



OUR STRATEGIC PILLARS:
Advocacy; Research;
Clinical Outcomes;
Sustainability;
Mutual Support

Our voices

firstvoice
THE FUTURE IS HEAR

October 2021

STOP PRESS: FIRST VOICE CLINICAL OUTCOMES 2020

89% of children, with hearing loss only, graduating from First Voice early intervention have language skills equal to, or better than, those of typically hearing children of the same age. This is up 3% from 2019 (see p.2).

From the Chair – Published Clinical Outcomes and Informed Choice

We live in a time of increasing government demands for accountable, high quality service provision in the human services sector. Government requirements in relation to minimum standards of quality and safety - and basic human rights - are often embedded in legislation and regulation and overseen and enforced by powerful regulatory authorities.

Governments also strongly espouse system objectives on consumer choice; evidence-based practice; fair pricing; client outcomes; and overall value-for-money.

This is completely understandable. Government outlays on health, disability and aged care are huge. Consumers and governments need public, for-profit and not-for-profit providers of all shapes and sizes to meet stipulated performance requirements.

Ultimately, EVERYTHING should be about positive, meaningful client outcomes and value-for-money in public expenditure.

Publishing provider outcomes is a way of showing families and governments how effective and cost-effective programs are. First Voice and its member centres provide evidence-based early intervention programs for children with hearing loss that routinely deliver extraordinary spoken language outcomes for these children as we work with their families to prepare them for primary school with age-appropriate speech and language. This is an extraordinary achievement – every time – for all concerned. First Voice annually assesses each child’s speech and language development, including children with special needs and from all language backgrounds, using internationally-endorsed assessments and protocols, with the

results published annually for all to see in First Voice Sound Outcomes (2020 Report preview on p2), our [Graduate Outcomes Study](#), and our [Social Return on Investment analysis](#).

But who knows about these outcomes? Recent studies show that only **43.4%**¹ of the Australian community, and **37%**² in the UK, know that deaf children can learn to speak fluently – and only **15.6%** would know where to go for support if they had a child with a hearing loss. But of even greater concern is that parents of newborn babies with hearing loss may not be able to make informed choices about their child’s early intervention because they do not have access to reliable published information about provider outcomes. First Voice estimates that only 50% of children with hearing loss in Australia are able to find a specialist provider with published outcomes:

There is a very obvious link between **informed consumer choice** and published clinical outcomes. And an equally clear link between **published outcomes** and **accountability** for public funding.

When governments fund public programs, there should be an obligation to publish outcomes but this is not the case.

The publication and dissemination of early intervention program outcomes for children with disabilities is undoubtedly in the public interest and would be a significant step towards the Holy Grail of outcome-based funding. Government agencies would also have greater provider accountability and would be able to better manage the allocation of government funding to achieve genuine, long-term return on investment.

Most importantly, if parents of children with disabilities, including hearing loss, were provided

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Clinical Outcomes 2020

Clinical Outcomes: Theme Stories

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Centre Highlights

with verified information on the clinical and social outcomes achieved by the different service providers in the market, together with other relevant provider information, they would be able to make truly informed choices on their child’s early intervention and supports.

Mark Fitzpatrick
Chair First Voice

Clinical Outcomes of First Voice Graduates 2020: Sound Outcomes Report

First Voice is a world leader in routinely assessing the speech and language development of children enrolled in the early intervention (EI) therapy programs of its member centres. First Voice member centres use a suite of internationally-endorsed assessments to monitor program effectiveness and outcomes and inform each child's therapy program. Results are consolidated into a First Voice Centres' database and reported each year in Sound Outcomes comparing First Voice children's total language, auditory comprehension, expressive communication and vocabulary with peers of the same age with typically developed hearing. In 2020, 1868 children were enrolled in a First Voice early intervention program. Of these:

Client Demographics

- 75% had hearing loss in both ears, and 25% unilateral hearing loss
- 33% were exposed to a language other than other than English
- 29% were from a culturally and linguistically diverse background
- 2.5% were of Aboriginal and Torres Strait Islander background [Aust only]
- 17% had been diagnosed with an additional need complicating their hearing loss
- 27% had cochlear implants, 47% hearing aids and 12% other devices, 14% were not fitted with a hearing device

