional relationship
- in the importance of families participating in all aspects of decision making for their children
- that family members' perspectives, ideas and opinions are as important as a professional's
- that parents should drive what happens for their child and family
- that trust is built and maintained from a foundation of respect for parents, their values, and their culture.

ADVOCATING FOR YOUR CHILD

Advocating for your child means promoting their welfare and interests. 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 enter situations where you require advocacy skills. It may seem overwhelming at first to think that you must become not only an expert about your baby's needs but also about the system designed to offer your family the assistance and support you need. However, involved and informed parents are also the most effective advocates for their children and you will not regret the time spent ensuring your baby's needs are met.

The tips below may start you along the advocacy path:

- Successful advocacy requires working with others in your baby's team. You are the central member of your baby's support team and so you will set the pace with the health care professionals involved with your baby.
- Be educated and informed about hearing loss and its effects on your baby. Read and talk to professionals and other parents to develop a good understanding about your baby's needs.

- Become familiar with the terminology, jargon, rules and processes of the various services providing your baby with assistance.
- Be confident about your abilities and rights, and use the knowledge and skills you already possess. Effective communication is one of the keys to success.
- Train yourself to write things down. Keep copies of all letters and reports and notes on phone calls.

References

Aussie Deaf Kids, n.d., 'Building Blocks: a parent to parent guide for families whose baby has been diagnosed with a hearing loss', viewed December 2007, http://www.aussiedeafkids.com/pdf/building_blocks_boy.pdf.

Hands and Voices, 2005, Early intervention: the parent perspective – a parents wish list for early interventionists, viewed January 2008, http://www.handsandvoices.org/articles/early_intervention/wishlist_early_int.html.

SERVICE PROVIDERS 'WISH LIST'

A good service should:

- respect that when you have access to good quality information and support you have the ability to make good decisions with the best interests of your child and family in mind
- assist you in this process in ways that are most useful for you
- work as a team with your family and all relevant professionals within and beyond their particular service
- develop a program, with your direct involvement, that responds to the specific communication development needs of your child and family
- provide, or work with other services to provide, a program that meets the overall developmental needs of your child
- accurately assess and review your child's communication and overall developmental progress regularly and modify the program as needed
- seek your feedback on your child's progress, and provide regular feedback on their assessment of your child's progress and achievements
- respond to changes in your child's needs and the needs of your family
- support you to access additional or alternative services that your child and family may need and communicate effectively with these services.



Other parents say:

- Even if you're not ready to think about things now, there will come a time when you think about the future and look at the positives.
- There are lots of people who have gone down this road before so you are not alone with that.
- Don't be afraid to talk to anyone and everyone you meet. It is amazing how someone seems to know someone else who has had something to do with deafness.
- Try to meet with a family who is further down the track. There are many families who are willing to contact you and meet you.
- You will soon see that life goes on as normal and the future is just as bright.

chapter 7:

a full life for your child

RECOGNISING THE POSSIBILITIES

After you've had some time to think about the news of your child's hearing loss and what steps you want to take next, it might be a good time to step back and have a look at how things are going.

People often wonder what their child's hearing loss will mean for them when they grow up and whether they will have the same opportunities and experiences as other children. Will they play sport? Will they go to a mainstream school? What about listening to music and hearing everyday sounds?

Children with a hearing loss are able to experience most of the same things in life as those who have normal hearing. They might experience some things, such as music, differently but this does not mean they can't be music lovers, or even music-makers. Your child will play sports, join groups, dance, paint, cook, swim and experience all the emotional ups and downs that are part of growing up. Hold on to your hopes and dreams for your child. Children with a hearing loss have every opportunity to grow into strong, creative, successful individuals and you will find that most if not all your dreams for your child are achievable.

It's so important to remember that many, many things come together to make your child unique, and their hearing loss is just one of them. Each phase in your child's life will bring different challenges to deal with. Mostly these will be related to the everyday issues of growing up – a fight with their best friend, their first love, a poor result on a test, a bad haircut. No doubt some challenges will relate to their hearing loss, but certainly not all of them.

Unfortunately, there is no guide to life that tells you how to approach every problem or concern. The best

thing to do is take each life step as it comes your way and deal with it in the moment. You have supports around you to help you work out what to do, and you will draw on your own wisdom as a parent to tackle the big issues.

MAKING FRIENDS

Some families wonder whether their child's hearing loss will affect their ability to make friends and have all the social experiences that other children do. 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 experience life. One of the challenges of growing up is working out how to be an independent person with confidence. Life experience is one of the best ways to do this, and it's important for this to start from a young age.
- Keep mixing with your extended family and friends just as you would with any child.
- If you are attending a support group for parents, suggest that children come along to some events – both those who have a hearing loss, and their siblings who have normal hearing. This allows children to see that there are others who have a hearing loss and gives them the chance to hang out in a friendly, supportive environment.
- Attend the playgroup at your early intervention service. Playgroups offer a good opportunity for children to meet others in small groups and allow you to gain support from other parents.

QUESTIONS TO THINK ABOUT WHEN CONSIDERING YOUR CHILD'S FUTURE...

- What are your hopes and dreams for your child's future?
- What can you do now to help those dreams become a reality?
- What are your main concerns about your child's future?
- How can you build your understanding about these concerns and respond to them in a positive way? Would you like some help with this?
- What are the opportunities you see for your child that give you a sense of hope and optimism?
- Where do you think these opportunities could lead your child in the future?

GOING TO CHILDCARE AND SCHOOL

Many parents find the experience of their child starting childcare, kindergarten or school for the first time a bit daunting. It can be hard enough for any parent to work out which centre or school might be best for their child. When a child has a hearing loss, making sure that the centre or school can cater for their specific needs can be an added challenge.

Parents often ask whether their child will need to go to a special school. Most children who have a hearing loss attend a mainstream school. Some children need extra help in the classroom, and some participate in classes tailored specifically to the needs of children who have a hearing loss. The learning needs of some children who have disabilities in addition to a hearing loss may be best supported in special education units or special schools.

The most important thing is that your child has the opportunity to participate in a learning environment that is a good match for their needs and gives them the best chance to reach their full potential in the development of their communication skills, academic abilities, and social development.

Given the range of options available, it's a good idea to think carefully about what will suit your child best. Consider visiting each of the schools or centres in your area to make sure you've selected the best one for your child and family. Other parents of children with a hearing loss may be a valuable source of information during this process, but also remember that every child's needs are different and it's important to listen to their information and advice based on what you know about your own child's needs and your preferences.

Remember, you can always change your mind in the future if you find that the place you selected is not meeting your expectations or the needs of your child.

BUILDING YOUR CHILD'S CONFIDENCE

Most hearing people have little or no experience of hearing loss, but the way other people (parents, family members, friends, professionals and people we meet) respond to your child will affect their sense of identity and self esteem – how they feel about themselves.

The positive and loving feelings you have for your child are always there, but at times of stress they can slip beneath the surface. While it is much easier to focus on the difficulties and things that are going wrong, it is more useful to think about the successes and build on positive steps they are making.

Parents, carers and close family have an important role in helping the child with hearing loss develop a healthy, positive view of themselves from an early age. This in turn acts as a buffer and helps them cope better when they come across life's difficulties, develop their potential to achieve at school and other activities, and eventually grow into fulfilled, healthy, responsible adults.

You can build up your child's sense of self-worth by:

- Rewarding your child with smiles, cuddles, positive attention, touching, winking and kissing whenever they make even small steps towards behaviours you want to see more of, even if they haven't got it quite right! But do show them you have noticed.
- Showing them that you love and approve of them as much as possible.
- Thinking about what is great and unique about their personality and telling them that you value these special qualities.

References

Aussie Deaf Kids, n.d., 'Building Blocks: a parent to parent guide for families whose baby has been diagnosed with a hearing loss', viewed December 2007, http://www.aussiedeafkids.com/pdf/building_blocks_boy.pdf.

