



## The Government responds to Still Waiting To Be Heard

The Federal Government has published its long-awaited response to a report on a Parliamentary inquiry into the Hearing Health & Wellbeing of Australia.

The report, called *Still Waiting to be Heard*, recommended 22 actions that would improve the lives of close to 4 million Australians who live with hearing health issues, and people whose first language is Australian Sign Language.

### **The Government supports only one of the 22 recommendations.**

In this edition, read the Government's response to each recommendation.

One in Six invites its readers to share their reactions with us, which we will endeavor to include in next week's edition.

Your comments will also be included in Deafness Forum's response to the Government and in our representations to federal parliamentarians and state & territory health ministers.

Send your comments to [hello@deafnessforum.org.au](mailto:hello@deafnessforum.org.au) before Wednesday 22 August.



## Recommendation 1 from the *Still Waiting to be Heard* report

The Department of Health, in collaboration with Australian Hearing, the Department of the Prime Minister and Cabinet, states and territories, Aboriginal and Torres Strait Islander health organisations, and local communities, develop a national strategy to improve hearing health in Aboriginal and Torres Strait Islander communities aimed at

- coordinating Commonwealth, state and territory services to ensure they are complementary and delivered in a coordinated manner
- developing a nationally consistent data reporting framework to record data on the prevalence of ear health conditions and the provision of services, including a treatment outcomes tracking method
- regular monitoring and evaluating of programs to ensure they are meeting their objectives and
- funding further research into Aboriginal and Torres Strait Islander hearing health issues.

### The Government's response: Supported

In March 2017, the COAG Health Council agreed to explore the feasibility of a national approach to addressing ear disease and hearing loss in Aboriginal and Torres Strait Islander children. This work is currently progressing through the Australian Health Ministers' Advisory Council and the National Aboriginal and Torres Strait Islander Health Standing Committee. The development of an Aboriginal and Torres Strait Islander ear health national key performance indicator and data reporting process is being considered as part of this work.

An independent examination of Australian Government-funded Indigenous ear and hearing health initiatives has been undertaken, including how well those initiatives are coordinated with other programs. The report is available online at <http://www.health.gov.au/internet/main/publishing.nsf/Content/examination-of-australian-government-indigenous-ear-and-hearing-health-initiatives>.

Recommendations from the examination are currently being addressed.

The Government has announced that it intends to create an 'ending avoidable Indigenous blindness and deafness' Mission under the Medical Research Future Fund. As part of this, research priorities will be developed.

Work is also underway to develop a hearing health roadmap which identifies an integrated approach to service delivery, with a view to improving ear health in Indigenous Australians.

## Recommendation 2

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The Department of Health and Australian Hearing significantly increase the resources devoted to providing hearing health services in regional and remote Aboriginal and Torres Strait Islander communities. The mobile outreach services of the 'Deadly Ears Program' should serve as a best practice example for national implementation. This program should focus on expanding access to hearing health services in regional and remote locations and reducing the waiting lists for Aboriginal and Torres Strait Islander children requiring hearing health treatment.

### Government response: Noted

The Australian Government makes a significant investment in initiatives to improve the ear and hearing health of Indigenous children and youth. Funds totaling over \$136 million (2012-13 to 2021-22) are being provided for a range of activities. This includes the May 2018 announcement of \$30 million (2018-19 to 2021-22) for a new targeted outreach program which will provide an annual hearing assessment for Aboriginal and Torres Strait Islander children prior to the commencement of school, with a focus on children in rural and remote communities.

The Government also makes a significant investment in multidisciplinary clinical outreach services in regional, rural and remote areas through the 'Healthy Ears - Better Hearing Better Listening' program providing access to surgical support and capacity building activities such as provision of training and equipment to Indigenous primary health services.

The independent examination of Australian Government Indigenous ear and hearing health initiatives concluded that the Australian Government's investment is conceptually sound in its elements and has facilitated and improved access to multidisciplinary ear health care for Indigenous children and young people.

Since commencement of the Healthy Ears – Better Hearing Better Listening program in 2013-14, the number of patients accessing care has increased significantly each year. In 2016-17, over 47,000 patients received services in 304 locations, with a focus on regional, rural and remote regions.

Under the Australian Hearing Specialist Program for Indigenous Australians, the Australian Government provides hearing services in more than 200 Aboriginal and Torres Strait Islander communities across Australia each year to help overcome access, distance, culture and language barriers.

