



# PAST REVIEWS, FUTURE VISION – EXAMINING THE HEARING SERVICES PROGRAM: A DISCUSSION PAPER



Jane Lee  
DEAFNESS FORUM AUSTRALIA

# About Deafness Forum Australia

Deafness Forum Australia is the national independent citizen representative peak body for all Australians with hearing challenges, ear or balance disorders, and their families and supporters. Its purpose is to support Australians to live well in the community by making hearing health and wellbeing a national priority.

## About the Author

Jane Lee is the National Manager of Health Programs at Deafness Forum Australia. She holds a Master of Bioethics, a Master of Public Health with a focus on Climate Change and Environment, and a Bachelor of Science in Social Science (Sociology/Anthropology). Jane has extensive experience in disability issues, women's health, mental health, health equity for Culturally and Linguistically Diverse (CALD) Communities, and environmental health. She is dedicated to building healthy communities by addressing the diverse determinants that enable individuals to thrive.

## Our Gratitude

We extend our thanks to the members of our Hearing Services Program Advisory Group for their valuable contributions to this paper. This group includes stakeholders from our member organisations and experts in hearing health, disability and wellbeing.

The current Hearing Services Advisory Group Members are: Margaret Dewberry, Christine Hunter, Chi Yhun Lo, Barry Mackinnon, Ann Porter, Tony Whelan, Suzi Robertson, and Emily Shepard.

Member organisations represented in the group are: Aussie Deaf Kids, Better Hearing Australia Brisbane, Deafness Council WA, Hearing Matters Australia, Parents of Deaf Children, and UsherKids Australia.

We also extend our thanks to Donna Edman with Astute Advocacy for her contributions to this paper.

The input from citizen advisors is fundamental for us to ensure we are meeting the needs of the communities we serve.

## **Acknowledgement of Country**

We extend our respects and acknowledge the Traditional Owners of this land. We also pay our respects to Elders past and present.

Deafness Forum Australia is headquartered on Ngunnawal Country. As a National Peak Body, our members and those we represent are based on different countries across this land.

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## ABOUT THE HEARING SERVICES PROGRAM

The Hearing Services Program (the Program) is a Commonwealth Department of Health and Aged Care (the Department) program that provides subsidised hearing services and devices to eligible Australians with hearing loss.

It consists of 2 components:

- Voucher scheme – a network of more than 300 hearing providers who deliver services across 3,000 locations Australia-wide.
- Community Service Obligations (CSO) – Hearing Australia provides services for people who are aged under 26 years, eligible Aboriginal & Torres Strait Islanders and people who need specialist services or live in remote areas.

The Program was established in 1997 governed by the *Hearing Administration Act 1997*.

Throughout its three-decade history, the Program has undergone numerous reviews. While reviews have typically focused on administrative aspects like contracts and business operations—important for efficiency—they may have neglected long-term participant outcomes and program effectiveness. This focus on how to run the program, rather than what has been achieved and for who, has created uncertainty about the Program's progress, effectiveness, and impact.

By examining the Program's past, we aim to reduce uncertainty about its present and envision its ideal future state.

The Hearing Services Program should lead the way in ensuring every Australian has universal, timely access to essential hearing support for life.

Note: At the time of this paper, it is acknowledged that the Program is currently undergoing another review.<sup>1</sup> We also acknowledge that the Program is only one way in which the government funds hearing health services. Eligibility for the Program does not restrict access to other government funded services

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<sup>1</sup> The Department of Health and Aged Care is currently consulting on potential improvements to the Voucher component of the 2024 Hearing Services Program. Stakeholders and program clients will provide feedback on changes to the schedule of Service Items and Fees, program standards, maintenance and repair arrangements, available technologies, and device supply. Additionally, the National Acoustic Laboratories (NAL) is reviewing contemporary hearing technologies. All changes will be decided by the Government.

# Past Reviews, Future Vision

*In this discussion paper, we explore the evolution and progress of the Hearing Services Program (the Program) through the analysis of three significant reviews*

## The Objective

To understand the actions taken and identify existing gaps to drive improvements in the Program and enhance hearing health outcomes for all who need it.

## Driving Change for Better Outcomes

Our commitment to improving hearing health outcomes for all Australians drives this initiative. By examining the Program's past, we aim to reduce uncertainty about its present and envision its ideal future state.

## Some Limitations . . .

We've focused on three reviews: 2012, 2017 and 2020/21. These reviews were semi-randomly chosen as "snapshots" in time to enable exploring the Program's evolution. Admittedly, it's limited historical data here, which might affect the depth of our insights. Time and resource constraints may also limit some of the scope of analysis and affect comprehensiveness of analysis.

