

Description of Operational Model for Hear and Say Program

Characteristic	Program Description
Parent guidance and coaching program follows set guidelines	The program follows the Principles of LSLS Auditory-Verbal Therapy (Adapted from the Principles originally developed by Doreen Pollack, 1970; Adopted by the AG Bell Academy for Listening and Spoken Language®, July 26, 2007). The program has between five and six LSLS Certified Auditory-Verbal Therapists. Trainee Auditory-Verbal Therapists receive extensive training before taking a case load, and always work under supervision.
Audiology services	The program advocates and promotes early identification and intervention. Full audiologic services are available including diagnostics, cochlear implant program, trouble shooting and regular monitoring of hearing aids and cochlear implants. All hearing aids are owned and fitted by Australian Hearing according to the NAL protocol and assessment follows the Alexander Graham Bell Academy for Listening and Spoken Language Recommended Audiologic Protocol (http://www.agbellacademy.org/Recommended_Protocol.htm)
Parent guidance and coaching services	Children and at least one parent attend once per week for 1-1 ½ hours of Auditory-Verbal Therapy. Some children in outreach areas may receive the equivalent in short blocks of therapy. Reverse integration playgroup is available (but not mandatory) once per week. There are 42 teaching weeks per year.

Diagnostic Assessments: Speech perception	These are performed by Audiologists every 6 months for children with cochlear implants. Children with hearing aids are tested at Australian Hearing.
Speech and language	These are performed by Speech/Language Pathologists, Audiologists or Teachers of the Deaf, yearly for children with hearing aids and 6 monthly for children with cochlear implants.
Professional team (including 7 Certified Auditory-Verbal Therapists)	<ul style="list-style-type: none"> • Ear, Nose and Throat Surgeons (honorary) • Audiologists • Teacher of the Deaf • Speech Pathologists • Social Workers (1 honorary) • Psychologist (honorary) • Access to other professionals
Formal parent education	Parent coaching and guidance is performed at every Auditory-Verbal Therapy session in conjunction with a formal group program of education held once per month, and includes a rotating range of topics and guest speakers.
Parent support	Clinical Social Workers and a range of programs for parents and infants, including individual and group support are available.
Resources available	Resources available include a parent, professional and child library of books and audio-visual resources.

Integration	<ul style="list-style-type: none"> • Reverse integration playgroup which includes children with normal hearing (optional) • Inclusive education in mainstream from earliest possible age • School visits and support for education professionals
Home visits	These are carried out for city families and regional families a minimum of four times per year
Outside professional support	A range of professionals are available for referral. Clinical and family information is supplied to these professionals with parent consent.
Teen and pre-teen support	Specialised programs are available for developing self esteem and peer net-working for different age groups from six years of age.
Monitoring of parent satisfaction	Yearly survey
Parenting Knowledge	Yearly survey
Outreach facilities	A Telemedicine program using webcam and video teleconferencing plus home/school visits 4 times per year is available. A three day Outreach Workshop (centre-based) is available. Clinic visits to the program are made where possible. A toy library is available, with teaching resource packs sent monthly to each family.
Flexibility of services	<ul style="list-style-type: none"> • Children with additional disabilities are provided with individualised programs. • Services are flexible for individual needs (e.g. distance, family circumstances, physical difficulties).

Documented goals	The program develops an Individual Education Program (I.E.P.) complied by the Auditory-Verbal Therapist in conjunction with parents and teachers. This is developed in accordance with a resource, I.E.P. Goalwriter (Brown, Tuohy and Walsh, 2005).
Continuity of services	<ul style="list-style-type: none"> • Children with cochlear implants continue to be MAPped and monitored until 24+ years • Children with hearing aids may reapply for assistance/trouble shooting until school age
Point of exit/professional release	As Auditory-Verbal Therapy is a form of early intervention, children formally exit the program at age of school entry, except for children receiving a cochlear implant over 4 years of age who may continue for 1-2 years into their school years. Children receiving a bilateral cochlear implant may return for around 6-12 months for audiology and therapy.
Role of parents	<p>Parents:</p> <ul style="list-style-type: none"> • Are recognised as the natural language teachers for their child • Work with Auditory-Verbal Therapists who adopt a “train the trainer” approach for parents • Are treated as unique and special individuals • Are acknowledged as primary facilitators of their child’s program • Become translators of their child’s communications attempts • Learn to become the chief advocate for their child

Role of professionals Professionals:

- Work to impart a feeling of hope to the parents
- Ensure parents are motivated and have an expectation that their child will learn to listen and speak
- Adhere to the Principles of Auditory-Verbal Therapy
- Transfer the role of “teachers and leaders” to the parents
- Educate parents with the required knowledge
- Develop concurrent teaching of parents, child and family members using an appropriate “coaching voice” for parents and child so each understands when they are being guided
- Liaise with and refer child and parents to other professionals, services or programs as appropriate
- Develop goals appropriate for child and family
- Monitor child’s progress continually
- Train other professionals involved with the child in carrying out Auditory-Verbal Therapy Program

Cost of services

There was no cost to parents until 2005 when a parent levy of 10% of the child’s clinical costs was introduced. This is regularly reduced or waived in circumstances of family hardship.
