Hearing for Learning Initiative Stakeholder Workshop Report

Thursday, 14 February 2019

John Matthews Building, Menzies School of Health Research, Tiwi

Executive summary

The Hearing for Learning Initiative Stakeholder Workshop brought together 36 professionals from the health, education, Indigenous employment and research sectors to:

- Provide an overview of the Hearing for Learning Initiative;
- Understand different perspectives on ear disease and hearing health in the Northern Territory (NT) among key stakeholders; and
- Discuss key constraints and opportunities that may affect the program's success.

The Hearing for Learning Initiative is an innovative community-based service enhancement model, which will also operate as a stepped-wedge cluster randomised trial. It aims to improve the ear and hearing health of Aboriginal children in the NT by funding employment, delivery of Certificate II training in ear and hearing clinical and education skills, mentoring and integration of community-based Ear and Hearing Clinical and Education Support Officers.

The program has received $7.9 million over five years from The Balnaves Foundation, the NT Government and the Commonwealth Government. The Menzies School of Health Research is the administrative organisation, but the success of the program depends on a collaborative partnership with communities, health, education, and the Aboriginal Community Controlled sectors.

The workshop was opened with a Welcome to Country provided by Larrakia Nation Traditional Owner Elder Aunty Jeaneen McLennan.

Presentations during the morning session covered the study's design and data considerations and an overview of the 10513NAT Certificate II in Community Health Research training. Invited speakers outlined key concerns, challenges and issues in addressing ear and hearing health in the NT.

During the afternoon session workshop participants broke into three groups to discuss three key considerations: how to integrate the program with existing services; the training requirements of the Ear and Hearing Clinical and Education Support Officers; and how best to engage communities in delivering the program.

Key themes emerging across the three topics were that:

- Community 'buy in' and ownership of the program will be critical to its success: "Nothing about us without us".
- The fact that the program aims to create an 'Aboriginal-led' initiative/service is viewed positively, as is the program's potential to deliver confidence and competency, community inclusion and capacity building, and local decision making.
- The program will need to be tailored to the community's needs, priorities and the historical context of service delivery.
- The program will need to carefully consider how employment opportunities can be sustainably integrated with existing services.
- A 'bridging' pathway approach to the training may help deliver the high skills and knowledge needed for the community-based Ear and Hearing Clinical and Education Support Officers.
- Information sharing across multiple providers is important, otherwise the different services could be confusing for people and there may be mixed messages.

Workshop attendees:

Rebecca Allnut	Department of Health
Amarjit Anand	Department of Health
Denyse Bainbridge	Department of Education
Adam Barnes	Department of Health
Dianne Bates	Department of Health
Rachel Brindal	Department of Education
Alan Cass	Menzies
Kristal Chapman	Menzies
Christine Connors	Primary Healthcare Top End Health Service
Graeme Crossland	Department of Health
Samantha Crossman	AMSANT
Sumon Das	Menzies
Karrina Demasi	AMSANT
Hichem Demortier	Facilitator
Joanne Fitzgerald	Catholic Education
Steve Guthridge	Menzies
Damien Howard	Phoenix Consulting
Amy Kimber	Menzies
Amanda Leach	Menzies
Erin Lew Fatt	AMSANT
Felicity Marwick	Primary Healthcare Top End Health Service
Aunty Jeanneen McLennan	Larrakia Traditional Owner
Peter Morris	Menzies
Sandra Nelson	Department of Health
Victor Oguoma	Menzies
Jodi Phillips	Menzies
Margaret Rajak	Top End Health Service
David Reeve (by teleconference)	Department of Health
Pauline Schober	Catholic Education
Joshua Sells	Menzies
Tammy Simmons	Department of Education
Chris Wigger	Menzies
Nicole Wilson	Menzies
Jiunn-Yih Su (by teleconference)	Menzies

Introduction - Alan Cass, Director of the Menzies School of Health Research

Alan noted the Hearing for Learning team is committed to ongoing engagement and discussion to determine the types of models of engagement that might work. Among workshop invitees there is significant expertise and considerable work has been done to collect the necessary evidence. This workshop presents an opportune time to map a way forward – there are many complex health issues, which is why engagement will be critical, and demonstrated impact to stakeholders, government, and funders. Alan pledged the Menzies School of Health Research commitment to this project and welcomed the input of new ideas about how best to work with NT Primary Health Care Centres, Aboriginal Community Controlled Health Organisations and the communities they serve.

Welcome to Country - Aunty Jeanneen McLennan, Larrakia Traditional Owner

Aunty Jeanneen told the story of her brother being diagnosed with a perforated eardrum in the 1970s. His treatment involved multiple trips to Adelaide for operations. It was a very difficult time for the family, and her brother eventually developed a speech impediment. Aunty Jeanneen highlighted the importance of coming together to discuss this issue and thanked the audience for acknowledging the Larrakia people, wishing participants a safe journey on their country.

An Aboriginal Health Practitioner's perspective - Sandra Nelson, Aboriginal Health Practitioner Coordinator for Top End West, Top End Health Service

Sandra explained that ear and hearing is not just a profession for her, but rather a very personal issue, having had ear disease and suffered hearing loss herself. Sandra's sons without hearing loss have excelled in their career, one son commenced his school-based apprenticeship in year 12 and gained employment with the company and still works for them. The other son graduated with two university degrees in education and science. Community hearing health workers employed during the Intervention had a major impact on improving hearing health, and the size of perforations decreased. In Numbulwar where community workers knew the people, knew the language and could interpret problems far better than those not from the community, there was a 60% increase of self-presentations to clinics. With the right people and the right training, Sandra believes we can close the gap on this issue.

Overview of the Hearing for Learning Initiative - Amanda Leach, Principal Investigator, Menzies School of Health Research

Amanda highlighted the power of stories in building people's understanding of this issue. Amanda's daughter had ear disease at an early age and the insertion of grommets changed her entire demeanour. Ear disease is very common and affects many Australians – the Hearing for Learning Initiative presents a great opportunity to address the issue among Aboriginal children in NT communities, with $7.9m over four years. Ear disease impacts a child's health and education outcomes, their school readiness, and can have flow on effects to the justice system and workforce sustainability if left untreated. Ear disease is difficult to detect and manage – as part of the Healthy Under 5 checks only about 30% of children have ear assessments compared to 80% for height, weight, blood test etc. Of those, 13% of cases are followed up and 50% have appropriate treatment. The independent evaluation of the Australian Government's Indigenous Ear and Hearing Health Initiatives recommended a greater focus on building and maintaining the capacity of primary health care in Aboriginal Community Controlled Health Organisations to provide effective assessment, referral and follow up. Amanda also cited Watson, Young & Barnes who found that while Aboriginal and Torres Strait Islander health workers are known to significantly contribute to the overall acceptability, access and use of health services, they require support to do this important role. The Hearing for Learning Initiative is a four year intervention in 20 communities, which aims to employ forty 0.25FTE workers, who will screen 5,000 children. The PICOT question:
Population: In urban, rural and remote Aboriginal communities in the NT, does
Intervention: employment, training, and integration of local Ear and Hearing Clinical and Education Support Officers into health and education services (the Hearing for Learning initiative),
Comparison: compared to current practice (annual half day OM workshop),

Outcome: increase the proportion of Aboriginal and Torres Strait Islander children who receive an ear assessment,
Time: during the intervention period?