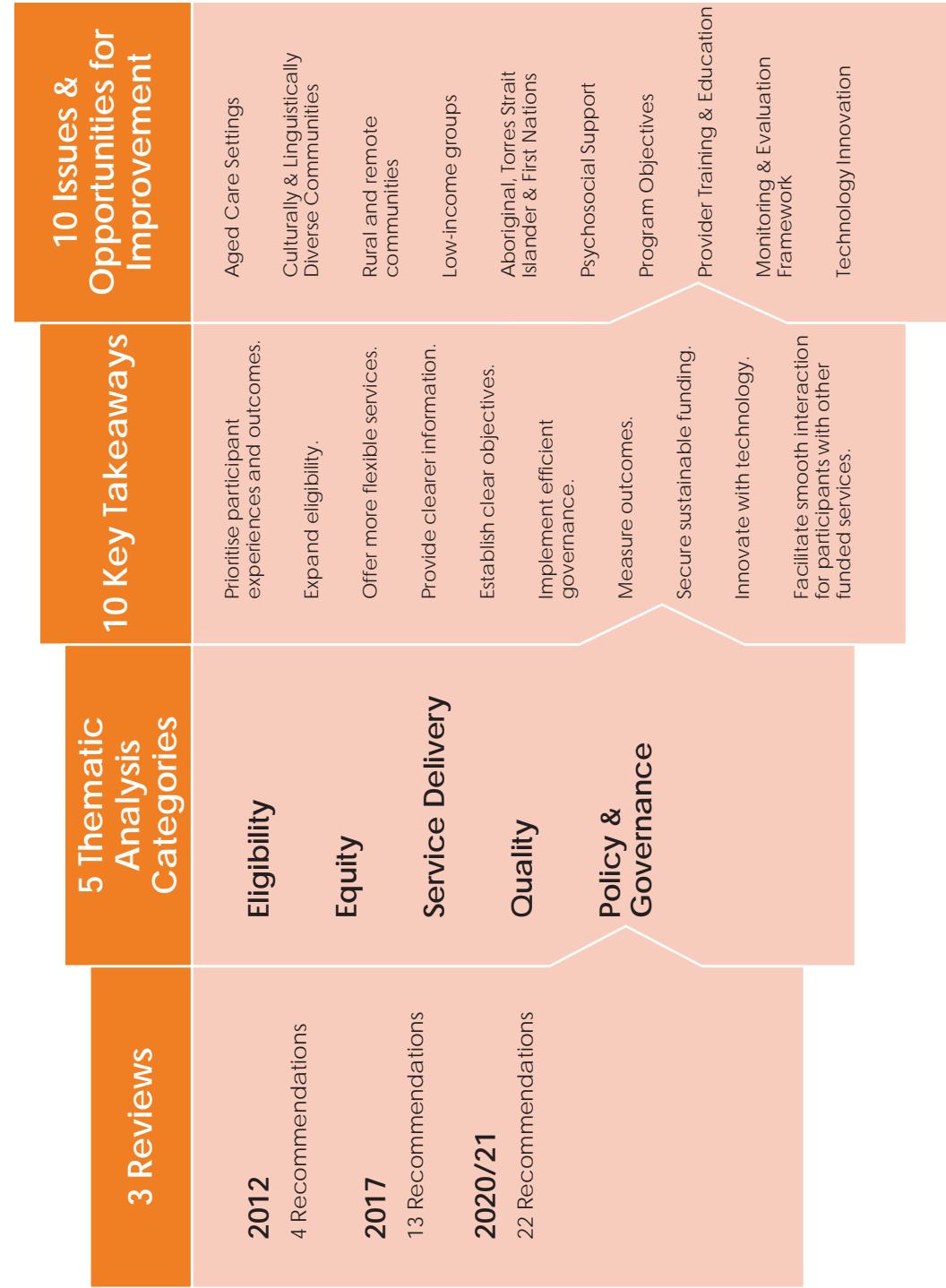
However, our paper isn't intended to cover every review ever undertaken, it seeks to illuminate the bigger picture through the reviews we have selected to inform action and discussion.

# Collaboration for Impact

*We see this as just the start of a much-needed conversation—one that's all about driving deeper understanding and real change.*

*We invite you to join us in this exploration to generate ideas to propel the Program forward together*

## Review Process



~ 6 ~

# GETTING STARTED: INTRODUCTORY THOUGHTS

*Ensuring comprehensive, high-quality support for Australians who are deaf or hard of hearing is not optional, but essential, especially as the number of Australians with hearing loss continues to rise.*

The Hearing Services Program (The Program) plays a critical role in supporting Australians with hearing health, but there are significant opportunities for improvement to better meet the diverse and evolving needs of this population.

*1 in 6 Australians  
currently  
experience  
hearing loss.*



And this number is growing. By 2050, it is predicted that 1 in 4 will be affected.<sup>2</sup>

Addressing the hearing health needs of Australians is a necessity.

For nearly 30 years, the Program has provided essential support to many Australians. However, there are significant gaps and opportunities for enhancement, and, for it to remain a vital part of the hearing support ecosystem it must continue to evolve and improve.

The consequences of not improving and addressing these gaps are severe. Without adequate support, a significant portion of the population may suffer, impacting their quality of life and overall well-being.

This initiative is a step towards identifying what improvements could be done.

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<sup>2</sup> World Health Organization, "WHO: 1 in 4 people projected to have hearing problems by 2050," WHO, 7 March 2021, accessed: 15 July 2024: <https://www.who.int/news-room/02-03-2021-who-1-in-4-people-projected-to-have-hearing-problems-by-2050>

In our analysis of 3 chosen reviews, 39 recommendations have been proposed across them ranging from more robust governance structures to technological innovations to improving individual support.

We understand a successful Program must be efficient, viable, and sustainable which necessitates consideration of all its elements and the different recommendations around this. However, while all recommendations warrant consideration, not all merit equal priority.

If we liken the Program to a living organism, it relies on numerous vital components to function from small to large organs. But if the heart stopped, the whole organism collapses and its reason for being ends.

So, we believe that the Program should always centre around the “heart” which are the *participants* it commits to support.

This is the driving principle that should guide all actions towards Program improvement.



