



SUBMISSION IN RELATION TO THE POTENTIAL SALE OF AUSTRALIAN HEARING

DEAFNESS FORUM OF AUSTRALIA
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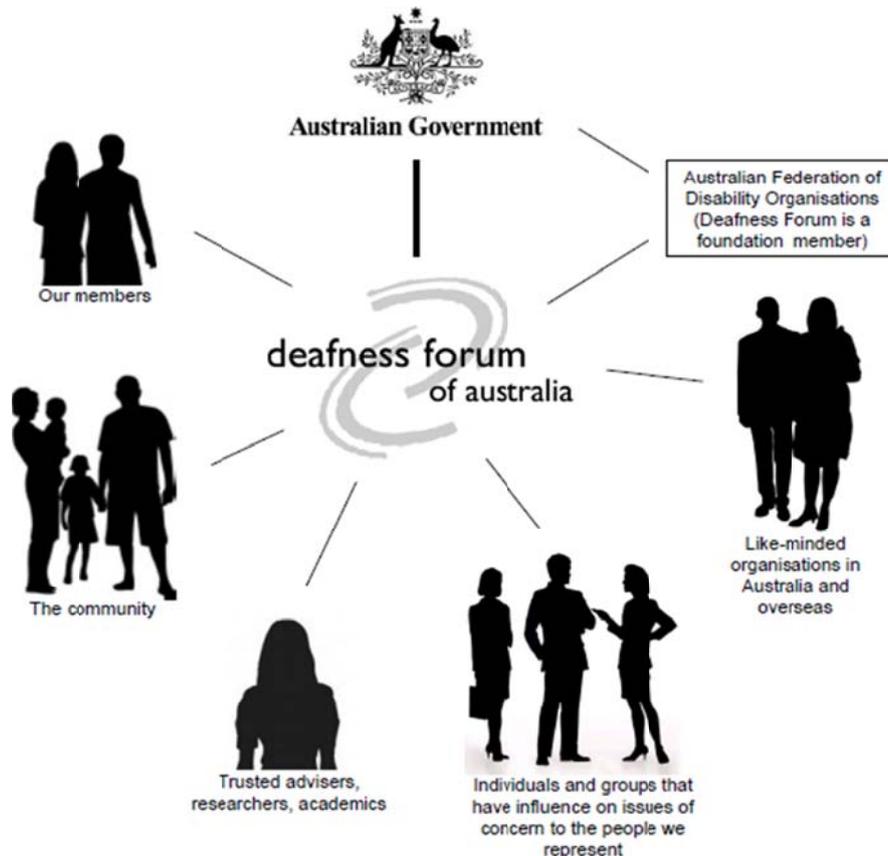
ABOUT DEAFNESS FORUM OF AUSTRALIA

Deafness Forum of Australia is a peak consumer member organisation, funded by the Australian Government to provide advice within its authority on public policy development and reform agendas.

It advocates on issues of consensus among constituents of the broad and complex national deafness sector.

Deafness is among the largest groups within the disability community, with an estimated 3.5 million Australians affected to varying degrees, half of whom are of working age.

The total cost of deafness to the national economy is estimated at 1.4 percent of gross national product, according to the 2006 Access Economics report, Listen Hear!



INTRODUCTION

The Australian Government has announced two Budget initiatives that have the potential to impact on the services received by Deaf and hearing impaired people and their families through the Australian Government Hearing Services Program.

The initiatives are:

- 1. Scoping studies for four operations of government*

The Government will provide \$11.7 million in 2014-15 for scoping studies into future ownership options for Australian Hearing, Defence Housing Australia Ltd, the Royal Australian Mint and the registry function of the Australian Securities and Investments Commission.

The studies will assess the likely sale environment for each business operation and seek to ascertain the optimal method and timing of sale.

- 2. Contestability Framework*

The Government will develop and implement a Contestability Framework to assess whether a government function should be open to competition and the appropriate means for this to occur. A contestable approach can come from outside Government or from other entities within the Government.

The Department of Finance will establish a three year programme of work to review government functions against the Contestability Framework, in consultation with relevant agencies. These reviews will offer opportunities for identified functions to be delivered through alternative and contestable approaches.

Deafness Forum of Australia consulted with members, other stakeholders and interested parties throughout Australia regarding these measures. The feedback received through the consultation process showed there were differing views regarding the sale of Australian Hearing, but there was a common theme of concern regarding the impact of these Budget measures on the services received by clients of the Australian Government Hearing Services Program, and particularly the Community Service Obligations component of the Program.

Some members did not want to see the delivery of the Community Service Obligations Program commercialised, while others could see advantages in providing more choice for consumers through the introduction of contestability, and hoped that the changes would broaden access to the expertise currently available at Australian Hearing. While some members supported the sale of Australian Hearing, there was a significant level of concern that the proposed changes could have a negative impact on access and equity, service

levels, technology levels, delivery of culturally appropriate programs and research currently provided through the Australian Government Hearing Services Program. Members were also unsure how these initiatives would impact on the provision of services through the National Disability Insurance Scheme.

Australian Hearing is restricted by legislation¹ to providing services to people who meet the eligibility criteria for the Australian Government Hearing Services Program. It does not provide services to private clients. Australian Hearing is the sole provider of services under the Community Service Obligations component of the Australian Government Hearing Services Program. Therefore this submission will focus on the impact of these Budget measures on the needs of Deaf and hearing impaired people and their families who access hearing services through the Australian Government Hearing Services Program.

One in six Australians is affected by hearing loss. If the hearing loss is not managed appropriately it can have an adverse impact on many areas of a person's life. If a person cannot hear or communicate easily it can reduce the opportunity to participate equitably in education, to attain skills and employment and can lead to social isolation and depression.

The Australian Government Hearing Services Program, and particularly the services provided to Community Service Obligations client groups, contributes to the whole of government objectives of educational attainment, workforce participation and social inclusion. The Program provides an essential service as it helps people with hearing loss to reach their potential and contribute to society.

At this stage it is not clear whether the services currently available under the Australian Government Hearing Services Program would be modified as part of these Budget initiatives. Deafness Forum of Australia is seeking assurance that

- services currently provided through the Australian Government Hearing Services Program will continue to be available at current service levels regardless of whether the service delivery agency remains as Australian Hearing or changes to a different model
- clients will continue to have access to the most appropriate technology
- services and devices will continue to be provided by appropriately skilled professionals and delivered according to evidence based practice and the principles of access and equity and continuous improvement
- research into techniques and technologies that support services to hearing impaired people and research into hearing loss prevention as currently provided by the National Acoustic Laboratories will continue to be funded

As the peak body representing the interests and viewpoints of Deaf and hearing impaired communities, Deafness Forum of Australia is keen to receive further information on the two Budget initiatives when it becomes available, and would welcome the opportunity to provide input to the relevant Departments that have carriage of these proposals. Deafness Forum of

Australia would also be interested in working with the relevant Department to communicate the outcome of the scoping study with consumers and stakeholders.

In the interim, Deafness Forum of Australia would like to provide information through this submission on the services and functions within the Australian Government Hearing Services Program that are critical to the users of the Program and must be incorporated into any new service delivery arrangements that are under consideration.

EXECUTIVE SUMMARY

BACKGROUND

Australian Hearing is limited by legislation to providing services to clients who meet the eligibility requirements under the Australian Government Hearing Services Program¹. Australian Hearing does not operate in the private market.

The Australian Government Hearing Services Program consists of

- a Voucher Program where over 200 Providers including Australian Hearing are contracted to deliver services to eligible clients with non-complex hearing rehabilitation needs. Services and devices are specified in the Hearing Services Provider Contract and associated documents.
- a Community Service Obligations (CSO) Program where Australian Hearing is the sole provider of services under a Memorandum of Agreement with the Department of Health. The CSO Program is available to special needs groups including children and young adults from birth to 26 years of age, eligible Aboriginal and Torres Strait Islander peoples and eligible adults with complex hearing rehabilitation needs. The CSO Program also provides funding for the National Acoustic Laboratories to undertake research into hearing assessment, hearing aids and fitting procedures, hearing rehabilitation, hearing loss prevention and the effects of noise on the community.

