

Improving ear health and hearing outcomes for Aboriginal and Torres Strait Islander children

An Action Plan for Hearing Australia
2022 to 2025



Acknowledgements

Acknowledgement of Country

At Hearing Australia, we acknowledge that we live and work on Aboriginal and Torres Strait Islander land.

We recognise Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands, skies and waterways throughout Australia and respect their deep and continuing connection to Country.

We acknowledge and value the diversity of First Nations cultures, the oldest surviving cultures in the world, affirming that sovereignty over land and culture was never ceded.

We pay our respects to Elders past, present and emerging as Custodians of Aboriginal and Torres Strait Islander culture, knowledge and ways of being. We further acknowledge the important contribution of survivors of the Stolen Generations. We join their call for truth-telling to bring reconciliation and healing to Country and people.

We extend our acknowledgement and respect to all Aboriginal and Torres Strait Islander peoples we work with and serve, now and into the future.

We acknowledge that past actions and historical policies have impacted Aboriginal and Torres Strait Islander peoples' self-determination, health, wellbeing and life outcomes.

Acknowledgement of contributors

Hearing Australia recognises and pays respect to all the Aboriginal and Torres Strait Islander peoples who contributed to the Hearing Australia Action Plan (Action Plan) and work every day to improve the hearing health of Aboriginal and Torres Strait Islander children. The authors are thankful to them for freely sharing their knowledge and insights.

Hearing Australia would also like to acknowledge key stakeholders who advised and supported the development of this Action Plan, including:

- Dr Kelvin Kong (Ear, Nose and Throat Surgeon)
- Colleagues at the National Aboriginal Community Controlled Health Organisation (NACCHO), Macquarie University and the Federal Department of Health
- Aboriginal and Torres Strait Islander staff at Hearing Australia.



Our Commitment

We commit to empowering Aboriginal and Torres Strait Islander peoples in every opportunity to advance their health, wellbeing and self-determination.

We commit to listening, learning, understanding, respecting, and celebrating Aboriginal and Torres Strait Islander peoples' diverse cultures and perspectives, and to reflecting this in how we work with the community.

We commit to co-designing our services with Aboriginal and Torres Strait Islander leaders, peoples and communities to ensure they are holistic, culturally safe, and free from racism and discrimination, so communities can access the help they need, when they need it.

We will continuously improve the way we work and engage with Aboriginal and Torres Strait Islander peoples, so that all people feel safe and respected.

Aboriginal and Torres Strait Islander health workers are critical to closing the gap in health outcomes. We are committed to increasing the numbers of Aboriginal and Torres Strait Islander staff working with us, particularly in remote and regional communities.

We will demonstrate these commitments in our work across Australia, every day.

We will show this in how we engage with and serve Aboriginal and Torres Strait Islander peoples and communities, through our corporate and business planning, and through implementing our Reconciliation Action Plan.

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Foreword

Over the last few years, we have been on a journey to better understand the system failures that contribute to chronic episodes of *otitis media* (middle ear infections) causing hearing loss in Aboriginal and Torres Strait Islander children.

It is a common childhood illness that in most cases is resolved quickly. Yet, many Aboriginal and Torres Strait Islander children experience more persistent and chronic episodes of the disease than non-Aboriginal children. This makes it difficult for them to hear, learn, yarn and thrive.

Our goal is to reduce the current rate of hearing loss in Aboriginal and Torres Strait Islander children by at least half by 2029. We'll do this by prioritising prevention activities and committing to action over the next 3 years.

We recognise the importance of taking a holistic view of the social and cultural determinants of health in addressing *otitis media* in Aboriginal and Torres Strait Islander children. This will require a strong focus from the many organisations and government entities that can contribute to a significant reduction in avoidable hearing loss among Aboriginal and Torres Strait Islander children.


This Action Plan builds on our long and proud history of working with Aboriginal and Torres Strait Islander peoples and communities.

From commencing our first visiting audiology service in the Northern Territory in 1964, we now regularly visit more than 220 communities and collaborate with more than 100 Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver hearing services. We will build on these collaborations to implement system changes that are culturally safe and community-led.

We look forward to working with local communities, partners, and governments on the implementation of this Action Plan.



Elizabeth Crouch AM
Chair



Kim Terrell
Managing Director

Executive summary

Hearing Australia is committed to improving the systems, services and policies that contribute to strong ear health and hearing outcomes for Aboriginal and Torres Strait Islander children.

Culturally safe and integrated care pathways will improve early identification and treatment of *otitis media* and ensure families have access to responsive, quality, continuing care. This will help children develop strong listening and communication skills in their early years.

Hearing Australia's 3 year Action Plan (Action Plan) builds on a solid foundation of work including insights gathered from key knowledge holders.

Implementing this Action Plan over the next 3 years will contribute towards Hearing Australia's Corporate Plan goal: to reduce the current rate of hearing loss among Aboriginal and Torres Strait Islander children by at least half by 2029.

Hearing Australia's Action Plan is built around 3 pillars:

1. Supporting national leadership

Hearing Australia will collaborate with the Department of Health and the National Aboriginal Community Controlled Health Organisation (NACCHO) to drive system improvements that enable culturally safe, integrated care pathways, and support informed Aboriginal and Torres Strait Islander-led local decision-making.

2. Accelerating access to care

Hearing Australia will work with Aboriginal and Torres Strait Islander communities to remove barriers to care, streamline referral pathways, and find ways to reduce lengthy waiting times for children needing ENT (ear, nose and throat) surgery.

3. Building sustainable capabilities

Hearing Australia will continue to build capabilities within the health, education, and social services sectors to detect ear and hearing problems as early as possible and refer children and families to specialist services. Hearing Australia will strengthen the cultural safety of the organisation and continue to grow its Aboriginal and Torres Strait Islander workforce.

Alignment with other policies and frameworks

Hearing Australia has aligned this Action Plan to the objectives of the National Agreement on Closing the Gap and is committed to ensuring Aboriginal and Torres Strait Islander people are empowered to share decision-making about how services are delivered; to building sustainable capabilities within the community-controlled sector; and working with mainstream services to ensure they are responsive to the needs of Aboriginal and Torres Strait Islander people (Priority Reforms 1-3 in the National Agreement on Closing the Gap).

Hearing Australia's Action Plan also aligns with the National Aboriginal and Torres Strait Islander Health Plan 2021-2031, which recognises the strengths of culture as a protective influence on physical, social, and emotional wellbeing. Additionally, this Action Plan builds on the Roadmap for Hearing Health (HHSC 2019, p 8-11), and complements recent government investments in Aboriginal and Torres Strait Islander hearing health including the 2020 Budget announcements.