EI Graduates Outcome 2020

- Of 269 children (5-6 yrs) graduating in 2020, 178 completed a standardised language assessment

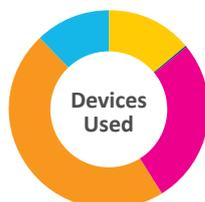
- 89% of those assessed, who had hearing loss only, were within or above the normal range for spoken language compared with 84% for typically-hearing children
- 67% of all children assessed (i.e., including children (1) with additional disabilities affecting communication; (2) with a primary language other than English; and (3) who were late diagnosed or treated) were within or above the normal range

Longer-term Outcomes (from 2017 First Voice Survey of adults aged 18–28 yrs who had graduated from FV programs)

- 86% of respondents had successfully completed Year 12
- 82% were accepted into tertiary education courses
- 77% had found paid employment



- 14% Bilateral profound loss
- 28% Unilateral loss
- 20% Bilateral mild loss
- 24% Bilateral moderate loss
- 11% Bilateral severe loss
- 3% Bilateral severe to profound loss



- 14% Unaided
- 0.2% Unknown
- 27% Cochlear implants
- 47% Hearing aids
- 12% Other devices

Language Scores within and above the average range

89% of First Voice children with hearing loss alone

84% general population.

67% of children with additional disability and/or exposed to a language other than English.

Outcomes, outcomes, outcomes – the First Voice Continuum

When all is said and done, families of children with hearing loss and their early intervention service providers are working together to achieve the best possible life outcomes for each individual child.

First Voice member centres are committed to an early intervention therapy model:

- that is evidenced-based;
- that is delivered by multi-disciplinary teams with high-level qualifications, skills and experience;
- that is family centred; and
- that routinely, and predictably, produces optimal speech and language outcomes for each child.

In addition, Cost Benefit Analysis studies in Australia and the UK show that this approach yields a return on investment of 2 to 4 times the level of investment.

While the core business of First Voice member centres is to optimise each child's speech and language before the commencement of primary school, this is always set in the broader context of the child's life journey through school, further education, employment and social participation. Thus we look at, and

monitor, **six sets of outcomes** – both quantitative and qualitative - as per the schematic below.



Outcome 1: First Voice persistently advocates for universal newborn hearing screening coupled with simple, speedy pathways to the specialist intervention chosen by the child's family. The critical elements here are (1) **a streamlined, managed pathway** from diagnosis to early intervention; and (2) **informed parent choice** – parents simply cannot make an informed choice unless they know about the outcomes' performance of potential service providers.

Outcome 2: The listening and spoken language (LSL) approach (also referred to as Auditory-Verbal Therapy) routinely yields extraordinary language outcomes for children with hearing loss before they start school. These are measured annually by First Voice centres using a suite of standardised assessments for Language; Expressive Communication; Auditory Comprehension; Vocabulary; and Speech Performance. These assessments

enable accurate measurement of children's progress as well as objective comparison between speech and language performance of First Voice EI graduates and children with typically-developed hearing. As reported above, First Voice children frequently outperform children with normal hearing in these assessments.

Outcome 3: There is now growing recognition that many children with hearing loss experience difficulties in finding their way socially, building self-confidence and fitting in. First Voice centres multidisciplinary programs address this in a range of proven interventions.

Outcomes 4-6: First Voice (2017) and other international surveys of LSL EI graduates 10-20 years post-graduation report outstanding achievements in regard to school completion, further education, employment and social participation.

Carel du Toit Centre: High Risk New-Born Hearing Screening Programme



Carel du Toit's High Risk New-born Hearing Screening Programme

In South Africa, hearing screening of new-born babies is not mandatory. In lower income groups it is often omitted from the child's health tests. 60 - 70% of hearing impairments can be resolved if the diagnosis is made before the age of 3 years.

The Carel du Toit Centre and Trust in South Africa runs a High Risk New-born Hearing Screening (NHS) Programme at the Tygerberg Hospital. This vital service screens new-born babies for potential hearing deficits and shares vital information with mothers. Four neonatal wards are serviced in Tygerberg Hospital, where high risk babies – premature and/or with birth complication – are hospitalised. The NHS is provided by two trained screeners who perform AABR testing. Where the diagnosis of the initial screening is not definitive, the babies are re-screened and referred for further diagnostic testing and intervention to the Carel du Toit CHAT Centre or their local hospital.