It is a workforce innovation model which aims to build the sustainability of Aboriginal community-controlled primary healthcare. A steering group will be established in willing communities, and this group will decide who the mentors, supervisors, and health and education champions to support the ear health workers will be. The roles & responsibilities of the workers will be:

- To undertake Certificate II training in community-based evaluation research;
- To undertake Certificate II training in ear and hearing clinical and education support;
- Clinical – undertake ear assessments for all children using otoscopy and tympanometry, assist case management and follow-up;
- Education – assist the teaching of children with hearing problems; and
- Families – educate families about the impact of ear and hearing problems in children and what they can do about it.

The benefits to families, workers & communities are a community-based expert Ear and Hearing Clinical and Education Support Officer to:

- Provide safe, culturally appropriate, reliable and expert clinical and education services for children who have ear and hearing problems;
- Explain how ear and hearing problems can affect their child's behaviour, listening, talking, playing and learning;
- Explain how to detect, treat and manage ear and hearing problems; and
- Link the family with services to get the best help from the clinic, specialists and school.

The benefits for the Ear and Hearing Health Clinical and Education Support Officers are:

- Employment;
- Opportunity to play an important and respected role in their community;
- Professional workforce development training to become workforce ready;
- Certificate II training in child health and education evaluation research; and
- Certificate II training in ear and hearing checks, how to use equipment, write up and discuss results with the child's doctor, nurse or Aboriginal Health Practitioner, and inform the child's family and teacher of their ear and hearing needs, make follow-up appointments.

The benefits for the community are:

- Each community can have a say about how to best run the program through workshops and membership of the Community Steering Group of the Hearing for Learning Initiative;
- Culturally safe, reliable, efficient, effective ear and hearing services for children;
- Employment, training, mentoring and support of community members as Ear and Hearing Clinical and Education Support Officers;
- Intensive in-service training for health service providers, teachers and others; and
- Community data on how many children have ear and hearing problems, how many children receive a care plan, how many improve or need ongoing help (and more).

The Otitis Media Guidelines app will be an important resource, as will innovative ways of testing. Amanda provided an outline of research pathway and raised concerns to date being:

- Employer, integration, transition beyond HfLI
- Champions, supervision, support (mentoring)
- Literacy and numeracy
- Clinical competency
- CDEP
- 0.25 FTE – case load, scope of practice
- Other ear programs
    - HHP
    - Hearing Assessments in < 4yo Aboriginal and Torres Strait Islander children $30m
- Other programs
    - Health coaching
    - RHD
    - Education assistants

Study design and data considerations - Victor Oguama, Biostatistician & Jiunn-Yih Su, Data Analyst, Menzies School of Health Research

Victor explained the benefits and rigour of a randomised controlled trial. The Hearing for Learning Initiative will use an open cohort stepped-wedge design, with eight sequences or steps across 20 communities over four years. The intervention (training) is delivered in groups of communities (clusters) and all 20 communities must consent before the study can begin. Repeated measurements of the study outcomes will occur over time with the same individuals, and baseline data will be collected for six months before the intervention begins, subsequently rolling out on a six-monthly basis. Communities will be stratified in pairs based on proximity for easy coordination by research staff: e.g. Wurrumiyanga and Pirlangimpi; Maningrida and Gunbulanya; Milingimbi and Gapuwiyaki; Wadeye and Palumpa; Beswick and Ngukurr; Alicurung and Mungkarta; Yuendumu and Willowra; Hermannsburg and Papunya; Kaltukatjara and Mutitjulu; Engawala and Hartrange. The communities will be randomised into eight different starting periods. Communities will not know when they will join the intervention, and study sites have not been determined yet – the above is an example only.

Jiunn-Yih outlined the data requirements for the project, which will include collecting data on primary and secondary outcomes of the intervention. The primary outcome that will be monitored is the proportion of children aged 0-16 who receive an ear assessment in the last 12 months. The secondary outcomes that will be monitored are:

- The number of ear and hearing clinical and education support workers.
- The number of children receiving specific types of ear assessments.
- The proportion of children having an episode of Acute Otitis Media.
- The proportion of children who have had an episode of Chronic Suppurative Otitis Media and the proportion that received appropriate treatment, a hearing test, a care plan, and appropriate follow up within 10 days of diagnosis.

The project seeks to monitor workforce data from the NT Department of Health and participating Aboriginal Medical Services, and clinical data from PCIS, Communicare, and NT Hearing Health Services. Data retrieval will occur at six-monthly intervals, and a dummy record will be generated for unit record data.

Overview of the Certificate II in Community Health Research - Jodi Phillips, Training Coordinator, Menzies School of Health Research

The 10513 NAT Certificate II in Community Health Research was developed in response to a need identified by Community Based Researchers (CBR) working with Menzies. The CBRs wanted a qualification for the knowledge and skills they were developing through working on health research projects. Since then the course has been adapted many times to suit the needs of a range of research projects and community needs. It is a good model for engaging communities and participants in research. Retention rates were 85% in 2017/2018, which is high compared to the literature. The Hearing for Learning Training Team is interested to know what skill sets and knowledge are required, the technology participants may have to use, and which data will need to be collected. The learning program will be designed collaboratively to suit the needs of participants and their communities. The course is soon to be reaccredited which is timely, because the learning program can be tailored to the project's needs. Menzies delivers the training in partnership with Charles Darwin University as the Registered Training Organisation. There are currently six units delivered in a phased approach, with a focus on practical-based and on the job learning. The course can be adapted based on the language, literacy and numeracy (LLN) requirements of participants. Jodi provided an overview of the Rheumatic Heart Disease Certificate II training delivered by the On Track Watch Research team and mapped to the 10513NAT units of competency.