Action Plan implementation

Hearing Australia is accountable for implementing this Action Plan. Implementation will happen largely within existing resources by optimising existing government funding for Aboriginal and Torres Strait Islander ear health and hearing services.

The next step is to do more detailed implementation planning. This will include developing an evaluation framework that reflects the perspectives, knowledge and lived experiences of Aboriginal and Torres Strait Islander peoples.

What is *otitis media*?

Otitis media refers to all forms of inflammation and infection of the middle ear.

It is a common childhood illness, that in most cases is resolved quickly.

The Otitis Media Guidelines for Australian Aboriginal and Torres Strait Islander Children (Leach et al. 2021) indicates that many Aboriginal and Torres Strait Islander children, and almost all who live in remote communities, have middle ear infection, glue ear or runny ears (*otitis media*).

Otitis media is generally more persistent among Aboriginal and Torres Strait Islander children. Infection usually starts without clear symptoms, such as fever, making it difficult for parents, carers and health workers to detect.

Persistent and recurrent *otitis media* can cause extended periods of hearing loss. If this occurs in the first years of life, it can delay the development of speech, communication and language. Permanent hearing loss can also occur.

Hearing Australia will be open and transparent about its progress towards implementing this Action Plan and will share the lessons it learns along the way.

Hearing Australia looks forward to working in true collaboration with communities and stakeholders to make a significant difference in the lives of Aboriginal and Torres Strait Islander children, so they may grow healthy, ready to listen, yarn, learn and succeed.

Hearing checks are simple, safe, and free for Aboriginal and Torres Strait Islander children aged 0-6 years not yet attending fulltime school

It can be hard to tell if bubs' listening and talking skills are growing well. The first step is to take a case history to check overall health and ear health. This is followed by a yarn with parents and carers, asking a series of pre-determined questions using the PLUM & HATS checklists (available at www.plumandhats.nal.gov.au) to:

- understand how the child hears things at home
- find out if the parent or carer has any concerns about hearing.

The next step is a visual examination of the child's ear by a health professional to check their ear health; for ear wax and any problems. The function and movement of the child's eardrum and middle ear are also tested. This is followed by a hearing test. The type of test will depend on the child's age but may include playing games.

If the health professional finds hearing problems or ear disease, they will talk to parents and carers about treatment and management options. The first step is usually antibiotic treatment. If the problem continues over a long time or is recurring, the child will be referred to a specialist. Hearing aids may be needed, and speech pathologists may be able to help with language problems.

Hearing Australia staff regularly check on the child as they grow to ensure changing needs are met.

1. Introduction

Across Australia, including in urban areas of capital cities, *otitis media* is far more frequent and serious among Aboriginal and Torres Strait Islander children than non-Aboriginal and Torres Strait Islander children (Leach et al. 2021). Studies show Aboriginal and Torres Strait Islander children experience up to 32 months of conductive hearing loss, compared to 3 months among non Aboriginal and Torres Strait Islander children (Coates et al. 2020; Kong & Coates 2009).

Hearing loss in a child's early developmental years can delay speech and language development, contributing to greater inequality in education, employment, and overall health outcomes (Burrow et al. 2009; DeLacy et al. 2020).

The most recent National Aboriginal and Torres Strait Islander Health Survey found 29% of Aboriginal and Torres Strait Islander school-aged children had a measured hearing loss in one or both ears (ABS 2019; AIHW 2020).

Early identification of *otitis media* and referral to specialist treatment and support services are crucial for preventing long-term speech, language, social and emotional impacts of hearing loss. Hearing Australia has developed this Action Plan to consolidate the organisation's focus and build collaborative partnerships to prevent avoidable hearing loss and improve ear health and hearing outcomes for Aboriginal and Torres Strait Islander children.

In 2021, Hearing Australia supported over 21,000 Aboriginal and Torres Strait Islander peoples with their hearing needs. Many lived in rural and remote areas of Australia. Around half were young children under the age of 6 years, who received free ear checks under the government funded Hearing Assessment Program, Early Ears (HAPEE). Around 1 in 4 of the children screened were found with ear disease, hearing loss or both, requiring referral to specialist services such as ENTs, speech pathologists and audiologists.

This Action Plan was developed after engagement with key knowledge holders and experts in hearing health care around the nation. It recognises the importance of taking a holistic view of the social and cultural determinants of health in addressing *otitis media* in Aboriginal and Torres Strait Islander children. By addressing the system failures that lead to poor hearing outcomes, Hearing Australia can help reduce the current rate of hearing loss among Aboriginal and Torres Strait Islander children.

1.1 About Hearing Australia

Hearing Australia is a corporate Commonwealth entity and one of the largest providers of government-funded hearing services in Australia. It is the sole provider of the Australian Government's Community Service Obligations (CSO) component of the Hearing Services Program. This means it works closely with government departments, agencies, and partners to ensure quality hearing health services are available to anyone who needs them.

Hearing Australia supports initiatives to prevent hearing loss and advocate for improved access to, and quality of, hearing health services across Australia. It also runs campaigns and events to raise public awareness of the importance of good hearing health.

The organisation provides a range of subsidised hearing care services for eligible people, including children and young adults up to the age of 26, pensioners, concession card holders and veterans and defence personnel. Every week, its team helps over 12,000 clients through a national network of 171 hearing centres. This includes helping around 10 babies each week hear for the first time and access early intervention services from the National Disability Insurance Scheme (NDIS).

Hearing Australia provides a suite of Australian Government–subsidised programs for eligible Aboriginal and Torres Strait Islander peoples, including the following programs.

Specialist rehabilitation services

Following diagnosis of a hearing loss, Hearing Australia offers specialist hearing rehabilitation services and devices to eligible people under the CSO component of the Hearing Services Program.

Approximately 10,000 Aboriginal and Torres Strait Islander peoples receive CSO services each year. Around 37% are aged under 26 years.

Rehabilitation services are available in hearing centres, at visiting sites, and through regular outreach visits to regional and remote communities.

Hearing Australia's focus on early diagnosis and treatment of hearing loss has resulted in Aboriginal and Torres Strait Islander children receiving their first hearing aids by the age of 3 years, on average. In 2008, the average age of first fitting was 8 years.

Hearing screening for children under 6 years

Free diagnostic hearing assessments and recommendations for follow-up treatment are available to Aboriginal and Torres Strait Islander children aged under 6 years and not yet attending full time school.