In 2020, a period of Covid-19-related hard lock down was imposed in South Africa. Despite this a total of 2685 infant hearing screenings was screened, with an average bilateral pass rate of 97%. Since October 2016 12,413 babies have been screened.

At the Carel du Toit Centre we are passionate about raising awareness about childhood hearing and empowering

parents and communities with knowledge about primary ear and hearing care. We believe every child should be screened for hearing at birth and we actively drive an advocacy campaign to urge the South African government to legislate mandatory new-born screening.



The Power of Empowerment, Alana Portacio, Speech Pathologist Telethon Speech & Hearing

As a Speech Pathologist in Telethon Speech & Hearing's Early Intervention program, my aim is to increase knowledge, confidence, and capacity of the caregiver/s I work with. I do this through working in partnership with the family, understanding their specific goals, building their knowledge and confidence, and empowering them in a safe and trusting environment.

One family who I have had the pleasure of collaborating with recently is Fleur and Janine.

Fleur is a delightful 2-year-old with a great sense of humour. She attends weekly therapy with her mum, Janine, and wears both a hearing aid and cochlear implant. Since receiving her cochlear implant Fleur has been strengthening her listening skills. Recently, alongside other goals, Fleur has been learning how to increase her ability to listen and select multiple items – a valuable skill she will need when following instructions at home and at day-care. After being shown strategies that will support Fleur in achieving this goal and practising together in our session, Janine discussed with me how she would practice the strategy at home. This included choosing a favourite game of Fleur's and modifying it to match the goal. A week later Fleur and Janine attended another speech session and showed me the progress Fleur had made – she was now able to listen and then select two items with almost no support. Fleur was alert and engaged, and Janine was supporting her daughter without any assistance from me. The take-home strategies implemented by Janine had worked.

While every child may not always progress in a skill quite so quickly, this is a wonderful example of when this does happen. I am extremely elated whenever a caregiver says to me that they have mastered a skill I taught them and are confident in using the learnt skill in their daily life. I am lucky enough to work with these caregivers daily, witness their commitment to learning, practice new skills, and support their children in their early development.



Telethon Speech & Hearing Speech Pathologist, Alana Portacio



The Shepherd Centre's group-based social skills program

The Shepherd Centre: New Research Highlights Connection Between Language and Social Skills

Many children with hearing loss using spoken language do not have the same social communication skills as their peers, despite having age-appropriate speech and language. In an attempt to shed further light on this, a recently published study (Fulcher et al., 2021) explores how group-based intervention might be able to provide improvement to these skills. Such skills of social cognition are necessary in creating and managing a network of supportive relationships, and draw upon an acquired understanding of others' actions, feelings and intentions.

The study shows that implementing a group-based intervention program for children approaching school age did benefit their social skills development. Notably, however, delays in performance in a peer persuasion task were observed. It is thought that intervening at an earlier age with this same approach might see further improvement in the delayed skills.

These skills are such a vital part of interacting in a range of settings, whether it be at home, in school or within the community. There is not yet a large body of research that helps us understand the interaction of pediatric hearing loss and development of social skills and this latest research is a meaningful step forward. It is hoped that further findings will expand the evidence base to inform therapies that help countless children overcome some of the existing challenges to social inclusion.

Fulcher, A., et al. (2021). "Communication That Leads to Successful Social Inclusion For Children With Hearing Loss: Are Excellent Speech and Language Skills Sufficient?" *Australasian Journal of Special and Inclusive Education*: 1-14.



AVUK graduate and tennis star, Charlie Denton

AVUK: Talented Teenage Tennis Prodigy Targets the Top

Graduate and talented sportsman Charlie Denton (14) is riding high having had a fantastic tennis year. He has been crowned National Junior GB Deaf Tennis Singles Champion as well as the Boy Player of the Year and the Young Person of the Year at the Gloucestershire LTA awards. Charlie's mum, Emma said: "Charlie's love of tennis started aged five when a local tennis coach paid a visit to his primary school and spotted his potential. He started lessons and was determined to get his name on the honours' board at the club and managed to do it for the first time aged nine, winning the Under 11's." Proud mum, Emma added: "Our sessions at AVUK seem a long time ago now but we know that not only did they give us the skills to help him learn to listen and talk, but they also never saw his deafness as a barrier. AVUK really do encourage you to reach for the stars and we are so proud that Charlie is doing that every day."