*We must strive for continuous improvement in the services provided to those who are deaf or hard of hearing.*

Our review and analysis have highlighted areas we think are guiding concepts to act as a suggested Program Improvement Framework:<sup>3</sup>

1. **Prioritise Participant-centred Outcomes:** Ensure that services meet the unique needs of each individual supported by robust and transparent outcome measures to assess effectiveness.
2. **Emphasise Person-centred Supports:** Recognise the diverse spectrum of hearing loss and provide a range of support tailored to individual needs over their lifetime. While technology is a pivotal support, rehabilitation support should also be readily available and accessible.
3. **Recognise Whole-person health:** Address holistic health needs by integrating psychosocial and mental health support alongside physical health services. This approach ensures comprehensive care that enhances overall well-being.
4. **Provide Accessible Education and Information:** Empower participants by offering accessible education and information. This support helps individuals understand and

effectively utilize available services to maximise their benefits.

5. **Apply an Equity Lens:** Prioritise support for vulnerable populations, including First Nations communities, culturally and linguistically diverse groups, remote & rural areas, and address persistent gaps in aged care.



Together, we can improve the Hearing Services Program to ensure every individual has the opportunity to thrive.

As you read our discussion paper, we encourage you to contemplate:

What do you think are guiding concepts for improvement? What can be done better?

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<sup>3</sup> In this paper, we use “person” and “participant” language. We recognise that hearing loss varies widely and affects people of all ages and at different life stages. Care should be personalised, and sometimes this means a family-centric approach.

# Reflecting on the Past: Navigating Through Program Reviews

The following table summarises the 3 reviews. A registry of all recommendations is available in our accompanying document, 'Part 2: Analysis Report & Recommendation Registry'.

Milestone 1: 2012 – Voucher Scheme Regulatory Review	Milestone 2: 2017 – Voucher Scheme Services & Technology Review	Milestone 3: 2020/21 – Whole-Program Holistic Review
<p>In 2012, the review examined the <b>effectiveness and regulatory framework</b> of the Voucher Scheme, addressing objectives, regulation, administration, and specific areas of concern.</p> <p>It identified several issues and proposed 4 recommendations for further exploration, along with potential reform options.</p> <p>With its focus in mind, the review had limited consultation and predominantly concentrated its efforts on examining legislative, contractual, and quasi-regulatory documents, revealing issues around the scheme's complexity, lack of clarity on targeted risks, and compliance confusion.</p> <p>Issues such as the accreditation process for service providers and excessive obligations across regulatory documents were highlighted in the final report</p>	<p>In 2017, the review concentrated on <b>service and technology supply</b>, primarily within the Voucher Scheme, but its final report offers some comments on the Community Services Obligations.</p> <p>It explored compatible hearing service items and fees, alternative service and payment models, efficient price models, and the current Assistive Hearing Technology (AHT) supply model, presenting 13 recommendations for program refinement.</p> <p>This review surpassed its predecessor in depth and breadth, resulting in a more comprehensive report and offering practical, actionable advice based on broader outcomes and areas for improvement.</p>	<p>The 2020/21 review marked a significant shift by conducting a <b>holistic evaluation of the entire program</b> encompassing both the Voucher Scheme and Community Services Obligations (CSO) components. It resulted in 22 recommendations aimed at optimising client outcomes, improving service delivery, governance, and modernising key components of the program.</p> <p>The recommendations were categorized into: objectives, eligibility requirements, clinical need and client experience, service delivery, program design, and hearing health and hearing loss research.</p> <p>Recommendations were categorized into: scheme-level, service items and fees, and supply arrangements.</p>

## Emerging Narratives: A Synthesis of the Reviews

Thematic analysis of the reviews uncovered trends and patterns.

### Unfolding Themes

In analysing the reviews, we broadly categorised the recommendations into 5 categories or 'themes':

#	Category	Description
1	Eligibility	Recommendations aimed at <b>improving access</b> to hearing services for all Australians, including those in rural and remote areas, Indigenous communities, socioeconomically disadvantaged populations, and culturally and linguistically diverse groups.
2	Equity	Recommendations focused on <b>reducing barriers</b> to access, such as affordability, geographic distance, transportation, language barriers, and cultural competence of service providers.
3	Service Delivery	Recommendations related to <b>enhancing the delivery of hearing services</b> , including service models, standards of care, service provider qualifications, and scope of services offered.
4	Quality	Recommendations aimed at <b>improving the quality, safety, and effectiveness</b> of hearing services, such as evidence-based practices, clinical guidelines, accreditation standards, and quality assurance mechanisms.
5	Policy & Governance	Recommendations related to <b>policy development, governance structures, funding mechanisms, and regulatory frameworks</b> governing the delivery of hearing services.

A note on categorisation: We understand that several recommendations may span multiple categories. However, we have attempted to classify them according to their best fit. We acknowledge the subjective nature of this process and do not assert final authority. Our intention is to reveal outstanding areas for improvement. These categories serve as an initial framework to stimulate further discussion, exploration, and consideration.

### Deciphering Trends, Patterns & Recurring Issues

The following 2 tables provide a summary of trends found across the different themes followed by an overview of the thematic analysis.

Please see *Appendix 1: Current Program Overview and Recommendations Alignment* for deeper analysis.