### Recommendation 3

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The Department of Health together with the Department of Education and Training create a hearing health support fund for Aboriginal and Torres Strait Islander students. This fund should

- be responsible for the progressive installation of soundfield amplification systems in the classrooms of all regional, rural, and remote schools with a significant Aboriginal and Torres Strait Islander student population and
- provide support to deaf Aboriginal and Torres Strait Islander children to learn sign language and access interpreters where necessary.

#### Government response: Noted

The Commonwealth Government recognises the importance of ensuring the hearing needs of children in schools are met to support improved learning outcomes and makes a significant financial contribution to school education through record Commonwealth recurrent funding.

In recognition of the educational barriers faced specifically by disadvantaged students, the Government provides additional funding through loadings (included in recurrent funding arrangements) that target student and school disadvantage, including for

- students from low socioeconomic status backgrounds
- students with disability
- Aboriginal and Torres Strait Islander students
- students with low English proficiency
- school size, and
- school location.

The Government is not prescriptive about how school authorities or individual schools spend Commonwealth funding. This allows school authorities to target resources appropriately to address local needs, including the needs of Aboriginal and Torres Strait Islander students and/or students with disability.

### Recommendation 4

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The Department of Social Services include audiology and audiometry as eligible services for access to the Free Interpreting Service, delivered by the Translation and Interpreting Service.

#### Government response: Not supported

DSS' Free Interpreting Service (FIS) aims to provide equitable access to key services that are not substantially government funded. Private medical practitioners (General Practitioners and approved Medical Specialists) are eligible to access the FIS when providing Medicare-rebateable services in private practice. Pharmacies are also eligible to access the Service for the purpose of dispensing Pharmaceutical Benefits Scheme (PBS) medications.

The Commonwealth Government is committed to ensuring current interpreting services are maintained but does not intend to expand eligibility to the FIS to audiology and audiometry services.

## Recommendation 5

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The Office of Hearing Services review the provision of hearing services to residents in aged care facilities. This review should consider issues including

- the use of assistive listening devices for aged care residents
- service provision for deafblind Australians in aged care facilities and
- the education of aged care facility staff.

### Government response: Supported in principle

The Government appreciates the need for education of aged care facility staff, including supporting staff to identify and manage residents with hearing loss or dual sensory loss such as deafblindness, and how devices can be used to improve their welfare. The Australian Aged Care Quality Agency promotes high quality care, innovation and continuous improvement through information, education and training. The Legislated Review of Aged Care 2017 also informs future reform options. The Department will work with the Australian Aged Care Quality Agency (Aged Care Quality and Safety Commission from 1 January 2019) on promoting resources to support the education and training of aged care facility staff in their management of residents with hearing loss.

The Australian Government's Hearing Services Program provides a range of services to people with hearing impairment who meet their eligibility criteria, including people receiving aged care services. Aged care providers can also assist consumers to access specialised equipment to support assisted listening devices (such as audio induction loops) and provide assistance with maintaining hearing aids (including training for staff). However, these services are offered at the discretion of the provider and may attract additional fees.

The law requires Commonwealth-subsidised residential aged care providers to meet the Accreditation Standards (the Standards) to ensure that quality care and services are provided to all care recipients. Sensory loss is specifically covered under Standard 2.16, stating that care recipients' sensory losses are identified and managed effectively. It is also expected under the Standards that aged care providers demonstrate management and staff have the appropriate knowledge and skills to perform their roles effectively, which would include the management of care recipients' sensory loss.

The Australian Aged Care Quality Agency (Quality Agency) assesses and monitors the performance of residential aged care services against these quality Standards, including through unannounced re-accreditation audits and at least one unannounced site visit per year. While assessing a home the Quality Agency surveyors observe care practices in the home and interview staff and at least 10 per cent of care recipients and/or their representatives.

The Department has worked with the sector to develop a draft single set of standards which will apply to all aged care services. The new standards will focus on quality outcomes for consumers rather than provider processes. The final Aged Care Quality Standards are available on the department's website. Transition to the Aged Care Quality Standards commenced in July 2018

and, subject to agreement by Government and parliamentary processes, assessment and monitoring against the Aged Care Quality Standards is expected to commence from July 2019.

Additionally, on 14 March 2018, Minister Wyatt jointly announced, with the Assistant Minister for Vocational Education and Skills, the establishment of an Aged Care Industry Reference Committee (IRC). Among other things, the Aged Care IRC will be responsible for reforming national training package qualifications and skills sets need by the aged care industry.

