

Joint Standing Committee on the National Disability Insurance Scheme (NDIS)

The Provision of Hearing Services under the NDIS

**Children and Young People with Disability Australia
Submission – January 2017**

INTRODUCTION

Children and Young People with Disability Australia (CYDA) welcomes the opportunity to contribute to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) inquiry into *The Provision of Hearing Services under the NDIS*.

CYDA supports the submission provided by Deafness Forum of Australia and has drawn extensively upon their work and organisational expertise in developing this submission. This submission focuses on key issues impacting children and young people aged 0 to 25 and responds to relevant terms of reference.

Currently in Australia, between nine and 12 children per 10,000 births will be born “with a moderate to great hearing loss in both ears.”¹ A further 23 children per 10,000 will “acquire a hearing loss that requires hearing aids by the age of 17.”²

The Australian system for providing disability services and supports is currently undergoing unprecedented reform with the implementation of the NDIS. The transition of the Australian Government Hearing Services Program to the NDIS will result in significant changes to the provision of hearing services to children and young people. It is critical that risks associated with this change are carefully managed to ensure timely access to appropriate services.

CYDA also acknowledges the significant diversity among people who experience deafness* in terms of identity and preferences for support. It is critical that people with deafness, including children and young people, are able to access appropriate services and supports that meet their individual needs, circumstances and preferences.

CHILDREN AND YOUNG PEOPLE WITH DISABILITY AUSTRALIA

CYDA is the national representative organisation for children and young people with disability, aged 0 to 25 years. The organisation is primarily funded through the Department of Social Services and is a not for profit organisation. CYDA has a national membership of 5500.

CYDA provides a link between the direct experiences of children and young people with disability to federal government and other key stakeholders. This link is essential for the creation of a true appreciation of the experiences and challenges faced by children and young people with disability.

CYDA’s vision is that children and young people with disability living in Australia are afforded every opportunity to thrive, achieve their potential and that their rights and interests as individuals, members of a family and their community are met.

CYDA’s purpose is to advocate systemically at the national level for the rights and interests of all children and young people with disability living in Australia and it undertakes the following to achieve its purpose:

* Throughout this submission, CYDA uses the term ‘deafness’ to refer to people who: are born deaf; Deaf people who communicate using Auslan; people who are hard of hearing; or have hearing loss.

¹ Australian Hearing 2014, *Causes of Hearing Loss in Australia*, North Ryde, viewed 22 December 2016, <https://goo.gl/juYZmH>.

² Ibid.

- **Listen and respond** to the voices and experiences of children and young people with disability;
- **Advocate** for children and young people with disability for equal opportunities, participation and inclusion in the Australian community;
- **Educate** national public policy makers and the broader community about the experiences of children and young people with disability;
- **Inform** children and young people with disability, their families and care givers about their citizenship rights and entitlements; and
- **Celebrate** the successes and achievements of children and young people with disability.

CURRENT PROVISION OF HEARING SERVICES FOR CHILDREN AND YOUNG PEOPLE

Currently the provision of hearing services for infants, children and young people up to age 26 is managed through the Community Service Obligation (CSO) component of the Hearing Services Program. The CSO Program also funds a culturally sensitive outreach service for Aboriginal and Torres Strait Islander people in urban, rural and remote areas of Australia. The responsibility for service delivery to these clients is currently assigned to the government hearing services provider, Australian Hearing.

Having a single service provider for CSO clients offers a streamlined and timely process for children, young people and families to access hearing services. All relevant agencies are aware that Australian Hearing is the sole provider of services for children and young people and are therefore able to easily make referrals.

For infants diagnosed through newborn hearing screening programs, the hospital audiologist contacts Australian Hearing directly. Australian Hearing offers priority appointments for infants. Because access to the Hearing Services Program for children is based on age there is no formal eligibility check required which eliminates the potential for any delays to determine eligibility.

For children diagnosed outside of the newborn period, again the referral agency can contact Australian Hearing directly or they advise the family of the contact details of their nearest Australian Hearing clinic.

The implementation of the NDIS will involve rolling in the many different disability funding programs that currently exist into a single scheme. This includes the Hearing Services Program. Representative organisations for people who experience deafness have raised ongoing concerns regarding risks posed by the transition of this program to the NDIS. There is a prevailing concern that the transition could lead to reduced quality of service and poor outcomes unless these risks are managed very carefully.

RESPONSES TO THE INQUIRY TERMS OF REFERENCE

A) The Eligibility Criteria for Determining Access to, and Service Needs of, Deaf and Hearing Impaired People under the NDIS

To date there has been no formal announcement regarding specific eligibility criteria for determining access to the NDIS for people who experience deafness. Reports to representative organisations indicate there has not been a consistent approach applied to date.