The scoping study into the future ownership options of Australian Hearing needs to include an investigation into the impact that the sale may have on the clients who access services under the Australian Government Hearing Services Program, and the impact on the research undertaken by the National Acoustic Laboratories.

Voucher Program clients

Australian Hearing operates in a competitive environment to deliver services under the Australian Government Hearing Services Voucher Program. The Contract under the Voucher Program represents approximately 75% of Australian Hearing's revenue^{2,3}. According to evidence provided by officers from Australian Hearing at the Senate Estimates session in June 2014, the organisation has 30% of the Voucher market⁴. It is expected that the sale of the agency would have minimal impact on clients accessing services through the Voucher Program, except perhaps in relation to accessibility. There is the potential for a loss of coverage for the Voucher Program. Australian Hearing may be the only Provider in some rural and remote areas and some of these service locations may be closed under new ownership arrangements as they may not be profitable, or the Centres may not have the client demand to justify ongoing operations particularly if the arrangements for delivering the CSO Program change as part of the sale. The scoping study should investigate how the sale of Australian Hearing might impact on service access for Voucher Program clients in rural and remote areas.

Community Service Obligations Program clients

Australian Hearing receives an annual fixed allocation to deliver hearing services to clients who are eligible to receive services under the CSO Program. The funding is also used to support research undertaken by the National Acoustic Laboratories. Australian Hearing uses its buying power and infrastructure as a Voucher Program Provider to support the delivery of services under the CSO Program. In 2012-13 Australian Hearing also cross subsidised the CSO funding by approximately \$800,000 from its profit from the Voucher Program services³. It is the CSO clients who would be most affected by any change to service delivery arrangements or the sale of the business.

The CSO Program deals with clients with complex hearing rehabilitation needs. The clients seen in the CSO Program range from an infant requiring a hearing habilitation program including device fitting, to a frail elderly client with hearing loss and dementia, to providing tertiary hearing services to a community with high levels of otitis media in the top end of Western Australia. The clinical programs, support, advice and devices provided under the CSO Program are very different from those required by clients accessing services in the Voucher Program.

The scoping study needs to investigate how the sale of Australian Hearing will impact on the delivery of the Community Service Obligations Program.

In this submission Deafness Forum of Australia will highlight the key issues that are critical in the delivery of services to clients seen under the CSO Program.

PROGRAM REQUIREMENTS

The following program components are critical to the users of the CSO Program and are essential to achieve the best outcome for the client:

1. Expertise

1.1 Research indicates the expertise of the service provider has a significant impact on client outcomes⁶. Consumers need certainty that they are accessing services from a clinician with the appropriate skills. As there are no formal qualifications in paediatric audiology or working with clients with complex hearing rehabilitation needs, consideration needs to be given to the mechanism that would be used for clinicians to attain the competencies needed to deliver services to CSO clients under any alternative service delivery arrangements, and how consumers would recognise that practitioners have the skill level required to provide these services. Due to the complexity of the work, audiological services should only be provided by qualified Audiologists with training in these specialised fields. CSO services should not be provided by Audiometrists*.

1.2 When considering service delivery options for CSO clients, it is important to ensure that the Program does not become so fragmented that it is impossible for clinicians to maintain their skill level.

2. Access and Equity

2.1 It is essential to ensure that clients, particularly those in rural and remote areas, do not lose access to specialist audiology services, and that consistent service levels are maintained across Australia.

2.2 With any new arrangements, it would be important to ensure that appropriate eligibility checks are maintained, and that clients know where they can access services from an appropriately skilled Provider. The process needs to be as streamlined as possible so as not to cause delays in service provision or present a barrier for people to access the services they need.

* An Audiologist has a Postgraduate qualification in Audiology. An Audiometrist has a TAFE college qualification.

2.3 Any new arrangements must continue to provide translation and interpreting services including AUSLAN interpreters to support access to hearing services by clients from culturally and linguistically diverse backgrounds. It is also important to ensure that staff have the cultural competencies required to work with clients from culturally and linguistically diverse backgrounds.

2.4 Should service delivery arrangements change, it is essential that eligible clients continue to receive services and devices that are clinically appropriate for their needs, and that the service and device levels are not dependent on the person's ability to pay.

2.5 Deafness Forum of Australia would like to see the eligibility arrangements for the Program reviewed as part of the scoping study to ensure the Program is well targeted to those who require support in their hearing needs.

3. Quality

Consumers expect that the services they receive are research based and applied consistently across Providers and service locations. Under any alternative arrangements, it would be critical to have minimum service standards specified in the contract and a quality framework established to ensure that all clients receive a high quality, consistent level of service regardless of where they access services. It is also important to ensure that standards are monitored and continually reviewed so that they remain consistent with current best practice recommendations.

4. Devices

4.1 Hearing aids and supplementary devices

4.1.1 Under any new service delivery arrangements consideration needs to be given to the device supply arrangements to ensure that clients have access to the most appropriate device in a timely way. Practitioners would also need to demonstrate they have knowledge of the range of devices that are best suited to the needs of the CSO client groups, and knowledge of device fitting and evaluation procedures for children and adults with severe to profound hearing loss.

- 4.1.2 Any new service delivery arrangements must ensure that CSO clients continue to have access to high level technology to meet their specific hearing needs.
- 4.1.3 Access to new or replacement devices must not be limited through any change to service delivery arrangements.
- 4.1.4 High quality hearing aids and supplementary devices must continue to be available free of charge to CSO clients under any new arrangements. If clients are to be given the option of purchasing higher level technology, consideration needs to be given to protecting the interests of more vulnerable clients who may not be in a position to make an informed choice about the purchase.
- 4.1.5 Any new service delivery arrangements must include the provision of FM systems at no cost to the client. There would need to be a system in place to ensure the frequency and brand of devices are compatible within a classroom and a school.
- 4.1.6 Any new service delivery arrangements must include the provision of supplementary devices where it is clinically appropriate, at no cost to the client.
- 4.2 Device repairs
 - 4.2.1 Any new service delivery arrangements must include a mandatory requirement for Services Providers to arrange for a loan device for a CSO client if a same day repair cannot be effected.
 - 4.2.2 Any new service delivery arrangements must cover the cost of repairs and maintenance for eligible clients with an implantable device.
- 4.3 Cochlear implant upgrade program

Any new service delivery arrangements must maintain the cochlear implant upgrade and replacement device program for children. The scoping study provides an opportunity to address the current anomaly in the Program which precludes eligible adults from receiving replacement processors.

5. Clinical Programs

It is essential that the clinical programs of CSO clients continue to be flexible and responsive to the needs of clients under any alternative service delivery arrangements. It is critical to ensure there are quality indicators as part of the arrangement including timeframes for appointments particularly where there is an urgent need for assistance.

6. Equipment

If Service Providers opt to take on working with CSO clients, the arrangements need to specify minimum service standards so that consumers would not be disadvantaged by their programs not being supported by the appropriate technology should the Provider elect not to have that level of functionality available in their clinic.

7. Payment to Providers

Under any new service delivery arrangements consideration needs to be given to developing a payment system for Providers that works in the best interests of the client while also giving Providers appropriate reimbursement for the services they provide.

If there is a change in the service delivery arrangements, the payment system will need to provide appropriate reimbursement to support existing arrangements as a minimum and would hopefully lead to improvements in some areas if the funding cap is removed.

8. Programs for adults with complex hearing rehabilitation needs

8.1 Under any new service delivery arrangements it would be imperative to ensure that the clinical programs for adults with complex hearing rehabilitation needs are not compromised, and that these very vulnerable clients continue to be well supported in the future.

8.2 Any change to the service delivery arrangements must include particular protection for frail elderly clients in residential aged care facilities. Should new arrangements be implemented it would present an opportunity to broaden the implementation of current best practice arrangements for delivering hearing services to frail elderly clients in residential aged care facilities so that the needs

of these clients and their carers are met through a different service delivery model.

- 8.3 Any changes to service delivery arrangements or the privatisation of Australian Hearing should allow broader access to clinicians who specialise in working with clients with complex hearing rehabilitation needs.