Known as HAPEE, Hearing Australia receives funds from the Australian Government's Indigenous Australians Health Programme (IAHP) to deliver services through ACCHOs, government clinics, other mainstream primary care clinics and early education providers.

To date, the program has assessed around 14,000 children, finding 25% with ear disease, hearing loss, or both, requiring referral to specialist services.

Building capabilities of local services

Hearing Australia offers training, mentoring and support to ACCHOs, mainstream primary health services, early education and care providers, and schools. This enables staff to identify ear and hearing problems and refer people to specialist services.

In a primary health setting, HAPEE staff focus on building clinical capability. This helps local health services to identify, manage and monitor ear disease and refer children and their families to specialist services.

In an early childhood or school setting, staff from the Listen to Learn program focus on improving knowledge and empowering educators to refer students to specialist hearing services. Listen to Learn is a 2 year program funded by the Australian Government through the 2020 Federal Budget.

1.2 About the National Acoustic Laboratories

Hearing Australia's research division, the National Acoustic Laboratories (NAL), is funded by the Australian Government Department of Health. Its mission is to lead the world in hearing research and evidence based innovation to improve hearing health and transform the lives of people with hearing difficulties.

With government support, NAL is expanding Hearing Australia's understanding of the barriers and enablers to improving ear health and hearing outcomes for Aboriginal and Torres Strait Islander children.

NAL has completed important research and produced tools for improving early identification of possible hearing loss among Aboriginal and Torres Strait Islander children (Appendix 1).

Key insights from this work have informed this Action Plan, including the need to:

- reduce wait times for specialist clinical services
- define consistent ear health and hearing checks for the primary health sector
- deliver culturally appropriate tools and supports for the early education sector to support ear health
- deliver hyperlocalised solutions for Aboriginal and Torres Strait Islander communities that are community-led.

2. Opportunities to improve ear health and hearing outcomes

2.1 Prevention framework

The Otitis Media Guidelines for Aboriginal and Torres Strait Islander Children (OM Guidelines) (Leach et al. 2020) has evidence-based recommendations to prevent, diagnose, and treat *otitis media*. The prevention framework in the OM Guidelines (Table 1) has been a pivotal reference point in developing this Action Plan.

As a tertiary provider of hearing rehabilitation services, Hearing Australia has traditionally provided services following a diagnosis of hearing loss.

With HAPEE, it is now delivering primary and secondary preventive measures within Aboriginal and Torres Strait Islander communities, such as:

- raising awareness
- educating families and communities
- building capabilities in primary health settings
- providing screening services to detect and prevent disease progression.

The prevention framework recognises the importance of taking a holistic view of the social and cultural determinants of health in addressing *otitis media* in Aboriginal and Torres Strait Islander children.



Table 1: OM Guidelines – Prevention Framework

Level	Aim	Examples of recommended strategies
Primary prevention	Avoids the development of a disease. For example, population-based health promotion activities.	Encourage breastfeeding. Avoid exposure to passive smoking and reduce exposure to germs (through frequent hand and face washing and drying). Vaccination for pneumococcal and seasonal influenza.
Secondary prevention	Focuses on: <ul style="list-style-type: none"> • early disease detection • interventions to prevent disease progression and symptoms emerging. 	Screening and surveillance. Education of parents and carers. Medical management (for example, 'watch and wait' strategy, pain relief, antibiotics). Refer to audiology, speech, ENT specialists.
Tertiary prevention	Reduces the negative impact of an already established disease by: <ul style="list-style-type: none"> • restoring function • reducing disease-related complications. 	Surgical management, insertion of grommets. Hearing amplification and assisted listening devices, hearing counselling and rehabilitation.

Otitis Media Guidelines for Aboriginal and Torres Strait Islander Children (Leach et al. 2020).

2.2 Cultural safety

Described in the National Agreement on Closing the Gap (2021), cultural safety is about overcoming the power imbalances that occur within systems, policies and services. There is no challenge or denial of an Aboriginal and Torres Strait Islander person's identity, of who they are and what they need.

Culture is recognised in the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 as a protective factor. It acknowledges that policies that disconnect Aboriginal and Torres Strait Islander peoples from culture have led to disparities in health outcomes.

Hearing Australia recognises the importance of culture as a foundation for Aboriginal and Torres Strait Islander health and wellbeing. The organisation is committed to recognising, respecting, and nurturing the unique cultural identities of Aboriginal and Torres Strait Islander peoples in every opportunity. Through co-design, Hearing Australia

will create more ways for Aboriginal and Torres Strait Islander leadership to prioritise and design activities in this Action Plan.

To improve cultural safety in the sector, this Action Plan will deliver on several Priority Reforms in the National Agreement on Closing the Gap, including:

- **Priority Reform 1** – enabling shared local decision-making
- **Priority Reform 2** – building capabilities within the community-controlled sector
- **Priority Reform 3** – building capabilities wherever Aboriginal and Torres Strait Islander peoples either do not have access to community-controlled health services or prefer to access mainstream services.

In implementing this Action Plan, Hearing Australia will build local capabilities within the workforce and support career development of Aboriginal and Torres Strait Islander staff. This contributes to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031.

2.3 Sector priorities

The creation of the Roadmap for Hearing Health (Roadmap) was an important landmark for the hearing health sector nationally. The Hearing Health Sector Committee (HHSC) (of which Hearing Australia was a member) developed the Roadmap, which sought to foster collaboration between all stakeholders (HHSC 2019).

The Roadmap has a chapter on 'Closing the Gap for Aboriginal and Torres Strait Islander Ear and Hearing Health'. It outlines 52 actions to reduce the prevalence of *otitis media* and hearing loss among Aboriginal and Torres Strait Islander peoples, particularly children aged 0 to 7 years. Implementation of these actions has strong sector support. However, the COVID-19 pandemic has significantly delayed or halted progress over the last 2 years.

This Action Plan picks up on several priority actions from the Roadmap, for which Hearing Australia can support implementation and advocacy, such as:

- developing a national approach to ear health checks in early childhood
- improving data capture
- expanding use of telehealth
- improving competence and confidence of primary health providers in preventing, identifying and managing hearing health problems
- strengthening the Aboriginal and Torres Strait Islander workforce.

Hearing Australia held workshops with key stakeholders through June and July 2021 to explore these priorities and other issues. The outcomes informed this Action Plan.

The workshops were designed to be culturally safe and to magnify the voices of knowledge holders. They involved 3 key stakeholder groups:

1. Ear health and hearing practitioners.
2. Peak bodies including Ear Health Coordinators.
3. Hearing Australia's Aboriginal and Torres Strait Islander staff.