National Deaf Children's Society, n.d. 'My child is unique', viewed January 2008, http://www.ndcs.org.uk/family_support/how_ndcs_can_help/parenting/developing_parenting_skills/my_child_is_unique.html

QUESTIONS TO THINK ABOUT WHEN CONSIDERING YOUR CHILD'S SCHOOLING...

- Do you want your child to go to a regular childcare centre, kindergarten or school or one that specifically caters to their hearing loss? Do you want the option of both?
- What are your hopes and expectations for your child's learning? How can you let their teachers and support staff know about these?
- Do the teachers and other staff members have knowledge about issues related to hearing loss? If they need training, who can provide this?
- Does the childcare centre, kindergarten or school have access to staff relevant to your child's specific needs who will assist in your child's development and participation in the education program – for example, Advisory Visiting Teachers, teacher aids, staff fluent in Auslan, Auslan interpreters.

section ③:

Quick reference

You are the central member
of your baby's support team.
Trust yourself as you work with
the health care professionals
involved with your baby.



Become familiar with the terminology, jargon, rules and processes of the various services providing your baby with assistance.

Useful services and sources of information

MEDICAL SERVICES – CHILDHOOD HEARING CLINICS (CHC)

PUBLIC SERVICES			
Brisbane	Royal Children’s Hospital, Children’s Health Queensland Hospital and Health Service	07 3636 0180	Birth to 12 mths
	Mater Health Services, South Brisbane	07 3163 6359	
	childhood_hearing@health.qld.gov.au	0418 936 835	
Townsville	Townsville Hospital sreedevi_aithal@health.qld.gov.au	07 4433 2763	Birth to 12 mths

AUDIOLOGY SERVICES – HEARING TESTING

PUBLIC SERVICES		
Brisbane	Royal Children’s Hospital, Herston www.health.qld.gov.au/rch/professionals/ah_esp_aud.asp	07 3636 7280
	Mater Health Services, South Brisbane	07 3163 6000
Gold Coast	Gold Coast Hospital (contact Logan Hospital)	07 3299 8975
Ipswich	Ipswich Hospital	07 3810 1385
Logan	Logan Hospital	07 3299 8975
North Queensland (Townsville, Mackay and Mount Isa)	Townsville Hospital	07 4433 2763
Sunshine Coast	Nambour Hospital	07 5470 6600

Please note: Children referred through the Healthy Hearing Program to NSU Toowoomba, Cairns Audiology Group, and Attune in Rockhampton and Mackay will be seen free of charge. Ages birth onwards.

PRIVATE SERVICES			
Hear and Say Centre www.hearandsaycentre.com.au	Auchenflower Varsity Lakes Outreach services to Nambour, Toowoomba, Cairns, Townsville	07 3870 2221 07 5562 1877	Birth onwards
Neurosensory Unit www.nsu.com.au	Brisbane City Chermside Ashmore Buderim Cleveland Greenslopes Toowoomba Tugun Lismore	07 3220 3552 07 3359 6444 07 5527 8722 07 5444 3233 07 3823 3399 07 3847 7955 07 4638 8015 07 5599 2799 02 6622 3388	Birth onwards
Attune www.attune.com.au	Brisbane City Ashmore Ipswich	07 3832 5155 07 5527 8722 07 3282 7022	8 mths onwards

PRIVATE SERVICES cont.			
Attune www.attune.com.au	Springwood Nambour Ascot Aspley Cleveland Minyama	07 3290 0288 07 5476 1500 07 3608 6200 07 3513 6401 07 3821 0871 07 54761500	8 mths onwards
	Rockhampton Mackay	07 4933 5335 07 4800 4920	Birth onwards
North Queensland Hearing Services	Cairns	07 4053 6111	Birth onwards
Cairns Audiology Group www.cairnsaudiologypgroup.com	Cairns	07 4054 5561	Birth onwards
Central Queensland Hearing www.fmstudios.com.au	Rockhampton Gladstone Outreach services to Mackay and Yeppoon	07 4922 8702 07 4972 6644	Birth onwards
Audiology Trio www.audiologytrio.com.au	Kippa Ring	07 3283 5055	3 yrs onwards
Clarity Hearing Solutions www.clarityhearingsolutions.com.au	Brisbane Mackay Townsville Outreach services to Rockhampton, Gladstone, Ayr, Bowen, Charters Towers, Ingham, Collinsville, Mt Isa, Emerald, Moranbah, Proserpine, Sarina, Longreach, Roma, Charleville	07 3366 7888 07 4957 2000 07 4779 1566	3 yrs onwards
Clinic for Audiology and Speech Pathology www.uq.edu.au/healthclinics/audiology	University of Queensland, St Lucia	07 3365 2232	Birth onwards
Affordable Hearing www.affordablehearing.com.au	Holland Park Mitchelton	07 3349 4588 07 3355 0363	Birth onwards
Hearing Health www.hearinghealth.com.au	Robina	07 5575 9375	12 mths onwards
John Percy Audiology www.johnpercyaudiology.com.au	Carina Indooroopilly	07 3398 8862 07 3870 5376	6 mths onwards
Vida Percy Audiologists www.vidapercyaudiologists.com.au	Belmont	07 3398 7555	3 yrs onwards
Whitsunday Hearing www.whitsundayhearing.com.au	Cannonvale Outreach services to Bowen, Proserpine and Ayr	07 4946 4906	3 yrs onwards

AUDIOLOGY SERVICES – HEARING AIDS AND HEARING TECHNOLOGY

AUSTRALIAN HEARING www.hearing.com.au		
Brisbane	9/241 Adelaide Street, Brisbane City	07 3237 6800
Bundaberg	62 Woondooma Street, Bundaberg	07 4131 9700
Caboolture	1/25 Morayfield Road, Caboolture South	07 5499 2052
Cairns	95 Sheridan Street, Cairns	07 4052 3700
Gladstone	Shop 10, 172 Goondoon Street, Gladstone	07 4972 1358
Hervey Bay	8/55 Main Street, Pialba	07 4303 2600
Ipswich	Shop 229 Ipswich City Square, Ipswich	07 3437 2500
Lismore	Corner Conway and Molesworth Streets, Lismore	02 6623 2100
Logan Central	1 Mooney Street, Logan Central	07 3387 6600
Mackay	7 Gregory Street, Mackay	07 4957 0900
Maroochydore	61 The Esplanade, Maroochydore	07 5409 5600
Redcliffe	161 Sutton Street, Redcliffe	07 3284 9103
Robina	Suite 3, 138 Robina Town Centre Drive, Robina	07 5554 8900
Rockhampton	Unit 6/235 Musgrave Street, North Rockhampton	07 4924 8600
Toowoomba	Corner Neil and Herries Streets, Toowoomba	07 4632 7855
Townsville	24-28 Ross River Road, Mundingburra	07 4771 9100
Tweed Heads	80-82 Keith Compton Drive, Tweed Heads	07 5506 5400
Mount Gravatt	1/2092 Logan Road, Upper Mt Gravatt	07 3347 4200

EARLY INTERVENTION SERVICES AVAILABLE IN QUEENSLAND

EDUCATION QUEENSLAND
<p>District Offices - http://education.qld.gov.au/schools/about/district.html</p> <p>Learning and Disability Support Information - http://education.qld.gov.au/schools/disability/index.html</p> <p>Education Queensland provides a range of options for deaf and hearing impaired children including auditory-oral support for children who have hearing aids or cochlear implants and Auslan support for children who require signed communication. The specific services provided depend on the individual needs and numbers of children accessing services. To find out what is available in your area, contact the Principal Education Officer: Student Services (PEO:SS) at the closest Education Queensland regional office. They can advise you on availability and location of services for deaf and hearing impaired students in their area. Programs and services that may be available include:</p> <p>Early Childhood Developmental Programs (ECDPs) provide services for children from birth until the prior-to-prep year. Some specialise in programs for deaf and hearing impaired children. In some regions young deaf and hearing impaired children are supported by visiting teacher services from hearing impairment specialists.</p> <p>Special Education Programs (SEPs) are part of a state school and provide services to primary and secondary aged deaf and hearing impaired children.</p> <p>Advisory Visiting Teacher Services (AVTs) assist classroom teachers to plan, prepare and deliver quality and effective teaching and learning programs for deaf and hearing impaired students who attend their local school.</p>

EDUCATION QUEENSLAND cont.