9. Programs for children and young adults

9.1 Families felt it was important that:

- the program allowed for a family centred response, giving families time, information and support to allow them to make an informed decision for their baby or child
- the child received an individually tailored program to meet the needs of the child and the family
- the child received the services and devices they needed to achieve the best outcome
- there were strong relationships between audiological services, educational services and other support services including referrers
- the service was provided by highly skilled clinicians
- the clinical programs were research based and supported by clinical protocols
- the programs were provided with the focus on the best outcome for the child rather than a sales focus
- services were equitable and not based on the family's ability to pay
- information and guidance was impartial and unbiased
- services were well located to minimise the need for travel

It is essential to retain the above elements in the provision of services to Deaf and hearing impaired children under any new service delivery arrangements.

- 9.2 Under any new service delivery arrangements benchmarks must be set for loss to follow up following newborn hearing screening to ensure the current low levels are maintained.
- 9.3 Issues relating to expertise, unbiased information and advice, and trust were more valued by families than having a choice of provider.
- 9.4 Support to educational facilities must be retained under any new service delivery arrangements.

- 9.5 Any changes in service delivery arrangements must ensure that there is no reduction in access to hearing assessment services for children who do not require a device fitting. There is an opportunity under an alternative service delivery model to improve access to hearing assessment services for children.
- 9.6 If services for hearing impaired children are moved to a different agency or multiple Providers in the future, it will be essential to find an alternative mechanism to monitor program effectiveness and report on the prevalence of hearing loss in children in Australia.

10. Programs for Aboriginal and Torres Strait Islander peoples

- 10.1 Deafness Forum of Australia strongly supports the continuation of a culturally sensitive outreach program to deliver hearing services to Aboriginal and Torres Strait Islander communities in urban, rural and remote areas of Australia.
- 10.2 If a new service delivery model is being considered, it would be timely to review some of the current policy restrictions that could be limiting the effectiveness of the Program.
- 10.3 Under any proposed new arrangements it will be important to ensure that the Provider(s) has the workforce capacity to provide and maintain an outreach program.

11. Service to eligible clients living in remote areas of Australia

People living in remote areas of Australia need to be able to access hearing services without incurring substantial travel costs. State funded travel assistance schemes do not support travel to audiological services so it is important that services are available within a reasonable distance to where people live.

It is timely to review this eligibility criterion of the CSO Program for several reasons. Many of the people requiring hearing assistance in the identified remote locations are not eligible for the Voucher Program and Australian Hearing is not currently able to provide services to private clients even in circumstances where they are the only Provider available. The Voucher Program has resulted in an expansion in the number of service points to areas identified as remote in the *Declared Hearing Services Determination 1997* so it is questionable whether this eligibility arrangement is well targeted. The postcode list in the Determination is not consistent with the current definition of remoteness.

The following issues would also be impacted by a change in service delivery arrangements in the CSO Program:

12. National Acoustic Laboratories

Deafness Forum of Australia strongly supports the continuation of the research undertaken by the National Acoustic Laboratories. Investigations into the sale of Australian Hearing need to consider how NAL can continue as an independent research organisation.

13. National Disability Insurance Scheme

Any changes to the service delivery model for CSO clients will have a flow on effect to NDIS participants who access hearing services through the Australian Government Hearing Services Program.

14. Cost

It is imperative to ensure that the services received by clients are not reduced due to any increase in costs caused through a change to the service delivery arrangements for the CSO Program.

The scoping study into the future ownership options of Australian Hearing not only needs to safeguard the services provided to clients particularly in the CSO Program, it will also need to ensure that the other functions delivered by the Government Provider are managed appropriately including:

- Research undertaken by the National Acoustic Laboratories
- The contribution made by the experts in each of the CSO Program areas to international best practice standards and clinical protocols
- Independent advice to Government on hearing issues in relation to service planning and horizon scanning for the CSO Program
- Independent advice to the community on hearing issues
- Training in specialist areas of audiology
- Reporting demographic information on aided children in Australia
- Monitoring the impact of initiatives on the prevalence of hearing loss, the severity of the loss and the device fitting patterns
- Support for culturally and linguistically diverse clients

Australian Hearing is highly regarded internationally as the provider of high quality hearing services, particularly to Deaf and hearing impaired children, and the National Acoustic Laboratories is regarded as a world leader in hearing research. Any proposed changes to

existing arrangements need to ensure that Australia maintains its reputation as a world leader in hearing services delivery and research.

Deafness Forum of Australia is concerned that there could be a reduction in service levels, technology, access and equity, quality and expertise for clients of the Australian Government Hearing Services Program if Australian Hearing is privatised or the CSO services become contestable. If alternative service delivery arrangements are being considered, it is imperative to ensure that the clients are not disadvantaged as a result of any changes and that the highly valued research undertaken by the National Acoustic Laboratories is maintained.

Deafness Forum of Australia believes that if the sale of Australian Hearing proceeds, it should be contingent on there being appropriate arrangements in place to ensure that services to the vulnerable groups accessing services through the CSO Program are maintained or enhanced, and that the research undertaken by the National Acoustic Laboratories continues.

As the peak body representing the interests and viewpoints of Deaf and hearing impaired communities, Deafness Forum of Australia would welcome the opportunity to participate in further discussions with the relevant Departments regarding the potential sale of Australian Hearing and its impact on the services received by Deaf and hearing impaired people in Australia.

BACKGROUND

Australian Hearing is limited by legislation to providing services to clients who meet the eligibility criteria under the Australian Government Hearing Services Program¹. Australian Hearing does not provide services to clients in the private market.

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Australian Hearing operates in a competitive environment in delivering services to clients of the Voucher Program. The Contract under the Voucher Program represents approximately 75% of Australian Hearing's revenue^{2,3}. According to evidence provided by officers from Australian Hearing at the Senate Estimates session in June 2014, the organisation has 30% of the Voucher market⁴. It is expected that the sale of the agency would have minimal impact on clients accessing services through the Voucher Program, except perhaps in relation to accessibility. There is the potential for a loss of coverage for the Voucher Program. Australian Hearing may be the only Provider in some rural and remote areas and some of these service locations may be closed under new ownership arrangements as they may not be profitable, or the Centres may not have the client demand to justify ongoing operations particularly if the arrangements for delivering the CSO Program change as part of the sale. The scoping study should investigate how the sale of Australian Hearing might impact on service access for Voucher Program clients in rural and remote areas.

Australian Hearing receives an annual fixed allocation to deliver hearing services to clients who are eligible to receive services under the CSO Program. The funding is also used to support research undertaken by the National Acoustic Laboratories. Australian Hearing uses its buying power and infrastructure as a Voucher Program Provider to support the delivery of services under the CSO Program. In 2012-13 Australian Hearing also cross subsidised the CSO funding by approximately \$800,000 from its profit from the Voucher Program services³.

It is the CSO clients who would be most affected by any change to service delivery arrangements or the sale of the business. Therefore this submission will focus on the needs of Deaf and hearing impaired people and their families who access services through the CSO Program. It will also highlight the highly valued contribution to hearing research undertaken through the National Acoustic Laboratories which is partly funded through the CSO Program and therefore would also be impacted by the privatisation of Australian Hearing.

HISTORY OF THE AUSTRALIAN GOVERNMENT HEARING SERVICES PROGRAM

In 1947 the responsibilities of the Acoustic Research Laboratories were broadened to include a clinical program to manage the needs of children born with a hearing loss following rubella epidemics in 1939 – 1941, and also to provide services to veterans who returned from World War II with hearing loss due to noise exposure. This was the genesis of the Australian Government Hearing Services Program and gave the Program its research basis which continues to this day.

Over the years, other groups were given eligibility to the Program, the largest being the extension of eligibility to pensioners in 1968, and people in receipt of a part pension in 1993.

