



Deafness Foundation

25 January, 2017

Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600 [Via Email: ndis.sen@aph.gov.au]

Dear Mr McNally

Re: The provision of hearing services under the National Disability Insurance Scheme (NDIS)

We thank you for the opportunity to provide a submission into the provision of hearing services under the NDIS.

Deafness Foundation is a not for profit organization that was established in 1974. The Foundation aims to improve well-being and promote equality for people who are deaf and hard of hearing by focusing on access, awareness, diagnosis, treatment and prevention. Since its inception, Deafness Foundation has been active with programs focused on reducing the incidence of hearing loss in the general population. These areas include:

- Noise Induced Hearing Loss in adults and young Australians
- Conductive hearing loss and its role as one of the causes of Central Auditory Processing Disorder
- Permanent childhood hearing loss caused by maternal Rubella and maternal Cytomegalovirus.

The Board consists of members that represent a broad cross-section of the community and includes individuals with experience in the deafness sector, education, finance and the media. We have Board members who have a lived experience of deafness, and members who are parents of children with additional needs. This submission contains the Board's recommendations in addressing the terms of reference for the inquiry into the transition to the NDIS and the delivery of services under this scheme.

Noise Induced Hearing Loss (NIHL), Preventable hearing loss, Conductive Hearing Loss and Central Auditory Processing Disorder (CAPD).

1. The eligibility criteria for determining access to, and service needs of, deaf and hearing impaired people under the NDIS.

Deafness Foundation is concerned that degree of hearing may be an eligibility criteria for accessing hearing services under the NDIS. We have heard that a moderate or greater degree of hearing loss (average hearing loss of greater than 40 dB) is being considered as an eligibility criterion which would exclude individuals with a mild (average hearing loss of between 20 – 40 dB) and unilateral hearing loss (hearing 0-20 dB in the better ear, hearing loss in the poor ear). The position of Deafness Foundation is that this strategy is not evidence based, and individuals with a mild or unilateral hearing loss should also be able to access hearing services through the NDIS.

- This would provide continued support for children and young people up to the age of 26 years who have a mild or unilateral hearing loss and currently receive hearing services through the Office of Hearing Services Community Service Obligation (CSO) program.
- This would be consistent with the current eligibility criteria for hearing services under the Office of Hearing Services Voucher Scheme for adults which uses a criterion of an average hearing loss of greater than 23 dB (and average hearing loss of less than 23 dB if other criteria are met).
- There is a large body of evidence (e.g. Bess, Dodd-Murphy and Parker, 1998; Porter, Bess and Tharpe, 2017) indicating that a mild or unilateral hearing loss can affect children's academic achievement and quality of life.
- More than half of the current paediatric clients receiving hearing services through Australian Hearing have a mild hearing loss (Australian Hearing, 2015) so excluding these children from receiving support could have a significant impact on educational outcomes for hearing-impaired children.
- It is unclear that the arrangements for current CSO clients will also be in place for future eligible CSO clients.

2. Delays in receiving services, with particular emphasis on early intervention services

Deafness Foundation has also heard (through Board members professional links to organisations that work with families of newly diagnosed infants) of delays occurring in the provision of early intervention services for babies diagnosed with hearing loss through the Newborn Hearing Screening program. Our understanding is that the delay was caused by the family not yet having an NDIS plan in place, and that a plan was required before services could be provided because retrospective payment was not allowed under the NDIS.

This issue could be resolved in one of two different ways. Firstly, by allowing early intervention services to be provided immediately after the diagnosis of hearing loss has been confirmed and allowing payment for these services to be claimed through the NDIS retrospectively. Secondly, by allowing families of newly diagnosed children, and children under 7 years of age, to be seen solely by Australian Hearing, for the Better Start model of funding to be continued for this age-group, and for services provided by Early Intervention Agencies to continue to be able to be provided without the need for an NDIS plan. Deafness Foundation prefers this second option.

- The diagnosis of hearing loss for a child can be an emotionally stressful time for families and decisions regarding service providers can add to this stress.
- In addition, the majorities of parents in this situation have had no prior experience of hearing loss and may not be in a position to make these decisions this early in their journey.
- The needs of young children can change quite quickly and the current Better Start funding model allows families the flexibility to purchase equipment and/or services as the need arises, rather than be locked into a fixed NDIS plan.

3. The accessibility of hearing services, including in rural and remote areas

Deafness Foundation strongly believes that all hearing-impaired Australians should be able to access hearing services regardless of where they live. The provision of services to people in rural and remote areas is more costly because of travel needs and the training requirements of staff, particularly those visiting Aboriginal communities, and it is critical that funding for this is included. Other considerations are the opportunities for tele-practice which should also be investigated, and the monitoring of quality measures to ensure equitable services are provided for those in rural and remote areas at the same

level as for metropolitan areas.

4. The principle of choice of hearing service provider

Deafness Foundation supports the principle of choice of hearing service, but we feel that for families of newly diagnosed children and children under the age of 7 years, hearing services should be provided by Australian Hearing. A component of these services should focus on parent education and self-advocacy. Once the child has turned 7 years of age, families should be in a position to choose their hearing services provider. Monitoring of services including the qualifications of staff, the price of hearing aids, etc. should be conducted.

5. Any other related matters.

Deafness Foundation believes that hearing services for children with Conductive Hearing Loss and Central Auditory Processing Disorder should also be provided under the NDIS. Fluctuating conductive hearing loss, occurring as a result of middle ear disease, is common in childhood. Sound detection in such circumstances is temporarily affected by the presence of middle ear fluid, but importantly, long-term auditory processing deficits (severe enough to impact educational progress) can persist for years after the middle ear disease has resolved (Tomlin & Rance 2014). Hearing services are currently not provided for children in this group.

In summary, Deafness Foundation supports the government's initiative in introducing the NDIS, and that it should provide access to hearing services for all Australians regardless of the degree or type of hearing difficulty, or location.

Yours sincerely

Jennifer Coburn
Executive Officer
On behalf of Board of Management - Deafness Foundation

References

Australian Hearing. (2015). Demographic Details of Young Australians aged less than 26 years with a hearing impairment, who have been fitted with a hearing aid or cochlear implant at 31 December 2014.

Bess, F.H., Dodd-Murphy, J. & Parker, R.A. (1998). Children with minimal sensorineural hearing loss: Prevalence, educational performance and functional status. *Ear & Hearing*, 19(5), 339-354

Porter H, Bess FH, Tharpe AM (2017). Minimal hearing loss in children. *Comprehensive Handbook of Paediatric Audiology*. Tharpe Seewald Eds. pp 887-914. Plural Publishing, San Diego.

Tomlin, D., & Rance, G. (2014). Long-term hearing deficits after childhood middle ear disease. *Ear and Hearing*, 35(6), e233-e242.