Ear disease from an educational perspective - Denyse Bainbridge, Senior Education Advisor – Hearing, Department of Education

Hearing loss is not just about ears, and not just about hearing either. Humans are social beings, and they are always trying to relate to each other, and to communicate. Culture is transmitted through language, and language is greatly affected by hearing. Denyse grew up with hearing issues, but was fortunate because instead of being deaf, was more inclined to 'lean in' and try to hear. Another example of a personal experience which has led to Denyse working with deaf and hard of hearing children. It is very easy to miss humour when you're hard of hearing because it's usually quick and off the cuff – you miss out when your hearing isn't working as well. Wellbeing and inclusion are key themes. The Department of Education hearing team is Territory-wide but based in Darwin – there are four staff and an education advisor to be confirmed in Alice Springs. Denyse described the Nationally Consistent Collection of Data (NCDD) – all schools need to be able to contribute. There are four key categories, being cognitive, physical, sensory, social/emotional. There are four levels of support offered: quality differentiated teaching practice (QDTP), supplementary, substantial, and extensive. QDTP means a student has a diagnosed conductive hearing loss in the mild range – specific pathways and recommendations are provided e.g. improve classroom acoustics. Supplementary means the student is offered QDTP, has a hearing loss and needs to wear a hearing hat or head band.

The ear health workers proposed by the Hearing for Learning Initiative may be able to support the Department of Education's program and will need to be aware of these recommendations. The program uses a bottom up and top down approach and provides reminders for teachers. A spreadsheet is provided to teachers with the student's name and strategies suggested by audiologist and possible NCCD intervention, but it is up to the teacher to determine the best approach. A cheat sheet is also provided to progress suggested actions e.g. 'Ensure the student is facing speakers with their better ear' or, 'Support referral to Australian Hearing for consideration of hearing aids' or,

'Support referral to an ENT surgeon in view of ongoing ear disease'. The ear health workers need to be aware of these recommendations, and to feel part of the school environment, i.e. not just a visitor. The Families as First Teachers has been an effective model. Teachers need to know family structures, and how what that means in the classroom. The Now Hear Continuum was designed specifically for the NT to support children with hearing loss. It is a tool that provides schools with a guide to maximise the learning environment for all students with conductive hearing loss. The process of developing the continuum identified the need for an integrated approach across health and education. Under this approach, the school does an audit, creates an action plan, then reviews and evaluates. This process clearly identifies the state of not knowing, compared to the optimal state across five domains. The key take home measures for teachers are: increase hand and face washing; and reduce background noise. Teachers tend to see behaviour changes first, as pain may not be present, then delays with speech and language. Throughout that process is the child's social and emotional development, which may be more difficult to monitor.

Denyse suggested the Department of Education could set up a questionnaire where schools could input data about hearing support services in place e.g. Soundfield. Denyse was asked about the level of awareness among teachers about hearing loss, and whether hearing is covered in teacher orientations.

Challenges with hearing health services in the NT - Christine Connors, General Manager, Darwin Region and Strategic Primary Health Care

The first hearing services in the NT were established in 1988. The Department of Health has a long history of engagement with the Department of Education. The Intervention identified a significant burden of ear disease across NT communities - the backlog was at the tertiary level with a limited number of audiologists and ENT surgeons to perform tertiary services. At the time, around 30% of children were estimated to be affected by ear disease, but this was a gross underestimation. Since then, multiple streams of funding have attempted to address the problem e.g. Stronger Futures, the Healthy Ears – Better Hearing Better Listening program and the current NT Remote Aboriginal Investment partnership. NT Hearing Health Services aims to provide an integrated model of prevention, identification/surveillance, primary health care, specialist audiology and ENT surgery, and rehabilitation intervention. Newborn hearing screening is a national project with 98% coverage in the NT because there are dedicated staff based in all five of the main hospitals.

Treatment is primarily within primary healthcare as per the Central Australian Rural Practitioners Association Guidelines. There have been major problems recruiting audiologists locally because the training program is not available in the NT, with participants required to complete a two-year Masters course interstate. It will be important to establish a training pathway in the NT, and the Aboriginal Medical Services Alliance NT (AMSANT) may be a vehicle to achieve this. Teleotology outreach is a great help in addressing leakages in the referral pathway. Among NT Indigenous children aged 0-21 seen by the NT Hearing Health Program, 22.76% have Otitis Media with Effusion, 10.63% have Chronic Suppurative Otitis Media, and 12.71% have dry perforations. Only 37.64% have normal ears. Christine explained that intermittent hearing loss is probably harder to manage for a developing brain than consistent hearing loss. There is some evidence of improvement with a recent report from the AIHW (2007-2017) showing a 33% decrease in Otitis Media between the first and last service of children aged up to 15 who had at least three outreach audiology, Clinical Nurse Specialist or ENT teleotology service visits. Wait times for surgery are decreasing. The new $30

million program announced by the Australian Government in the May Budget 2018 raises concerns about Australian Hearing utilising an already stretched workforce.

At the end of 2017 there were over 2,400 children (0-21) with outstanding referrals for outreach audiology services, and over 1,400 with outstanding referrals for teleotology audiology services. It will be important to build a system that compensates for multiple screenings, with a clear focus on the referral pathway. There are good lessons from action on anaemia which could be applied to the Hearing for Learning Initiative. The Department of Health employs community health workers in Maningrida, Galiwin'ku, Gunbalanya, and Ngukkurr, with funding to continue employment until 2022. Workers in Papunya and Elliot are soon to commence. The Families as First Teachers is a very good model to adopt – it has a focus on health promotion and is strictly non-clinical. Some of the challenges the Hearing for Learning Initiative faces are the sheer number of competing health priorities, and the understaffed and under-resourced context of Aboriginal Medical Services. The emergence of Type 2 diabetes in teenagers and young mothers is concerning and providing support for the Community Health Workers is challenging. Collaboration with NT Hearing Services and AMSANT will be critical to map the gaps (follow up and liaison). It will be important to tell stories about how we can change outcomes e.g. reduction in anaemia from 25% to 10%.

AMSANT perspective - Erin Lew Fatt, Program Manager Workforce Policy & Chronic Disease & Karinna DeMasi

There is a wide range of diversity in AMSANT's member services, and it is difficult to engage with and appropriately represent everyone. The Lowitja Institute is leading a project on key enablers for the primary health workforce. This has revealed many rich stories about what people are looking for in terms of workforce development. AMSANT considers research proposals through a sub-committee and its Board. There is value in the provision of wraparound support in the clinical space, and there needs to be a continued focus on the social determinants of health. At the national level there is a refresh of the Closing the Gap targets underway, and AMSANT has made recommendations about new targets, in particular housing. A strengths-based approach and a focus on the improvements would be welcomed by AMSANT. Embedding research within primary healthcare and local decision making will be key to the success of the Hearing for Learning program.

