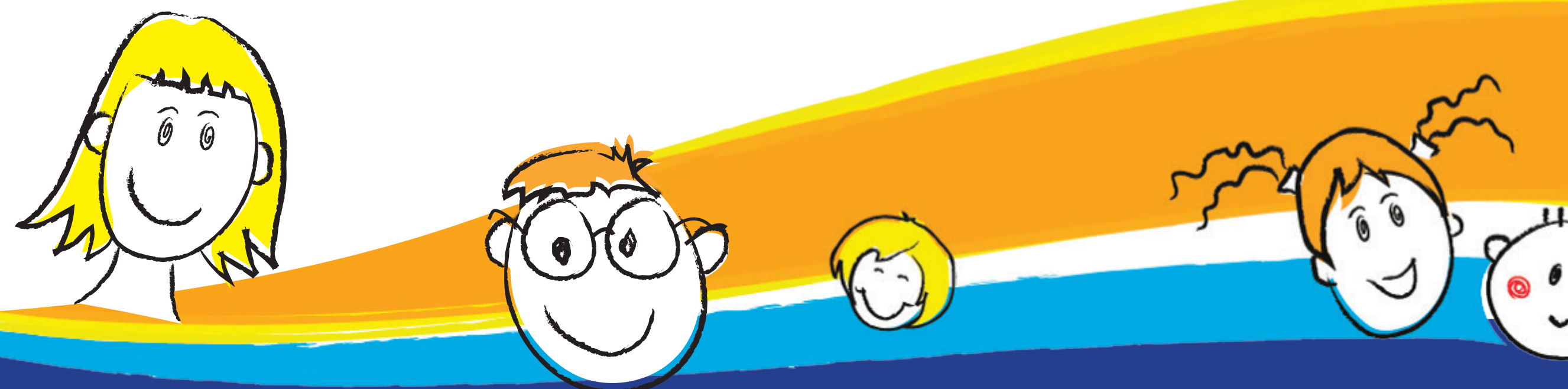


# Partnerships to enhance access, beyond geography: Intervention, communication and support in the virtual domain

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Even in today's digital age:

*'The reality is that people living in rural or remote areas often receive infrequent services or none at all'*

(Lincoln et al., 2014)

## Identification, Amplification, Intervention

For UNHS referred children	Bilateral HL (median)	Tele intervention (median)	Bilateral HL (range)	Tele intervention (range)
Identification	1mth	1mth	0-13mths	0-79mths
Amplification	4mths	11mths	0-61mths	0-83mths
Intervention	5mths	18mths	0-55mths	1-83mths
CI	7mths	20mths	4-13 mths	5-83mths

Joint Committee of Infant Hearing (2009) recommends 1-3-6 as gold standard of care for infants with Hearing Loss (HL).

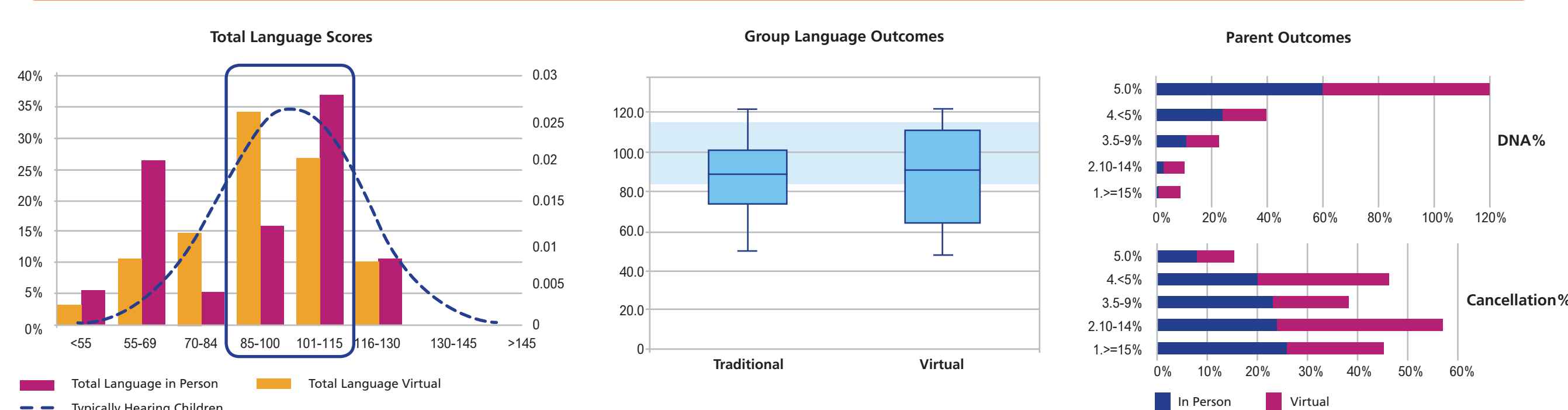
- Diagnosis by 1 month
- Amplification by 3 months
- Enrolled into early intervention by 6 months

Delays evident for children in Teleintervention group for

- Amplification,
- Entry to intervention and
- Cochlear Implantation

Delays need to be closed to provide equivalent access to services.

