

Questions on notice – Deafness Forum of Australia

1. The NDIA expects to release information on the proposed NDIS eligibility/access criteria for deaf and hard of hearing people in early in 2017.

- a. What should these criteria encompass?

Response: Reports from consumers indicate there has not been a consistent approach to providing access to the NDIS for people with hearing loss across Australia, so clear guidelines are needed for those who assess eligibility.

Some consumers and clinicians have been advised that eligibility for the NDIS is dependent on the person's average hearing threshold level. Eligibility for the NDIS should not be based on hearing threshold levels alone. This measure does not provide any information on the impact of the hearing loss on a person's ability to undertake activities, or participate in employment or socially. An average hearing threshold level can be misleading if viewed in isolation, especially if the person has other disabilities. When a person has their hearing assessed the determination of a hearing threshold level is only one component of the assessment process. Audiological assessment includes a broad range of information gathering including a discussion of the impact of the hearing loss on the person's functioning, a discussion of the individual's needs and goals, as well as a diagnostic hearing assessment to determine the degree and type of hearing loss.

Deafness Forum of Australia supports the holistic approach taken by the NDIS to determine eligibility for the Scheme which is based on the WHO International Classification of Functioning, Disability and Health, and would be concerned if this was replaced by an average hearing threshold level for people with hearing loss.

2. What consultation has occurred with your organisation in the development of these eligibility criteria?

Response: Deafness Forum of Australia has not been consulted in relation to eligibility criteria for the NDIS for people with hearing loss.

3. A number of submissions have expressed concern about the ongoing provision of services to deaf and hard of hearing people who are **not** eligible for the NDIS. What is your understanding of what/how services will be provided to those people not meeting the eligibility criteria?

Response: Deafness Forum of Australia has been advised by Ministers and by the NDIA and the Department of Health's Office of Hearing Services that people who are currently eligible for the Australian Government Hearing Services Program, and who do not transition to the NDIS, will continue to receive services under the Hearing Services Program. It is not yet clear if there will be

any changes to the way the services are delivered e.g., if Australian Hearing will remain as sole provider of services under the Community Service Obligations Program.

It is also not clear whether all existing groups will continue to be able to access services under the Australian Government Hearing Services Program in the longer term e.g., children who require hearing assessment services.

Also, the future of the outreach program for Aboriginal and Torres Strait Islander people who are eligible for services under the Australian Government Hearing Services Program is still not clear. The nature, type and degree of hearing loss that is prevalent in Aboriginal and Torres Strait Islander communities is such that it is unlikely that most of these clients will meet the access criteria for the NDIS. If these clients remain under the Australian Government Hearing Services Program, then services to children will be split between two program areas which could lead to inconsistencies and a two tiered service.

There will still be people who will miss out on government funded hearing services which is of concern. People whose hearing loss is not considered to have a significant functional impact will not meet the criteria for the NDIS. Unless these people hold a Pensioner Concession Card they will not be eligible for the Australian Government Hearing Services Program either. People on low income e.g., unemployed people, people in part time employment or those with low paying positions will still have to fund their own hearing services. They generally cannot afford to update their devices so they may miss employment opportunities or promotion due to the lack of financial support for hearing services. The NDIS and the Australian Government Hearing Services Program are wonderful programs for those who qualify, but there will be people in need who are left behind as they do not qualify for any funded supports.

4. The NDIA is developing a number of reference packages for use when plans are being prepared for deaf and hard of hearing people.

a. What, if any, consultation has occurred with your organisation in the development of these references packages?

Response: Parent groups and early childhood early intervention services have been included in an expert reference group to advise the NDIA on reference packages.

b. What should these reference packages include?

Response: The packages should contain sufficient funding to allow the participant to begin to access the supports they need in a timely way. For young children with hearing loss, the package needs to fund an early intervention program and audiology services, and interpreter services where indicated. For adults, it may need to include Auslan or other language interpreters as well support services. There needs to be an opportunity to review the plan within 6 months so that additional supports can be included once there is a clearer understanding of the needs of the participant. The critical issue to address with reference packages is to give the person the ability to quickly access the services they need and avoid delays that could occur through a potentially lengthy planning process.

5. A number of submissions have expressed concern that there is a significant amount of variability in experience and expertise between different planners involved in preparing NDIS plans for the deaf and hard of hearing. Are you aware of these concerns?

Response: There have been reports of significant variability in what is approved in a participant's plan. This may be due to the relative experience and expertise of the planner. It could also depend on the participant's ability to articulate their needs and goals so that the plan is comprehensive. This is a concern as not all participants are effective self-advocates and may need support to get through the planning process and ensure they receive the supports that they need.

6. The issue of funding has generated concern amongst submission authors, particularly in relation to the fairness and consistency of funding between plans. Are you aware of these concerns, or have any similar experience?