Education Queensland services specialising in hearing impairment are listed below

South-East Region	Logan City Early Childhood Development Program 133 Wembley Road, Logan Central 4114	Ph: 07 3489 6333 Fax: 07 3489 6300
	Miami Early Childhood Development Program Oceanic Drive, Mermaid Beach 4218	Ph: 07 5595 4888 Fax: 07 5595 4800
	Mount Warren Park Early Childhood Development Program 125 Mount Warren Boulevard, Mount Warren Park 4207	Ph: 07 3382 9339 Fax: 07 3382 9300
Metropolitan Region	Narbethong Special School 25 Salisbury Street, Buranda 4102	Ph: 07 3823 0777 Fax: 07 3823 0700
	Nursery Road Early Childhood Development Program 49 Nursery Road, Holland Park 4121	Ph: 07 3308 6333 Fax: 07 3308 6300
	Taigum Early Childhood Development Program 266 Handford Road, Taigum 4018	Ph: 07 3632 9888 Fax: 07 3632 9800
	Yeerongpilly Early Childhood Development Program 8 Oloan Street, Yeerongpilly, Brisbane, 4105	Ph: 07 3373 1333 Fax: 07 3373 1300
North Coast Region	Caboolture East Early Childhood Development Program 44 Manley Street, Caboolture East 4510	Ph: 07 5431 6111 Fax: 07 5502 6565
Darling Downs South West Region	Ipswich Central Special Education Program Griffith Road, Ipswich 4305	Ph: 07 3432 5331 Fax: 07 3432 5355
	Wilsonton Special Education Program 429 Bridge Street, Toowoomba 4350	Ph: 07 4637 1217 Fax: 07 4637 1221
Central Queensland Region	Norville Early Childhood Development Program Dr Mays Road, Norville, Bundaberg 4670	Ph: 07 4132 6329 Fax: 07 4132 6300
North Queensland Region	Victoria Park Early Childhood Development Program Goldsmith Street, South Mackay 4740	Ph: 07 4957 5307 Fax: 07 4951 6300
	Vincent Early Childhood Development Program 280 Palmerston Street, Vincent 4814	Ph: 07 4728 0436 Fax: 07 4728 0432
	Bohlevale Early Childhood Development Program Bohlevale State School, School Road, Bohlevale 4818	Ph: 07 4729 3555 Fax: 07 4729 3500
	Heatley Early Childhood Development Program Heatley State School, 410 Fulham Road, Heatley 4814	Ph: 07 4959 5333 Fax: 07 4759 5300
	Rasmussen Early Childhood Development Program Rasmussen State School, Allambe Lane, Rasmussen 4815	Ph: 07 4789 6333 Fax: 07 4789 6300
Far North Queensland Region	Cairns West Special Education Program Mayers Street, Manunda 4870	Ph: 07 4037 9764 Fax: 07 4032 1397

EARLY INTERVENTION SERVICES AVAILABLE IN QUEENSLAND cont.

HEAR AND SAY		
www.hearandsaycentre.com.au mail@hearandsay.com.au The Hear and Say Centre is a not-for-profit provider of listening and spoken language therapy services with the aim of helping deaf children to hear, listen and speak. Hear and Say uses hearing technology (digital hearing aids and implantable technology such as cochlear implants) with the Auditory-Verbal Therapy approach. The Auditory-Verbal Therapist teaches the parent/s how to set up a listening, learning environment where their child can develop spoken language using their aided hearing.		
Brisbane	40-44 Munro Street, Auchenflower Qld 4066 Hours of operation: Mon-Fri 8.30am-5.00pm	Ph: 07 3870 2221 Fax: 07 3870 3998
Gold Coast	8 Bellvue Drive, Varsity Lakes Qld 4226 Hours of operation: Mon-Fri 8.30am-5.00pm	Ph: 07 5562 1877 Fax: 07 5562 2873
Sunshine Coast	60 Windsor Road, Nambour Qld 4560 Hours of operation: Tues-Fri 8.30am-5.00pm	Ph: 07 5441 0400 Fax: 07 5441 5400
Toowoomba	Suite 4/610 Ruthven Street, Toowoomba Qld 4350 Hours of operation: Mon-Fri 8.30am-5.00pm	Ph: 07 4639 6425
Cairns	343 Sheridan Street, Cairns Qld 4870 Hours of operation: Mon-Fri 8.30am-5.00pm	Ph: 07 4041 1840
Townsville NQ Hub	111 Charters Towers Road, Hermit Park, Townsville Qld 4810 Hours of operation: If no appointment you are advised to call first.	Ph: 07 3870 2221 (Brisbane)
THE ROYAL INSTITUTE FOR DEAF AND BLIND CHILDREN		
www.ridbc.org.au teleschool@ridbc.org.au RIDBC is a charity that provides early intervention programs using a range of communication methods for children from birth to five years with hearing or vision loss. It has a regional and remote service operating across Australia where families and children receive services via videoconference.		
361-365 North Rocks Road, North Rocks NSW 2151		Ph: 1300 131 923 or 02 9872 0921 Fax: 02 9872 0889

INFORMATION AND SUPPORT

AUSSIE DEAF KIDS		
www.aussiedeafkids.org.au info@aussiedeafkids.org.au An online forum providing comprehensive information about childhood hearing loss from diagnosis through to the post-school period. The information is parent-friendly and evidence-based to assist parents to make informed choices about raising their deaf/hearing impaired child.		
DEAF CHILDREN AUSTRALIA		
www.deafchildrenaustralia.org.au melbourne.reception@deafchildren.org.au Deaf Children Australia supports the individual needs of families raising children who are deaf regardless of the degree of hearing loss, communication methods, educational settings, personal circumstances or additional disabilities.		
Regional Office Queensland	271A Stafford Road, Stafford QLD 4053 PO Box 1255, Stafford 4053 email: sewing@deafchildren.org.au	Ph: 07 3607 0077
Head Office Victoria	597 St Kilda Road, Melbourne VIC 3004	Ph: 03 9539 5300 Fax: 03 9525 2595
Help Line	email: helpline@deafchildren.org.au	Ph: 1800 645 916

INFORMATION AND SUPPORT cont.

DEAF SERVICES QUEENSLAND		
www.deafservicesqld.org.au dsg@deafsq.org.au Deaf Services Queensland provides support services and information to the deaf and hearing impaired community.		
Brisbane	915 Ipswich Road, Moorooka 4105 PO Box 465, Moorooka 4105	Ph: 07 3892 8500 Fax: 07 3392 8511
Cairns	224 Draper Street, Cairns 4870	Ph: 07 4031 6315 Fax: 07 4031 1383
Maryborough	Kathleen Costello Centre 26 Wilson Street, Maryborough 4650	Ph: 07 4121 5222 Fax: 07 41214322
Townsville	111 Charters Towers Road, Hermit Park 4812	Ph: 07 4724 4163 Fax: 07 4772 4338
Toowoomba	19a/28 Bell Street, Toowoomba 4350	Ph: 07 4638 0666 Fax: 07 4638 0257
DEAF AUSTRALIA		
www.deafau.org.au email: info@deafau.org.au Deaf Australia Inc. is the national peak organisation for Deaf people in Australia. It represents the views of Deaf people who use Auslan (Australian Sign Language).		
Brisbane	271A Stafford Road, Stafford Q 4053 PO Box 1255, Stafford, 4053	Ph: 07 3357 8266 Fax: 07 3357 8377 TTY: 07 3357 8277
CARERS QUEENSLAND		
http://www.carersqld.asn.au Carers Queensland provides carers with information, education, training, advocacy, counseling and other support services that may assist them in their caring role.		
Brisbane	15 Abbott Street, Camp Hill QLD 4152	Ph: 07 3900 8100 or 1800 242 636 Fax: 1300 786 102
PARENTLINE		
www.parentline.com.au email: parentline@boystown.com.au Parentline is a confidential telephone service providing professional counselling and support for parents and carers of children in Queensland and the Northern Territory. Ph: 1300 30 1300 Fax: 07 3397 1266		

LINKING WITH OTHERS

AUSSIE DEAF KIDS	
www.aussiedeafkids.org.au info@aussiedeafkids.org.au Aussie Deaf Kids runs a number of online parent-to-parent support groups to meet the different needs of parents. The groups provide emotional and information support in a supportive and empathic environment.	
DEAF CHILDREN AUSTRALIA	
www.deafchildrenaustralia.org.au email: sewing@deafchildren.org.au Ph: 07 3607 0077 The Parent to Parent Program A service which connects families in the early days of diagnosis with trained support parents who are a bit further down the track and are available to share practical information, experiences, insights and emotional support.	