## Recommendation 6

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The Department of Health, in consultation with state and territory counterparts and key stakeholder groups, develop and implement an education and awareness raising campaign focussed on national hearing health. The campaign should

- Promote safe noise exposure practices in the workplace. (The department, in partnership with Safe Work Australia, should focus on encouraging businesses to enact measures to eliminate or isolate sources of noise rather than relying on personal hearing protection.)
- Build on existing projects such as HEARsmart and Know Your Noise to promote safe listening practices in the music industry and among young people.
- Encourage people who may be experiencing hearing loss to seek assistance and encourage general practitioners and other relevant medical practitioners to actively enquire about the hearing health of their patients, particularly those aged 50 years and over.
- Include messaging aimed at destigmatising hearing loss and educating the public on the challenges faced by deaf and hearing impaired Australians.

### Government response: Noted

Public health campaigns are primarily the responsibility of state and territory governments. When a similar recommendation was raised in the 2010 Senate Committee report, the Government raised the matter at the AHMAC meeting of 29 September 2011. The Council agreed that states and territories would manage any issues around recreational noise and safety regulations for entertainment venues.

The Government, through Safe Work Australia, already works with states and territories to promote occupational safe noise exposure practices and hearing loss prevention. Additionally, the Government funds relevant work conducted by the National Acoustic Laboratories (NAL) specifically their "Know Your Noise" campaign which aims to build safe listening practices among young people and in the music industry.

## Recommendation 7

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The Department of Health develop a national hearing loss prevention and treatment program for agricultural communities. Effective interventions piloted in the National Centre for Farmer Health's Shhh! Hearing in a Farming Environment project should serve as the basis for the development of the program. Specifically, the program should include:

- The provision of education on farm-based sources of noise exposure and how the risks to hearing health from these noise sources can be minimised.
- Hearing screening services targeted at workers in agricultural industries and referrals to treatment services for people found to have a hearing loss.
- The promotion of communication techniques to assist people with hearing loss regardless of whether they choose to use hearing devices.

### Government response: Noted

As part of its policy role, Safe Work Australia has led the development of the Australian Work Health and Safety Strategy 2012-2022 (the Australian Strategy). Work related noise induced hearing loss is a priority disorder under the Australian Strategy while agriculture is a priority industry under the Strategy.

The states and territories are predominantly responsible for farm safety in Australia and the implementation and regulation of work health and safety. The Department of Health provided almost \$600,000 through the Hearing Loss Prevention Program for the Shhh! Hearing in a Farming Environment project to Deakin University and the National Centre for Farmer Health.

## Recommendation 8

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The Australian Government's Hearing Services Program and the National Acoustic Laboratories prioritise funding for research which focuses on

- The causes of balance disorders and potential treatment options
- Genetic and stem-cell based treatments for hearing impairment and
- Longitudinal research on the experiences of adults undergoing treatment for hearing impairment.

### Government response: Not supported

The Government is committed to the ongoing funding of research into hearing prevention, assessment and rehabilitation to improve the way in which support is provided to hearing impaired Australians. The reprioritisation of National Acoustic Laboratories (NAL) research in accordance with this recommendation would result in loss of expertise and longitudinal research. The Government notes that international academic and private research institutions may be better placed to advance this research.

Introducing new areas of research through NAL may have unintended consequences for their existing research. The tools, laboratories and expertise necessary to conduct research into balance are quite different from those needed to understand hearing. Any balance research

program added to NAL would be a stand-alone initiative, would not be complementary and integrative with current research areas and, without additional funds, would negatively affect research being conducted in all other NAL research sections because of the loss of key and complementary expertise and resources.

NAL does not have the expertise or resources to conduct any of the expensive and intensive research into genetic and stem-cell treatments.

Longitudinal research on adults who have received treatment for their hearing impairment is already a priority area for NAL.

## Recommendation 9

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The Australian Government add hearing health services delivered via the internet to the Medicare Benefits Schedule. These services should include audiology ear, nose, and throat consultations early intervention listening and spoken language therapy and speech pathology.

### Government response: Supported in principle

The Government is committed to innovation in the delivery of health services where established by clinical evidence, safety and cost effectiveness. The Government has in place evidence based processes that allow industry to seek approval of teleaudiology services if they seek listing on the MBS.

The Medicare Benefits Schedule (MBS) already funds telehealth services provided by ear, nose and throat specialists to patients who live in non-urban Australia.