[Read more here](#)

Can:Do 4Kids: Michelle's Story

My name is Michelle Hendriks; I'm 33 years old and have bilateral cochlear implants. At birth I had moderate to severe hearing loss and with hearing aids had enough hearing to learn to speak. However, my hearing deteriorated over time and I found it increasingly difficult to keep up at school and to maintain friendships as it was hard to join in normal conversations and activities as everything moved so fast and people often didn't want to repeat what they had said.

When I was 17 it was suggested that I might have a cochlear implant. At first I was pretty nervous about this but eventually I went ahead with an implant in my left ear. It was a huge success. I heard so many new sounds and even spoke to my parents on the phone for the first time. Seven years later I had my right ear done. As my confidence grew I felt as if I was connected with the world again. In fact, I heard so well with my CIs that people often didn't realise I was actually completely deaf!

Having cochlear implants enabled me to qualify as a veterinary nurse and to fulfil my dream of working in a busy animal hospital – which I have done for the past 11 years – undertaking treatment, surgery, training new nurses, and client consultations. In 2014 I was nominated as Veterinary Nurse of the Year and came second in Australia. When I reflect on these achievements, I feel that my decision to have the cochlear implant opened up my life opportunities.

Occasionally I feel like I'm living my dream and I have never regretted getting my implants. I feel connected to my family and friends and love the fact that I can hear music and socialise easily with everyone. I know this may not be the path for everyone, but it was the right path for me, why not try if there's hope to change your life. Without the brilliance of science and the mind, I wouldn't be living the life I always wanted.

Hear and Say: Saskia Gives Back to Kids with Hearing Loss

Despite the gruelling schedule of Year 12 and working at a local pharmacy, when 17-year-old Queenslander Saskia was asked if she'd consider being a mentor for younger children with hearing loss, she had no hesitation in saying yes.

"My involvement in Hear and Say's COMET program was the best three days I had on my school break," said Saskia. "Being able to meet so many children with hearing loss and listen to them share experiences was amazing, and the experience taught me how important it is for all of us to help each other."

Born just before universal newborn hearing screening program was rolled out in hospitals, Saskia's parents discovered her hearing loss when she was 18 months old. Saskia was quickly fitted with hearing aids, and due to the severity of her hearing loss went on to have a cochlear implant on her right side at three years old. She then received her second implant when she was 11.

"Hear and Say's team has helped me to become the person I am today and feels like a second family, where I always know I can go and ask for help or guidance," said Saskia.



Hear and Say mentor, Saskia

"Being able to hear and speak has honestly changed my life forever, and most definitely for the better! I have been able to go to the same school as my older sister, actively play a role within my cohort, and do things like listen to music and watch movies with my family."

"A big learning for me is not to let your hearing loss bring you down. Don't let anyone have lower expectations of you, and surround yourself with the people who care and respect you for who you are."



Learning about fire safety at The Hearing House

Fire Safety Sessions Educate The Hearing House Clients

Fire Risk Management Officer Nick Linton is a cochlear implant user who specialises in fire safety for people with disabilities. He holds regular fire safety sessions at The Hearing House to educate young cochlear implant users and their families on how to keep fire safe.

At a recent session, families learned that working smoke alarms are the only way to keep them safe from fire, and should be installed in every bedroom, hallway and lounge. Nick informs them of their eligibility for a free home fire safety visit, and that specialised smoke alarm systems are available for people who

are Deaf or hard of hearing. These have extra features such as extra loud and/or lower pitch alarm sounds, flashing strobe lights, and vibrating devices. Hard-wired, interconnected photoelectric smoke alarms fitted with bed-shakers, strobe lights, pagers - or a combination of these - is ideal.