## Outcomes



- Slightly higher percentage outside the typical range
- Smaller subset compared to the face to face group
- Statistically smaller numbers, but slightly higher percentage in the more complex pathway and later to Early Intervention

- n=202, (includes 90 CI in traditional candidacy range with 11 with UHL + CI)
- Mean scores on par
- More variation in teleintervention group

- In person families and virtual families all cancel at a similar rate (60% never DNA across organization)
- Similar results for low DNA% across groups
- High DNAs (<15%) higher for teleintervention group

## Virtual Programs & Services



## Benefits

### PROGRAM

- True 'Guiding and Coaching' parent model
- Safety of clinicians- travel/home visits
- Not just for rural/remote - but transport/work barriers to attending service
- Equity of ALL aspects of service - music, social skills, school readiness groups
- Enhanced engagement of family members
- Use in all aspects of child's every day life preschool/school/childcare settings
- Resourcing and capacity expands
- Uses all of multi/trans disciplinary team
- Recording of all sessions easier for training/mentoring

### CHILD

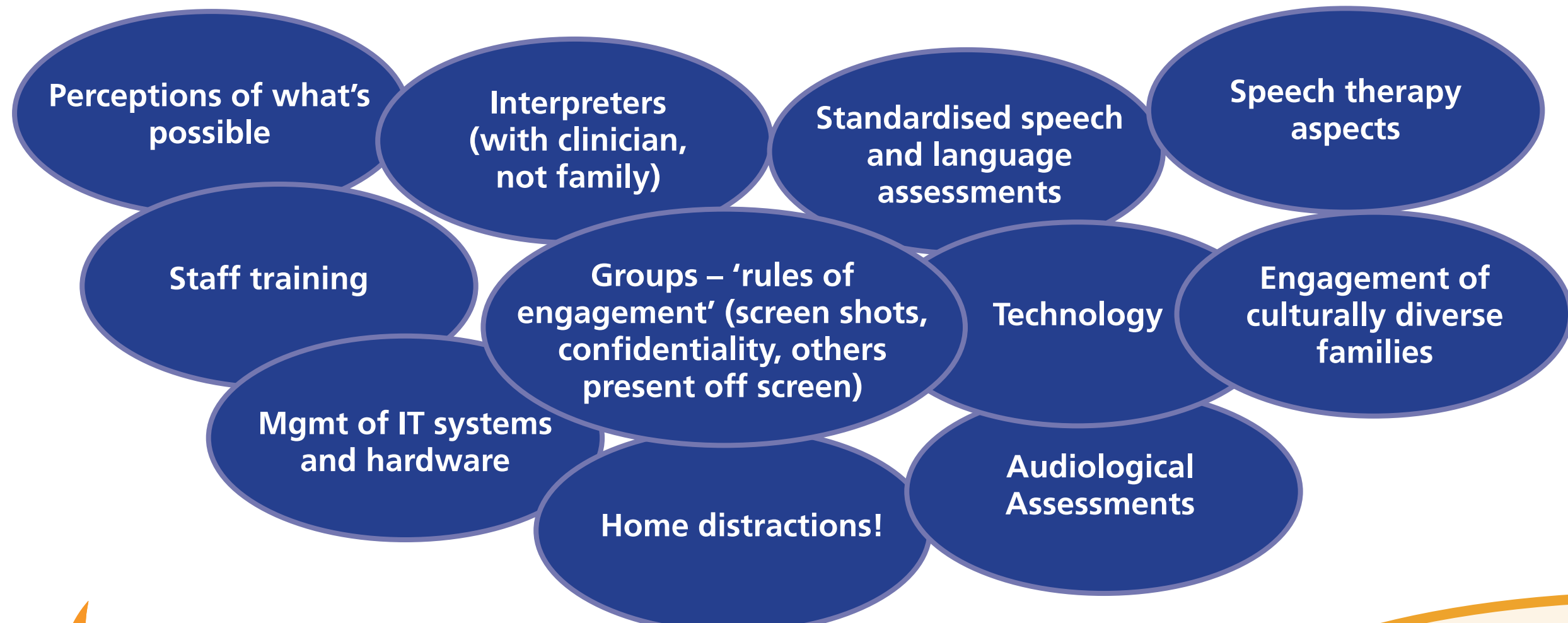
- Access to individualised therapy programs
- Reduce long distance travel and hours in the back of a car
- In home environment
- Listening skills developed across more difficult medium (reality of today's society)
- Meet other children with hearing loss