The medical profession, medical industry and others with an interest in seeking funding for a new medical service or device, or a change to an existing service can make applications to the Medical Services Advisory Committee (MSAC). The MSAC is an independent non-statutory expert committee that appraises new medical services and devices, and provides advice to Government on whether a new medical service or device should be publicly funded (and if so, its circumstances) on an assessment of its comparative safety, clinical effectiveness, cost-effectiveness, and total cost, using the best available evidence.

The HSP does not prohibit the use of teleaudiology as long as the services are delivered in accordance with its technical and clinical standards. The Department is currently working with industry to understand the benefits and barriers of teleaudiology services through the HSP.

## Recommendation 10

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That a review be undertaken of Australian Hearing's commercial operations to ensure it is undertaking a competitively neutral approach to its participation in the Hearing Services Program Voucher Scheme.

### Government response: Supported in Principle

Australian Hearing is already subject to the Government's competitive neutrality policy and makes competitive neutrality payments to Government in the form of dividends and tax equivalent payments.

On 23 May 2018, the Productivity Commission released their investigation report into the commercial operations of Australian Hearing. The report found that, with a minor exception, Australian Hearing is complying with its competitive neutrality obligations.

The Treasury is currently conducting a review of the Government's competitive neutrality policy. Once completed, the Department of Human Services will work with Australian Hearing to ensure commercial operations continue to be competitively neutral.

## Recommendation 11

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The Community Service Obligations program be extended to provide hearing services to hearing impaired Australians aged 26 to 65 years on low incomes or who are unemployed and qualify for lower income support or the Low Income Superannuation Tax Offset.

### Government response: Noted

This recommendation is similar to the proposal in the Hearing Care Industry Association (HCIA) commissioned report from Deloitte Access Economics - The Social and Economic Cost of Hearing Loss and Hearing Health Conditions in Australia (detailed on page 9). Australians aged 26-65 years with hearing loss are eligible for the Community Service Obligations component of the Hearing Services Program if they are first eligible for the Voucher component of the Program and they are deemed to be a complex client.

Eligibility for the Voucher component is already inclusive of low income or unemployed people, where they are eligible for a Pensioner Concession Card. This includes recipients of the Disability Support Pension, Carer Payment and some recipients of Newstart Allowance.

## Recommendation 12

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The Australian Government's Hearing Services Program prohibit the use of commissions or any similar sales practices likely to undermine the ability of audiologists and audiometrists to provide independent and impartial clinical advice. The Committee also recommends that

- Australian Hearing cease the use of commissions and similar sales practices as soon as is feasible.
- The Department of Health amends contracts with service providers operating under the Hearing Services Program Voucher Scheme to prohibit the use of commissions and similar sales practices as soon as is feasible.
- If necessary, changes be made to the Hearing Services Administrative Act 1997 (Cwth), and any other relevant legislation or regulation, to enable the prohibition of commissions and similar sales practices as described above.

### Government response: Noted

The Government supports the delivery of hearing services based on the clinical assessment and clinical needs of the client. Health is currently reviewing the HSP to determine the best possible options to ensure that clients receive the best clinical service, within an open and competitive market.

On 3 March 2017, the Australian Competition and Consumer Commission (ACCC) released a report Issues around the sale of hearing aids to encourage industry to reconsider commissions, disclosure and sales practices in the context of the Australian Consumer Law.

In response to the ACCC report and reports of 'up selling' practices by Contracted Service Providers, the HSP released updated guidance material for consumers, including example questions to ask, as did the ACCC themselves. Allegations of inappropriate selling pressure within the HSP are investigated by Health and appropriate action taken, including the option to suspend or terminate a service provider's contract.

Australian Hearing does not pay commissions to its clinicians. Australian Hearing did operate a Clinical Bonus Scheme that linked additional remuneration to audiologists for the successful fitting of higher level technology hearing aids to clients. This scheme ceased from 1 October 2017.

## Recommendation 13

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The Australian Government pursue the registration of the audiology and audiometry professions under the Australian Health Practitioner Regulation Agency framework with the Council of Australian Governments.

### Government response: Not supported

The Government does not intend to pursue the registration of the audiology and audiometry professions into the Australian Health Practitioner Regulation Agency (APHRA) framework. For

these professions to be considered for inclusion a significant risk to public safety from these professions would need to be demonstrated and agreement by all health ministers gained.

## Recommendation 14

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That audiological services for children aged zero to five years remain under the Department of Health's CSO program, with Australian Hearing retaining its role as the sole provider of these services.

