

SUBMISSION TO THE JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

INQUIRY INTO THE PROVISION OF HEARING SERVICES UNDER THE NDIS

2 February 2017

Introduction

The Hearing Care Industry Association (HCIA) welcomes the Committee's consideration of this important issue and appreciates the opportunity to contribute.

HCIA represents hearing healthcare providers in Australia and works to deliver world-class hearing healthcare to all Australians. Our mission is to help those Australians who are suffering from hearing loss to achieve a better quality of life.

HCIA commends the bipartisanship within the Parliament that has been exhibited to date to help realise the NDIS. HCIA acknowledges the complexities and challenges associated with NDIS delivery and funding.

HCIA seeks a contestable environment for the provision of quality hearing care services to the NDIS, the maintenance of a role for government where it is best placed to do so, and the need for NDIS participants to be assisted as appropriate to make informed choices. We hope the Committee's recommendations will make a difference to the lives of those with a hearing impairment and who depend on the NDIS.

HCIA also notes that the House of Representatives is currently undertaking an Inquiry into *Hearing Health and Wellbeing in Australia* to which we have provided a comprehensive submission.¹ We ask that the work of each Committee informs that of the other so the parliament provides complementary and forms consolidated responses to Government that can only improve the likelihood of implementation.

There are still a number of recommendations that remain outstanding from the excellent work delivered by the Senate Community Affairs References Committee in 2010². We commend the report to the Committee so that it may also inform its deliberations.

The role of the Australian Government in Hearing Health

The Australian Government has been involved in hearing health since the 1940s. It contributes funding and provides services across a number of areas of Government including Health, Veterans Affairs, Human Services, Industry and Science **and the National Disability Insurance Agency**. State and Territory Governments also provide a range of services such as newborn

¹ A link to HCIA's submission to the House of Representatives Standing Committee is attached as Attachment A.

² *Hear Us: Inquiry into Hearing Health in Australia*, Report of the Community Affairs References Committee May 2010.

screening, hearing assessments through community health services, workers compensation systems, cochlear implantation surgery through public hospitals and school based hearing equipment.

HCIA members operate both in the private market and via the Government's Hearing Services Program. The Hearing Services Program was established under the Hearing Services Administration Act 1997. We believe it to be a highly effective policy that allows eligible clients to obtain services and hearing devices from their choice of any one of approximately 300 different service providers at approximately 3,700 different sites around the country.

Australian citizens or permanent residents 21 years or older are eligible under the Government's Hearing Services Program if they have a hearing loss and they fall into one of the following categories:

- A pension concession card holder or receiving sickness allowance from Centrelink,
- A holder of a DVA Gold card or a White card,
- A dependent of a person in one of the above categories,
- A member of the Australian Defence Force,
- **A NDIS participant with hearing needs referred by their NDIS care planner or**
- Undertaking a vocational rehabilitation program and are referred by the Australian Government Disability Employment Services Program.

As well as services being available through the Hearing Services Program, additional services are available from Australian Hearing through the Community Service Obligation (CSO) to clients with specialised needs. CSO services are available to groups who include:

A. People from the above eligibility groups who

1. Have complex hearing needs,
2. Are Aboriginal and/or Torres Strait Islander people, or
3. Live in remote areas.

B. Any Aboriginal and/or Torres Strait Islander person who

1. Is over 50 years of age, or
2. Is a participant in the remote jobs and communities program or the community development employment projects program.

C. Australians under 26 years of age, **including young NDIS participants.**

Payments are made to hearing service providers (including Australian Hearing) for the delivery of services under the Hearing Services Program. The services include hearing assessments, the cost of the hearing device and its fitting and a Government contribution to the maintenance and repair of hearing devices.

CSO services are only delivered by Australian Hearing, the sole government provider of hearing services. In 2015/16, the Office of Hearing Services provided \$65.3m to Australian Hearing to allow them to meet services under the CSO.

In 2015/16, around 690,000 clients received a service under the Hearing Services Program with approximately 1.2 million services being delivered. The average age of eligible clients was

77, with 89% of program clients aged over 65. The majority over 85% of clients in the Hearing Services Program are clients with Pensioner Concession Cards.

In 2015/16 the Government provided funding of \$406.29m to the Hearing Services Program.

The Hearing Services Program allows a new hearing aid every six years, unless there is a substantial change in clinical need, which has to be verified by a practitioner. We would suggest that with fast-moving developments in hearing technology, six years is a long time to be with a communication device that may or may not remain best suited to meet a client's need.

Devices are now able to manage the wearer's environment automatically. For example, if a wearer is in a noisy environment the device automatically adjusts the noise reduction and microphone features. This is significant, as research in relation to directional microphones consistently show improvement in listening when background noise is mitigated.

Bluetooth wireless connectivity means hearing impaired people can connect their phones and other devices such as a television to their hearing aid. Hearing devices are now completely automatic: they continually scan the environment in milliseconds and make changes to enhance a person's listening experience. This makes a tremendous difference to the way a hearing impaired person can interact in a social and work environment.

