Improving Aboriginal Children’s Ear Health

Western Australian Auditor General’s Report Community Edition

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Improving Aboriginal Children’s Ear Health

This booklet was developed by the Office of the Auditor General to share with the community what we found when we audited whether government entities are doing a good job in helping Aboriginal children and their families with ear health and hearing problems.

This booklet was developed with the assistance of Aboriginal Performance Auditor Russell Butler, who was part of the team that did the audit.

Who are we?
We are the Office of the Auditor General (OAG). We are an independent office that checks if government entities are spending taxpayers’ money properly. We also look at if state government services are achieving good results. We do this by conducting audits. We report directly and independently to Parliament, and are not directed by a Government minister.

What is an audit?
An audit is a thorough look at how well an organisation or entity is doing what it is meant to do. The way we do audits is to:

- talk to staff who manage programs
- talk to people who use government services
- check the financial accounts and records of entities, to see how much has been spent
- review data departments keep about what they have done and how well it worked.

Are there different types of audits?
Yes, and we mainly conduct 2 types of audit:

Financial audits look at if entities are managing and reporting how they spend the money given to them by Parliament correctly.

Performance audits look at if government services are working well and deliver good results for people.

Why look into Aboriginal children’s ear health services?
We did a performance audit into Aboriginal children’s ear health services because:

1. Otitis Media (OM) & Chronic Suppurative Otitis Media are very serious ear health issues that are affecting Aboriginal children more than non-Aboriginal children
2. we wanted to know if the services to improve Aboriginal children’s ear health are working well.

Who did we speak to?
Our main focus was on government services, so we spoke to:

1. The Department of Health (DoH) – this department is the overall manager of health services in WA.
2. The Child and Adolescent Health Service (CAHS) and the WA Country Health Service (WACHS) are the two health service providers that deliver most of the ear health services that we looked at. We refer to CAHS, WACHS and DoH as WA Health.
3. **The Department of Communities (DoC)** – this department runs public housing, including in remote communities. Housing conditions can play a big role in ear health.

4. **The Department of Education (DoE)** – this department is in charge of schools who help children with ear problems and hearing loss to learn.

We also spoke with Aboriginal Community Controlled Health Services, non-government organisations, Aboriginal people using ear health services and people working in the area across Western Australia.

**What is the problem with Aboriginal children’s ear health?**

Otitis Media (OM) is an ear infection that occurs deep inside the ear. Nearly all children will experience OM before they turn 3 years old. Some children feel pain and have sore ears, but for other children there is no clear sign they have OM.

Aboriginal children experience OM more often and suffer longer than non-Aboriginal children.
cause fluid to leak out. If this happens then the child may end up not being able to hear very well.

Even if a child loses their hearing for only a short time, this can cause problems in other parts of their life. It can slow down how a child learns to speak and make it hard for them to learn properly at school and at home, make friends, ask for help or even buy things from a shop. If a child cannot read or write, it can be hard to get a job and participate in community later in life.

Aboriginal culture and traditions are passed-down to future generations by talking and listening. Children with poor hearing will find it harder to learn about their culture and traditions if they have sore ears and cannot hear when they are little. This will make it difficult when trying to fit in with your mob and other communities. For Aboriginal people, being strong in culture and traditions strengthens spirit, which is important to physical, mental and emotional wellbeing.

**What we found**

The key findings were:

1. WA Health does not track or measure the rate of OM in Aboriginal children across the whole state, and doesn’t know if efforts to reduce the discomfort and seriousness of ear disease are working. Researchers, government and non-government organisations all collect information, but this information is hardly ever shared. This makes it difficult to measure what programs work best and where, and to provide a clearer picture of OM in WA.

2. Early detection and treatment is the most effective way to avoid hearing loss and developmental problems, but WA Health are missing key opportunities to find out if children have OM.

3. Universal Health checks are the main health screening program for children up to 4 years old. We found that:
   
   - the checks do not focus on ear disease and there is no physical check inside the child’s ear.
   - the checks don’t reach enough Aboriginal children
   - testing children when they start school can be too late because they often already have some hearing loss that makes it harder for them to understand what is said to them and to learn
   - the Enhanced Aboriginal Child Health Schedule (EACHS) program was designed for Aboriginal children and works well, but not many Aboriginal children get these checks.

4. Services are often difficult for Aboriginal families to use because they have not been designed with Aboriginal people. This limits how many Aboriginal children get treated for ear problems. Aboriginal families told us:
   
   - that the system is often hard to use, especially when they are sent from one service to another
   - they believe that seeking care for persistent ear problems could result in them being ‘reported to child protection’.
5. There is an ear health strategy, but WA Health has lots to do before it will start making a big difference. Entities need to work together to put the strategy into action.

6. There are good examples of how changing the way services are delivered can make it easier for Aboriginal families to use. An example is the Pina Karnbi pilot project in Kalgoorlie that checks children’s ears whenever they come in for their immunisations, and a nurse helps families to get to services if a problem is found.

What is going to change?

As part of the audit, we made some recommendations to WA Health so they can improve how they monitor and treat OM in Aboriginal children:

1. All entities working in the Aboriginal children’s ear health space should actively work together to progress the priorities of the **WA Child Ear Health Strategy** by:
   
a. Agreeing and assigning accountability – this means all services and entities agree to work together and make clear who is responsible for the different actions that are needed to improve Aboriginal children’s ear health.

   b. Regular public reporting on progress and results of the relevant areas of responsibility in the strategy – this means all services and entities report on their progress and results from their areas of responsibility in the strategy.

   c. Formally agree data sharing arrangements – this means all services and entities agree that any information collected about an Aboriginal child’s ear health within WA is to be kept secure and made available to other services and entities that work with Aboriginal children and their families experiencing issues with OM.

2. All services must work with Aboriginal people and their communities to ensure that services are culturally appropriate for Aboriginal children, their families and respective communities.

3. Existing contact with Aboriginal families should be used to increase early detection of OM through opportunistic ear checks. This should include offering all Aboriginal children physical ear checks through the Universal Child Health Checks or equivalent.

Please note it is not the OAG's role to make sure the services make these changes. The Public Accounts Committee of the WA Parliament is able to follow up with entities on whether they have implemented our recommendations.

Is my child at risk?

All young children are at some risk of OM, and most will get an ear infection at some point.

Spotting this and getting treatment early is really important.

So if you think your child might have an ear infection or need help with their hearing, please contact your doctor, or get in touch with your local Aboriginal Health Service.

If you want more information about the audit report

The full audit report is available from our website: [www.audit.wa.gov.au](http://www.audit.wa.gov.au)
References

1 Westphal, D., Lehmann, D., Richmond, P., Lanningan, F., Williams, S., Moore, H. Epidemiology of Otitis Media hospitalisations in Western Australia: a retrospective population cohort study (1996-2012). Telethon Kids Institute, National Centre for Epidemiology and Population Health, Australian National University, School of Paediatrics and Child Health, University of Western Australia, Princess Margaret Hospital for Children