LINKING WITH OTHERS cont.

DEAF CHILDREN AUSTRALIA cont.

www.deafchildreनाustralia.org.au email: sewing@deafchildren.org.au Ph: 07 3607 0077

The Life Stories Program

A program which offers families the opportunity to meet adults who have grown up with a hearing loss who are leading fulfilling lives and have constructively met challenges their hearing loss has presented to them.

POD QUEENSLAND

www.podqld.com pod.qld@gmail.com

An email network for families, professionals and community organisations which shares information relevant to children who are deaf or have any degree or type of hearing loss. POD runs support groups in local areas across Queensland. Please speak with your Family Support Facilitator, email POD or check the website for more details.

PLAYGROUPS

EARLY INTERVENTION PROGRAM PLAYGROUPS

Speak to your local Early Intervention Service or your Family Support Facilitator for details.

MYTIME PLAYGROUPS

www.mytime.net.au mytime@parentingrc.org.au Ph: 1800 889 997

Groups for parents and grandparents and their children who have a disability.

PLAYGROUP QUEENSLAND

Support for finding a playgroup near you.

www.playgroupqueensland.com.au info@playgroupqld.com.au Ph: 1800 171 882 or 07 3855 9600

AUSTRALIAN WEBSITES

Audiological Society of Australia	www.audiology.asn.au
Auslan Signbank	www.auslan.org.au
Aussie Deaf Kids	www.aussiedeafkids.org.au
Australian Communication Exchange	www.aceinfo.net.au
Better Hearing Australia	www.betterhearingaustralia.org.au
Bionics Institute	www.bionicsinstitute.org
Cochlear Limited	www.cochlear.com.au
Deafness Forum of Australia	www.deafnessforum.org.au
Ear Science Institute Australia	www.earscience.org.au
First Voice	www.firstvoice.org.au
Health Insite	www.healthinsite.gov.au
HEARing Cooperative Research Centre	www.hearingcrc.org
Longitudinal Outcomes of Children with Hearing Impairment Study	www.outcomes.nal.gov.au
Media Access Australia	www.mediaaccess.org.au
Microtia and Atresia Australian Support Group	www.facebook.com/groups/330326533729256
National Association of Australian Teachers of the Deaf	www.naatd.org.au
Phoenix Hearing Instruments	www.phoenixhearing.com.au
Speech Pathology Australia	www.speechpathologyaustralia.org.au
The Auslan Shop	www.auslanshop.com.au
Word of Mouth Technology	www.wom.com.au

INTERNATIONAL WEBSITES

Action on Hearing Loss	www.actiononhearingloss.org.uk
Better Hearing Institute	www.betterhearing.org
Boys Town National Research Hospital	www.boystownhospital.org/hearingservices
Hands and Voices	www.handsandvoices.org
Hearing Health Foundation	www.hearinghealthfoundation.org
John Tracy Clinic	www.jtc.org
Listen Up	www.listen-up.org.au
Listening and Spoken Language Knowledge Center	www.listenandspokenlanguage.org
My Baby's Hearing	www.babyhearing.org
National Center for Hearing Assessment and Management	www.infanthearing.org
National Deaf Children's Society (NDCS)	www.ndcs.org.uk
Oral Deaf Education	www.oraldeafed.org
OtiKids	www.otikids.com
Raising Deaf Kids	www.raisingdeafkids.org
Ski-Hi Institute	www.skihi.org
Zero to Three	www.zerotothree.org

Frequently asked Questions

Why was the hearing loss diagnosed so early?

Newborn hearing screening programs were put in place to identify babies with hearing loss as soon as possible after birth. Hearing screening at an early age is strongly supported by parents of children with hearing loss. While it can be upsetting and difficult in the beginning, parents recognise that early detection results in better outcomes for their child.

What is the advantage of having an early diagnosis?

An early diagnosis provides you and your baby access to language and communication support at the most important time for language development. Research shows that babies whose hearing loss is diagnosed early and who receive appropriate intervention will have improved speech and language outcomes. Communication and language, either spoken language or sign language, is important for learning as well as social and emotional well-being.

How does the Audiologist know for sure my baby has a hearing loss; he or she is so little?

The tests done with your baby to diagnose his or her hearing loss are highly reliable and objective. Your baby's ear, nerve and brain responses to sound are recorded on a computer. The Audiologist is trained to interpret the readings and diagnose hearing problems.

Will my baby grow out of it?

A baby's hearing can change as they grow older, but it is extremely uncommon for a child's hearing to improve as they grow. Devices such as hearing aids or cochlear implants can assist your baby to make the most of his or her hearing.

Can it get worse? How will I know if it gets worse?

Some hearing losses can get worse over time. Your baby's hearing may temporarily get worse when an ear infection is present. Your professional team will closely monitor your baby's hearing. If you are concerned because your baby is not responding to sounds, you should discuss this with your Audiologist.

Can my baby hear any sounds?

The number of sounds your baby can hear depends on the type and severity of the hearing loss your child has. Most children with hearing loss are able to hear some sounds.

Can I get a second opinion?

As always, you are free to seek a second opinion about your baby's hearing. Your GP or Family Support Facilitator can advise about how to access a second opinion. The tests conducted in the first assessment are highly accurate, and you should be prepared that the results of the second opinion will more than likely match the first test results. However, there are a number of other areas on which you may want to seek a range of advice, such as the best early intervention service for you and your baby. The more you know about your options, the more confident you will feel in managing your baby's hearing loss.

What caused my baby's hearing loss?

There are many different causes for a baby's hearing loss. The hearing loss may be due to genetics, an illness your baby has had, or the way he or she grew before being born. Often there is no apparent cause for a baby's hearing problem. Your ENT or paediatrician will provide further information about the cause of your baby's hearing loss.

What other tests can be done?

If you would like more information about the cause of your baby's hearing loss, your ENT paediatrician can recommend various tests which may help to indicate the cause of the hearing loss. Sometimes, it is also recommended that other members of the family have their hearing tested.

Will the doctor find that anything else is wrong?

In some babies, hearing loss can be linked with other problems eg. cleft palate, heart problems and some syndromes, but most often parents are already aware of these problems before the hearing loss is diagnosed. Your paediatrician will discuss all the areas of your baby's health and development with you on your visit.

Will our baby learn to talk?

Most children who have a hearing loss can learn to talk. How well they are able to communicate using speech depends on many things, for example, how severe the child's hearing loss is, how much they can hear when they use hearing technology, such as hearing aids and cochlear implants, and how much support they receive to assist their development of listening and speaking.

Will we need to learn sign language?

Some children will learn to communicate best using speech, others will learn best using sign language, and others still will learn best using a combination of both. If your child uses sign language, you will need to learn to sign to be able to communicate effectively with your child and support their development.

If I have another baby, could he or she have a hearing loss?

If the cause of your baby's hearing loss is genetic, there is a greater chance of having another child with a hearing loss. You should ask for genetic counselling if you are concerned.

What is the difference between hearing loss and deafness?