Consideration of the best Full-Time Equivalent model, job sharing etc will be important, as working arrangements will need to be flexible. Erin and Karinna acknowledged the project team's willingness to listen and explore concerns around data, and AMSANT's interest in representation in the governance structure. Training and development opportunities are key enablers, but mentoring and role modelling will be critical to the program's success. The prospect of ear health workers being left in isolation and feeling disempowered to make decisions are barriers. Continuous Quality Improvement processes and a sustainable workforce are needed. The Australian Government's Community Development Program is a discriminatory framework, and there are concerns about how this program might link with it. AMSANT is sceptical of programs that claim to be sustainable – e.g. hearing health training was promised to 120 people by the National Aboriginal Community Controlled Health Organisation, and never eventuated. Collection of consistent data would be a useful outcome of the program. The NT Aboriginal Health Forum (NTAHF) provides a useful vehicle to build the Aboriginal Health Practitioner workforce and includes partnerships with allied health. The NTAHF has a current focus on workforce planning, and how to integrate this program effectively will be a consideration.

Workforce challenges and priorities - Margaret Rajak, Director of Aboriginal and Torres Strait Islander Workforce, Department of Health

The Top End Health Service has developed a strategy with Aboriginal Health Practitioners about how to develop the Aboriginal and Torres Strait Islander workforce in the NT. One training model that has been considered is the trainer doing one day with the mentor, then one day with the mentee, then one day with both. The workforce forums held twice yearly in Gove, Katherine and Darwin are very valuable. It is useful to have executive staff e.g. Christine Connors, the Chief Operations Officer, and workplace culture representatives attend because they get the opportunity to meet and talk to staff. There has been some consideration of whether an annual staff meeting would be valuable, but this would likely put too much strain on communities with many staff absent. Some of the challenges in growing and sustaining the Aboriginal and Torres Strait Islander workforce are:

1. Differences in the LLN levels among workers. Lower LLN means more time is required for the training.
2. Communication styles. Tailored training resources are very important. All materials are run through a readability program with a target of a maximum Year 8 level, but it would be better if this could be reduced further.
3. Administrative support – a simplified job application pro forma is in development. People need support to complete the administrative components of their role.

There is an Aboriginal voice register which records any concerns that arise, and many of the workforce issues are passed to the Strategic Workforce Advisory Committee. There has been a very positive response from Aboriginal managers and staff to the Committee because it's been able to provide support, and people feel listened to. The Committee has been able to identify issues that the Department was not aware of. The next workforce strategy for 2019-2022 is now in development and will include visits to different regions to evaluate the current strategy. There is a desire to simplify the language in the strategy with two columns: 'What do we want?' and 'How are we going to do it?'. NT Aboriginal and Torres Strait Islander Health Practitioner Awards have been implemented, and an Aboriginal Health Practitioner orientation package developed and trialled with Aboriginal Liaison Officers. Planning is underway to identify workforce requirements in each community e.g. trainees, allied health etc.

Panel discussion

There is a new NT health information management system in development which will integrate systems. Australian Hearing is a big stakeholder for the NT Hearing Services program. The group discussed Communicare and whether services can view/input data. The biggest challenge will be integrating the hospital systems.

There are opportunities for further collaboration between health and education, and participants expressed interest in the various perspectives presented throughout the morning session.

Workforce retention and support is difficult and challenging - it needs to be well thought through and utilise the best evidence including appropriate workforce support models. Direct employment by stakeholders is a new model. Referral pathways will need to be very clear as there is a large turnover of staff. Integrating with early childhood programs such as Families as First Teachers may be beneficial. It will be important to get parents involved to ensure children are being looked after at all levels.

Sharing information at forums is very important because there are lots of good initiatives, ideas and suggestions. The Primary Health Care workforce is very aware of the challenges, complexities and issues, and it will be important to integrate the Hearing for Learning Program with the core framework for Primary Health Care to ensure its sustainability. There are many benefits and complexities to the program and AMSANT would like to play a role in shaping, to ensure the best possible chance of success on the ground.

Understanding the cultural requirements for all health professionals, and their training and development requirements is important. The program will need to take a community-specific approach and is more likely to succeed with the involvement of existing Aboriginal Health Practitioners.

It will be important to ensure the new workers feel at home in the schools – this will be both a strength and challenge for the program. Good training and appropriate candidate selection will be important factors in teachers' perceptions of the workers and their willingness to be involved in the program, and subsequently the workers' job satisfaction.

Aboriginal Health Practitioners and community workers are asked to do a lot of different roles. In some communities, cultural advisors have been employed to advise health staff on cultural matters including kinship systems, family dynamics and language.
Locally-based planning with key stakeholders will be important to map expectations about the job descriptions, potential problems and barriers, appreciation of roles etc. There have been examples of clinics refusing to accept advice and information from Aboriginal Health Practitioners. Training sessions run regularly in Primary Health Care and schools may assist in integrating the positions.

The Aboriginal and Torres Strait Islander Workforce Advisory Group's progress on workforce planning is great. Some of the challenges will be around the clinical competencies, and how this program intersects with Commonwealth hearing assessment program. It is important that teams from the various program are coordinated and that communities and patients are not subjected to anxiety and stress. Services need to be integrated and sharing information will be important. Amanda Leach confirmed there will be plans drafted and groups established to provide advice and strengthen partnerships.

Comments from the audience

- There are significant opportunities to utilise new diagnostic technology as part of this program.
- Further discussions are needed on who the employer will be and how this impacts on the Australian Government's Community Development Program and other employment programs.
- Poor hearing has an impact in the employment setting as well – it will be important the training program considers hearing loss among potential candidates and the use of non-verbal interpersonal communication skills. The whisper test and Australian Hearing telephone apps may be good resources.

- During the recruitment process, the program should consider culture leave, ceremony leave, and role sharing.

Community engagement workshop session

Key themes	Audience rating
Ensure community 'buys in' and has ownership, engage community leaders, be flexible. "Nothing about us without us!"	●●●●●●●●
Undertake community mapping – what is there already? What has there been before? What does the community want? How does this project fit?	●●●●●●
Instill good hearing access practices across the sector. Have listening devices at meetings. Consider buying a portable Soundfield system.	●
Use language and content relevant to the community needs. Resources should be accessible to the community. Consider co-teaching with interpreters. Consider how best to communicate medical terminology.	●
Emphasise the benefit of the training and employment opportunity – be open to feedback on what the community is interested in.	●
Foster a group of ear champions in each community. Use strong women's groups, Councils, elders to communicate about the program. Team up with community events that have high engagement already.	●
Seek community advice on recruitment and mentors. Establish a process to get the right people, with real interest, and the skills and credibility.	●
The program presents an opportunity to provide deaf/hard of hearing people with employable skills. The training package should accommodate deaf/hard of hearing people.	●
The program may provide opportunities for people with chronic hearing loss to tell their story.	●
The program presents an opportunity to provide deaf/hard of hearing people with employable skills. The training package should accommodate deaf/hard of hearing people.	●
People may not engage with the training if employment opportunities are not guaranteed beyond the program, research/program 'fatigue'.	●●●●●
There are multiple projects happening in communities – competing time/resource demands.	●●●
Collaboration between current services in communities	●●
The program needs to understand the needs of communities, cultural responsibilities etc.	●
The program needs to consider appropriate people in communities to talk to initially – who are they and how are they identified?	
The program needs to consider what the community priorities are – hearing may be a low priority.	
The new training program offers an opportunity for continuous quality improvement and will add capacity to support hearing health. Start small, seek feedback.	
Use technology – iPads, apps, cartoons.	
The program needs to consider how to communicate better about the impact of chronic hearing loss.	
Create teamwork opportunities – encourage diversity within team.	