Their feedback encouraged Hearing Australia to:

- address inequities in ear health and hearing outcomes to enable Aboriginal and Torres Strait Islander children to grow strong in their identity, culture, and language
- identify and leverage strengths within communities to improve service delivery and ear health outcomes (a strengths-based approach)
- lift awareness of the importance of ear health within communities and target the places where children live, learn and play (for example, playgroups, kindergartens, schools)
- build ear health and hearing capabilities within Aboriginal community-controlled health organisations
- identify and address service gaps through improved coordination between ear health and hearing services (such as community nurses, GPs, ENTs, audiology services)
- improve data capture and reporting to enable informed local decision-making.

These key learnings have informed actions across all 3 pillars of this Action Plan.

Collaborating with rural and remote Aboriginal and Torres Strait Islander communities

Hearing Australia audiologists visit rural and remote Aboriginal and Torres Strait Islander communities for half a day to several days, between 4 and 25 times a year, depending on the community's needs. Working out of health services, schools, or aged care residences, they provide a range of services to screen for ear and hearing problems, and help people hear better.

They also provide education and professional development around the needs of people with a hearing loss, including the Hear for School program to help school staff support their students' hearing and communication needs.



3. Hearing Australia's Action Plan

Hearing Australia is committed to improving the systems, services and policies that contribute to positive ear health and hearing outcomes for Aboriginal and Torres Strait Islander children.

Culturally safe and integrated care pathways will improve early identification and treatment of *otitis media* and ensure families have access to responsive, quality, and continuing care. This will help children grow strong in their listening and communication skills.

Hearing Australia's 3 year Action Plan builds on a solid foundation of work and the opportunities presented in Section 2, including insights gathered from key knowledge holders. This Action Plan sets the high-level actions that will guide Hearing Australia's work over the next 3 years.

Implementation will be developed and delivered in collaboration with Aboriginal and Torres Strait Islander peoples to ensure the specific needs of Aboriginal and Torres Strait Islander peoples and communities are identified and addressed.

This Action Plan is built around 3 pillars:



Supporting national leadership

Hearing Australia will collaborate with the Department of Health and NACCHO to drive system improvements that enable culturally safe, integrated care pathways, and support informed Aboriginal and Torres Strait Islander-led local decision-making.



Accelerating access to care

Hearing Australia will work with Aboriginal and Torres Strait Islander communities to remove barriers to care, streamline referral pathways, and find ways to reduce lengthy waiting times for children needing ENT surgery.



Building sustainable capabilities

Hearing Australia will continue to build capabilities within the health, education, and social services sectors to detect ear and hearing problems as early as possible and refer children and families to specialist services. It will strengthen the cultural safety of the organisation and continue to grow its Aboriginal and Torres Strait Islander workforce.

Hearing Australia is committed to harnessing the strengths within communities and supporting Aboriginal and Torres Strait Islander-led decision-making on the priorities and actions needed to drive sustainable change.

Hearing Australia will collaborate with key knowledge holders, including ACCHOs, health and allied health services, governments, and researchers, to ensure this Action Plan's activities are prevention-focused, culturally safe and responsive, equitable, and free of racism.



Pillar 1: Supporting national leadership

Hearing Australia will collaborate with the Department of Health and NACCHO to drive system improvements that enable culturally safe, integrated care pathways, and support informed Aboriginal and Torres Strait Islander-led local decision-making.

Goal	Why is this needed	Hearing Australia actions	Partners
Drive system improvements that enable culturally safe, integrated care pathways that improve ear health and hearing outcomes for Aboriginal and Torres Strait Islander children	Culturally safe and integrated care pathways will improve early identification and treatment of <i>otitis media</i> and ensure families have access to responsive, quality, and continuing care.	Support the development and implementation of a national strategy for Aboriginal and Torres Strait Islander ear and hearing health, to be developed by NACCHO in collaboration with Aboriginal and Torres Strait Islander peoples.	Health NACCHO
	Aboriginal and Torres Strait Islander-led decision-making on the priorities and actions needed to improve care pathways will help make sustainable change.	Collaborate with NACCHO and the Department of Health to establish a National Aboriginal and Torres Strait Islander Ear and Hearing Health Partnership Committee, to drive reforms to significantly improve the ear and hearing health of Aboriginal and Torres Strait Islander peoples over the next 3 years.	Health NACCHO
Enable data-informed system planning and local decision-making	Improved data capture and reporting will provide greater understanding of ear and hearing issues among Aboriginal and Torres Strait Islander peoples and inform resource allocation.	Support the Australian Institute of Health and Welfare (AIHW) to implement the national ear health key performance indicators (nKPI) for Aboriginal and Torres Strait Islander clients to provide visibility of outcomes in 4 key areas: prevention, timely diagnosis, rehabilitation, intervention.	AIHW
	Access to data informs decision making and enables communities to design services and solutions that respond to local needs.	Hearing Australia will strengthen its approach to transparent and open reporting, sharing information and data with communities (in line with Hearing Australia's privacy and security requirements).	All stakeholders

Pillar 2: Accelerating access to care

Hearing Australia will work with Aboriginal and Torres Strait Islander communities to remove barriers to care, streamline referral pathways, and find ways to reduce lengthy waiting times for children needing ENT surgery.

Goal	Why is this needed	Hearing Australia actions	Partners
Standardise ear and hearing checks for Aboriginal and Torres Strait Islander children within primary health practice	Approaches to ear and hearing checks vary significantly around the country. A standardised approach in primary health care will assist with early identification and treatment of <i>otitis media</i> .	Get consensus with key stakeholders on the definition of a standard ear and hearing check for Aboriginal and Torres Strait Islander children, aligned with primary health care practice.	Industry experts Health NACCHO
		Advocate for government to integrate standard ear and hearing checks for Aboriginal and Torres Strait Islander children into primary health care practice. Align Hearing Australia activities to support this work.	State and Territory Health Departments NACCHO
		Support continuous improvement of the OM Guidelines.	Health NACCHO
Build culturally informed and sustainable pathways of care	Place-based and culturally safe services to identify and treat <i>otitis media</i> as early as possible, and monitor progress, will ensure responsive access to services and help children to hear, listen, speak and learn.	Partner with local communities to pilot models of care that streamline care pathways and accelerate access to culturally safe clinical and support services.	Local communities and services
		Trial approaches to actively remove barriers to access responsive ENT services and reduce waiting times for surgery for Aboriginal and Torres Strait Islander children.	State and Territory health departments
		Establish a free telehealth consultation service for Aboriginal and Torres Strait Islander health and education providers.	Health and education providers
Continuously improve Hearing Australia's clinical services and tools to meet future needs	Continuous improvement and evolution of Hearing Australia's tools will ensure they are applicable to local contexts, remain fit for purpose and respond to community needs.	Test innovative clinical and support tools that accelerate access to treatment and support services.	NAL
		Work with communities to deliver Hearing Australia services in Aboriginal and Torres Strait Islander languages.	Local communities
		Contribute to building a culturally informed evidence base that improves ear health and hearing outcomes for Aboriginal and Torres Strait Islander children.	NAL

Pillar 3: Building sustainable capabilities

Hearing Australia will continue to build capabilities within the health, education, and social services sectors to detect ear and hearing problems as early as possible and refer children and families to specialist services. It will strengthen the cultural safety of the organisation and continue to grow and develop its Aboriginal and Torres Strait Islander workforce.