Hearing loss and deafness, along with other words such as hard of hearing and hearing impaired, are all used to describe people who have difficulty hearing a range of sounds clearly. In general, people who have a hearing loss or are hard of hearing mainly use their hearing (with the assistance of amplification such as hearing aids or cochlear implants) to communicate. People who are deaf mainly rely on their vision to communicate, for example, lip-reading or sign language.

Will my baby have to wear hearing aids forever?

Hearing aids will help your baby to make the most of his or her hearing. The Audiologist at Australian Hearing will discuss this further with you.

Will a cochlear implant help?

Cochlear implants are most helpful for children who have severe to profound levels of hearing loss and receive little benefit from hearing aids. Cochlear implants are not suitable for all types of hearing loss and involve surgery and ongoing therapy. A number of professionals will raise and discuss with you whether a cochlear implant may benefit your baby, and refer you to a cochlear implant centre, if necessary.

Why is monitoring of a unilateral hearing loss important?

A small number of unilateral hearing losses may develop into bilateral hearing losses. Consequently, regular monitoring of hearing thresholds is strongly recommended. If your child has an ear infection, seek medical advice immediately. An infection in the better ear will have a greater impact on the hearing. Parents are generally the best people to look for signs that suggest your child may not be hearing so well. If you think there is a change in your child's response, have your child's hearing tested immediately.

Be aware of normal language milestones – keep a diary of all your child's language gains and compare this to normal milestones. If your child is not progressing, seek advice from appropriate professionals.

As a parent of a child who has a hearing loss, will I be able to return to work or study?

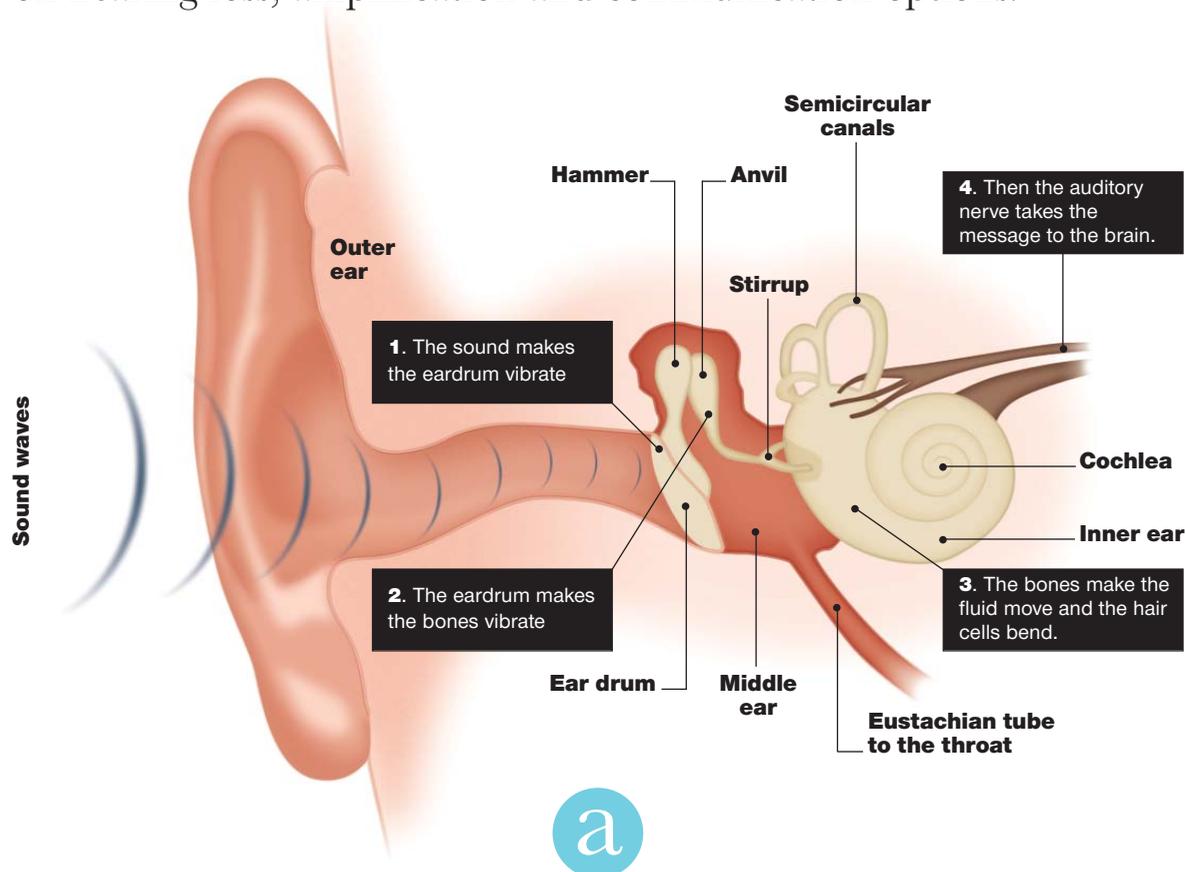
While he or she is young, your child will need extra help to learn to use their hearing and learn to communicate. This will involve regular appointments with and visits from many professionals. You will also need to do activities at home with your child to help them to learn. Because of the time these activities will take, you may need to reconsider the priorities for your family. Some parents postpone their return to work while others find returning to work manageable.

References

NSW Health, 2007, 'Hearing loss and your baby: the next step – an information resource for families in NSW,' viewed December 2007, http://www.health.nsw.gov.au/pubs/2007/pdf/hearing_baby_a4.pdf

glossary

The following list of terms may be useful to you as you are learning about hearing loss. For a comprehensive explanation please refer to the *Choices* booklet. This will give you detailed information on hearing loss, amplification and communication options.



Acoustic nerve / auditory nerve

The acoustic nerve is a combination of the nerves of hearing (the **cochlear nerve**) and balance (the vestibular nerve). The **cochlear nerve** carries information about hearing to the brain, and the vestibular nerve carries messages about balance to the brain (see diagram above).

Acquired hearing loss / deafness

See 'hearing loss, acquired'.

Amplification

Amplification is any process that makes a sound louder. **Hearing aids** are an example of a device used for amplification.

Assistive listening devices / assistive communication devices

Assistive listening devices can be used with or instead of **hearing devices** such as **hearing aids** or **cochlear implants**, to help the listening and communication of people who are deaf or hard of hearing. Examples include: amplified telephones, vibrating alarm clocks, or hearing loop system.

Atresia / aural atresia

Aural atresia involves some degree of failure of development of the **ear canal**. It can also affect the **ear drum (tympanic membrane)**, the tiny bones in the **middle ear (ossicles)**, and the **middle ear space**. The **pinna (outer ear)** is often also affected, but the **inner ear (cochlea)** is not usually affected. Aural atresia most commonly occurs in one ear only, but can also occur in both ears.

Audiogram

An audiogram is a chart used to show the results of a hearing test. It shows what level of loudness a child can hear sounds of different **itches** at.

Audiological assessment

Audiological assessment involves carrying out a range of different hearing tests to find out if a hearing loss is present; the type of hearing loss (e.g. **conductive, sensorineural, mixed**); the **degree of hearing loss** (e.g. **mild, moderate, severe, profound**); and the configuration of the hearing loss (**bilateral** versus **unilateral, symmetrical** versus **asymmetrical, high frequency** versus low frequency)

Audiologist

An audiologist is a health professional with specialist training in hearing and balance problems. Audiologists work with people of all ages. They measure hearing ability; identify hearing and balance disorders; provide rehabilitative services; help in diagnosing of sensory and neurological problems; assess the need for **hearing devices**, such as **hearing aids** and **cochlear implants**; and assist clients in the use and care of hearing devices.

Audiology

Audiology is the science and study of hearing and balance processes and disorders.

Auditory brainstem response test (ABR)

An ABR is a hearing test that can be used to assess the hearing of infants and young children. While the baby is asleep or resting very quietly, sounds of different **itches** and loudness levels are played to the baby. This records the activity and responses of the hearing nerve. The test can provide specific information about how loud a sound needs to be at different **frequencies** for a baby to be able to hear it.