#	Theme	Summary of Trends
1	Eligibility	Over time, we've seen a positive shift towards empowering clients and improving access for often overlooked communities. The recent 2020/21 review offers detailed recommendations on this. However, there are still areas that need work, such as implementing the recommendations in aged care, where staff training and care models could improve. Despite these challenges, some key trends stand out across all reviews: simplifying services, reaching priority groups, and supporting clients in decision-making. Focusing on these themes could lead to significant improvements in the effectiveness and inclusiveness of the Hearing Services Program for everyone involved.
2	Equity	The 2012 review didn't include recommendations in this area. However, from 2017 onwards, there was a clear shift towards expanding program offerings to promote equity in vulnerable and underserved communities, such as Aboriginal & Torres Strait Islander, CALD communities, and remote & rural communities. This continued in 2021 with requests to improve translation services and maintain teleaudiology support. Issues in improving equity exist. For example, the lack of complete financial data in 2017 hindered recommendations, and there were gaps in understanding resources in 2021. This highlights the importance of cost-benefit analyses and addressing data gaps to improve service expansion and resource allocation, strengthening the program's effectiveness and equity.
3	Service Delivery	Recommendations for service delivery have changed across the three reviews. All three highlight the need to give clients better information and empower them to make informed choices. However, each review has a different focus. The 2012 review didn't provide practical recommendations for service delivery. The 2017 review offered some suggestions, mainly around clearer information to help clients choose hearing aid technology and encourage market competition. The 2020/21 review expanded on this, recommending tailored service pathways and greater market transparency. Addressing these recommendations will help improve the delivery of effective hearing services and Assistive Hearing Technology.
4	Quality	The 2017 and 2020/21 reviews highlighted an important message: quality is essential in hearing healthcare. Both reviews stressed the need for transparency in pricing and features of Assistive Hearing Technology (AHT), and they supported innovative tools to help clients make informed choices while protecting their privacy. There was also a strong push for standardised measurement approaches to ensure quality outcomes and professional standards in service delivery. The 2020/21 review built on this by suggesting a monitoring and evaluation framework to continually track and improve service quality. It also emphasised the importance of research and data quality, proposing a national screening database and focusing on research to enhance accessibility and cultural relevance.
5	Policy & Governance	The 2012 review emphasised management of risks within regulatory frameworks. In the subsequent 2017 review, there is a shift towards modernisation efforts and an emphasis on enhancing client choice. In 2020/21 review, there is focus on areas such as modernisation, pricing structures, technology specifications, and client access.

## Overview of Thematic Analysis

#	Eligibility	Equity	Service Delivery	Quality	Policy & Governance
1	To improve access for underrepresented communities such as Aboriginal & Torres Strait Islander communities, Culturally & Linguistically Diverse (CALD) communities, and remote & rural communities, focused on culturally safe frameworks and co-design approaches	To foster inclusivity through additional services like interpretation for non-English speakers and teleaudiology for remote areas to ensure inclusive access.	To provide clearer information for participants. A response to a recognition that information on hearing services and Assistive Hearing Technology (AHT) to facilitate informed decision-making includes clear decision-making support tools.	To increase provider disclosure in both price and features of Assistive Hearing Technology (AHT) to facilitate informed decision-making.	To have clarity in objectives, program goals and governance structures, ensuring policies align with these objectives for better outcomes.
2	To create tailored service pathways through the Program website to make services more accessible and empower participants from all backgrounds in making informed choices.	To enhance translation and interpreting services to reduce barriers related to language and cultural competence, fostering equity.	To align with other funded services to support improved overall services provided to participants. This also considers securing of sustainable funding.	To create a standardised measurement approach to deliver rehabilitation and support services in alignment with professional standards.	To modernise and adapt through updating program policies and governance to meet evolving needs and industry standards.
3	To prioritise accessibility in aged care which recognises necessity of improving access for aged care residents, that includes enhancing awareness, early identification of hearing loss, and ensuring routing access to services aligned to aged care reforms.	To simplify services breaking down barriers to access, especially for individuals who might struggle with complex service structures, prioritise those with greatest needs & ensure supports include psychosocial and rehabilitation supports.	To optimise service delivery through market dynamics and competition leading to greater price transparency, technology innovation, & healthy provider competition in, empowering participants with more choice quality, accessible services.	To establish a monitoring and evaluation framework, along with independent evaluations, to ensure program performance and continuous improvement.	To prioritise outcomes through participant outcome-focused approaches underpinned by robust and consistent policy, legislative and governance structures.

## Summary and Key Takeaways

Reflecting on the thematic analysis, there are emerging patterns for prioritising the participant experience that includes: improving access, inclusivity, communication channels, more efficient governance and clear measurable outcomes.

Stakeholders consistently emphasise the following key takeaways:

- |   |  |
|---|--|
| 1. Prioritise participant experiences and outcomes. | 2. Expand eligibility.   |
| 3. Offer more flexible services.                    | 4. Provide clearer information.  |
| 5. Establish clear objectives.                      | 6. Implement efficient governance.   |
| 7. Measure outcomes.                                | 8. Secure sustainable funding.   |
| 9. Innovate with technology.                        | 10. Facilitate smooth interaction for participants with other funded services. |

## Interpreting the Present: The Current State

To understand the present state of the Program we reviewed publicly available information and applied 3 principles:

1. **Avoid Assumptions:** We refrained from assuming government responses (or lack thereof) to recommendations to avoid unwarranted conclusions.
2. **Focus on Known Status:** We examined the Program's known status, meaning what can reasonably be inferred from publicly available information.
3. **Program-Centric Analysis:** We concentrated on the Program itself and generally avoided commentary on other funded services, although we acknowledge that hearing services operates within a complex system of complementary and sometimes overlapping government-funded services.

This approach allowed us to understand the Program's current state, identify any potential unresolved issues, and lay the groundwork to drive positive change.