Goal	Why is this needed	Hearing Australia actions	Partners
Build capabilities of key staff within the health, education, and social services sectors to increase ear health and hearing checks for Aboriginal and Torres Strait Islander children	<i>Otitis media</i> in Aboriginal and Torres Strait Islander children is difficult to detect because infection usually starts without clear symptoms. Raising awareness and upskilling staff to refer children and families for ear and hearing checks will increase opportunities for detection and early treatment.	Upskill primary health staff who work with Aboriginal and Torres Strait Islander children to build competency and confidence in: <ul style="list-style-type: none"> • detecting ear and hearing problems • referring children and families to specialist services when needed. 	Industry experts Health NACCHO
		Collaborate with primary health and education providers to identify opportunities to increase access to ear health and hearing training for key roles.	Primary health and education providers
		Use insights from research and innovative practice to improve Hearing Australia's capability-building activities to meet future needs.	NAL
Strengthen the cultural safety of Hearing Australia's services, policies and operations	Everyone in Hearing Australia has a responsibility for the cultural safety of its clients, stakeholders and colleagues. Intentionally addressing unconscious bias, racism and discrimination, and supporting self-determination, drives optimal health and wellbeing outcomes for all.	Develop and implement a new Hearing Australia Reconciliation Action Plan.	Reconciliation Australia
		Review Hearing Australia's cultural safety framework and systems and processes to ensure they support culturally safe services and workplaces.	Key knowledge holders and stakeholders
		Grow and upskill Hearing Australia's Aboriginal and Torres Strait Islander workforce to deliver sustainable services and activities within communities.	Internal stakeholders
		Create more opportunities for Aboriginal and Torres Strait Islander peoples to join Hearing Australia's workforce in diverse roles.	Education and training providers

4. Governance and accountability for implementation

Hearing Australia is accountable for implementing this Action Plan in line with Hearing Australia's legislative responsibilities and existing government contracts and agreements.

Implementation will be governed by the Executive and Board of Hearing Australia in accordance with Hearing Australia's obligations under the *Australian Hearing Services Act 1991* and the *Public Governance, Performance and Accountability Act 2013*.

Hearing Australia will create more ways for Aboriginal and Torres Strait Islander leadership to prioritise and design activities that respond to local contexts and needs.

The next step is to do more detailed implementation planning. This will include developing an evaluation framework that reflects the perspectives, knowledge and lived experiences of Aboriginal and Torres Strait Islander peoples.

Implementation will happen largely within existing government funding. Hearing Australia will invest additional resources as needed to meet commitments.

Hearing Australia will work openly and transparently by regularly publishing progress reports and sharing results of evaluations and lessons learned.



Appendix 1 – Summary of National Acoustic Laboratories research

This table summarises recent NAL research that informed the Action Plan and Hearing Australia’s services for Aboriginal and Torres Strait Islander peoples and communities.

Title	Aim	Key recommendations
<p>Developing a timeframe for action on hearing healthcare for Aboriginal and Torres Strait Islander children below 6 years of age (2020)</p>	<p>Data was gathered on timeliness of hearing health care access for Aboriginal and Torres Strait Islander children. Wait times from diagnosis to surgical intervention can take from 36 to 51 months, depending on the region.</p>	<p>Recommended that children be assessed sooner. Outlined optimal timeframes for medical intervention (by 12 months of age and within 3 months of diagnosis of hearing loss). Failure to intervene at an early stage expected to have profound effects on the child’s development.</p> <p>Also recommended:</p> <ul style="list-style-type: none"> • changes to referral requirements • extension of existing remote services into regional and urban areas • future research into the effects of the timing of intervention on language and health outcomes in Aboriginal and Torres Strait Islander children.
<p>Urban Hearing Pathways: The role of accessibility and availability of hearing and ear health services in addressing avoidable hearing loss for Aboriginal and Torres Strait Islander children in urban areas (2021)</p>	<p>Research to understand whether availability of, and access to, ear health and hearing services plays a significant role in the burden of avoidable conductive hearing loss experienced by young, urban Aboriginal and Torres Strait Islander children.</p>	<p>Co-locate ENT and hearing services, starting with Aboriginal community-controlled health services.</p> <p>Identify and target urban hospitals with the longest wait lists for Aboriginal and Torres Strait Islander children to reduce time to surgical intervention.</p> <p>Advocated for a feasible national schedule of primary health ear and hearing checks for Aboriginal and Torres Strait Islander children.</p> <p>Deliver hearing services through specific community-based services, like kindergartens and primary schools.</p>
<p>PLUM & HATS: Parent-evaluated Listening and Understanding Measure (PLUM) and the Hearing and Talking Scale (HATS) tools (2019)</p>	<p>Validation of the PLUM & HATS tools. These are culturally appropriate observational checklists for use by primary health and early childhood workers with parents and carers of Aboriginal and Torres Strait Islander children aged 0 to 6 years. Poor PLUM scores are accepted as evidence for fast tracking children into the CSO program for hearing rehabilitation.</p>	<p>Further develop and validate the PLUM & HATS checklists for application in early childhood and education settings (including telehealth models).</p> <p>Translate the PLUM & HATS checklists into local languages for Aboriginal and Torres Strait Islander peoples.</p> <p>Undertake PLUM & HATS remote evaluation.</p>

Title	Aim	Key recommendations
Making a noise about hearing (2020)	<p>Factors to consider when developing hearing health awareness messages for Australians.</p> <p>Aboriginal and Torres Strait Islander peoples were identified as an audience segment that would benefit from a hearing awareness campaign.</p>	<p>Key prevention messages and strategies were recommended for parents, caregivers, health practitioners and other intermediaries.</p> <p>Hyperlocalised delivery channels and campaign approaches were also recommended for Aboriginal and Torres Strait Islander communities.</p>

Listening and yarning skills

PLUM & HATS are simple checklists that can be used by primary health care workers who work with families and carers of young Aboriginal and Torres Strait Islander children. They help by asking the right questions to find out how bub's listening and yarning skills are growing.