### FAMILY

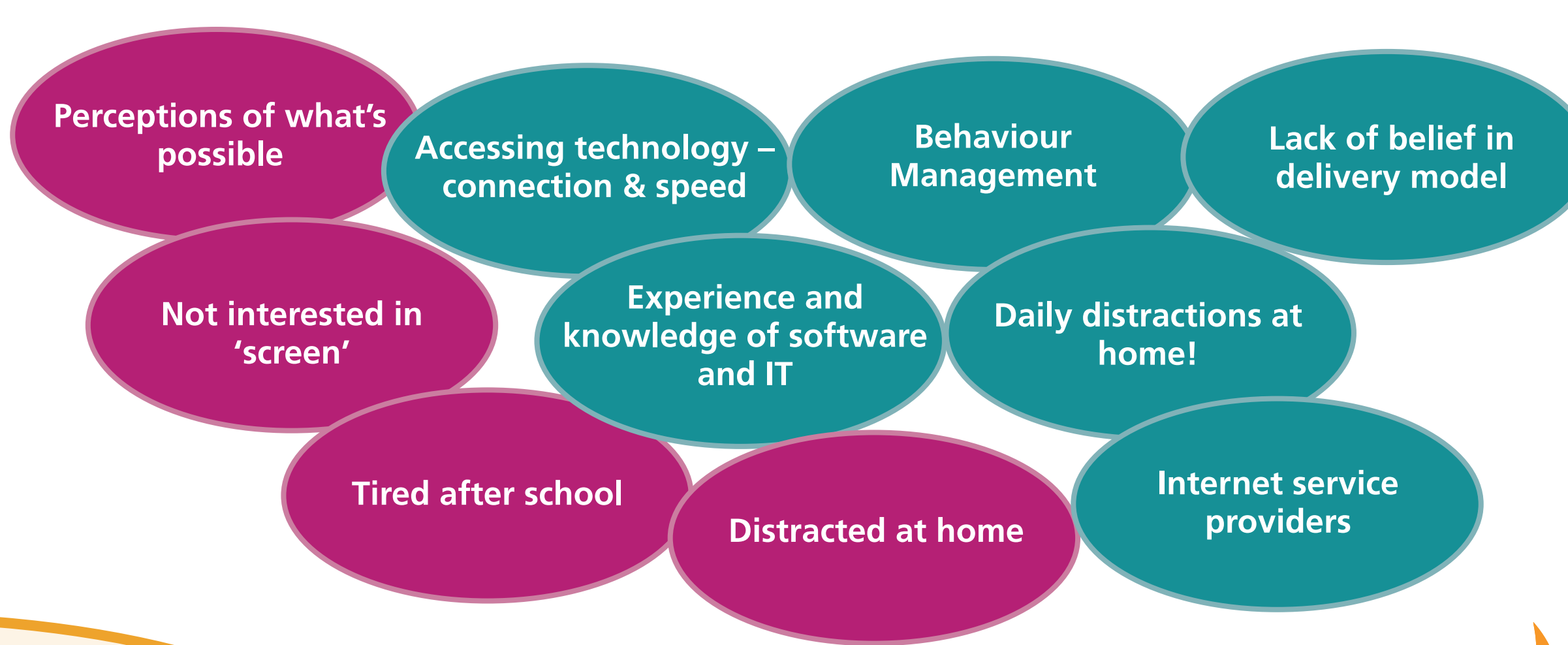
- Development of parent support network
- Access specialist knowledge
- Long term, consistent intervention which can MONITOR listening progression
- Can participate in more therapy activities, more directly applicable to daily life

## Challenges

### PROGRAM



### CHILD & FAMILY



"Once you've been given the skills you still have to implement them"

"It's what you do with the information that matters..."

"I'd do the same thing if you told me via 'tele' or in person"

## References

Gabel, 2013; Grogan & Johnson et al., 2013; Joint Committee of Infant Hearing, 2009; Lincoln et al., 2014