Ensure governance structure is competent and has clear pathways of communication and influence (both ways).	
Consider job sharing arrangements.	
The program presents an opportunity to educate and raise awareness about research and data collection, and why it is important. Research = service.	

Integration with existing services workshop session

Key themes	Audience rating
There are already existing structures of employment eg early childhood centres, schools which can support the trainees.	●●●
Mutual training benefits for different program participants eg FaFT, AHPs, NT Hearing Health Services	●●
Clinical/non-clinical interface – making sure this works. Consideration of the skills needed to use equipment and other technology, community infrastructure. Engage services and seek their feedback on training.	●
Complementary to Primary Health Care workforce.	●
Community consultation will be important to ensure services aren't doubling up – listen to the community	●
The program offers the flexibility for the trainee to be based in the setting that best meets the community needs.	●
Sharing information across multiple providers – the different services could be confusing for people and there may be mixed messages.	●●●●
The data requirements of the program and data entry may be a constraint.	●●●●
Referral pathways will need to be clear, and an understanding of 'who's doing what'. Prevent duplication of services and assessments, and ensure children are *treated*.	●●●
How will information be shared between communities for children who move frequently.	●
Finding the right mentors may be a constraint – Families as First Trainers may be a good resource/support	●
The workforce investment is minimal.	●
What information will be recorded eg status of ears etc. What happens if something outside of ears is detected eg domestic violence?	
Aboriginal Health Practitioners should work alongside the trainees.	
High turnover of staff and ongoing re-education are constraints.	
How to measure integration? School attendance and clinical outcomes.	
0.25FTE employment may impact on Community Development Program eligibility	
The step-wedge design may mean timing is an issue – will communities be ready when their turn comes up? If a community joins late, is it worth it?	
Community ownership of the program is important.	
Include deaf and hard of hearing people included in the program as consultants, employees and service providers.	

Training model workshop session

Key themes	Audience rating
The program aims to create an 'Aboriginal-led' initiative/service.	●●●●●●

The program will deliver confidence and competency, community inclusion and capacity building, and local decision making.	••••
The program creates an 'in community' employment opportunity and aims to develop a competent workforce and shift in workplace attitudes.	•••
The training program will need to be flexible, respectful of cultural responsibilities and appropriately tailored. It should focus on learning by doing and include reflective practice and activities. The community should determine where the training takes place.	••
The curriculum should complement existing training opportunities.	••
The program aims to build respectful and cooperative relationships.	•
The program creates an opportunity to empower women.	•
Position description: - Health promotion - Ear and hearing champion - Culturally appropriate and recognized by community	•
The Cert II may not meet the high skills and knowledge needed for this position.	•••••••
The employment model and pathway will need to be determined.	••
A Cert IV minimum is required but job descriptions will need to be better clarified – perhaps Cert II progressing to Cert IV with clear pathway including the skills and knowledge required for the eventual position.	•
Cross-cultural communication, both ways.	•
Minimal competencies including minimum LLN level will need to be made clear – trainees will need the ability to access content, communicate with the project team and communicate with the community.	
Resources will need to be relevant to the trainees (in their language/cultural context).	
Ultimately the goal is for trainees to be able to conduct an ear exam, tympanometry and document the results (computer literacy required).	
Trainees will need strategies to engage with educators to discuss support for students.	
Trainees should be enrolled by unit, rather than the whole course.	
Preparing people to succeed will be a challenge.	
The 'learner' is at least 2-3 levels: trainee; children/families/parents/adults in the child's life. More than one trainer may be required.	
There may be opportunities to engage existing Aboriginal Health Practitioners and update the AHP training package to include ear skills, as well as former participants of other training programs.	

Next steps

- Thank you for participating.
- A summary report will be distributed, and a position description for the Ear and Hearing Clinical and Education Support Officers will be developed.
- Working groups will be established to guide the program's development and expressions of interest are welcome.

The workshop closed at approximately 4.12pm.

Appendix 1 - FEBRUARY 14, 2019 STAKEHOLDER WORKSHOP EVALUATION RESULTS

ATTENDANCE

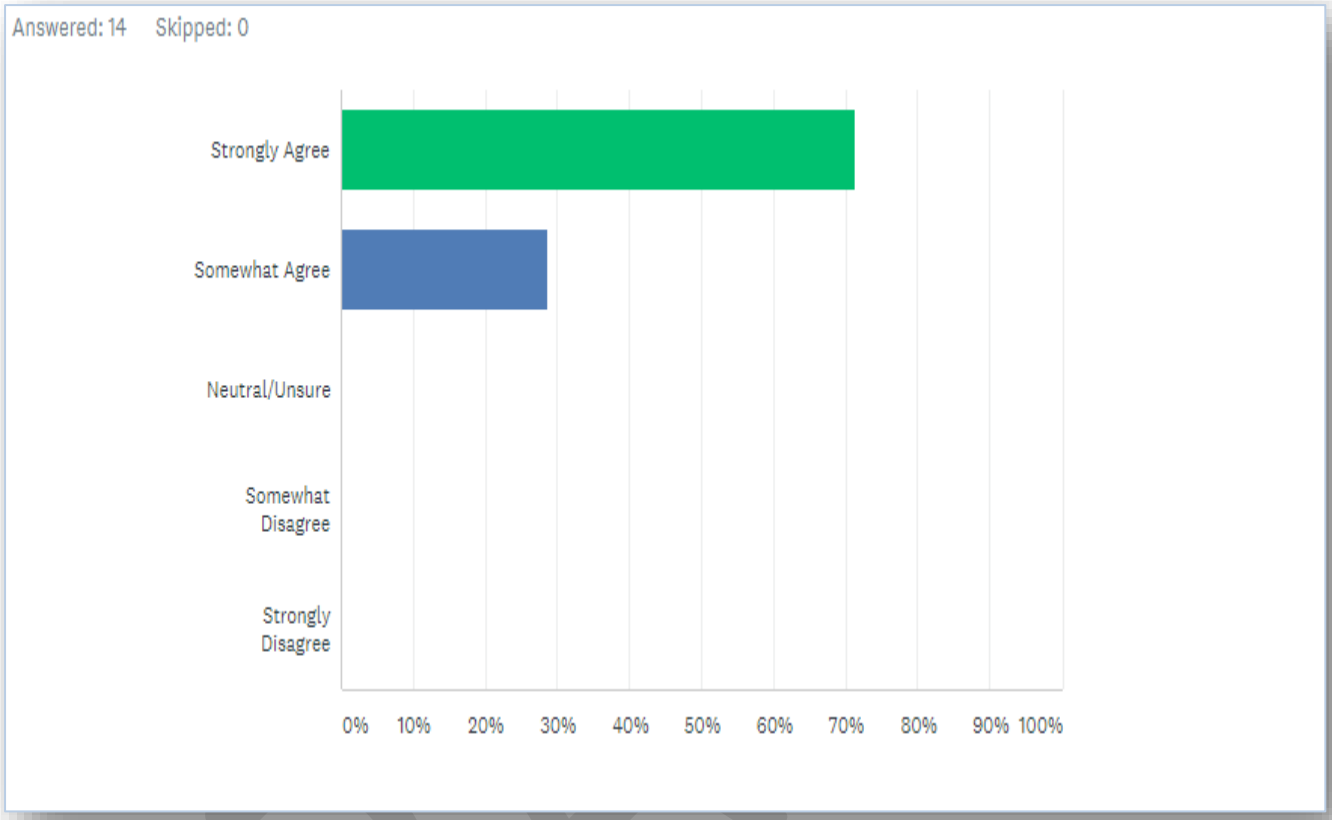
The following are the accumulated results from the evaluations completed by workshop participants. A total of thirty-six (36) people attended over the course of the full day workshop. Eight (8) attendees did not sign the attendance register. Three (3) participants attended via video conference.