Checking listening and yarning skills is a way of finding ear, hearing or talking trouble early and working out what further help is needed.

NAL has produced a PLUM & HATS training portal that is free for health and early childhood workers: <https://plumandhats.nal.gov.au/>



Appendix 2 – Ear health and hearing services for Aboriginal and Torres Strait Islander peoples

Organisations around the nation are investing in improving ear health and hearing outcomes for Aboriginal and Torres Strait Islander peoples. Hearing Australia works with all parts of the ear health and hearing ecosystem including Aboriginal community-controlled services, public and private mainstream health, allied health and education services, research institutions, and not-for profit and charitable organisations. This overview is not an exhaustive list.

1. Australian Government funding

Hearing Australia delivers the Australian Government's CSO Hearing Services Program to over 70,000 children and adults every year across Australia. This includes around 10,000 Aboriginal and Torres Strait Islander children and adults.

The Australian Government's IAHF invests approximately \$25 million annually in improving ear health and hearing outcomes for Aboriginal and Torres Strait Islander peoples. This is primarily directed towards diagnosis and treatment of ear and hearing problems or secondary and tertiary prevention.

While many of the services are essential and continued investment is necessary, there are opportunities to identify and drive reforms to significantly improve Aboriginal and Torres Strait Islander peoples' ear health and hearing.

Some of the key programs include (not every program operates in each state or territory):

- **Healthy Ears – Better Hearing, Better Listening** – supporting multidisciplinary outreach services provided by a range of health professionals, including medical specialists, GPs, nurses, audiologists and speech pathologists. A fundholder organisation in each jurisdiction administers the funding.

- **Ear Surgical Support Initiative** – expedites access to surgery for Aboriginal and Torres Strait Islander children who have been on lengthy waiting lists, with a focus on children from rural and remote locations. This initiative supports travel and accommodation for the health professional, patient and carer.
- **Ear Equipment Fund** – all ACCHOs and health clinics with a majority Aboriginal and Torres Strait Islander patient intake have access to the supply and maintenance of ear and hearing assessment equipment.
- **Ear Health Assessment Training** – available nationally, training is targeted towards Aboriginal health workers, GPs and nurses to boost skills in identification and surveillance of *otitis media*, as well as audiometry screening and assessment.
- **Ear Health Coordination** – coordinators are located in all states and territories and support ACCHOs to focus on ear health issues, including prevention, surveillance, treatment and management. Assistance is also provided to streamline referrals to other services.
- **Care for Kids' Ears Resources** – resources to raise awareness of the risk factors for ear disease and the importance of seeking and following treatment to prevent hearing loss.
- **Hearing Assessment Program – Early Ears (HAPEE)** – free diagnostic hearing assessments and follow-up treatment for children aged 0 to 6 years who do not yet attend full-time school. This is delivered by Hearing Australia.
- **Northern Territory Remote Aboriginal Investment (NTRAI)** – delivers health services focused on hearing and oral health in remote communities.

The Australian Government has also funded Hearing Australia to deliver Listen to Learn, a 2 year program to build capability of teachers and educators to detect ear and hearing problems in their students and connect families to specialist services. Funding was allocated through the 2020 Budget.

There are supporting Australian Government investments for improved ear health under the following programs:

- **Medicare Benefits Scheme (MBS)** – funding for regular health checks for Aboriginal and Torres Strait Islander peoples to help identify chronic disease leading to early treatment.
- **Pharmaceutical Benefits Scheme (PBS)** – the Closing the Gap PBS Co-payment further reduces the cost of most prescription medicines.
- **National Immunisation Program** – the schedule for Aboriginal and Torres Strait Islander peoples has vaccinations additional to routine vaccinations.
- **Primary health within ACCHOs** – delivering effective, high quality culturally appropriate primary health care across Australia, including management of ear health.
- **New Directions Mothers and Babies Services** – information for new mothers about baby care, practical advice about parenting, monitoring of developmental milestones and health checks and referrals for treatment before children start school.
- **Tackling Indigenous Smoking** – awareness to reduce exposure to passive smoking in families, especially young children.

2. State and territory government programs

All states and territories provide newborn hearing screening programs and diagnostic audiology services at public hospitals and health centres.

All jurisdictions also fund:

- hearing screening, assessments and referrals to allied health and early intervention services
- education support and early intervention services for children with hearing loss.

This brief insight into the services and frameworks within each jurisdiction is not exhaustive.

Northern Territory (NT)

The NT Government, Australian Government and the Balnaves Foundation jointly fund the Hearing for Learning initiative. Its goal is to train and employ 40 Aboriginal and Torres Strait Islander community members as part-time ear health project officers in 20 communities in the NT. They help diagnose and manage ear disease or refer children for specialist treatment.

Western Australia (WA)

The WA Government funds an enhanced Aboriginal Child Health Schedule and additional specialist services including ear health clinics.

WA Health has developed several strategies and frameworks to support improved ear health, including the:

- WA Child Ear Health Strategy 2017–2021
- Otitis Media Model of Care (2013)
- WA Aboriginal Health and Wellbeing Framework 2015–2030
- WA Health Aboriginal Workforce Strategy 2014–2024.

The WA Government also funds the Earbus Foundation to:

- deliver mobile ear health clinics to Aboriginal and Torres Strait Islander children in schools, kindergartens and playgroups
- work with local primary health services to connect the community with GPs, audiologists and ENT specialists.

Queensland (Qld)

Deadly Ears is the Qld Government's response to reducing the rates and impacts of *otitis media* for Aboriginal and Torres Strait Islander children across Qld. The Deadly Ears program works in 11 locations across rural and remote Qld to:

- deliver clinical services
- build local capacity
- coordinate policy and practice changes
- deliver workforce training for health care professionals and educators
- research into improving the prevention, treatment and management of *otitis media*.

South Australia (SA)

The Aboriginal Ear Health Framework of South Australia guides the use of government funding in SA and ensures services are coordinated and collaborative. The framework recognises the need to:

- improve identification of ear disease in primary care
- improve access to diagnostic audiology and specialist medical services
- ensure timely access to early intervention services and assistance to attend specialist appointments

SA Health also funds an Under 8's Aboriginal Ear Health Program to address:

- gaps in referral and management pathways for children requiring specialist care
- ear health training for staff in the early childhood sector.