## Current State Summary

The Program has made notable strides in simplifying processes and improving access, but there remains a need for clearer objectives, better participant data, and enhanced coordination with other services to fully prioritise participant experiences and outcomes.

Below is a summary of the current state contrasting it against the 10 key takeaways from the analysis. Please see Appendix 1 for a more comprehensive look at the Program Status and Alignment with key recommendations.

#	<i>Analysis Key Takeaway</i>	<i>Current State</i>
1	Prioritise participant experiences and outcomes.	There is a lack of participant-centric data and feedback to be able to fully capture participant experiences.
2	Expand eligibility.	Progress has been made with initiatives like the 'First Nations Unit' and research funding for CALD communities. However, tailored service pathways and better integration for underrepresented groups, especially in aged care, rural areas and those who are low-income, are still needed.
3	Offer more flexible services.	Simplified application processes are a step forward, but the program needs more flexibility in technology provision and psychosocial support, which are not clearly defined in the service schedule.
4	Provide clearer information.	The Program's website offers information but lacks clarity on tailored service pathways and detailed service descriptions. Enhancing visibility and accessibility of this information would empower participants to make informed decisions.
5	Establish clear objectives.	The Program has general goals, but more explicit and measurable objectives are needed. Clearer objectives embedded in legislation would improve accountability and continuous improvement.
6	Implement efficient governance.	A monitoring and evaluation framework was established in July 2023, which is positive. However, updates are needed, and governance structures need further modernisation, such as updating program terminology and renaming the 'Voucher Scheme'.
7	Measure outcomes.	Quarterly statistics are available but focus on operational metrics rather than participant outcomes. Standardised measurement approaches aligned with professional bodies would provide more meaningful insights.
8	Secure sustainable funding.	While fees are indexed annually, it's unclear if current funding levels are sustainable. Projects, economic modelling and further analysis is needed to ensure funding supports long-term program goals.
9	Innovate with technology.	Telehealth services were introduced in 2020, but more technological innovations, like advanced hearing aids and assistive devices, are needed to enhance service delivery.
10	Facilitate smooth interaction for participants with other funded services.	Information on interactions with other funded services like NDIS and aged care is lacking. Improved coordination would provide a smoother experience for participants, especially those with complex needs.

## Potential Issues and Opportunities for Improvement

The Program should lead government efforts to ensure consistent, high-quality, and coordinated hearing healthcare. Without this leadership, service delivery quality and participant experiences will remain inconsistent.

The following provides an overview of potential issues and opportunities identified. They are not in any particular priority order.

Overview of Issues and Opportunities	
#	Issue
1	<b>Aged care settings:</b> Lack of tailored pathways and limited awareness of hearing services for elderly individuals in aged care settings.
2	<b>Culturally and Linguistically Diverse (CALD) Communities:</b> Shortage of tailored services and accessibility barriers due to information primarily being in English.
3	<b>Rural and remote communities:</b> Limited access to hearing services and insufficient support measures in rural and remote areas.
4	<b>Low-Income Groups:</b> Hearing services are not sufficiently accessible or affordable for low-income individuals.

Research using the HILDA survey<sup>4</sup> found that people from lower-income backgrounds are more likely to have hearing loss. This could be because they're exposed to more noise at work or have lifestyle habits like smoking. Plus, they might have trouble getting timely hearing care when they need it. The costs of not addressing hearing loss are considerable, both economically and socially.<sup>5</sup>

<sup>4</sup> Melbourne Institute: Applied Economic & Social Research, "HILDA Survey," The University of Melbourne, n.d. accessed: 10 September 2024: <https://melbourneinstitute.unimelb.edu.au/hilda>

<sup>5</sup> Mohammad Nure Alam, Kompal Sinha, and Piers Dawes, The Conversation, "Lowest Income groups excluded from Government Program," Deafness Forum Australia, 17 May 2024, accessed: 16 May 2024: <https://www.deafnessforum.org.au/hearing-loss-twice-as-common-in-lowest-income-groups/>

5	<b>Aboriginal, Torres Strait Islander and First Nations:</b> Unclear progress on initiated initiatives for this community, which experiences high rates of hearing loss.	Strengthen services and support for these communities, ensuring ongoing engagement and effective program implementation.
6	<b>Psychosocial support:</b> Insufficient emphasis on psychosocial and functional rehabilitation support.	Integrate psychosocial support into service offerings and provide training and resources for providers to offer comprehensive psychosocial rehabilitation.
7	<b>Program objectives:</b> Objectives and goals are not clearly specified or outcome-focused.	Embed specific program objectives in legislation and shift towards a more outcomes-focused approach, emphasizing participant experiences and outcomes.
8	<b>Provider Training and Education:</b> Varying levels of knowledge and practices among providers due to inconsistent training standards which can impact quality of services provided to participants.	Standardise training requirements and offer specialised courses in cultural competency, psychosocial support, and audiology.
9	<b>Monitoring and Evaluation Framework:</b> Framework has been published, but reports are not easily accessible.	Ensure the process is open and accessible to make reviews worthwhile.
10	<b>Technology Innovation:</b> Technological innovations, such as advanced hearing aids and assistive devices are needed to enhance service delivery.	Initiate participant feedback processes to capture participant-centric data that can be used for Program improvement.
		The Department could host regular technology horizon-scanning seminars with industry to better comprehend and anticipate technological advancements and cost implications.

Note: for the current 2024 review, we have provided submissions on telecoils, feedback on various documents, and on simplifying the schedule of service items and fees.