Families also learn about NZ's nationwide emergency TXT service for Deaf and hard of hearing people to contact emergency services (Police, Fire and Ambulance) via text messaging on their cell phones. [Read more here](#)

NextSense: Optimising Children's Outcomes Through Transdisciplinary Teams

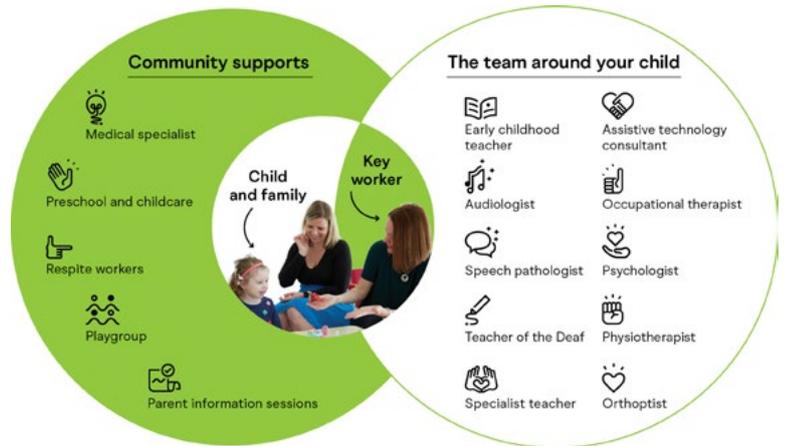
According to the Australian Longitudinal Outcomes of Children with Hearing Impairment (LOCHI) study, around 35% of children with hearing loss have additional needs (Cupples, et al., 2018). This includes children with other sensory impairments.

NextSense Best Practice Lead for Early Intervention (Hearing), Inge Kaltenbrunn, says that notwithstanding early identification and intervention, the presence of additional needs can significantly affect language and communication outcomes in children who

are deaf or hard of hearing. Invariably, it requires a transdisciplinary team of skilled and experienced health and education professionals to work in balanced partnership with the family around the child. This might include teachers of the deaf, speech pathologists, audiologists, social workers, physiotherapists, occupational therapists, orthoptists and psychologists, often supported with medical specialist advice.

It's this evidence-based best practice approach, with the combined expertise and collaborative teamwork

adopted by NextSense and its key worker model, that enables children to reach their individual listening and communication goals and other habilitation goals. [Read more here](#)



Centre Highlights



Virtual classrooms created by teachers at Telethon Speech & Hearing

Telethon Speech & Hearing

- Connecting with our history:** Telethon Speech & Hearing staff enjoyed a whimsical morning tea with long-time friends of the centre, Pat Barblett and Jill Dawson. Pat and Jill were both part of the centre's inaugural fundraising/social committee during the 1960s-70s, who were dedicated to raising funds through a wide range of activities including film nights, cocktail parties, picnics and barbeques.
- Delivering speech support in Onslow School:** Following developmental assessments of all children aged four to eight years at Onslow School in regional Western Australia, intensive speech intervention is now underway for 15 children identified as most in need. Telethon Speech & Hearing's allied health team are supporting these families to help build student literacy and numeracy skills.
- Virtual classrooms prepared:** While COVID-19 restrictions have eased in Western Australia, Telethon Speech & Hearing's clinical and teaching staff remain prepared for a potential 'lockdown' situation with interactive virtual classrooms ready for its students and families. The virtual classrooms are purpose-built, with a developing child's need for routine, fun and educational best practice front of mind.

The Shepherd Centre: Alumni making noise in the STEM world

We're proud to share that our alumni Christabel has won the 2021 Queensland Women in STEM Prize! Born with profound hearing loss Christabel came to The Shepherd Centre at an early age and now uses bilateral cochlear implants.

'Learning to speak with little hearing was very hard, but it taught me determination and resilience which I believe have helped me through my education and career,' she said. Christabel is an inspiration to all our current and future graduates, and we can't wait to see what she goes on to achieve next!