New South Wales (NSW)

The NSW Aboriginal Ear Health Program Guidelines were issued to Local Health Districts in 2011. They encourage primary health services to focus on prevention of *otitis media* using a broad public health approach.

The state government previously focused on near-universal screening for Aboriginal and Torres Strait Islander children aged 0 to 6 years. However, this was insufficient for meaningful improvements in health and education outcomes.

Victoria (Vic)

The Vic Government's Strategic Directions for Aboriginal Health 2012–2022 notes the importance of ear health on early childhood development. The Vic Government funds an ear health screening program led by the Royal Victorian Eye and Ear Hospital. It also funds an Aboriginal patient pathway coordinator to facilitate the patient journey in and out of hospital.

Tasmania (Tas)

The Healthy Tasmania Five-Year Strategic Plan 2022–2026 notes the Government will work in partnership with ACCHOs to deliver Healthy Tasmania initiatives. However, there are no specific actions or funding allocated to Aboriginal and Torres Strait Islander ear and hearing health. It focuses on mainstream newborn hearing screening, audiology and ENT services.

3. Non-government organisations and research institutes

There are also non-government and research organisations funded to deliver screening, diagnostic and early intervention services to Aboriginal and Torres Strait Islander children.

These organisations usually receive funding from government, private or philanthropic origins.

ACCHOs are primary health care services initiated and operated by the local Aboriginal community. They deliver holistic, comprehensive, and culturally appropriate health care including management of ear health. There are more than 140 ACCHOs nationally.

Ear Science Institute is a registered WA-based charity that provides children and adults in remote Pilbara communities with ear and hearing care. Their audiologists and ENTs examine, treat, diagnose and prescribe medication for *otitis media*, all in one visit.

Earbus Foundation is a WA-based charity that provides mobile ear health clinics to Aboriginal and Torres Strait Islander children in schools, day cares, kindergartens and playgroups in 65 regional locations in WA. Staff include audiologists, primary health practitioners and ENT surgeons.

Macquarie University in NSW has been awarded a grant of \$2 million over 3 years under the Australian Government Medical Research Future Fund. Its researchers will use the grant to complete a study on improving care pathways for treating *otitis media* in Aboriginal and Torres Strait Islander children.

Macquarie University is also leading the Australian Eye and Ear Health Survey launched in March 2022, which will examine close to 5,000 Australians over 2 years. The survey will inform a national set of key performance indicators for Aboriginal and Torres Strait Islander ear and hearing health and other commitments in the Roadmap for Hearing Health (HHSC 2019).

Menzies School of Health Research is a medical research institute focusing on Aboriginal and Torres Strait Islander health and tropical disease in Australia and the Asia-Pacific region. It is conducting vital prevention and treatment trials for *otitis media* to determine which therapies work best for Aboriginal and Torres Strait Islander children. It is a body corporate of the NT Government.

Sound Scouts is a privately owned company. The Sound Scouts app can be played on a mobile tablet with a set of headphones to detect hearing issues. In 2018 the Australian Government provided a \$4 million grant to Hearing Australia to secure free online hearing tests for 600,000 school children aged 4 to 17 years across Australia using Sound Scouts.

Telethon Kids Institute is based in the Perth Children's Hospital and is one of the largest medical research institutes in Australia. Aboriginal Health and *otitis media* is a key focus.

Telethon Speech and Hearing is a WA-based not-for-profit organisation, registered charity and independent school. It offers diagnostic, therapy and support services for children with hearing loss and speech and language delays. Outreach services are delivered in the Pilbara and Wheatbelt regions of WA in partnership with health services, schools, and corporate partners. The services ensure Aboriginal and Torres Strait Islander children and adults have access to hearing, ENT and support services.

The Shepherd Centre is a not-for-profit providing specialised programs for children with hearing loss and their families in NSW and the ACT.



Appendix 3 – Abbreviations

This table shows the definitions of acronyms and abbreviations used in the Action Plan.

Abbreviation	Meaning
ACCHO	Aboriginal Community Controlled Health Organisations
AIHW	Australian Institute of Health and Welfare
CSO	Community Service Obligation
ENT	Ear, nose and throat (Doctor)
GP	General Practitioner (Doctor)
HAPEE	Hearing Assessment Program – Early Ears
HATS	Hearing and Talking Scale
HHSC	Hearing Health Sector Committee
IAHP	Indigenous Australians Health Programme
NACCHO	National Aboriginal Community Controlled Health Organisation
NAL	National Acoustic Laboratories
NDIS	National Disability Insurance Scheme
nKPI	National ear health key performance indicators
NTRAI	Northern Territory Remote Aboriginal Investment
PLUM	Parent-evaluated Listening and Understanding Measure

