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ABORIGINAL HEARING PROGRAM: NT DEPARTMENT OF EDUCATION

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PROGRAMS IN ACTION

Otitis Media or middle ear infection is more common in Australian Aboriginal children than in any other population. The associated hearing loss causes added learning difficulties for these children particularly when learning a second language.

We are all aware of the results of numerous prevalence surveys taken over the past 25 years which suggest that 25 - 50% of all Aboriginal children in school classrooms are likely to be suffering a significant hearing loss at any one time (Neinhuys, 1988; Quinn 1983; Stuart et al., 1972, 1973; Willis, 1985). The incidence of infection varies from place to place and seasonally as well. In some school populations as many as 54% of children have been shown to have significant hearing loss (Quinn, 1985). There is a widely held view that a fluctuating conductive hearing loss over a long period of time can prove to have serious implications on the child's developing behaviour, language competence and educational performance.

The prevalence of Otitis Media amongst Aboriginal children is so great that regular classroom teachers are invariably required to address the needs of these children with the minimum of support. It is therefore important that teachers of Aboriginal children understand the problems and be equipped with some basic strategies for classroom management.

Under the parameters of the NT Aboriginal Hearing Program, the NT Department of Education sought to address these problems by establishing four Project Officer positions within the Territory. Two positions have been filled at this time, in the Darwin and East Arnhem regions. Both Bev Hayhurst (Darwin Region) and Marguerite Hondow (East Arnhem Region) have a background in teaching hearing impaired students.

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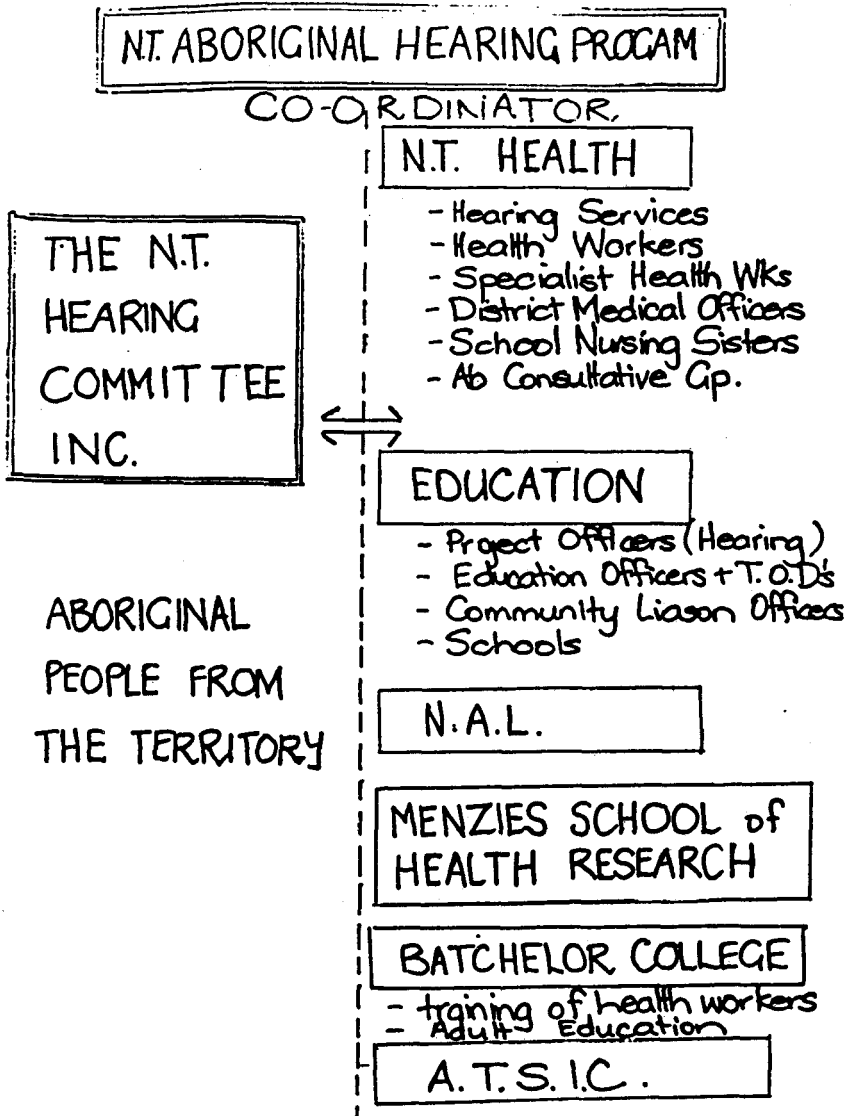
Historical Background to the NT Aboriginal Hearing program.

In 1982-86 a number of visiting ENT Specialists had a Surgical Repair program in the NT, for mainly adolescent Aboriginal kids. During this time various prevalence studies highlighted the incidence of conductive hearing loss in Aboriginal school children. In 1986 the Barton Report suggested that there be a focus on younger children and schools, because of the likely educational problems caused by hearing loss. 1987 saw the Co-ordinators position designated and appointed. (Joint funding - Education & Health Department).