WORKSHOP EVALUATION

The Workshop Evaluation had ten (10) questions which allowed for collection of suggestions, comments and feedback on the workshop and the HfLI project. Due to participants departing the workshop throughout the course of the day, not all participants were able to be provided with a Workshop evaluation form. Post workshop a survey monkey link was provided via email and participants were requested to complete the evaluation online. On average the evaluation was completed in under four minutes. Only fourteen (14) people completed either the online or hardcopy evaluation form from the total of 36 participants.

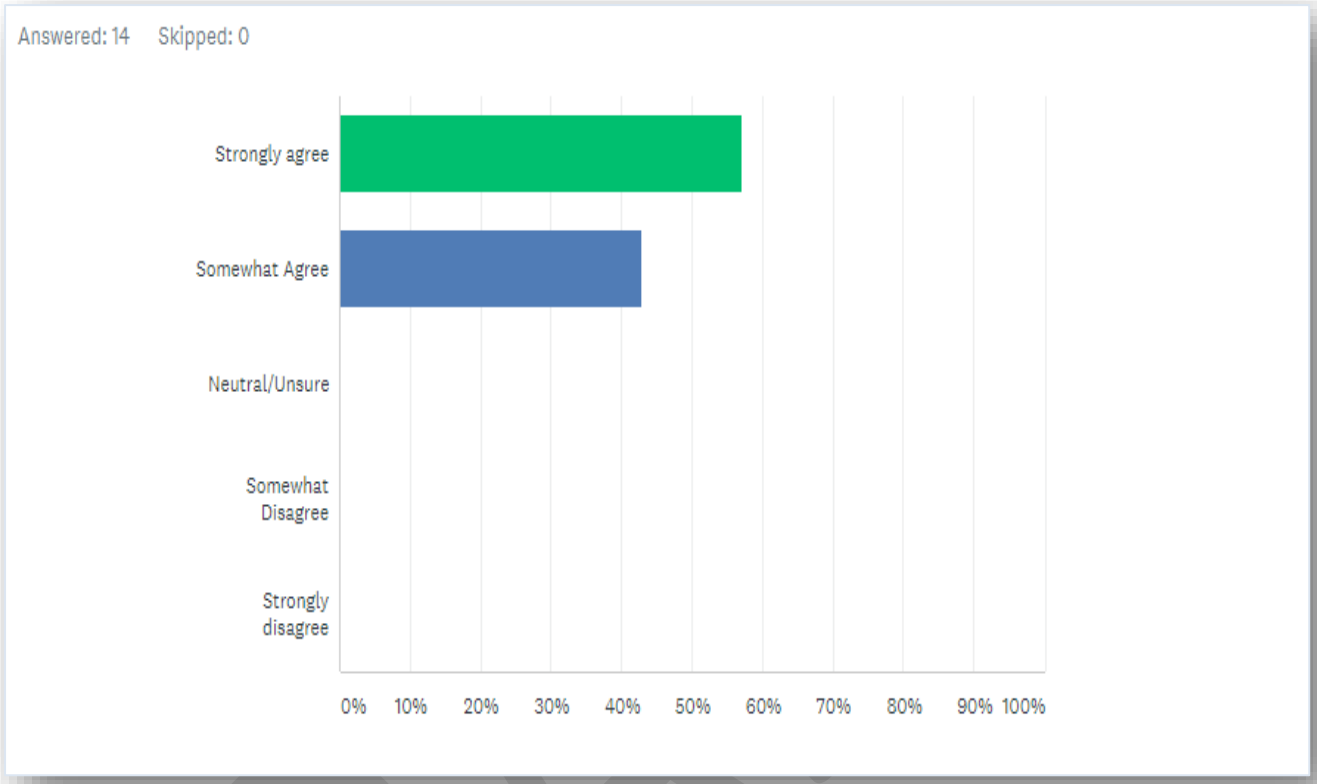
STAKEHOLDER WORKSHOP EVALUATION RESULTS REPORT

QUESTION ONE. Today's presentations were informative



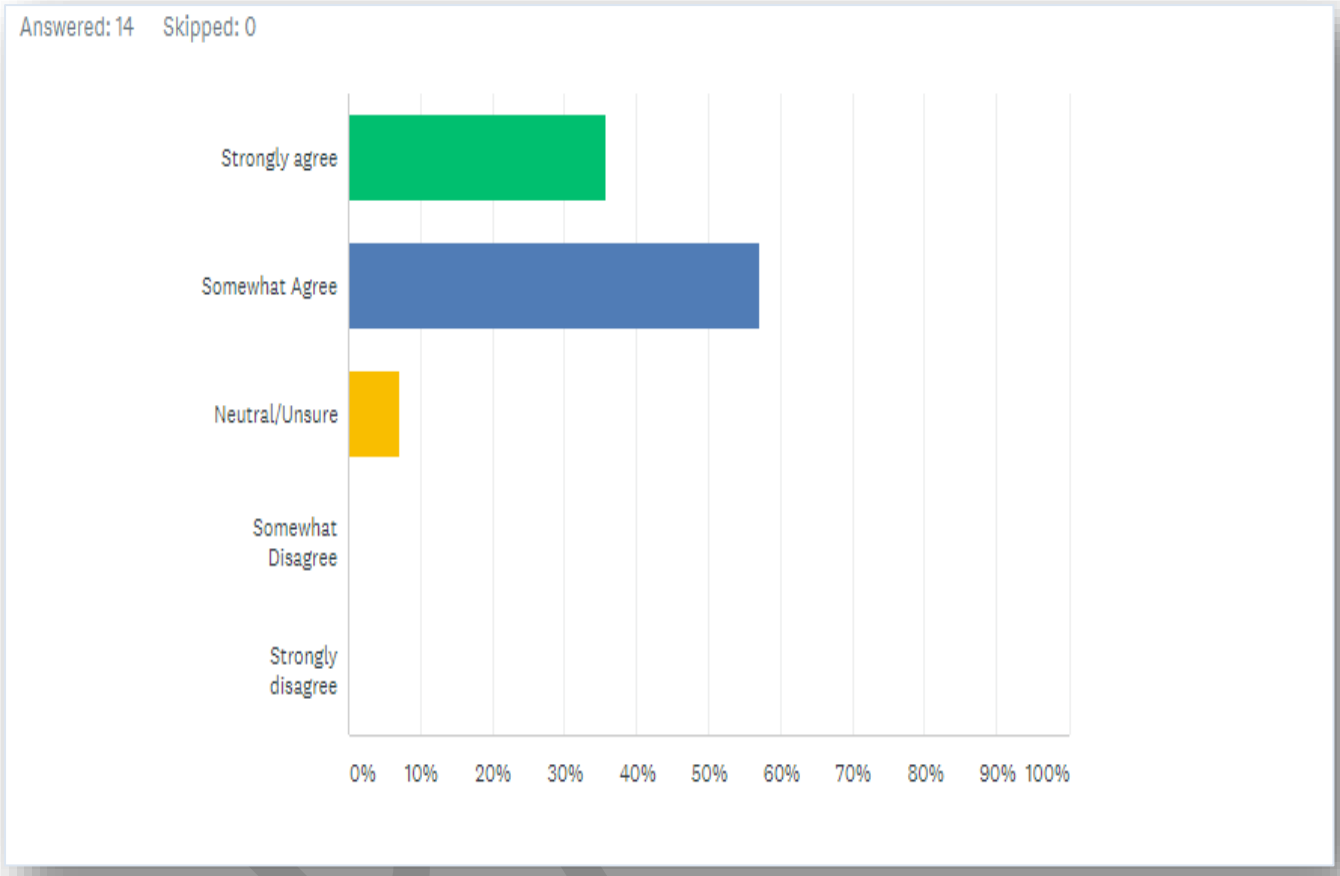
ANSWER CHOICES	RESPONSES
Strongly Agree	71.43% 10
Somewhat Agree	28.57% 4
Neutral/Unsure	0.00% 0
Somewhat Disagree	0.00% 0
Strongly Disagree	0.00% 0
Total Respondents: 14	