In 1997 services to adult clients with non-complex hearing rehabilitation needs became contestable through a voucher scheme. It was determined that the needs of the other client groups who were eligible for services under the Australian Government Hearing Services Program could not be adequately met under the Voucher Program. These client groups were designated as Community Service Obligations (CSO) and Australian Hearing remained as the sole provider of services to these clients through a fixed funding arrangement with the Department of Health. The CSO Program was reviewed in 1998 and again in 2003 to determine whether it should become contestable. No changes were made to the service delivery arrangements following these reviews.

PROGRAM REQUIREMENTS

In 2012-13, 92% of eligible clients (636,000) who received services through the Australian Government Hearing Program did so through the competitive arrangements⁵. It is important to understand the particular needs of the 55,000 clients² who access services through the CSO Program before considering what alternative service delivery arrangements are possible.

The CSO Program deals with clients with complex hearing rehabilitation needs. The clients seen in the CSO Program range from an infant requiring a hearing habilitation program including device fitting, to a frail elderly client with hearing loss and dementia, to providing tertiary hearing services to a community with high levels of otitis media in the top end of Western Australia. The clinical programs, support, advice and devices provided under the CSO Program are very different from those required by clients accessing services in the Voucher Program.

While the Voucher Program has led to a gradual improvement in the skill level of clinicians over time, the CSO client numbers are much smaller which means that clinicians may have difficulty building and retaining their skill levels if these small numbers of clients are spread across a large number of Providers and practitioners. The Voucher Program led to a growth in the number of service locations, whereas changes to service delivery arrangements for CSO clients could result in a reduction in the number of service locations for some client groups if the new Provider(s) decides to centralise services in order to ensure high levels of staff and equipment utilisation. Therefore careful consideration needs to be given to the models of service delivery that would appropriately meet the requirements of the special needs groups. Any change to the service delivery arrangements under the CSO Program is unlikely to be as simple as extending the Voucher Program in its current form. It may be that if new service delivery arrangements are to be introduced, different models need to be applied to different CSO client categories.

In this submission Deafness Forum of Australia will highlight the key issues that are critical in the delivery of services to clients seen under the CSO Program.

There are issues that are common across all CSO client groups and there are requirements that are specific to each of the CSO client groups. The areas of commonality are as follows:

1. EXPERTISE

1.1 Qualifications and Accreditation

Audiology is a self regulating profession. There is no formal registration scheme for Audiologists or Audiometrists*. In theory, a person with no formal qualifications in audiology

* An Audiologist has a Postgraduate qualification in Audiology. An Audiometrist has a TAFE college qualification.

could set up in private practice to deliver hearing services. Under the Voucher Program, Audiologists and Audiometrists who are members of an approved professional body are able to provide services to eligible clients. While this has become a quasi registration system, the arrangement does not actually guarantee that the clinician has the necessary skills to deliver services. For example, it is possible to be a member of a professional society and have a career in a specific area of audiology such as diagnostic audiology, where you are not required to manage a client's rehabilitation program. There is nothing to stop this member from being employed to provide services under the Voucher Program even though they may have never fitted a hearing aid in their professional career. Because the clients seen under the Voucher Program do not have complex hearing needs, and the main workload of the Providers is hearing rehabilitation programs with non complex adult clients, the risk to the client from the current accreditation system is fairly low. However the risk is much greater for CSO clients if this system of accreditation is adopted. If service delivery arrangements should change, it would be essential to set up arrangements that would ensure that clinicians have an appropriate level of expertise in working with particular client groups. The accreditation system must also provide assurance to the client that they are accessing services from an appropriately skilled clinician.

There are no formal qualifications in the fields of paediatric audiology or working with adults with complex rehabilitation needs. Currently, services to clients in the CSO Program are provided by experienced Audiologists who have also received in-house training at Australian Hearing in working with clients with complex needs and their families. Australian Hearing has developed training courses and mentoring programs for Audiologists working with CSO clients, and has a clinical support network for these Audiologists. While there are some clinicians in private practice who have experience in working with clients with complex hearing rehabilitation needs, many of these practitioners learnt these skills as Australian Hearing employees. If Australian Hearing should lose responsibility for delivering CSO services, other learning and development programs would need to be put in place for clinicians to develop these skills in the future. It would be important to liaise with the professional bodies when determining an appropriate system of training and accreditation to provide services to CSO client groups.

Research indicates the expertise of the service provider has a significant impact on client outcomes⁶. Consumers need certainty that they are accessing services from a clinician with the appropriate skills. If new service delivery arrangements are introduced, consideration needs to be given to the mechanism that would be used for clinicians to attain the competencies needed to deliver services to CSO clients in the future, and how consumers would recognise that practitioners have the skill level required to provide these services.

Due to the complexity of the work, services should only be provided by qualified Audiologists with training in these specialised fields. CSO services should not be provided by Audiometrists.

1.2 Minimum Caseload Requirements

Once a professional has attained a certain skill, they need to apply these skills in the clinic on a regular basis in order to maintain their level of competency. This is easy to achieve in the Voucher Program as there are over 600,000 clients who access services from 230 Hearing Services Providers across Australia. The CSO client groups are much smaller. There are approximately 20,000 children and young adults fitted with devices, and 20,000 adults with complex hearing rehabilitation needs receiving services from Australian Hearing². In the case of hearing aid fitting for children, there are only 2,000 children fitted with devices for the first time each year. Breaking that down further, there are approximately 250 infants under 12 months of age fitted for the first time annually⁷. If these client groups were to receive services from a large number of Providers in the future, it would be difficult for a practitioner to maintain their skill level if they were to only see a small number of children or adults each year or every few years.

When considering service delivery options for CSO clients, it is important to ensure that the Program does not become so fragmented that it is impossible for clinicians to maintain their skill level.

2. ACCESS AND EQUITY

2.1 Service Locations

Currently, services to CSO client groups are available in urban, rural and remote areas across Australia. Changes in service delivery arrangements have the potential to impact on service access and the ability to receive equitable service regardless of the service location. If the responsibility for service delivery should move to another Provider, there may not be Audiologists with the skill levels needed in all of the locations where clients currently access services. In an open market it is unlikely that all clinicians in the private sector would be interested in providing services to all the CSO clients. New service delivery arrangements could lead to gaps in service availability particularly in rural and remote areas.

It is essential to ensure that clients, particularly those in rural and remote areas, do not lose access to specialist audiology services and that consistent service levels are maintained across Australia.

2.2 Application process

Voucher clients have an application process which includes medical approval and an eligibility check before they can access hearing services. They are given a list of Providers which they can use to help them decide where to obtain services. CSO clients have a more streamlined entry into the Program. Australian Hearing has responsibility for verifying eligibility which is managed in a way that does not present a barrier to service access while ensuring that only those who are eligible are able to access services under the Program.

With any new arrangements, it would be important to ensure that appropriate eligibility checks are maintained, and that clients know where they can access services from an appropriately skilled Provider. The process needs to be as streamlined as possible so as not to cause delays in service provision or present a barrier for people to access the services they need.

2.3 Services to Culturally and Linguistically Diverse Clients

Services in the CSO Program are accessible to people from culturally and linguistically diverse backgrounds through the availability of information in other languages, and through the provision of interpreter services at no cost to the client. The cost of interpreters for clients in the Voucher Program has to be met by the Hearing Services Provider. This has resulted in a barrier for clients to access the service. There are many examples of Hearing Services Providers suggesting that clients who require an interpreter seek services elsewhere due to

the prohibitive cost of providing an interpreter. Clients in the CSO Program already have sufficient challenges to manage without having to also find a Provider willing to assist them with a language interpreter.

Any new arrangements must continue to provide translation and interpreting services including AUSLAN interpreters to support access to hearing services by clients from culturally and linguistically diverse backgrounds. It is also important to ensure that staff have the cultural competencies required to work with clients from culturally and linguistically diverse backgrounds.

The issues regarding the provision of a culturally appropriate program for Aboriginal and Torres Strait Islander clients will be covered separately within this submission.

2.4 Service equity across socio economic groups

Services and devices for CSO clients are provided free of charge with the exception of some small co-payments where a device is fitted. Clients receive services and devices based on their clinical needs rather than their ability to pay. Parents, in particular, have indicated how they value the provision of a consistent, equitable program regardless of the person's socio-economic circumstances. They feel that this could be at risk in contestable arrangements.