It is critical that information about eligibility for the NDIS for people who experience deafness is made available as soon as possible. The lack of information is a key concern to children, young people and families who need to make decisions around services, supports and access to devices without knowing whether they will be supported into the future through government funded programs.

Recommendation 1: Guidelines be provided to NDIS staff to ensure a consistent approach is applied to assessing whether a person with deafness meets the access requirements for the NDIS.

Recommendation 2: That information be made available as soon as possible regarding the eligibility criteria for the NDIS for people who experience deafness.

B) Delays in Receiving Services, with Particular Emphasis on Early Intervention Services

Once services transition from the Hearing Services Program to the NDIS in 2019, there is a risk of delays occurring as there will be a need for:

- Confirming eligibility, which is not currently necessary; and
- Delays associated with the NDIS planning process and the need to have an approved NDIS plan before accessing a preferred provider. Currently under the Hearing Services Program the child goes immediately from diagnosis to an appointment with Australian Hearing to discuss hearing rehabilitation and other early intervention service options.

It is crucial that there is a streamlined approach developed for children and young people who qualify for the NDIS to remove these potential areas of delay and more closely replicate the existing approach. Further, there is a need to clarify how hearing services will be provided to children and young people who are not eligible for the NDIS.

Early Intervention Services

CYDA has been informed of significant delays in having eligibility for the NDIS assessed and plans approved. This can create significant challenges in relation to early intervention hearing services. Early intervention providers cannot be paid retrospectively. The early intervention service cannot provide services before an NDIS plan has been approved and expect to receive payment for the services provided. Therefore the early intervention service is left in the difficult position of having to provide services to families without receiving payment for these services or ask families to wait until their eligibility is assessed and their plans approved before they can access their preferred provider.

Timeliness is crucial to the delivery of early intervention services so it is important that these issues are addressed. Again, it is important to replicate the streamlined approach of existing arrangements regarding referrals to Australian Hearing for infants and children.

Many families who have a child diagnosed with deafness will not know of the range of early intervention agencies and the various programs available. The current system whereby Australian Hearing provides unbiased information on the program options and range of service providers gives the families time to evaluate the various services to decide which one suits their needs. It will be important to maintain a system where families can receive independent advice so they can make an informed decision on where they want to access the various services their child may need.

Recommendation 3: The NDIS the referral pathway for children with deafness supports a seamless and streamlined approach from diagnosis to audiological service provision and early intervention service provision.

Recommendation 4: The NDIS plan approval process be streamlined to remove current delays in having funding approved to access early intervention services.

Recommendation 5: Following the transition of hearing services to the NDIS, families continue to have access to independent advice in relation to the range hearing services providers and early intervention providers.

D) The Accessibility of Hearing Services, including in Rural and Remote Areas

Rural and Remote Areas

The CSO program currently ensures broad coverage through the service network available through Australian Hearing. Because many of these locations would generally not have the volume of clients to make a service commercially viable there is a risk that access to services will become more limited under the NDIS.

As hearing services will not transition to the NDIS until 2019 it will be essential for the National Disability Insurance Agency (NDIA) to monitor and ensure there are sufficient providers with the appropriate skill to deliver services beyond the transition period.

Interpreter Services

There is also a risk of reduced accessibility to services for people from culturally and linguistically diverse backgrounds under the NDIS. Currently under the CSO Program, Australian Hearing covers the cost of interpreters for people who speak languages other than English.

It is not year clear whether interpreter services for hearing services appointments will be funded under the NDIS. If interpreter services are not funded it may limit access to services.

Auslan Interpreters

Feedback from organisations representing the Deaf community indicates that allocated hours and funds for medical interpreting for existing NDIS clients has been varied. It is critical that a consistent approach is developed to ensure people can access appropriately qualified Auslan interpreters where required.

Recommendation 6: Development of mechanisms to ensure there is no loss of coverage due to the transition of hearing services from the Australian Government Hearing Services Program to the NDIS.

Recommendation 7: Language interpreter services be funded under the NDIS.

Recommendation 8: Development of a more consistent approach to the provision of Auslan interpreters under the NDIS.