QUESTION TWO. I have an increased understanding about the Hearing for Learning Initiative



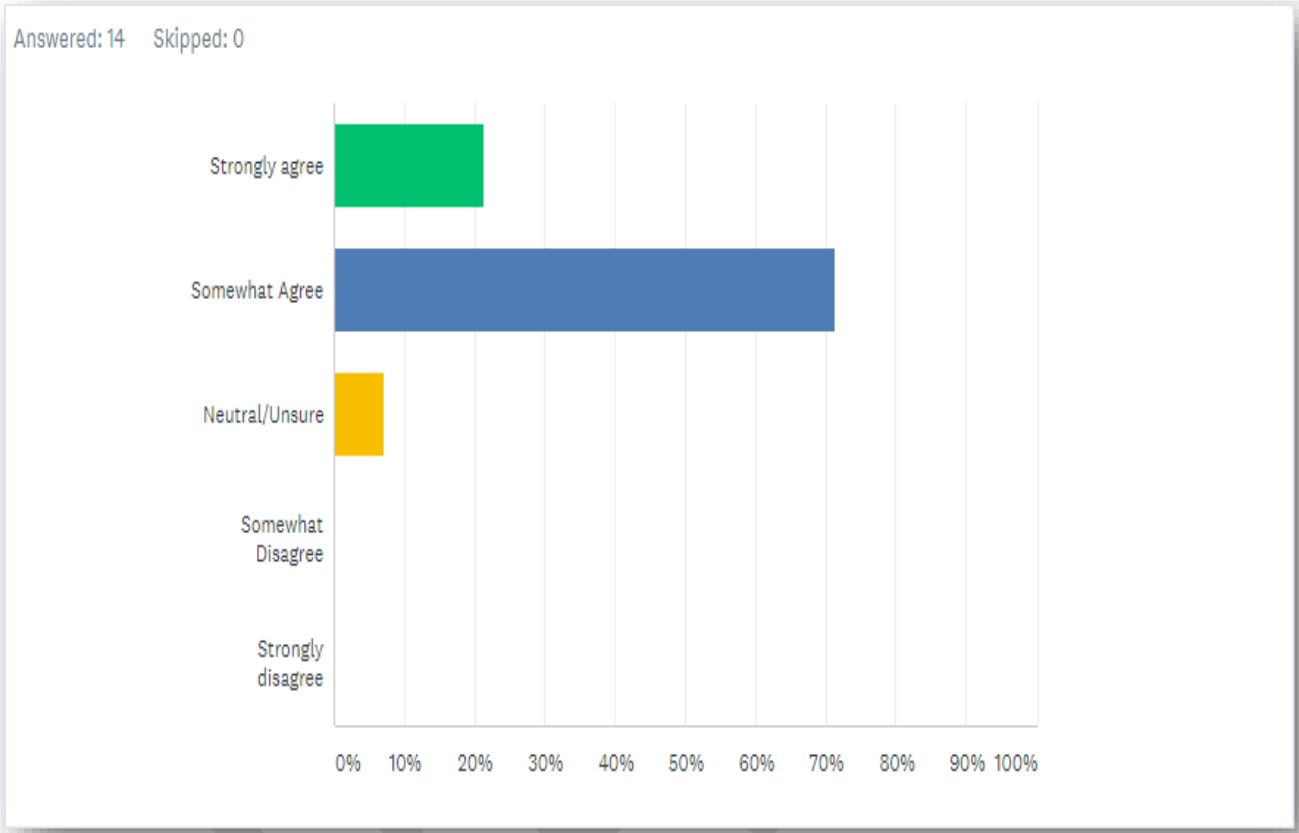
ANSWER CHOICES	RESPONSES
Strongly agree	57.14% 8
Somewhat Agree	42.86% 6
Neutral/Unsure	0.00% 0
Somewhat Disagree	0.00% 0
Strongly disagree	0.00% 0
Total Respondents: 14	

QUESTION THREE. The information provided today demonstrates that the Hearing for Learning Initiative will be engaged with the Community



ANSWER CHOICES	RESPONSES
Strongly agree	35.71% 5
Somewhat Agree	57.14% 8
Neutral/Unsure	7.14% 1
Somewhat Disagree	0.00% 0
Strongly disagree	0.00% 0
Total Respondents: 14	

QUESTION FOUR. I feel confident that the HfLI will improve employment for people living on country



ANSWER CHOICES	RESPONSES
Strongly agree	21.43% 3
Somewhat Agree	71.43% 10
Neutral/Unsure	7.14% 1
Somewhat Disagree	0.00% 0
Strongly disagree	0.00% 0
Total Respondents: 14	

QUESTION FIVE. What was the most worthwhile thing you will take away from attending the Workshop?