Should service delivery arrangements change, it is essential that eligible clients continue to receive services and devices that are clinically appropriate for their needs, and that the service and device levels are not dependent on the person's ability to pay.

2.5 Eligibility criteria

The investigation into the sale of Australian Hearing and the current service delivery arrangements for the CSO Program presents an opportunity to review eligibility arrangements. At present the Program for adults is targeted predominantly at people in receipt of a pension. However there are many people on low income who would benefit from access to the Australian Government Hearing Services Program but are currently excluded from the Program.

Deafness Forum of Australia would like to see the eligibility arrangements for the Program reviewed as part of the scoping study to ensure the services are well targeted to those who require support in their hearing needs.

3. QUALITY

3.1 Quality Framework

The CSO Program has evidence based standards, protocols and procedures for each of the CSO client groups. These service standards ensure that all clients have access to services that meet current best practice recommendations, and provide the framework to support the delivery of a consistent service across all service locations. The protocols are continually reviewed to ensure that service standards remain consistent with best practice standards internationally. There is a quality monitoring program to ensure that the protocols are being followed and that key performance indicators are being met.

Consumers expect that the services they receive are research based and applied consistently across all Providers. Under any alternative arrangements, it would be critical to have minimum service standards specified in the contract and a quality framework established to ensure that all clients receive a high quality, consistent level of service regardless of where they access services. It is also important to ensure that standards are continually reviewed so that they remain consistent with current best practice recommendations.

4. DEVICES

There are many issues to consider in relation to the provision of devices under any new service delivery arrangements.

4.1 HEARING AIDS AND SUPPLEMENTARY DEVICES

4.1.1 Device supply arrangements

Over time the industry has changed from one where there were many single Providers and small businesses to one where the market is dominated by six major companies, the majority of which are vertically integrated. That is not a particular problem in the Voucher Program as all of the companies have devices that suit clients with non-complex hearing rehabilitation needs and in theory, hearing services practitioners are permitted to fit devices that are outside of the brand of the company that employs them provided the device is included on the schedule of devices approved under the Program or is otherwise approved by the Program. However there is a potential risk with these device supply arrangements for CSO clients who often need niche products. It takes time and expertise to: a) determine the specifications of the devices that will best meet the specific needs of the client, including issues relating to device features, safety, robustness, and functioning in areas of high humidity; b) source the product; c) assess its suitability; and d) negotiate the best price. Under the Voucher Program device supply arrangements, clinicians can apply to the Office of Hearing Services for permission to fit a device outside of the approved schedule of devices. This process of individual device approval would need to be accessed regularly for CSO clients and could lead to unacceptable delays in getting the client fitted with a device.

Under any new service delivery arrangements consideration needs to be given to the device supply arrangements to ensure that clients have access to the most appropriate device in a timely way. Practitioners would also need to demonstrate they have knowledge of the range of devices that are best suited to the needs of the CSO client groups, and knowledge of device fitting and evaluation procedures for children and adults with severe to profound hearing loss.

4.1.2 Technology levels

Australian Hearing uses a tender process to decide its device supply arrangements. As one of the largest Providers under the Voucher Program, Australian Hearing is able to negotiate very competitive prices for hearing aids due to the volumes purchased. This has a positive flow on effect for the CSO Program and its clients as the volume purchase allows Australian Hearing to provide high level technology to CSO clients at a cost that is within the funding available under the CSO Program.

Any new service delivery arrangements must ensure that CSO clients continue to have access to high level technology to meet their specific hearing needs without the need for a co-payment.

4.1.3 Replacement devices

Clients in the CSO groups need to have their devices replaced or updated more frequently than clients of the Voucher Program. At times it can take several weeks or months to get a clear picture of the person's hearing ability which may require the device to be changed based on any new information. CSO clients are more likely to notice an impact on their communication abilities from even a small change in hearing ability which may require a different device to be fitted. Technology that can provide any incremental improvement is likely to lead to improved outcomes for clients with severe to profound hearing loss. Therefore these clients need to be able to access a hearing aid upgrade where the change in technology provides an improvement in hearing and communication ability. CSO clients generally use their devices for significantly longer periods each day compared with Voucher clients. This heavy usage means that the devices also require regular replacement due to wear and tear. For these reasons CSO clients require new devices more frequently than Voucher Program clients.

Access to new or replacement devices must not be limited through any change to service delivery arrangements.

4.1.4 "Top up" devices

One area of ongoing contention in the Voucher Program is the sale of "top up" devices. Deafness Forum of Australia is aware of many examples of people being sold devices at great expense that do not provide significant benefit to the client. Many of these consumers are unwilling to take the matter further so the issue is under reported. The risk of people being sold a device when a free to client device is appropriate for their needs becomes much greater when dealing with very vulnerable people. Currently devices provided under the CSO Program are the equivalent to the "top up" range of devices under the Voucher Program.

High quality hearing aids and supplementary devices must continue to be available free of charge to CSO clients under any new arrangements. If clients are to be given the option of purchasing higher level technology, consideration needs to be given to protecting the interests of more vulnerable clients who may not be in a position to make an informed choice about the purchase.

4.1.5 FM systems

CSO clients have access to supplementary devices such as FM systems. If the FM is fitted to a child and there is more than one child in a classroom with an FM system, it is important to manage the frequencies in close proximity to avoid interference, and ensure that the FMs are of the same brand so that the teacher does not have to wear multiple transmitters. In an open market it will not be possible for Providers to know about other children in the classroom with FM systems so other arrangements would need to be instituted to ensure frequency and brand compatibility are maintained.

Any new service delivery arrangements must include the provision of FM systems at no cost to the client. There would need to be a system in place to ensure the frequency and brand of devices are compatible within a classroom and a school.

4.1.6 Supplementary devices

CSO clients, particularly adults with complex hearing rehabilitation needs, are provided with supplementary devices including FM systems in order to maximise their hearing and communication abilities.

Any new service delivery arrangements must include the provision of supplementary devices where it is clinically appropriate, at no cost to the client.

4.2 DEVICE REPAIRS

4.2.1 Loan devices

Under the Voucher Program, clients can elect to enter into a maintenance agreement with their Service Provider. Under this agreement same day repairs or the offer of a loan device are regarded as “desirable”. For CSO clients who are highly dependent on having a fully functional device, same day repairs or the provision of a loan device are critical.

Any new service delivery arrangements must include a mandatory requirement for Services Providers to arrange for a loan device for a CSO client if a same day repair cannot be effected.

4.2.2 Implantable devices

In the case of implantable devices where the device needs to be returned to the manufacturer for repair, the CSO Program covers the cost of the repair for the client. It also covers the cost of any replacement parts needed to keep the device functioning.

Any new service delivery arrangements must cover the cost of repairs and maintenance for eligible clients with an implantable device.

4.3 COCHLEAR IMPLANT SPEECH PROCESSOR UPGRADES AND REPLACEMENTS

Currently Australian Hearing manages funding to provide upgraded technology and replacement devices for children with a cochlear implant. Australian Hearing uses research evidence to decide the policy relating to the provision of upgrades. The policy is reviewed each time the manufacturer releases a new product. Australian Hearing also has to take into consideration the amount of funding available when deciding the upgrade policy.

Any new service delivery arrangements must maintain the cochlear implant upgrade and replacement device program for children. The scoping study provides an opportunity to address the current anomaly in the Program which precludes eligible adults from receiving replacement processors.

5. CLINICAL PROGRAMS

CSO client programs are more intensive than those of Voucher clients. They often require several lengthy appointments within a year, or at least one assessment appointment each year. This is very different to the cycle of appointments required by Voucher clients where clients can only access an assessment appointment every three years unless there are extenuating circumstances.

There are also many situations where CSO clients need to be seen urgently. Deterioration in hearing levels needs to be addressed as a priority. Replacement earmoulds is a common need that requires timely assistance as the client cannot use their device effectively if there is acoustic feedback.