Auslan / Australian Sign Language

Auslan, or Australian Sign Language, is the **sign language** of the Australian Deaf community. See 'sign language'.

Automated Auditory Brainstem Response (AABR)

An AABR is similar to an **Auditory Brainstem Response (ABR)** but instead of providing specific information about a baby's hearing at different **frequencies** it simply indicates whether a baby needs more detailed testing to gain this information. AABR is used as part of the **newborn hearing screening** process to identify which children need more detailed assessment using tests such as the ABR.

Auditory neuropathy / dysynchrony (AN/AD)

Auditory neuropathy and auditory dysynchrony are terms used to describe a particular type of hearing problem when sounds may be transmitted normally through the **middle ear** and the **cochlea** but then do not transmit normally beyond the **cochlea**, or along the **auditory nerve** to the brain. This means that the child may be hearing something, but what they hear might be very distorted and difficult for the brain to make sense of. It is estimated that up to one in every 10 children with a **profound hearing loss** have this condition.

A child with auditory neuropathy could have normal hearing thresholds or they could have a **mild, moderate, severe** or **profound hearing loss** and for some children their hearing problem will seem to change from time to time or their hearing will be better on some days than others. Sometimes the hearing loss can get worse with time, and in some children their hearing can improve with time. A diagnosis of auditory neuropathy warns professionals that a child may not act or respond as a typical deaf child.

Auditory neuropathy affects a child's ability to understand speech and is often worse than would be predicted by the level of hearing loss measured.

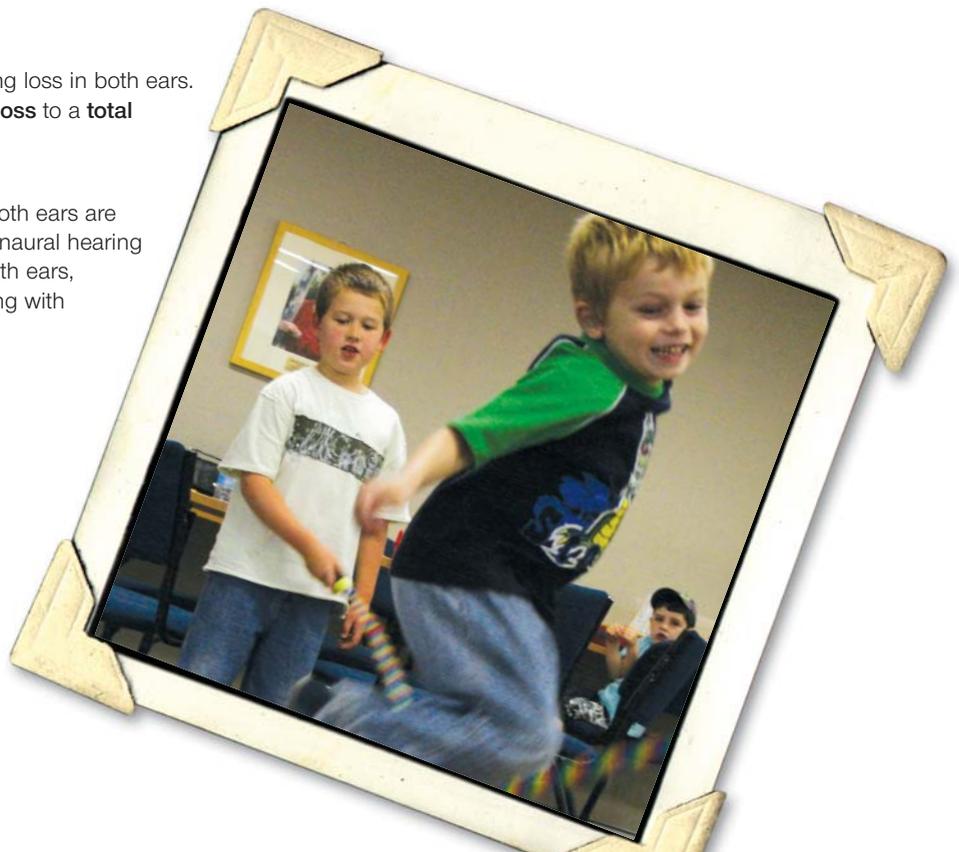
b

Bilateral hearing loss

A bilateral **hearing loss** is a hearing loss in both ears. It can range from a **mild hearing loss** to a **total hearing loss**.

Binaural

The term binaural is used when both ears are being referred to. For example, 'binaural hearing aids' refers to a hearing aids in both ears, 'binaural listening' refers to listening with both ears.



C

Cerumen

Cerumen is a yellow or brown wax-like substance produced in the outer one-third of the **ear canal**. Cerumen is the medical term for **ear wax**.

Cochlea

The cochlea is a snail-like bony cavity that contains the delicate **hair cells** of the **inner ear**. The cochlea converts sound waves into nerve impulses which are then sent to the brain via the **auditory nerve**, resulting in the sensation of **hearing**. The cochlea is about the size of a dried pea (see diagram on page 47).

Cochlear implant

A cochlear implant is a surgically implanted device used with people with **severe** or **profound hearing losses** when conventional hearing aids cannot provide sufficient benefit. Cochlear implants work by bypassing the damaged parts of the auditory system and stimulating the hearing nerve directly. A cochlear implant is made up of both internal and external components. The external components are the visible part of the system and are responsible for collecting sound, converting

it to a digital signal, and for housing the batteries that power the system. The internal components are responsible for decoding the digital signal and converting it to the electrical signal which stimulates the hearing nerve. Cochlear implants do not restore natural hearing, however, they can provide significantly greater benefit than hearing aids for children with severe or profound hearing losses by providing access to conversational speech and environmental sounds. This improved access to speech assists with overall communication and language development and provides greater opportunity for the deaf child to develop speech.

Cochlear nerve

The cochlear nerve, combined with the vestibular nerve, creates the acoustic nerve. The cochlear nerve begins near the cochlea and carries information about hearing to the brain (see diagram on page 47).

Conductive hearing loss

See 'hearing loss, conductive.'

Congenital hearing loss / deafness

See 'hearing loss, congenital.'

D

Deaf

The word deaf is used in a range of different ways by different people. Some people use the word deaf to describe any level of hearing loss from mild to profound and complete deafness, and others only use the word deaf to describe profound and complete deafness. The word Deaf is also used to identify connection with the Deaf community through use of a Deaf sign language and participation in Deaf culture. In this context, in its written form, a capital D is used for the word Deaf.

Decibel (dB)

A decibel is a unit of measurement of sound. When testing hearing, dB is used to indicate the loudness

or intensity of a sound. A whisper is about 20 dB, conversational speech is about 60dB, a ringing telephone is around 80dB, and a jet engine taking off is about 150dB.

Diagnostic audiology assessment

Diagnostic audiology assessments involve carrying out a range of different hearing tests to find out if a hearing loss is present; the type of **hearing loss** (e.g. **conductive, sensorineural, mixed**); the **degree of hearing loss** (e.g. **mild, moderate, severe, profound**); and the configuration of the hearing loss (**bilateral** versus **unilateral, symmetrical** versus **asymmetrical**, high **frequency** versus low frequency).

E

Ear canal

The ear canal is the passage from the **pinna** to the **eardrum** that sound waves travel along (see diagram on page 47).

Earache

Any ache or pain in the ear. The medical term is **otalgia**.

Eardrum

The eardrum is a thin membrane that separates the **ear canal** and the **middle ear**. The medical term is **tympanic membrane** (see diagram on page 47).

Ear specialist

An Ear Specialist is usually called an Ear Nose and Throat Specialist, or ENT Specialist.

Ear wax

Ear wax is a yellow or brown substance produced in the outer one-third of the external ear canal. The medical term is **cerumen**.