The Shepherd Centre alumni, Christabel won the 2021 Queensland Women in STEM Prize

AVUK: We Celebrate with The New LSLs CERT AVTs

A huge congratulations to [Maria Baltzer Gormsen](#), [Cecilia Fernandez Samar](#), [Karen Lise Rosyling](#), [Natalie Clark](#), [Maria Nicastrì](#), [Yara Harb](#), [Jenni Bester](#) and [Barbara Kellett](#) after becoming Listening and Spoken Language Specialists, Certified Auditory Verbal Therapists (LSLS CERT AVTs). There are 73 professionals from 14 countries currently training on [AVUK's Foundation and Advanced courses](#). [Find out more about AVUK's courses](#)

The Hearing House

The Hearing House celebrated Matariki (Māori New Year) in July by inviting visitors and team members to decorate stars for a special feature wall. Matariki also provided the opportunity for Te Whare Whakarongo (The Hearing House) team to come together for an afternoon to celebrate and reflect on the year gone by with kai and korero (food and discussion).



The Hearing House Matariki wall

NextSense

- In response to the Covid pandemic NextSense has grown its suite of digital resources to support families with early intervention at home.
- In Victoria, our cochlear implant services have been bolstered with the appointment of renowned audiologist Dr Vesna Maric and the co-location of experienced surgeon Markus Dahm at our Blackburn centre, which saw our first cochlear implant surgery for a Victorian child.
- Our Port Macquarie centre reached a milestone, with its 100th cochlear implant surgery.
- In September NextSense Institute will host the first virtual conference of Itinerant Teachers of the Deaf.
- And we are encouraging people to get loud for the upcoming Loud Shirt Day!

Centre Highlights



AVUK shares its 18th birthday with graduate Alex Bouton

Celebrating Our 18th Birthday with Graduate Alex Bouton

It's celebration time – as Auditory Verbal UK this year celebrates coming of age, we are delighted to be sharing our special year with graduate Alex Bouton who is also marking his landmark 18th Birthday. Alex, from near Bristol, was born with a profound hearing loss and first fitted with hearing aids at three months before his first cochlear implant at 18 months and second aged eight. Alex recently passed his Maths and English exams as well as his AS level in Photography. You can read Alex's story [here](#).



Hear and Say telepractice

Hear and Say: Listening and Spoken Language in Lockdown

At the core of Hear and Say – as with all First Voice centres – is the importance of connection and communication. With the world having reached the unenviable milestone of over 18 months since the pandemic began, Hear and Say's Listening and Spoken Language (LSL) team is now a well-oiled machine when it comes to supporting families through a lockdown.

Where restrictions have been required, all families have been offered telepractice-based LSL including Group Social Skills programs such as Listen Little Stars for babies up to 12 months and LEAP for children aged one to five years.

The transition has been so successful that Hear and Say has seen an exponential increase in families opting for a hybrid of in-person and telepractice LSL therapy lessons more generally. This reflects a far greater level of comfort from families in considering in-home telepractice as an alternative to in-person when this is prevented by Covid restrictions – a win-win for all. [Read more here](#).

Carel du Toit Centre: Raising Awareness

My name is Kurt Ryan Dirks and I am 36 years old. I have been deaf since birth and have a profound hearing loss. However, with my Hearing Aids I am boosted and able to integrate into a hearing society. Being able to listen and speak has enabled me to work as a Service Consultant at a Financial Institution for the past 11 years - and counting.

In 2018 I won Mr Deaf South Africa and this allowed me the platform to spread more awareness of being a deaf person. I reached out to various people/organizations and built bridges in making people more aware of deaf people. I enjoyed meeting deaf people from all over the world when I visited Russia in 2019 during my Mr South Africa reign. However very few were of spoken language. I am very grateful that my parents made



Carel du Toit Centre's Kurt Ryan Dirks won 2018 Mr Deaf South Africa

the decision to allow me to learn to speak natural spoken language through the input of Carel Du Toit Centre. I trust more greatness is to come with future generations leading the way of inclusivity. As quoted by Lena Waithe "The only way you really see change is by helping to create it."



Telethon Speech & Hearing
Releasing children's potential



AUDITORY VERBAL UK
Creating a sound future for deaf children



Find out more:

E: admin@firstvoice.org.au

W: www.firstvoice.org.au

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1. Australian Ipsos Omnibus (2021). Sample demographic: n = 1000. Australian population: >18 years.
2. Perceptions of Child Deafness conducted by YouGov on behalf of Auditory Verbal UK (2021). Sample demographic: n = 2065 adults. UK population: >18 years.

Title image supplied by NextSense