It is essential that the clinical programs of CSO clients continue to be flexible and responsive to the needs of clients under any alternative service delivery arrangements. It is critical to ensure there are quality indicators as part of the arrangement including timeframes for appointments particularly where there is an urgent need for assistance. For example, when an infant is diagnosed with a hearing loss, the timeframe for fitting a device needs to comply with the quality measures outlined in the National Framework for Newborn Hearing Screening⁸.

6. EQUIPMENT

Working with CSO clients requires specialised equipment. For example the National Acoustic Laboratories developed equipment to support the evaluation of hearing aid fittings for infants. This equipment is available in infant fitting centres within Australian Hearing. There is other specific testing equipment that is used for assessing the hearing of very young children. This type of equipment tends to be expensive but the information provided by this equipment is essential to help achieve the best outcomes for the client.

If Service Providers opt to take on working with CSO clients, the arrangements need to specify minimum service standards so that consumers would not be disadvantaged by their programs not being supported by the appropriate technology should the Provider elect not to have that level of functionality available in their clinic.

7. PAYMENTS TO PROVIDERS

The Voucher Program has a fee schedule that Providers use to claim for different services and devices. Providers have stated on many occasions, including the 2010 *Senate Inquiry into Hearing Health in Australia* that they are subsidising the Voucher Program from their private client base and the sale of top up devices, as they report they make a loss on most clinical appointments⁹. Consequently Provider behaviour can be driven by financial return rather than clinical need. Providers use the fee schedule to identify the appointments that maximise their revenue opportunities which is through device fittings, while minimising activities that are not profitable such as clinical appointments especially those that do not attract revenue. Many Providers offer financial incentives to their practitioners to sell particular devices in order to increase their sale of top up devices. These arrangements are not surprising in a business context but they are not always in the best interests of the client.

It will be particularly concerning if these business practices are applied to CSO client groups. While a well fitted device is an important element on the clinical program for a CSO client, the device is only one component of the overall program. Clinical services, advice, support, liaison with others involved with the client's program, support to schools, teachers, Aboriginal Medical Services, information and education sessions are also critical in achieving the best outcome for the client. It would be detrimental to the client's hearing rehabilitation program if the program becomes device focussed as has happened in the Voucher Program.

Under any new service delivery arrangements consideration needs to be given to developing a payment system for Providers that works in the best interests of the client while also giving Providers appropriate reimbursement for the services they provide.

Because Australian Hearing works from an annual fixed allocation for the CSO Program, it was not always possible to meet the needs of clients in some areas, for example appointment availability and provision of loan FM systems.

If there is a change in the service delivery arrangements, the payment system will need to provide appropriate reimbursement to support existing arrangements as a minimum and would hopefully lead to improvements in some areas if the funding cap is removed.

SPECIFIC REQUIREMENTS FOR CSO CLIENT GROUPS

Each of the CSO client groups has very specific needs. These are highly vulnerable clients requiring time intensive, tailored programs delivered by professionals with in depth knowledge and experience in managing the particular needs of these clients. The specific needs of each of the CSO client groups are outlined below:

8. PROGRAMS FOR ADULT CLIENTS WITH COMPLEX HEARING REHABILITATION NEEDS

Under the Australian Government Hearing Services Program eligible adults with

- a profound hearing loss or
- hearing loss and severe communication impairment where the communication difficulty prevents the person from communicating effectively in his or her daily environment or is caused or aggravated by significant physical, intellectual, mental, emotional or social disability

are able to access more intensive, tailored programs through the CSO Program.

Services need to be delivered by qualified and appropriately skilled Audiologists with knowledge and expertise in:

- managing clients with severe to profound hearing loss
- managing clients with another disability including deaf/blind clients and clients with dementia
- managing frail elderly clients
- hearing assessment procedures that are appropriate for clients with these attributes
- hearing aid selection and evaluation procedures appropriate to clients with these attributes
- the range of technology that can assist these clients
- hearing rehabilitation programs appropriate to clients with these conditions including communication assessment and training
- working with other professionals involved in the case management of these clients
- working with carers
- other support services that can assist these client
- working with interpreters including AUSLAN interpreters
- understanding disability in a cultural context

8.1 Requirement for tailored, intensive rehabilitation programs

Due to the client's circumstances, any changes in hearing or health conditions can have a significant impact on their communication abilities. Therefore clients need to be assessed regularly and new communication training programs commenced or new devices fitted or adjusted as appropriate. If the client has been fitted with a device, the device needs to be well supported with a timely repair service or the provision of a loan device. The range of devices that benefit these clients go well beyond the current schedule of devices for Voucher clients.

Under any new service delivery arrangements it would be imperative to ensure that the clinical programs for adults with complex hearing rehabilitation needs are not compromised, and that these very vulnerable clients continue to be well supported in the future.

8.2 Services for frail elderly clients in residential aged care facilities

In the case of frail elderly clients in residential aged care facilities, research indicates that hearing programs with a focus on individual hearing aid fitting as occurs through the Voucher Program are not always appropriate and that strategies other than device fittings result in better client outcomes¹⁰. Yet there are currently many examples of Providers going into aged care facilities and relocating clients with complex hearing rehabilitation needs to their service as a Voucher client so that the Provider has an opportunity to fit them with a device.

Any change to the service delivery arrangements must include particular protection for frail elderly clients in residential aged care facilities. Should new arrangements be implemented it would present an opportunity to broaden the implementation of current best practice arrangements for delivering hearing services to frail elderly clients in residential aged care facilities so that the needs of these clients and their carers are met through a different service delivery model.

8.3 Broader access to expertise

There are many Deaf and hearing impaired people who do not presently qualify for services under the Australian Government Hearing Services Program, but would appreciate the opportunity to access services from clinicians at Australian Hearing who work with clients with complex hearing rehabilitation needs.

Any changes to service delivery arrangements or the privatisation of Australian Hearing should allow broader access to clinicians who specialise in working with clients with complex hearing rehabilitation needs.

9. PROGRAMS FOR CHILDREN AND YOUNG ADULTS

Under the current legislation, children and young adults up to the age of 26 years can access services through the Australian Government Hearing Services Program.

Services need to be provided by qualified and appropriately skilled Audiologists with knowledge and expertise in:

- working with children from birth to 26 years and their families
- working with children with hearing loss and other disabilities
- child development milestones
- age appropriate audiological assessment procedures
- hearing aid fitting and evaluation procedures for children
- the range of technology that is appropriate for use with children including device features that are appropriate at different ages
- family centred practice
- educational services including early intervention services, specialist schools, educational support services for hearing impaired children in mainstream classrooms
- support services for hearing impaired children and their families
- liaison with other professionals involved in the case management of the child and their families
- working with an interpreter including AUSLAN interpreters
- understanding of disability in a cultural context

9.1 Essential elements of the paediatric program

Clinicians must also meet the background check requirements for working with children and be aware of and comply with the reporting requirements under the legislation.

State funded travel assistance schemes do not support travel to audiological appointments. Therefore hearing services need to be located within a reasonable distance to where families live.

The Centres where children access services need to be child friendly and accessible for prams and wheelchairs. The offices and testing rooms need to be large enough to accommodate the child and their carers and other siblings.

The paediatric program delivered by Australian Hearing is highly regarded internationally. Parent groups are particularly concerned that any change in current service delivery arrangements could have a negative impact on the outcome for their child. Any proposed changes to the service delivery arrangements would need to be managed very carefully to ensure there is no adverse impact on Deaf and hearing impaired children and their families.

Most of the general issues that have been raised in this submission, came from a broad range of consumers and consumer organisations including the parents of hearing impaired children. Feedback from parents indicated they are also concerned about issues relating to integrity, impartiality and professionalism which they feel are at risk with any change from current arrangements. While existing arrangements are by no means viewed as perfect, there is a fear that alternative arrangements would introduce risks that would jeopardise the outcomes for the child. For this reason the feedback from most families indicated that there should not be any changes to existing arrangements.