It is worth noting that by international standards the Australian system works very well.

HCIA would be concerned if unnecessary changes were made to the Hearing Services Program to accommodate the NDIS, as it could be detrimental to those it now serves.

Transition to NDIS

We understand that the take-up of hearing services in the NDIS has been comparatively low (see the Department of Health Submission to the Joint Committee dated January 2017). On full roll out of the NDIS by 2019-20, it is our understanding that existing Hearing Services Program clients (including CSO clients) who are considered eligible NDIS participants will fully transfer to the NDIS, where they will have a choice of service provider, including Australian Hearing and the market will become fully contestable.

HCIA members will be well prepared to serve all clients under the NDIS, including those currently served exclusively by Australian Hearing.

However, much more certainty is needed about the NDIS and how it relates to hearing impaired Australians. My members report that they do not receive consistent information from NDIA staff and suggest some sort of account management needs to be established so that they can best serve the needs of NDIA clients who are hearing impaired.

One other point

We would like the opportunity to raise one other point as it has they having a bearing on the provision of services to the NDIS.

Workforce Issues

From our perspective (being the peak group that is by far the largest employer of hearing care professionals in Australia) we note that there is currently workforce undersupply and the industry needs to utilise the 457 Visa program to meet workforce need. We believe it is imperative that nothing be done to curb workforce supply and that proactive measures are taken to ensure we can employ the right professionals at the right time. Not being able to do so will only disadvantage the increasing number of hearing impaired Australians.

The recent removal of the Diploma of Audiology for VET Fee Help eligibility by the Australian Government is alarming, as it risks the provision of effective hearing services for clients of the NDIS in the medium term. The Diploma of Audiology is a 2-year TAFE Diploma, offered at only 2 locations in Australia. It has been taught since the early 1960s. There is no suggestion that this Diploma area has been subject to abnormal expansion in numbers or sorting. Removing it from VET Fee Help eligibility will have a significant negative impact on enrolments in the hearing health sector. For the Committee's information, we attach a submission made to the Senate Education and Employment Legislation Committee, which expands on this issue (Attachment B).

Our preliminary comments on the draft recommendations

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

From the small number of clients who have sought NDIS funding and who have been seen by HCIA members to date, there would appear to be a lack of consistency and logic behind who becomes eligible for funding and the different levels of funding. This may be because each NDIS planner is interpreting guidelines differently.

Critically there is also no clarity on what constitutes permanent hearing loss.

Term of Reference #2: Delays in receiving services, with particular emphasis on early intervention services.

The timeframe from the client's initial contact with NDIS to the point when their funding is approved has in some instances, taken up to six months. This is too long. By way of comparison, approval for entry into the OHS Program is instantaneous via the OHS Portal. It is imperative that those with a hearing loss who are eligible for NDIS funding are able to obtain access to services quickly.

Term of Reference #3: The adequacy of funding for hearing services under the NDIS

HCIA members obviously need to be fairly compensated for delivery of services to all clients. They have no current knowledge of the range of funding they can currently expect.

HCIA members believe that NDIS clients have funding which would allow a new hearing aid every three years. This would enable a client to have access to a contemporary communication device that best meets a client's need.

Term of Reference #4: The accessibility of hearing services, including in rural and remote areas.

HCIA members (representing 60% of the market) currently play a role in supporting the delivery of services in rural and remote communities and are keen to expand their service delivery, pending funding and workforce issues being appropriately addressed.

Term of Reference #5: The principle of choice of hearing service provider.

HCIA members are of the view that the principles of 'choice' and 'contestability' should be hard-wired into the hearing services elements of the NDIS for both clients and service providers.

Term of Reference #6: The liaison with key stakeholders in the design of NDIS hearing services, particularly in the development of reference packages.

As the peak representative of hearing healthcare providers, HCIA would be keen to be included in the consultative mechanisms for hearing service delivery design elements for the NDIS. We also believe that Government and NDIA should dedicate resources to ensuring there is effective communication with hearing sector stakeholders to assuage concerns about transition to the NDIS.

Term of Reference # 7: Investment in research and innovation in hearing services.

We would be keen to see Government maintain its investment in research to further understand the link between hearing loss and other health related matters in particular, through the National Acoustic Laboratories.

Term of Reference # 8: Any other related matters.

We believe that workforce issues need to be appropriately addressed and to assist this we believe The Diploma of Audiometry course should be reinstated on the VET Fee Help Eligibility list.

ATTACHMENTS

A: HCIA Members Submission to the House of Representatives Standing Committee into Hearing Health and Wellbeing in Australia.

B: HCIA's submission to the Senate Education and Employment Legislation Committee which sought to maintain the Diploma of Audiometry in the VET-FEE Help list.

Donna Staunton,
Chief Executive Officer