# MOVING FORWARD: FINAL THOUGHTS

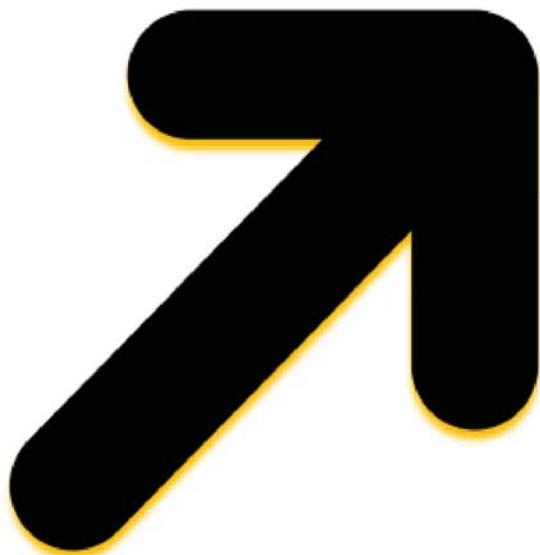
## A Quick Recap. . .

We undertook this:

*to understand the actions taken and identify existing gaps to drive improvements in the Program and enhance hearing health outcomes for all who need it.*

We accomplished:

- **Explored 3 reviews:** we reviewed 39 total recommendations across them.
- **Categorised Recommendations:** we analysed and categorised into 5 themes.
- **Highlighted 10 key takeaways:** we identified 10 key recommendation takeaways that stood out.
- **Identified Issues and Opportunities:** we pinpointed 10 critical issues and opportunities for improvement.



## Did We Achieve Our Objective?

We think so. We gained valuable insights into the actions taken and identified gaps to drive improvements across the Program. However, we acknowledge that there is still much to learn, and new knowledge may change our understanding.

But now, with greater understanding. . .

## What next?

Across the 3 reviews we analysed, the number 1 key takeaway was to:



*Prioritise participant experiences and outcomes.*

***Prioritise participant experiences and outcomes.***

We suggest starting here as the core driving principle to improve the Program.

We propose the following 5-point Program Improvement Framework:

1. **Prioritise Participant-centred Outcomes:** Ensure that services meet the unique needs of each individual supported by robust and transparent outcome measures to assess effectiveness.
2. **Emphasise Person-centred Support:** Recognise the diverse spectrum of hearing loss and provide a range of supports tailored to individual needs. While technology is valuable, other forms of rehabilitation and support should also be readily available and accessible.
3. **Recognise Whole-person health:** Address holistic health needs by integrating psychosocial and mental health support alongside physical health services. This approach ensures comprehensive care that enhances overall well-being.
4. **Provide Accessible Education and Information:** Empower participants by offering accessible education and information. This support helps individuals understand and effectively utilize available services to maximise their benefits.
5. **Apply an Equity Lens:** Prioritise support for vulnerable populations, including First Nations communities, culturally and linguistically diverse groups, remote & rural areas, and to address persistent gaps in aged care.

At the start of this paper we asked:

What do you think are guiding concepts for improvement? What can be done better?

Now, we end by asking:

What would an ideal Program look like?

# Envisioning the Future

*All Australians should have access to tailored hearing health support at every stage of life.*

The Hearing Services Program should lead the way in ensuring every Australian has universal, timely access to essential hearing support for life.

With its wide scope, the Program should always align with broader health strategies such as the Roadmap for Hearing Health.<sup>6</sup> By synergising and harmonising with various support systems, the Program will empower Australians to cultivate optimal hearing well-being.

However, currently, there are areas where improvements are needed, particularly in terms of accessibility and tailored services for diverse communities. Proactively addressing these challenges and bridging existing gaps can significantly enhance the program's impact and ensure equitable access to essential hearing services for all eligible Australians. Achieving these goals will require a collaborative effort involving the Department of Health and Aged Care, service providers, and community stakeholders.

We are committed to working towards improving hearing health outcomes through the Program.

*We are raising the banner to unite for better hearing health. Together, we can make strides towards a more inclusive and effective program that meets the diverse needs of our population.*



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<sup>6</sup> See: "Roadmap for Hearing Map," <https://www.deafnessforum.org.au/deafness-forum/roadmap-for-hearing-health/>

## Appendix 1: Current Program Overview and Recommendations Alignment

The following table provides an overview of the current status of the program and how it might align with the key recommendations.

Category	#	Key Recommendation	Current Status of the Program
	1	Improved access for underrepresented communities	<p>While the 2017 does comment on access for vulnerable groups, it is the 2020/21 review that is more comprehensive in its recommendations. There are numerous components to this key area of recommendations as it seeks to address various vulnerable and underserved communities.</p> <p>Aboriginal and Torres Strait Islander peoples: it is suggested to co-develop framework aligned with the National Agreement on Closing the Gap, along with strengthening the indigenous workforce in delivering hearing health services</p> <p>Culturally and Linguistically Diverse populations: it's recommended to identify engagement shortfalls and co-design solutions with relevant peak bodies.</p> <p>Rural and remote areas: measures like providing service item loadings and expanding teleaudiology services are proposed.</p> <p>Aged care settings: enhancing awareness of hearing health, ensuring proper identification of hearing loss, and facilitating routine access to services tailored to individual needs are recommended. The Department funded the development of the free "<a href="#">Equip Aged Care Learning Package</a>," which includes quick training modules, one of which covers hearing health. Each module takes about 10 minutes to complete.</p> <p>Due to limited information available, we are not able to comment on all the specific components, but broadly, this is what is known about the Program and access for vulnerable and underserved communities:</p> <p>Aboriginal and Torres Strait Islander People:</p>