Parents commented on the value of being supported by a system that is focussed on ensuring the best outcome for their child. There was also an appreciation of the knowledge and support available from highly skilled clinicians who provide programs, devices and support to the child through the different stages of their life. Parents expressed strong views on the importance of impartial advice on the most appropriate clinical program and devices that were suitable for their child and for unbiased information on educational services. They appreciated that their decisions regarding educational choices and mode of communication were respected. Parents commented that they not only need high quality information from professionals with appropriate expertise, but also need the professional to provide time and assistance to help them understand what the various options mean for their child. This approach is consistent with the *2013 International Consensus Statement on Best Practices in Family Centred Early Intervention for Children who are Deaf or Hard of Hearing*¹¹.

There was concern that changes to service delivery arrangements could change the focus of the Provider so that greater importance was placed on funding arrangements rather than the best outcome for the child. One family gave an example of accessing services under the *Better Start for Children with a Disability* initiative where they felt that the Providers were promoting programs in order to attract the funding rather than looking at the specific needs of the child and whether their program was the best one for the child. There was concern that this attitude may extend to hearing services if service delivery arrangements change.

Families felt it was important that:

- the program allowed for a family centred response, giving families time, information and support to allow them to make an informed decision for their baby or child
- the child received an individually tailored program to meet the needs of the child and the family
- the child received the services and devices they needed to achieve the best outcome
- there were strong relationships between audiological services, educational services and other support services including referrers
- the service was provided by highly skilled clinicians
- the clinical programs were research based and supported by clinical protocols
- the programs were provided with the focus on the best outcome for the child rather than a sales focus
- services were equitable and not based on the family's ability to pay

- information and guidance was impartial and unbiased
- services were well located to minimise the need for travel

It is essential to retain the above elements in the provision of services to Deaf and hearing impaired children under any new service delivery arrangements.

9.2 Newborn hearing screening

Arrangements to support infants diagnosed with hearing loss through newborn hearing screening programs and their families need to be carefully considered. The linkages that have been established between the diagnostic centres and Australian Hearing minimises the risk of infants falling through the gaps between diagnosis, fitting and early intervention and ensures these infants are seen as a priority. In Australia the loss to follow up is less than 2%.

Under any new service delivery arrangements benchmarks must be set for loss to follow up following newborn hearing screening to ensure the current low levels are maintained.

9.3 Consumer choice

While consumer choice is often seen as an important issue, parents of hearing impaired children did not raise this as a concern with current arrangements. Many families indicated their relief at knowing there was a single organisation that was highly regarded for its expertise in working with children and their families and provided unbiased information and advice, so they were not required to undertake research into finding an appropriate Provider particularly at the time of diagnosis when the parents are feeling high levels of anxiety and stress. Families felt a high degree of trust in receiving services and advice from an agency that was not making a profit from these services.

Issues relating to expertise, unbiased information and advice, and trust were more valued by families than having a choice of provider.

9.4 Support to educational facilities

Hearing services for Deaf and hearing impaired children and young adults also includes support and advice to educational facilities. This occurs through:

- regular updates on the audiological results and the child's hearing abilities

- visits to schools with hearing impaired children to provide advice and support to specialist teachers
- presentations at teacher in-service sessions
- presentations at educators of the deaf conferences

Support to educational facilities must be retained under any new service delivery arrangements.

9.5 Audiological assessment services for children not fitted with a device

In addition to supporting Deaf and hearing impaired children and their families, the CSO Program also provides hearing assessment services for children who do not require a device fitting. The current CSO Business Rules¹² indicate that the services do not extend to hearing screening or monitoring hearing for medical reasons. Due to funding constraints, Australian Hearing has limited the hearing assessment services to children who have been diagnosed with a long term hearing loss, or are at risk of having a hearing loss, or who are difficult to test especially if that is due to the child having other disabilities. It will be difficult to apply this policy in an open market particularly as there has been a significant reduction in hearing assessment services for children within primary State based health services and there is limited availability in the private market.

Any changes in service delivery arrangements must ensure that there is no reduction in access to hearing assessment services for children who are not fitted with a device. There is an opportunity under an alternative service delivery model to improve access to hearing assessment services for children.

9.6 Annual demographic report on children fitted with devices

As the sole provider of audiological services to hearing impaired children, Australian Hearing is in the unique position to report on the number of children with hearing loss in Australia, their age at fitting and the degree of hearing loss. This data is published annually and is used to monitor the effectiveness of the Program and for research purposes. For example the data has been useful to monitor the impact of the rubella vaccine and more recently the impact of newborn hearing screening in each State.

If services for hearing impaired children are moved to a different agency or multiple Providers in the future, it will be essential to find an alternative mechanism to monitor program effectiveness and report on the prevalence of hearing loss in children in Australia.

10. PROGRAMS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

There are specific eligibility arrangements under the CSO Program for Aboriginal people and Torres Strait Islanders. This includes Aboriginal and Torres Strait Islander peoples who are:

- aged over 50 years
- a participant in the Remote Jobs and Communities Program
- a former participant in the Community Development Employment Project Program before June 2013

Australian Hearing also receives funding under the CSO Program to deliver a culturally appropriate outreach program to eligible Aboriginal and Torres Strait Islander peoples.

Services need to be provided by qualified, skilled Audiologists with knowledge and expertise in:

- all of the areas outlined for Audiologists working with adults with complex hearing rehabilitation needs and children
- current clinical recommendations for the management of otitis media
- appropriate tertiary level intervention for people with chronic otitis media
- range of technology available to support children and adults who have chronic otitis media
- understanding of Aboriginal and Torres Strait Islander cultures
- understanding of perception of disability in Aboriginal and Torres Strait Islander cultures
- building relationships in Aboriginal and Torres Strait Islander communities
- liaison with other organisations and professionals delivering hearing services in Aboriginal and Torres Strait Islander communities
- workplace health and safety issues relating to travelling to and working in remote communities
- working with an interpreter

10.1 Culturally sensitive outreach program

Aboriginal and Torres Strait Islander peoples can, and do, access hearing services at mainstream hearing centres. However Aboriginal and Torres Strait Islander peoples are often reluctant to attend a mainstream service. Given the high prevalence of otitis media and associated hearing loss it is important for Aboriginal and Torres Strait Islander peoples to have access to the services provided under the Australian Government Hearing Services Program. The aim of the outreach program is to provide a culturally sensitive program that is delivered in locations where people are likely to use the service. Services need to be planned in consultation with Aboriginal Community Controlled Health Services, State Government Community Health Services, parents, doctors, community elders, Aboriginal

health and education workers, teachers, schools, parent committees, and non government organisations. As the Australian Government Hearing Services Program only provides hearing rehabilitation programs and not hearing screening, diagnostic or medical programs, it is important for those delivering the service to work closely with those individuals and organisations responsible for delivering the primary and secondary level hearing services.

Deafness Forum of Australia strongly supports the continuation of a culturally sensitive outreach program to deliver hearing services to Aboriginal and Torres Strait Islander communities in urban, rural and remote areas of Australia.

10.2 Program restrictions

The current policy restrictions on service delivery in the CSO Program mean that it may not be working as effectively as it could be. The fixed funding arrangement limits the reach of the Program. The Program business rules place restrictions on the provision of hearing screening and assessment services. Current policies do not allow services to be provided to adults in custody or children in detention unless they were a client of the Program prior to going into detention. Classroom amplification systems cannot be provided under the CSO Program.

If a new service delivery model is being considered, it would be timely to review some of the current policy restrictions that could be limiting the effectiveness of the Program.

10.3 Workforce capacity

It may be difficult to identify a workforce with the appropriate skills and with a willingness to travel and work in some locations under alternative service delivery arrangements. This was evidenced during the Intervention in the Northern Territory when requests had to be made through the professional associations to find the workforce needed.

Under any proposed new arrangements it will be important to ensure that the Provider(s) has the workforce capacity to provide and maintain an outreach program.

11. SERVICES FOR ELIGIBLE CLIENTS LIVING IN REMOTE AREAS OF AUSTRALIA

Eligible clients who live in remote areas of Australia can receive services under the CSO Program. Remoteness is defined by a list of postcodes in the *Declared Hearing Services Determination 1997*.

This arrangement is generally applied in the situation where the person is eligible under the Voucher Program and: does not meet other eligibility criteria of the CSO Program, there is no Voucher Program Provider in the area, and Australian Hearing is delivering a service under the outreach program for Indigenous Australians in that location.

