

To: Oticon Foundation.
From: David Luterman.
Date 23rd July 2002
Re: Report of Activities.

I arrived in New Zealand on July 1, 2002 and have been giving a series of workshops throughout the North and South Island. I have also been talking to parent groups and program administrators. Of major concern to all is the planned inception of newborn hearing screening. My visit is a result of the newborn hearing screening consultative group's concern that when newborn hearing screening is instituted in New Zealand adequate management programs be in place. An application was made to the Oticon Foundation which has generously supported my visit to New Zealand.

It is my view that New Zealand is in an excellent position to institute a model newborn hearing screening program by benefiting from the mistakes of other countries. New Zealand's relatively small population, its Adviser system and the committed and intelligent professionals I have met are all huge positives.

The Adviser program, which is unique to New Zealand, is an enormous plus. If adequately resourced this program would become the heart of a model newborn hearing screening program. The negatives for New Zealand are a lack of legislative mandate or support and a lack of training around parent counselling.

Hopefully some of that was addressed by my visit but much more is needed. In my meeting with parents I found many parents who were angry at the late diagnosis, some as late as 4 and 5 years old, and having to fight the medical system in order to get the diagnosis. This is far worse than we were diagnosing deaf children in the states without newborn hearing screening.

It is clear to me that New Zealand needs a newborn hearing screening programme.

These are my recommendations:

- 1) **There needs to be a legislative / ministerial policy mandate requiring universal newborn hearing screening.** It is well documented that with early detection and good management hearing impaired children will be able to mainstream. They will also have adequate speech and language skills to be vocationally viable, thus more than justifying the expense of instituting a hearing screening program (see NBHS consultative group report for more details)
- 2) **Fund a full time professional to have the responsibility of coordinating the program.** Currently the consultative group is working on a strictly voluntary basis with participants trying to fit in time for meetings from their full time professional responsibilities. Reports are written piece meal and there is no one responsible for coordinating the activities and spear heading the program.
- 3) **Re-establish the adviser training program.** There are currently 29.8 positions of which only 14 are filled by qualified staff - a badly over worked group. At one time New Zealand had 44 Advisers to serve less than are currently on the rolls. With the advent of hearing screening there will be a 4 fold increase in the number

of children detected. The hearing screening program will pick up children with mild hearing loss who currently slip though undetected. These children are at risk educationally. With early detection these children can be helped a great deal with prompt medical treatment and where indicated amplification. In addition because of early identification all children will be staying in the program longer, putting more pressure on the Adviser system. New Zealand could benefit from 50 Advisers in place.

- 4) **More investment in both in service and pre service education around parent counselling.** The key to successful management of a hearing impaired child is the parent. Yet little training in parent education is provided in the education programs. This lack is due to not having professors who have the adequate background to teach effectively in this area. As a result very little actual information and experience is provided in the training program despite the almost universal acknowledgment of its importance.
- 5) **Fund model program.** I think to begin with two programs can be funded one in North Island and one in the South. These programs should be allied with a birthing hospital where newborn hearing screening is taking place. The program should have the following characteristics.
 - a) Be family centered
 - b) Have no methodology bias
 - c) Provide a parent support group
 - d) Be quickly available so there is a minimum of time between diagnosis and therapy
 - e) Have a mandate to empower parents.

In conclusion I would like to reiterate again the marvellous opportunity New Zealand has to institute a model hearing screening and management program. The resources are generally at hand and it is a matter of having the intelligence and will to marshal them.

I have enjoyed immensely my stay in this country and anything I can do to further the cause of screen and management I would be happy to do.

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