	<ul style="list-style-type: none"> <li>Hearing Australia <u>announced</u> the establishment of a 'First Nations Unit' on November 17, 2021, aimed at addressing the hearing health needs of Aboriginal and Torres Strait Islander children and families. As the service provider for the Community Services Obligations component of the Program, this unit integrates CSO delivery with their other programs dedicated to this community.</li> <li>On March 7, 2022, the '<u>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2032</u>' was released. Co-designed with Aboriginal and Torres Strait Islander communities, it aligns with Closing the Gap reforms and seeks to bolster First Nations representation in the health sector.</li> </ul>
	<p>Culturally and Linguistically Diverse populations:</p> <ul style="list-style-type: none"> <li>There is a '<u>Hearing Services Program cultural competency resources</u>' published for providers on 24 August 2023</li> <li>On 21 October 2022, the Australian Government announced \$7.5 million funding to support hearing health research. One of these research projects is: 'Improving access to the hearing services program for people from culturally and linguistically diverse backgrounds.'</li> </ul>
2	<p>Rural and Remote areas:</p> <ul style="list-style-type: none"> <li>No information found.</li> </ul> <p>Particularly, the 2020/21 review recommended creating clear, tailored service pathways for diverse participants, such as Aboriginal &amp; Torres Strait Islanders, children, CALD communities, and those with complex needs, on the Program's website.</p> <p>Currently, the Program's website includes an '<u>Eligibility</u>' page accessible directly from the <u>homepage</u> or through the '<u>For the Public</u>' section. This page outlines eligibility for the two different streams and provides additional information for NDIS participants, Veterans, and Norfolk Island residents. However, it does not offer tailored service pathways for diverse audiences as recommended.</p> <p>The Department also provides an <u>eligibility quiz</u> with the intent to determine if an individual is eligible for the Program or other services.</p> <p>From the homepage, clicking the 'For the Public' button leads to links with information on services for different streams, but these links do not present tailored service pathways. The 'Eligibility' page includes a link to <u>apply</u>, directing users to a page with application information through various channels and additional details for Disability Employment Services participants and Australian</p>

		Defence Force members. The <a href="#">online application form</a> links to the 'Hearing Services Program client information booklet,' which also lacks information on tailored service pathways.
		There is also a "Hearing Services Program Portal User Guide – For Clients" is available to assist clients in navigating the website, but doesn't tailor service pathways for individual needs. Additionally, it may not be easily accessible for clients who do require assistance in navigating the website. Our discovery of this guide was accidental rather than a straightforward find, indicating potential challenges in its visibility and accessibility for users.
		Our conclusion is that tailored service pathways appear to be currently missing or not clearly identifiable on the Program's website.
3	Prioritise accessibility in age care	The Program's 'eligibility' page does not specifically address 'Aged Care' settings, but individuals may qualify via other eligibility measures, such as a Pensioner card. The Program's website does specifically note that 'A Commonwealth Seniors Health Card' does not provide eligibility for the program.
4	Foster inclusivity through additional services	There is a ' <a href="#">Hearing Services Program cultural competency resources</a> ' published for providers on 24 August 2023 that references a free Aged Care module; this doesn't seem like an obvious spot for this and could be missed.
5	Enhance translation and interpreting services	This is about exploring additional services such as interpretation for non-English speakers and teleaudiology for remote areas. The reviews note that financial data to do this is limited, so presumably a feasibility study of sorts may have been needed to explore this further.  <a href="#">Telehealth</a> services were introduced to the Program from 27 March 2020.  Although not administered directly through the Program, some eligible allied health professionals can access interpreter services through the Department of Home Affairs <a href="#">Free Interpreting Services (FIS)</a> .  It's worth noting that the website and its supporting materials are only available in English presenting a potential accessibility barrier for non-English speakers.  Specifics of this recommendation included raising awareness among audiologists and audiometrists about available Auslan services and their accessibility.

		<p>There are resources that explain these services can be available through the Program on other sites, such as the <a href="#">NDIS</a> and <a href="#">Hearing Australia</a>. A similar resource was not located on the Program's website or information about awareness efforts.</p>
<b>6</b>	Simplify service items breaking down barriers	<p>Simplifying service items aims to reduce complexity, increase flexibility in technology provision, prioritise those with the greatest need, and enhance psychosocial and functional rehabilitation support.</p> <p>The current Schedule of Service Items categorises fees into specific service categories. Technology provision is restricted by 'Approved Device Criteria,' limiting devices to those approved by the Department. The Schedule does not clearly prioritise need or enhance psychosocial and rehabilitation support. Psychosocial support is not mentioned in the Schedule or clearly referenced on the Program's website.</p> <p>Stakeholder feedback given to us indicates that the Program has simplified services by removing the requirement for applicants in the Voucher program to have a doctor sign the application. Individuals can apply directly now which removes an unnecessary step and allows people to be seen sooner. The Program lists the different application processes which offers the option of applying through a provider or directly.</p> <p>The current Schedule of service items and fees is the Hearing Services Program (Schedule of Service Items and Fees 2023-24 Instrument (no.1) 2023 which was made on 13 June 2021 and has been effective since 22 June 2023.</p> <p>The schedule lists the available services under the program under Section 3:</p> <ol style="list-style-type: none"> <li>(1) Clients who have a current program voucher may be entitled to one or more of the following services: <ul style="list-style-type: none"> <li>(a) an audiological assessment</li> <li>(b) an Audiological Case Management service (where applicable for Non-Routine Clients)</li> <li>(c) rehabilitation or rehabilitation plus services</li> <li>(d) a fitting and follow up service including a fully subsidised device, or a subsidy towards a partially subsidised device</li> <li>(e) annual Client Review services</li> <li>(f) replacement of a lost or damaged device</li> <li>(g) annual maintenance and batteries supply (optional)</li> <li>(h) a remote control</li> </ul> </li> </ol>