E) The Principle of Choice of Hearing Service Provider

With the rollout of the NDIS, services to the CSO client groups will become contestable. The introduction of contestability in hearing services poses the following risks:

- Changes to the streamlined approach to providing appropriate support and programs for infants and children with deafness with the introduction of multiple providers;
- Loss of independent, unbiased advice regarding clinical programs, devices and educational program options for children and young people as potential providers in a contestable

environment are likely to be aligned with particular educational programs or hearing aid manufacturers;

- Australian Hearing has been the sole provider of services to children with deafness for over 70 years. The private sector has not been required to deliver hearing rehabilitation services to infants and children in the past, so the ability and interest of the private sector to provide these services is unknown. The move to contestability in the delivery of services could result in market failure leaving children with deafness and their families without the critical services and appropriate expertise needed;
- Reduced access to services for people in regional and remote areas;
- Barriers in accessing services for people from culturally and linguistically diverse backgrounds;
- Loss of a culturally sensitive service delivery model for Aboriginal and Torres Strait Islander people in urban, rural and remote areas;
- The client groups in the CSO Program are very small so the fragmentation of these groups that will occur with contestability may make it difficult for audiologists to maintain their skill levels; and
- Increase in the cost of delivering hearing services in the commercial market as opposed to service provision in a CSO Program where the government provider achieves cost efficiencies through its economies of scale and bulk purchasing arrangements.

As Australian Hearing has responsibility as the sole provider of services to children with deafness, it has established services in locations which improve access for clients but which may not be particularly profitable if viewed from a commercial perspective. Once services become contestable there is no longer an obligation for Australian Hearing to continue to deliver services to children at the number of locations where services are currently operating. Given the small number of children with deafness it may not be financially viable to compete for such a small clientele.

Children under three years and those with complex support needs require specialised facilities and high level expertise to deliver assessment services. According to the 2015 demographic report from Australian Hearing, there were 1489 children fitted with devices aged under three years across Australia.³ It is difficult for one provider to maintain the equipment and staffing necessary to deliver services to this age cohort. It may be more difficult in a contestable environment to justify continuing with this high cost service delivery on a commercial basis for such a small population.

Clients are expected to transition from the Hearing Services Program to the NDIS in 2019. By that time the following issues need to be resolved:

- Identifying how services will be delivered to vulnerable groups who do not qualify for the NDIS and remain within the Hearing Services Program;
- Identifying the quality framework that will be applied to service delivery for all government funded hearing programs;
- Identifying the service delivery arrangements for people in rural and remote areas;
- Identifying a new referral pathway for infants diagnosed with deafness through newborn hearing screening programs that ensures timely service provision;
- Ensuring that the hearing services market has the interest and expertise to provide services to infants and children; and

³ Australian Hearing 2016, *Demographic Details of Young Australians aged less than 26 years with a Hearing Loss, who have been Fitted with a Hearing Aid or Cochlear Implant at 31 December 2015*, North Ryde, p. 5, viewed 27 January 2017, <https://goo.gl/5uXbpq>.

- Ensuring that the client groups do not become so fragmented that it is not possible for clinicians to maintain their skill level.

It is critical that the safety net of Australian Hearing remain until there is confidence that clients will not be worse off under the new arrangements.

In February 2016 the Australian Government announced it was investigating a proposal from a consortium consisting of the Royal Institute for Deaf and Blind Children, Macquarie University and Cochlear Ltd to transfer Australian Hearing to non-government ownership. Presently limited details have been released on the proposal from the consortium.

Recommendation 9: Development and implementation of management strategies to mitigate the risks that arise from the transfer of clients from the Australian Government Hearing Services program to the NDIS, particularly in relation to the CSO Program.

Recommendation 10: The Australian Government Hearing Services CSO Program with Australian Hearing as the sole provider remain in place until the transition issues associated with the transfer of services from the Hearing Services Program to the NDIS are resolved.

h) Any Other Related Matters

Quality and Safeguarding Framework

The National Quality and Safeguarding Framework that the NDIA adopts will be an essential component of the NDIS. In particular the monitoring of client outcomes will be important to ensure that NDIS funding is being used effectively and participants are achieving the best possible outcomes.

The quality framework will also need to ensure that hearing services providers and early intervention providers are implementing evidence based practice and that providers are using appropriately skilled staff to deliver services.

Data Collection

As the sole provider of hearing services to children and young people, Australian Hearing has been in a unique position to publish a demographic report on children and young people fitted with devices in Australia. It is essential that this data continue to be collected and published.

Recommendation 11: The NDIS Quality and Safeguarding Framework ensure that hearing services and early intervention providers are using the latest evidence based practice recommendations and that services are delivered by staff with the appropriate qualifications and expertise. The Framework should also ensure that client outcomes are monitored regularly so that there is evidence to demonstrate that NDIS funding is being used effectively and participants are achieving the best possible outcomes.

Recommendation 12: The demographic report on children and young people fitted with devices continue to be published annually and that data collection be enhanced with the transition of services from the Australian Government Hearing Services Program to the NDIS.

SUMMARY OF RECOMMENDATIONS

Recommendation 1: Guidelines be provided to NDIS staff to ensure a consistent approach is applied to assessing whether a person with deafness meets the access requirements for the NDIS.

Recommendation 2: That information be made available as soon as possible regarding the eligibility criteria for the NDIS for people who experience deafness.

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