Response: People are still coming to terms with the concept of individual plans which will mean that there is not necessarily consistency between plans. However, there needs to be confidence that the difference in funding between plans is in no way related to the expertise of the planner or the participant's ability to articulate what they believe they need. That confidence does not exist at present. The reference packages, once confirmed, should provide a level of consistency across plans which can then be adjusted for individual circumstances.

7. Concerns have also been expressed regarding the actual cost of support services and assistive technologies versus the funded cost of support services and technologies. Are you aware of these concerns, and if so, what response would you provide?

Response: Early intervention education providers for children who are deaf or hard of hearing have expressed concern that funding levels for providers do not meet the true cost of delivering a quality service. Inevitably, this will lead to a reduction in services, and thus poorer outcomes for children. Adequate funding for service providers is needed to ensure services can focus on quality service delivery and positive outcomes for children who are deaf or hard of hearing and their families.

8. Concerns have also been expressed about inconsistencies in access to Auslan interpreters, both during the plan making process and in the subsequent plans. Do you have any concerns or experience in this regard?

Response: The Deaf Society is concerned by the variation it has observed in NSW and ACT in allocated hours and funding for medical interpreting for NDIS participants. It noted that in some cases there was no provision for medical interpreting in the package even though the clients provide information/evidence of previous medical appointments and hours of medical interpreting.

The Deaf Society has provided the following case studies:

- In one area, every eligible Deaf person had received a minimum of 25 hours of medical interpreting per annum. If a client was able to provide evidence that they have a significant number of medical appointments in previous years, their approved funding in the package reflected it.
- A Deaf person who had a meeting with Local Area Coordinator received 40 hours of medical interpreting as a result of providing evidence that they required medical treatment every two weeks with appointments longer than one hour in duration.
- Some participants did not receive any funding for medical interpreting services and were told that their other approved hours for interpreting needed to be accessed in the event that medical interpreting was required.

The Deaf Society asserts that some participants are worse off than before they entered the Scheme because of inconsistency in assessment and allocation of funding. It noted that the process for disputing funding takes up to three months and this has created higher level of stress for participants as they are heavily reliant on access to information especially for their medical appointments.

9. A number of submissions have highlighted a need for improved use of and funding for the delivery of services via tele-practice, especially to support people living in rural and remote communities. How can this be achieved?

Response: Early intervention services have well established programs to deliver services to children with hearing loss using telepractice. Some audiology services can also be delivered using telepractice but these programs are not widespread. Telepractice requires good internet connection, appropriate technology and clinicians and educators with the skill to deliver services in this way. For audiology services, it can also require clinical equipment and a less experienced clinician or a support worker to be with the client in order for some testing to be completed or to take an ear impression for a custom ear mould to be made.

There still needs to be an opportunity for the client to meet face to face with their educator or clinician as some assessments need to be done in person. A face to face meeting also provides the opportunity for children and their families to meet other children with hearing loss. This peer to peer support is vital for hearing impaired children and their families in building knowledge, resilience, self esteem and a support network for the future.

10. A number of submissions have expressed concern regarding the potential transfer of Australian Hearing into non-Government ownership. What do you consider would be the implications if such a transfer were to occur?

Response: The impact will largely depend on the decisions taken by the NDIA in relation to

- Contestability, particularly in the provision of hearing services to children
- Maintaining service access in rural and remote areas

- maintaining a culturally appropriate outreach program for Aboriginal and Torres Strait Islander people.

These services and programs are currently provided by Australian Hearing as the sole provider of services under the Community Service Obligations component of the Australian Government Hearing Services Program. Australian Hearing provides a safety net for more vulnerable groups.

If the NDIA decides that Australian Hearing should continue to provide these services as a provider of last resort, then it needs to be decided if that is best done as a government entity.

Australian Hearing currently provides independent advice to families of children with hearing impairment. This is highly valued by families. If Australian Hearing transfers to non Government ownership it is expected that this independence will be lost as the potential owners are likely to be affiliated with an early intervention service provider or a manufacturer.

If services to children become contestable then the loss of an independent service provider will probably occur regardless of whether Australian Hearing remains in government ownership. The most likely competitors to Australian Hearing in a contestable market will be the existing early intervention providers. Australian Hearing would not be able to compete with the “one-stop shop” arrangements that would be offered by early intervention services unless it also partners with an early intervention service, therefore losing its independent status.

If services that were previously regarded as Community Service Obligations become contestable then Australian Hearing will lose some of its client base and market share as other competitors enter the market. In order to create a level playing field and to allow Australian Hearing to remain competitive as a business, it will need to have access to the private market. This will need to occur regardless of whether Australian Hearing remains as a government entity.