Eustachian tube

The Eustachian tube is the passage between the **middle ear** and the back of the throat. It allows air to move in and out of the **middle ear**. This helps to keep the air pressure inside the **middle ear** the same as the air pressure on the outside of the eardrum (see diagram on page 47).

External ear

The external ear includes the **pinna** (the part we can see), the **ear canal**, and the outer surface of the **eardrum** (see diagram on page 47).

f

Feedback

Feedback is the whistling sound sometimes produced by a **hearing aid**. Feedback occurs when sound that has been amplified by a **hearing aid** leaks back from the **ear canal** to the hearing aid microphone. This can occur when the **ear mould** or **hearing aid** is old or not positioned properly, when there is too much **ear wax** in the ear, or simply when the **hearing aid** is turned up too much.

Frequency

The frequency of a sound relates to the number of sound vibrations that it makes per second. The more sound vibrations per second, the higher the frequency of the sound, and the higher the **pitch** will be. The frequency of a sound is expressed in **Hertz**, or Hz for short.

g

Glue ear

Glue ear occurs when fluid is present in the **middle ear** but there is no fever or swelling of the ear drum. It generally occurs in situations where a **middle ear infection** has been present, and the infection has passed but the fluid has remained behind. The fluid is often quite thick and may stay in the **middle ear** temporarily or could persist for many months. The thick fluid makes it harder for sound to pass from the **outer ear**, through the **middle ear**, to the **inner ear** and can result in a **conductive hearing loss**. The medical term for glue ear is **otitis media with effusions (OME)**.

Grommets

When a child has recurrent or long-standing **middle ear infections** or **glue ear**, a simple surgical procedure may be performed under general anaesthetic in which a small cut is made in the **eardrum** to allow the fluid in the **middle ear** to be removed and let the **middle ear** 'breathe.' Usually a tiny **ventilation tube**, commonly called a grommet, is placed in the **ear drum** to allow air to enter the **middle ear** on an ongoing basis. The grommet does the work that a poorly functioning **Eustachian tube** should do, giving the **middle ear** a chance to recover. Grommets cause no discomfort while they are in place. The healing ability of the **eardrum** usually pushes the grommet out within 6 to 12 months, leaving the **ear drum** completely intact.

h

Hair cells

The hair-like structures in the **inner ear** that convert sound waves into electrical impulses that are then relayed to the brain via the **auditory nerve**.

Hearing

When sound travels from the **outer ear** along the **ear canal**, it causes the **eardrum** to vibrate. These vibrations then cause the three tiny bones (**ossicles**) in the **middle ear** to move. The last of the three **ossicles**, called the stapes, then pushes on a membrane that leads into the **cochlea** in the **inner ear**. This causes the **hair cells** in the **cochlea** to react and send nerve impulses along the **auditory nerve** to the brain where the sensation of hearing is registered.

Hearing aid

A hearing aid is a small electronic device that is worn in or behind the ear. It makes some sounds louder so that a person who has a **hearing loss** can hear more successfully, communicate more readily, and participate more fully in daily activities. A hearing aid can help people hear more in both quiet and noisy situations.

A hearing aid has three basic parts: a microphone, an amplifier, and a speaker. The hearing aid receives sound through the microphone, which converts the sound waves to electrical signals and sends them to an amplifier. The amplifier increases the power of the signals and then sends them to the ear through a speaker.

Hearing aid, behind-the-ear (BTE)

A behind the ear hearing aid is a type of hearing aid designed to fit behind the ear. It carries sound to the **ear canal** through tubing and a custom made ear mold.

Hearing aid, bone conduction

A bone conduction hearing aid works by carrying sound through the bone in the skull to the **cochlea**, and bypassing the **outer ear** and the **middle ear**. Children who have abnormalities of their **outer ear (pinna or ear canal)**, abnormalities of their **middle ear (ear drum or ossicles)**, or persistent problems with fluid in their **middle ears** may use a bone conduction hearing aid.

Hearing aid, completely-in-the-canal (CIC)

A completely-in-the-canal hearing aid is a type of hearing aid that is small enough to fit entirely within the **ear canal** to most closely imitate the natural **hearing** process. It is custom designed to fit the contours of the individual's **ear canal**.

Hearing aid, in-the-ear (ITE)

An in-the-ear hearing aid is a type of hearing aid that fits within the **ear canal**. It is custom-designed to fit the shape of the individual's **ear canal**.



Hearing loop system

A hearing loop system is an **assistive listening device** that consists of a microphone, an amplifier, and a loop of wire that may be worn around the neck or is installed in part

of a room. Sound is transmitted directly into headphones or **hearing aids** worn by people within the area enclosed by the loop. The system reduces the effects of background noise and distance. The International Deafness Symbol is usually displayed where a hearing loop is installed in public places.

Hearing loss, acquired

An acquired hearing loss is a **hearing loss** that is not present at birth but occurs or develops later in life. An acquired hearing loss can be caused by a number of things, including illness, injury, and genetic causes.

Hearing loss, asymmetrical

An asymmetrical hearing loss is one in which the hearing loss in each ear shows a different pattern.

Hearing loss, conductive

A conductive hearing loss occurs when sounds cannot pass efficiently through the **outer** and **middle ear** to the **cochlea** and **auditory nerve**. A conductive hearing loss can be temporary or permanent. A temporary conductive hearing loss can occur when there is a blockage to the **outer ear** (e.g. with **wax**) or the **middle ear** (e.g. with fluid). A permanent conductive hearing loss can occur when there is something wrong with the structure of the **outer ear** or the **middle ear**. A permanent conductive hearing loss can often be helped with medical or surgical treatments. Some children who have a conductive hearing loss also benefit from using special types of **hearing aids**.

Hearing loss, congenital

A congenital hearing loss is a hearing loss that is present at the time of birth, or very soon after birth. Many things can cause a congenital hearing loss, some of these include genetic causes, infections that a mother has during pregnancy, medications a mother takes during pregnancy or that the baby takes soon after birth, severe jaundice of the baby etc.

Hearing loss, degree

The following classifications describe the effects of different degrees of hearing loss on what a child can hear:

Mild hearing loss (21-45dB)

If a child has a mild hearing loss they are likely to have trouble hearing in noisy situations such as at playgroups or family gatherings, even though they may often manage well in quiet situations.

Moderate hearing loss (46-65dB)

If a child has a moderate hearing loss, without **hearing aids** it is likely for it to be very hard for them to understand what you are saying, especially when there is background

noise. Using **hearing aids** and receiving appropriate therapy from a very young age will help to optimise their listening, speech and spoken language development. If a child with a moderate hearing loss does not use **hearing aids** their listening, speech and spoken language development will be affected.

Severe hearing loss (66-90dB)

If a child has a severe **hearing loss**, without hearing aids they will not be able to hear speech at normal conversational levels and will need to use the best available **hearing aids** and receive appropriate therapy to assist their development of listening, speech and spoken language.

Profound hearing loss (91dB+)

If a child has a profound hearing loss, without **hearing aids** they will not be able to hear people talking and will not be able to hear most sounds in the environment. Hearing aids do not usually provide adequate assistance for children with a profound hearing loss to develop effective listening, speech and spoken language, and assessment for a **cochlear implant** is likely to be offered. Appropriate therapy is also important to support the communication development of a child with a profound hearing loss.

Total deafness

If a child has total deafness this means that no measure of hearing has been possible using any hearing tests. **Hearing aids** are unlikely to provide any significant benefit and assessment for a **cochlear implant** is likely to be offered.

Hearing loss, mixed

The term mixed hearing loss is used when someone has a combination of a **conductive hearing loss** and a **sensorineural hearing loss** at the same time.

Hearing loss, sensorineural

A sensorineural hearing loss involves damage to or malfunction of the **inner ear** (**cochlea** or **cochlea nerve**). This kind of hearing loss is usually permanent. A sensorineural hearing loss can be present at birth as a result of things such as genetic causes, infections that the mother contracted during pregnancy, and complications associated with prematurity. It can also be acquired later in life as a result of serious infections such as meningitis, head injury, excessive exposure to loud noise etc.