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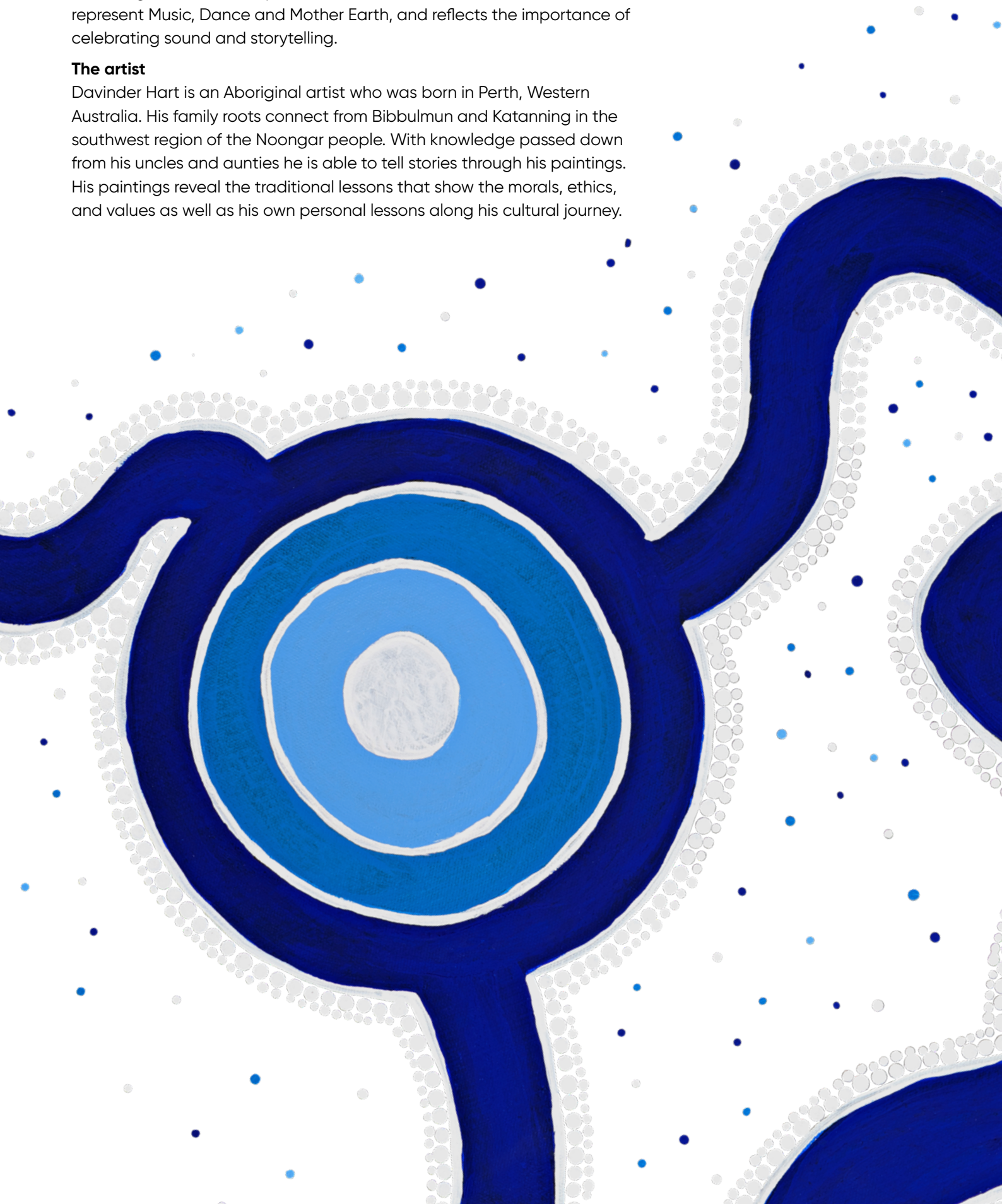
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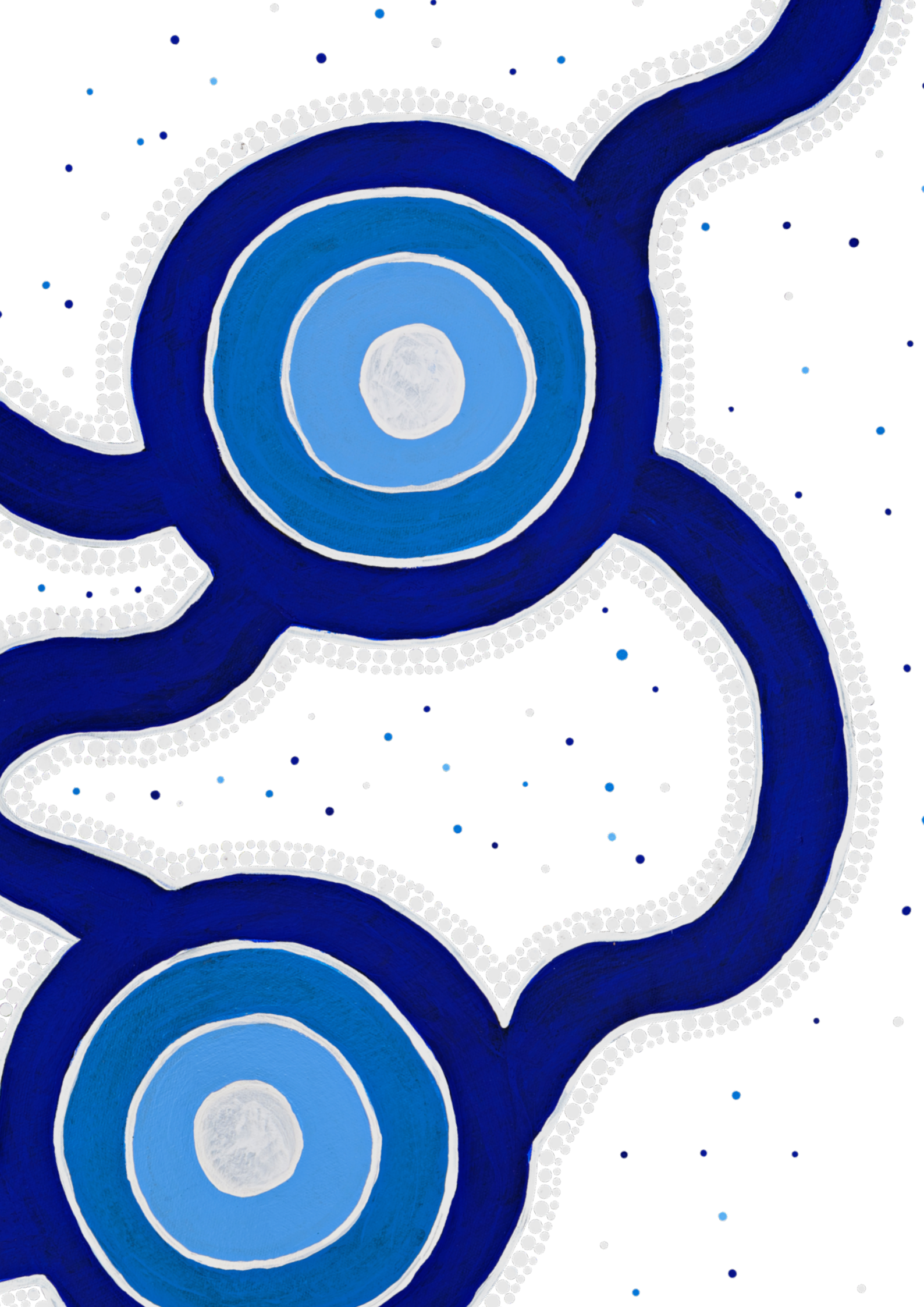
The story behind the artwork

The design is titled 'The Spirit of Sound'. The three circles in the artwork represent Music, Dance and Mother Earth, and reflects the importance of celebrating sound and storytelling.

The artist

Davinder Hart is an Aboriginal artist who was born in Perth, Western Australia. His family roots connect from Bibbulmun and Katanning in the southwest region of the Noongar people. With knowledge passed down from his uncles and aunties he is able to tell stories through his paintings. His paintings reveal the traditional lessons that show the morals, ethics, and values as well as his own personal lessons along his cultural journey.







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