People living in remote areas of Australia need to be able to access hearing services without incurring substantial travel costs. State funded travel assistance schemes do not support travel to audiological services so it is important that services are available within a reasonable distance to where people live.

It is timely to review this eligibility criterion for several reasons. Many of the people requiring hearing assistance in these locations are not eligible for the Voucher Program, and Australian Hearing is not currently able to provide services to private clients even in circumstances where they are the only Provider available. The Voucher Program has resulted in an expansion in the number of service points to areas identified as remote in the Declared Hearing Services Determination 1997 so it is questionable whether this eligibility arrangement is well targeted under the current legislation. The postcode list in the Determination is not consistent with the current definition of remoteness.

12. NATIONAL ACOUSTIC LABORATORIES

Under the *Australian Hearing Services Act 1991*, the National Acoustic Laboratories (NAL) can undertake research into

- hearing assessment
- hearing aids
- hearing aid fitting procedures
- hearing rehabilitation
- hearing loss prevention
- the effects of noise on the community

NAL receives funding under the CSO Program to deliver research for the public good. Additional funding is obtained from contract research, grants and from the commercialisation of some inventions. NAL research projects are also funded through the Co-operative Research Centre Program. NAL is one of five core parties that form the HEARing CRC.

NAL is a world leader in research into hearing assessment, hearing loss prevention and hearing rehabilitation. The research that NAL conducts is critical to helping people lead more fulfilling and productive lives. The results of this research are published in leading scientific journals, presented at national and international conferences and reported in the NAL Research and Development Annual Reports. The research that is undertaken with commercial organisations from the hearing rehabilitation and hearing protection industries is also generally published with appropriate safeguards to the companies sponsoring the research.

NAL works collaboratively with other institutions and individuals. Academics wishing to conduct research in areas of interest to NAL are encouraged to consider spending their sabbatical at NAL as a visiting scientist. NAL also hosts students wishing to perform research that is complementary to its own research projects.

NAL recently relocated to a Hearing Hub that has been established at Macquarie University in Sydney. The Hub supports collaboration in research, and the co-location of organisations that specialise in hearing services maximises the use of the highly specialised facilities available at the Hearing Hub.

Deafness Forum of Australia strongly supports the continuation of the research undertaken by the National Acoustic Laboratories. Investigations into the sale of Australian Hearing need to consider how NAL can continue as an independent research organisation.

13. NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

NDIS participants who require hearing assistance are referred to the Australian Government Hearing Services Program for support with their hearing needs. Clients who meet the CSO eligibility criteria are referred to Australian Hearing. Other clients receive a voucher and have the choice of Hearing Services Provider. If the client needs devices or services beyond those available under the Australian Government Hearing Services Program, these services are claimed through NDIS.

Any changes to the service delivery model for CSO clients will have a flow on effect to NDIS participants.

14. COST OF SERVICE DELIVERY TO CSO CLIENT GROUPS

Originally the funding allocation for the CSO Program was calculated using avoidable cost methodology based on the cost of service delivery prior to the introduction of the Voucher Program. The funding was rebased in 2007 and again in 2012.

The CSO Program benefits from the infrastructure of Australian Hearing and its volume purchasing arrangements. The fixed funding allocation helps to drive efficiencies with the service delivery organisation. There is no profit margin in the CSO funding allocation.

Under new arrangements it is expected that there would be an increase in the cost of delivering the CSO Program as the payment arrangements would need to be determined on a commercial basis. This would also have a flow on effect to the cost of services provided to Deaf and hearing impaired people under the NDIS.

It is imperative to ensure that the services received by clients are not reduced due to any increase in costs caused through a change to the service delivery arrangements.

CONCLUSION

The scoping study into the sale of Australian Hearing needs to look carefully at the impact that the sale would have on the services received by Deaf and hearing impaired people through the Australian Government Hearing Services Program, particularly the CSO component of the Program. The scoping study also needs to investigate the impact of the sale on other functions that are delivered by the Government Provider including:

- Research undertaken by the National Acoustic Laboratories
- The contribution made by the experts in each of the CSO Program areas to international best practice standards and clinical protocols
- Independent advice to Government on hearing issues in relation to service planning and horizon scanning for the CSO Program
- Independent advice to the community on hearing issues
- Training in specialist areas of audiology
- Reporting demographic information on aided children in Australia
- Monitoring the impact of initiatives on the prevalence of hearing loss, the severity of the loss and the fitting patterns
- Support for culturally and linguistically diverse clients

Australian Hearing is highly regarded internationally as the provider of high quality hearing services, particularly to Deaf and hearing impaired children, and the National Acoustic Laboratories is regarded as a world leader in hearing research. Any proposed changes to existing arrangements need to ensure that Australia maintains its reputation as a world leader in hearing services delivery and research.

Deafness Forum of Australia is concerned that there could be a reduction in service levels, technology, access and equity, quality and expertise for clients of the Australian Government Hearing Services Program if Australian Hearing is privatised or the CSO services become contestable. If alternative service delivery arrangements are being considered, it is imperative to ensure that the clients are not disadvantaged as a result of any changes and that the highly valued research undertaken by the National Acoustic Laboratories is maintained.

Deafness Forum of Australia believes that if the sale of Australian Hearing proceeds, it should be contingent on there being appropriate arrangements in place to ensure that services to the vulnerable groups accessing services through the CSO Program are maintained or enhanced, and that the research undertaken by the National Acoustic Laboratories continues.

Deafness Forum of Australia would welcome the opportunity to participate in further discussions with the relevant Departments regarding the potential sale of Australian Hearing and its impact on the services received by Deaf and hearing impaired people in Australia.

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4. Community Affairs Legislation Committee Estimates 5 June 2014 Transcript p106
5. Department of Health and Ageing Annual Report 2012/13 Outcome 7
6. Supplement to the Joint Committee on Infant Hearing 2007 Position Statement: Principles and Guidelines for Early Intervention After Confirmation that a Child is Deaf or Hard of Hearing: Journal of the American Academy of Pediatrics originally published online 25 March 2013
7. Demographic report details of persons under the age of 26 years with a hearing impairment who are fitted with a hearing aid or cochlear implant as at 31 December 2012: Australian Hearing publication
8. National Framework for Neonatal Hearing Screening August 2013: Department of Health
9. Hear Us: Inquiry into Hearing Health in Australia May 2010: Community Affairs References Committee p78-79
10. Looi Vi, Hickson L et al (2004) Audiological rehabilitation in a residential aged care facility Australian and New Zealand Journal of Audiology 26 (1) 12-29
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12. Community Service Obligations (CSO) Business Rules p1-2

APPENDIX 1: Australian Government Hearing Services Program Eligibility Criteria

To be eligible to receive services under the Australian Government Hearing Services Voucher Program, a person must be an Australian citizen or permanent resident 21 years or older and:

- a Pensioner Concession Card Holder
- receiving Sickness Allowance from Centrelink
- the holder of a Gold Repatriation Health Card issued for all conditions
- the holder of a White Repatriation Health Card issued for conditions that include hearing loss
- a dependent of a person in one of the above categories
- a member of the Australian Defence Force or
- part of the Australian Government funded Disability Employment Service (DES) – Disability Management Service and the person is referred by their Disability Employment Services case manager

To be eligible to receive hearing services through the Community Service Obligations (CSO) component of the program a person must be an Australian citizen or permanent resident and:

- younger than 26 years
- an Aboriginal and Torres Strait Islander who is over 50 years
- an Indigenous participant in the Remote Jobs and Community Program or
- a former Indigenous participant in a Community Development Employment Projects Program, who received hearing services before 30 June 2013
- be eligible for the Voucher Program and have a profound hearing loss, or have a hearing loss and severe communication impairment where the communication difficulty prevents the person from communicating effectively in his or her daily environment or is caused or aggravated by significant physical, intellectual, mental, emotional or social disability
- be eligible for the Voucher Program and live in a designated remote area of Australia

In addition, National Disability Insurance Scheme participants may access hearing services through the Program if referred for services by their Disability Care Australia Planner.