Hearing loss, symmetrical

A symmetrical hearing loss is one in which the hearing loss in each ear follows the same or, a very similar, pattern.

Hertz (Hz)

The frequency of a sound is measured in hertz (Hz). The higher the number of hertz, the higher the **pitch** of the sound. A 250 Hz sound is a very low **pitch** sound, and an 8000 Hz sound is a very high **pitch** sound.

Hearing screening, newborn

Newborn hearing screening is a process of assessing a baby's hearing to find out whether they need a more detailed hearing assessment with an **audiologist**.

Audiology would then determine whether the baby has normal hearing or a **hearing loss**. A hearing screen cannot tell you whether a **hearing loss** is present or the specific **frequencies** or loudness levels that a child can hear at. It can only tell you whether more detailed assessment is needed.

i

Impression, ear

An ear impression is an exact copy of the size and shape of the **ear canal** made by placing a soft substance such as silicone inside the ear. The impression is used to make the **ear moulds** that are used for **behind-the-ear hearing aids**.

Inner ear

The inner ear includes the vestibule, the semi-circular canals, the inner surface of the oval and round windows, and the **cochlea** (see diagram on page 47).

l

Lip reading / speech reading

Lip reading involves watching the mouth of a person who is speaking as a means of gaining understanding

of what is being said. The term **speech reading** is now more commonly used.

m

Microtia

Microtia means 'small ear.' It can affect one ear or both ears. Microtia can range from a slightly small **pinna** and a small but present **ear canal**, through to complete absence of the ear. The **middle ear** structures of a child with microtia can also be significantly affected. Children with microtia may have a **conductive hearing loss**, but their **inner ear** usually functions normally. Surgical intervention is often used to reconstruct the **external ear**, **ear canal** and **middle ear** structures.

Middle ear

The middle ear includes the **typanic membrane (eardrum)**, three tiny bones called the **ossicles**, and the **Eustachian tube** (see diagram on page 47).

Middle ear infection

See 'otitis media'.

Monaural

The term monaural is used when one ear is being referred to. For example, 'monaural hearing aids' refers to **hearing aids** used in one ear, 'monaural listening' refers to listening with one ear only.

O

Ossicles

The ossicles are the three small bones of the **middle ear** that convey sound impulses from the **ear drum** to the oval window. They are known as the hammer (malleus), anvil (incus), and stirrup (stapes). When the movement of these is affected a **conductive hearing loss** can occur (see diagram on page 47).

Otalgia

Otalgia is the medical term for any ache or pain in the ear.

Otitis

Otitis is a broad term for inflammation or swelling of the ear.

Otitis media (OM)

Otitis media is an infection or swelling of the **middle ear**. The inflammation generally begins when infections that cause sore throats, colds, or other respiratory or breathing problems spread to the **middle ear** and cause a build up of infected fluid behind the eardrum. The build up of fluid in the **middle ear** can cause an **earache**, swelling and redness. This is called acute **otitis media**. The build up of fluid can prevent the ear

drum from vibrating properly, which may cause a temporary hearing loss. The hearing levels of children who experience frequent ear infections may fluctuate over a period of time and can place them at risk of speech and language delays.

Otitis media with effusions (OME)

See 'glue ear'.

Otoacoustic emissions (OAE)

An otoacoustic emissions test is a hearing test that uses a microphone placed in the ear canal to measure sound waves generated in the **cochlea** in response to clicks or tone bursts. This test helps to assess whether the **cochlea** is working properly. This information assists in understanding what type of hearing loss is present.

Ototoxic medications

Ototoxic medications are medications that can cause permanent damage to hearing.

Outer ear

The outer ear includes the **pinna** (the part of the ear you can see) and the **ear canal** (see diagram on page 47).

p

Perforated eardrum

A perforated eardrum is an **ear drum** that has a hole or tear in it. It usually results from an injury or infection. A perforated ear drum can cause decreased hearing and sometimes discharge can be present. Although a perforation can be painful at the time it occurs, the pain does not usually continue. Most ear drum perforations heal spontaneously within a few weeks, although some may take several months. During the healing process the ear must be protected from water and trauma. Ear drum perforations that do not heal on their own may need surgery.

Pinna

The **pinna** is the part of the ear that can be seen on the outside (see diagram on page 47).

Pitch

See '**frequency**'.

Profound hearing loss

See '**hearing loss, degree**'.

Pure tone

A pure tone is a sound played at a single frequency (or pitch).

Pure tone audiometry

Pure tone audiometry is a type of hearing test that uses pure tones to find out what level of loudness a single **frequency** needs to be present at for an individual to just detect that the sound is present. This type of assessment helps to diagnose the type and degree of hearing loss.

r

Risk factor

A risk factor is a factor associated with an increased risk of a person experiencing a particular disease or infection. There are a number of risk factors for a child

having an increased chance of having a hearing loss, some of these include a family history of permanent childhood hearing loss, meningitis, taking certain medications that can affect hearing etc.

s

Severe hearing loss

See '**hearing loss, degree**'.

Sign language

A sign language is a visual language in which 'listeners' use their eyes instead of their ears to receive the information being shared, and 'speakers' use hand shapes, facial expressions, gestures, and body language to create language. Sign languages are independent and unique languages with a structure and grammar different from spoken languages. There are many different sign languages across the world.

Auslan, or **Australian Sign Language**, is the language of the Australian Deaf community. The ability to use **Auslan** provides the opportunity to participate in the Deaf community.

Speech reading

Speech reading involves interpreting spoken messages by recognising the movements of the lips, jaws and tongue as well as using additional cues such as body language, gestures and facial expressions. A speech reader uses what they know about the elements of sound, the structure of language, the topic being spoken about, and the context of the situation to figure out what a person is saying. Speech reading used to be called '**lip reading**'.

Stethoclip

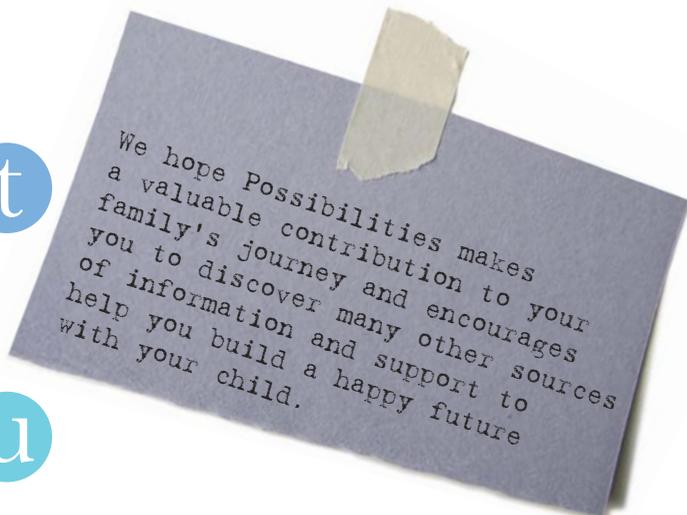
A stethoclip allows a hearing person to listen to a **hearing aid** to make sure that it is working properly. It is like a stethoscope used by doctors but it has a piece of tubing which connects to the **hearing aid**.

Tympanic membrane

See 'eardrum'.

t

u



Unilateral hearing loss

A unilateral hearing loss is a hearing loss in one ear only. It can range from **mild** to a **total hearing loss** on the side that is affected. Some children who have a unilateral hearing loss develop a **bilateral hearing loss** as they get older, it is therefore very important to monitor hearing regularly.

A unilateral hearing loss can cause difficulties with hearing in noisy situations, knowing which direction a sound is coming from, hearing sounds that are on the

same side as the ear with the hearing loss, and speech and language development. Some children who have a unilateral hearing loss have no difficulties with speech, language or academic development, other children do have difficulties with these skills. As is the case for all children who have any type of hearing loss, it is important to monitor the speech, language and learning development of all children who have a unilateral hearing loss.

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Ventilation tube

See 'grommet'.



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