Service Delivery		
(i) a spare device (2) An additional assessment or fitting service may be approved by the program as a Revalidated Service provided certain criteria are met.		There are no supports specifically listed as 'communication' and 'education.' While practitioners or other experts might understand these to be included within other supports, this may not be clear to non-practitioners, such as consumers.  In the final 2020/21 Review Report, the Expert Panel writes that the Service Schedule should: "...[include] items with a strong focus on communication and education support, and rehabilitation," 3F again, although the items listed may be obvious to practitioners and experts to have this strong focus, they may not be to non-experts.  Therefore, we do not consider communication and education to be clearly listed.
		Rehabilitation services are listed as one of the supports provided in Section 3. For correct fee claiming, they are further distinguished in Part 5 as 'unaided,' 'plus (two sessions),' and 'plus (one session).' They are not broken down into further services.
		The schedule indicates that fees undergo an annual indexation based on the Wage Cost Index and Consumer Price Index. However, it is beyond the scope of this paper to conduct further research on 'appropriate' remuneration. Therefore, we lack sufficient information to determine if the current fees are 'appropriate.'
		The Department is currently <u>reviewing</u> the Program's Schedule of Fees through a public consultation. The Department has received 132 submissions from hearing health stakeholders and 60 from the public. An external consultant is in process of modeling a possible fee structure based on submission findings.
7	Providing clearer information	These were around providing clearer information to empower participants to make decisions.  Information currently available on the Program's website are around eligibility, how to apply, what is involved in a hearing assessment, services under both components, and hearing devices available.  In February 2024, the Department published <u>A Guide to Understanding Hearing Aid Technology</u> prepared by the National Acoustic Laboratories.

Improving decision-making supports, could, for example, trialling decision aid tools in hearing assessments were recommended.	The Department's website has an ' <u>Ear health and hearing</u> ' page. The Program's website can be accessed from this page. From this Department page, you can access a ' <u>Decision Tool</u> ' which "provides information about hearing loss, management, funding options and support services available." The Decision Tool asks participant which of the following options interest them: communication strategies, hearing aids, assistive listening devices, cochlear implants and/or medical treatments. Dependent on option(s) selected, it then provides a short description of the option and what may be involved in accessing it. The tool is general information and not specific to decisions with the Program.	The Department and Program websites contain various information, but clarity and accessibility need improvement. The current layout makes it difficult to navigate, leading to potentially overlooked or misunderstood information.	It is beyond the scope of this paper to explore and analyse the complex interactions between federal and state-funded services that are managed by different legislations and government agencies.	These are recommendations that include reshaping pricing strategies at more competitive rates. This would also include technology innovation.	There is no easily available public information.	This was about increasing disclosure particular around the price and features of Assistive Hearing Technology. It also suggested incorporating privacy-protected decision-aid tools and potentially integrating these tools into the hearing assessment process, with periodic reviews for effectiveness.	We were also not able to clearly identify privacy-protected decision-making tools on any of the Program's webpages explored.	These recommendations were about aligning measurement with practices and codes set by professional bodies.	There is no easily available public information.
Quality									
8	Align with other funded services								
9	Optimise service delivery through market dynamics and market competition								
10	Increasing provider disclosure								
11	Standardised measurement approaches								

		POLICY & GOVERNANCE
12	Establishing a monitoring and evaluation framework	<p>These was around establishing a monitoring and evaluation framework.</p> <p>A <a href="#">framework</a> was published on July 2023.</p>
13	Clarity in objectives, program goals and governance structures	<p>There have been ongoing trends consistent through all reviews around clarifying program objectives, with some emphasis that this needs to be embedded in legislation like other programs e.g. NDIS.</p> <p>Through all reviews, the governing legislation has been the Hearing Services Administration Act 1997, there are no clear program objectives in this Act.</p> <p>The Program's website does list the following <a href="#">goals</a>:</p> <ul style="list-style-type: none"> <li>• ensure eligible Australians with hearing loss can access subsidised hearing services and devices</li> <li>• help people manage their hearing loss</li> <li>• improve engagement with the community.</li> </ul>
14	Modernisation and adaptation	<p>This is about modernising the Program terminology with contemporary standards, these included renaming the 'Voucher Scheme.' There were also recommendations about reviewing various program and policy aspects to modernise and adapt it.</p>
15	Prioritising outcomes	<p>The 'Voucher Scheme' name remains unchanged. There is no publicly available information on the other aspects of the recommendations.</p> <p>There has been a consistent growing push to transition the Program to be more outcomes-focused.</p> <p>The Program lists goals, but an outcomes-focused approach is difficult to identify.</p> <p>The Program does publish quarterly statistics including number of clients, vouchers, devices and providers that could be used to quantify outcomes, but statistics is not the intent of the recommendations to be outcome-focused, it is more about participant experiences and outcomes - and this information is not as readily available.</p>