14/14 responses

1. Understanding the project and listening to the different range of guest speakers
2. I found the workshop sessions especially useful
3. Understanding of the project, although the focus is on workforce when that is a small component of the project.
4. Meeting other stakeholders who were invited to the workshop. Very pleased to see such a variety of people included.
5. Understanding the various stakeholders engaged in the consultation. Having the opportunity to workshop ideas and network with others in the hearing health space.
6. Afternoon workshops - questions and considerations for all stakeholders.
7. The concept of the project, great consultation and community engagement process, working together to make this initiative successful, opportunity to input both positive and concerns (reality check) and discussions around Aboriginal employment and challenges
8. The presenters each gave a unique perspective on the challenges involved and all acknowledged the need for community engagement.
9. The input from the range of stakeholders, covering a wide range of perspectives.
10. The thing that I'll take away from this workshop is just the knowledge and information that everyone has on this up and coming project.
11. Meeting staff involved with the project
12. Information sharing Key players in this space A clearer sense of direction
13. Conversations with stakeholders and a gained understanding from them.
14. Excellent new initiatives to increase opportunities and support for Aboriginal Employment.

QUESTION SIX. What do you see as the major benefits of the HfLI Project?

13/14 responses - 1 Did not give a response

1. Employment and training of the Local Aboriginal community residents and training which will give them great skills. Ensuring that ear heath is identified and managed in the communities and the great long-term benefits of this project for Aboriginal people.
2. Local employment and increasing skills and knowledge around ear and hearing health
3. Opportunity to engage communities but to me will the $$$ show the benefits and IMPACT.
4. Employment opportunities and educational opportunities for people living in the communities.
5. The Cross-sectional collaboration -Opportunity for training and certification of community workers involved in the project.
6. More ear health and hearing support, identification, engagement with management/treatment for kids and families.
7. Major benefit is giving the community opportunity and support to take responsibility of the ear and hearing health of themselves and their community members.
8. Potential to improve health/educational outcomes in the younger generations, Potential to provide job opportunities/training in communities, Training and employment - capacity building within communities
9. More effective ear health/hearing pathways for children >reduced OM/CHL and improved attendance and engagement in schools.
10. The major benefits will be improving employment Aboriginal people living on country
11. Strong stakeholder engagement Clearer understanding of bigger picture More investment in ear health
12. Community involvement in initial consultation and the right to say "no, it doesn't suit us" = participation by those who want the outcomes for the community.
13. An Opportunity for an Indigenous-led program that could improve Child Health and increase employment opportunities.

QUESTION SEVEN. Is there any information about the HfLI that you would like to learn more about or other topics you would like to hear about in future sessions?
14/14 Responses

1. The progress of the project.... what works well what isn't working well and how these issues have been addressed. The community support and training and employment issues. The outcome and the long-term benefits.
2. The Cert ll
3. It needs to be clear WHO employs and supports this workforce. Their role and capacity to work alongside PHC.
4. The "how" of engaging with communities about the initiative - how it will be presented and what messages/information will be given.
5. Responsibilities of the Hearing for Learning Initiative workers in the community clearly outlined.
6. How are you going to get community members engaged and ideas for sustainability?
7. Regular updates on how the project is progressing.
8. I would like to know more about how it could be worked out and how information and collaboration will occur with other hearing health providers and educators.
9. It would be good for this group today to get a response to the afternoon workshops and the opportunities/risks mentioned. Some of these may already be in the design, and others could be acknowledged and flagged for consideration and input into the design.
10. None that I can think of at the moment.
11. Community engagement plan outline - Plan for training
12. Be good to get power points and other relevant documents sent
13. How understanding of Hearing Loss will be included & demonstrated as best practice even in initial conversations with communities.
14. Practical ways of working with other service providers.

QUESTION EIGHT. Do you have any suggestions to improve future sessions?

11/14 Responses – 3 Did not respond

1. It would be good to tap into other forums and do presentations and updates of the project
2. No
3. It was good to have a range of speakers, but many questions remain in the development and sustainability? How will this be Aboriginal led?
4. A little more time for when the workshop will happen. Need more notice due to other work commitments.
5. Include representatives from some communities, as input even in this initial stage will be beneficial and inclusive.
6. The format of today's session was good.
7. I would like to see more participation of Deaf/Hard of hearing and Indigenous people included in these kinds of workshops.
8. To include community representative/s
9. No, I don't.
10. Early information on what is expected of organisations participating
11. Discuss how the HfLI might be delivered in different communities. What does a typical day look like?

QUESTION NINE. Are there better/other ways of sharing information about the HfLI? Please advise.

10/14 Responses – 4 Did not respond.

1. Through TEEBA radio that reaches a huge number of Aboriginal Communities. Social Media....information handouts at TEHS on National Aboriginal celebrations events like close the Gap Day...
2. No
3. E- news - perhaps a monthly newsletter which could go out to inform stakeholders of where things are at.
4. Newsletters and emails
5. Give permission to share information about the program, workshops and information sessions online and on social media. The people who came today have contacts and can share.
6. F2F sessions when needed, interspersed with information sharing via email/newsletter/report style in between.
7. Not quite sure.
8. Information pack that can be shared
9. The Open discussions in forums gave opportunity for concerns to be voiced but also possible solutions to be considered so perhaps more time for these future sessions.
10. Email.

QUESTION TEN. Are there any further comments?

9/14 Responses – 5 Did not respond.

1. What a great project and looking forward to seeing the great outcomes of this project... happy to discuss or provide further information to the evaluation sheet. Very interested to being on a working group!
2. No
3. Please see above.
4. Look forward to working closely with the teams.
5. Thanks for an informative day.
6. Thank you :)
7. None that I can think of.
8. Importance of continued consultation with interested stakeholders as new concerns and ideas will continue to arise as more about the project is known.
9. Well Organised - Thank you!