During 1988 a five year plan was evolved which highlighted the multidisciplinary and intersectional nature of the program. It also included the Incorporation of the Committee.

While the Central Committee meets less frequently, the four Regional Committees meet quarterly. These regional committees make the majority of decisions relevant to their own situations.

The Central Committee has an Aboriginal membership and can invite other professionals to act in an advisory role when required. 1989 Four Project Officer positions designated. 1990 two Project Officers appointed to implement initiatives of the NT Aboriginal Hearing Program as part of the Aboriginal Education Plan. (AEP)



DEVELOPMENT OF A COMMUNITY PROGRAM

Over a period of 12 months, Community X had become aware of the problem of ear disease due to the continued input/interest from the visiting District Medical Officer.

The Doctor built up a good working relationship with the Nursing Sister and Health Workers at the Community Health Clinic, and this enabled him to introduce other interested persons to the Community.

All school children had their hearing tested and their ears examined in November 1989, by a group visiting the community for 3 days. These preliminary results enabled the NT Aboriginal Hearing Committee to develop possibilities of establishing a program in the Community. During March and April as Project Officer with the Hearing Program, I discussed with the Community Council, the District Medical Officer, staff at the Community Health Clinic, NT Hearing Services, & N.A.L., the needs and long term goals of a Hearing Program being established.

In May, after considerable discussion the Community Council decided on the person they wanted to work as a specialist Health Worker. Her position was initially funded on a trial basis (from the NT Aboriginal Hearing Program) and has since been extended for twelve months, with the proviso that all involved shall meet and evaluate the program regularly. Since this time, the Nursing Sister and the specialist Health Worker have been working together with the mothers and babies, plus being involved in all other aspects of the program. Their work is seen to be of good standing in the community. Although Ear Health awareness is not 'just school business', individual responsibility on ear health issues is still a little way off yet.

This Program incorporates:

- Ongoing training of specialist health worker
- Liaison with Health Clinic personnel
- Liaison with the Community Council
- Ongoing teacher inservice
- School Ear Wash Program
- 'B.B.C. Nose blowing & Coughing Program'
- Ear Health Lessons at all levels of school
- Audiological Testing (every 3 mths)
- Amplification

It is important to note that the Project Officers' co-ordinate programs that are in response to community assessed needs - thus each program profile will be different.

PREVALENCE STUDY

An evaluation of three full audiometric tests given to all students during a twelve month period, clearly demonstrate the high incidence of conductive hearing loss amongst younger school age children.

Appendix 1 : Graphs of Categories of Hearing Loss - November 1989 to December 1990.

A significant improvement in better ear average thresholds occurred. 19% of students with ≤ 15 dB HTL in November 1989 to 48% of students in December, 1990.

One cannot discount environmental factors, community influences and ceremony, or outside influences - such as tester reliability and noise levels, for these fluctuations. Although the majority of students' hearing does seem to be improving, it is apparent that more information is required before generalisations can be made.

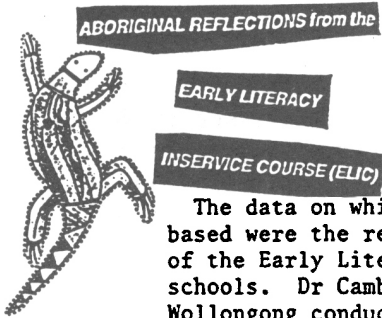
Appendix 2: Better Ear Av. Thresholds

Amplification using the Sony Walkman FM system was introduced in August 1990 by NAL personnel and myself. There was a great deal of liaison and inservice with the Community before this system was introduced.

The specialist health worker played an important part in this initial fitting procedure by speaking in 'language' to the younger children and demonstrating how the FM worked and what was expected of them. Since its introduction, 14 to 16 students have been using this system. It has been successful because of the ongoing support and inservice for both students, teachers and parents. However, there were a few 'bones' that needed to be ironed out - Transition/Grade 1 children had not been fitted in the Territory with this system, so there were initial problems with the size of the headsets and the length of the aerial (for little kids - it gets in the way when cutting and painting!). Recently a BRAC radio system

was introduced to the Community, - it is very hard for a teacher to compete with country and western music so other channels are being investigated.

We are to continue to work in this community in 1991 - although the program will need to be discussed with all concerned as soon as everyone returns to work. This may again take time, and highlights the need for flexibility and the necessity of working towards Community assessed needs, rather than our own preconceived ideas.



The data on which *Aboriginal Reflections from ELIC* are based were the result of a two and a half year evaluation of the Early Literacy Inservice Course (ELIC) in N.S.W. schools. Dr Cambourne's team at the University of Wollongong conducted the evaluation.

Data collected through the ELIC evaluation provided strong evidence that:

1. Aboriginal children could be successful literacy learners.
2. This success depended on a series of changes in knowledge and understandings, firstly in teachers, and later in learners and parents.
3. Principals and senior executive played a vital role in this change process.
4. The role which Aboriginal Education Assistants played was crucial, especially in initiating dialogue between school and home.

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