### Government response: Noted

The Government recognises that early intervention services are vital to detect hearing loss and prevent development delays in children. The Australian system is more comprehensive than many in the international sphere with an established pathway to help parents and children navigate the hearing sector. While this pathway may change in the future with the introduction of the National Disability Insurance Scheme (NDIS), the Government is committed to ensuring continuity of support to children, young adults and their families.

To ensure that there is sufficient time to put appropriate arrangements in place, the current in kind arrangements for CSO clients will apply in 2019-20. This will allow the National Disability Insurance Agency (NDIA) to develop the arrangements for Specialist Hearing Services for children and work with Australian Hearing to ensure NDIS funded Specialist Hearing Services will deliver equivalent outcomes for children.

## Recommendation 15 & 16

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- The Office of Hearing Services fund the creation of a national 'guided pathway' system, based in Australian Hearing, to assist parents in choosing expert early intervention services for their children.
- The Committee recommends that the Council of Australian Governments
  - establish a universal hearing screening program for children in their first year of school, with the aim of having all children tested within the first 60 days of the school year and
  - investigate the use of an evidence based online screening program, to deliver a cost effective screening process.

### Government response: Supported in Principle

State and territory governments are mainly responsible for the delivery of school aged screening services. The Australian Government will work with states and territories through the COAG Education Council on a universal hearing screening program for children in their first year of school.

A number of online screening programs are already in circulation in Australia. For example, the Sound Scouts game was developed by Carolyn Mee (cmee4 Productions) in collaboration with the National Acoustic Laboratories, the research arm of Australian Hearing. The Commonwealth contributed approximately \$90,000 to this project in 2015-16.

## Recommendation 17

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The Department of Health establish a system of automatic referral to a paediatric audiologist, which can be bulk billed, following identification of a hearing impairment at a school screening program.

### Government response: Noted

The Commonwealth Government already subsidises diagnostic audiology services through the MBS by consultant physicians and specialists, and for services performed by an audiologist upon written request from an Ear, Nose and Throat (ENT) specialist or, for some services, a neurologist.

## Recommendation 18

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That states and territories be required to report against the 'National Performance Indicators to Support Neonatal Hearing Screening in Australia', and that the Standing Committee on Screening coordinates the monitoring and reporting in this area.

### Government response: Supported in Principle

The Australian Government notes that states and territories have primary responsibility to action this recommendation.

Following the 2010 Senate Community Affairs Reference Committee report, the Australian Institute of Health and Welfare developed a set of key indicators which could be collected by all jurisdictions to enable nationally consistent reporting. These indicators were endorsed by the Community Care and Population Health Principal Committee in August 2013 and released for states and territories to use when developing and monitoring neonatal hearing screening services. The indicators were originally developed to be reported against using a national data collection. All jurisdictions have introduced universal neonatal hearing screening programs.

## Recommendation 19

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The National Disability Insurance Agency undertake modelling to determine the likely demand for Auslan interpretation services following the introduction of the National Disability Insurance Scheme, and the capacity of existing services to meet this demand.

### Government response: Supported in principle

The Government appreciates that it is the prerogative of every individual to communicate in a way they choose and makes efforts to accommodate these variations. The NDIS expands the range of circumstances in which Auslan interpreting is available, including in social and community participation and daily living settings. This can include interpreting services to help clients manage their finances, assist with household tasks or attend recreational and sporting activities. The provision of Auslan interpreting for medical appointments, which attract a Medicare rebate, is also available under the NDIS.

The NDIA will monitor the demand for Auslan interpreter services and the capacity of the market to supply the services as part of its market stewardship role.

## Recommendation 20

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That the federal Government works with states and territory governments to ensure that Auslan interpretation services are available for interactions with medical, law and other essential services.

### Government response: Noted

The Government is committed to ensuring current interpreting services will be maintained. The NDIS provides funding for support for participants with hearing loss and use of Auslan to access interpreting and translation services in activities of daily life. The Scheme provides choice and control for participants over how they use those services. This can include the provision of Auslan interpreting for medical appointments.

## Recommendation 21

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The Parliamentary Inquiry report supports the decision to not privatise Australian Hearing and recommends that Australian Hearing be retained in government ownership.

### Government response: Noted

## Recommendation 22

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That hearing health is made a National Health Priority Area.

### Government response: Not supported

Since the National Health Priority Areas were established, there has been a policy shift away from a disease-specific approach towards a more integrated approach that is applicable across a broad range of chronic conditions.

To ensure that there is an appropriate focus on hearing health, the Government is working with hearing health consumer and industry groups to develop a roadmap for hearing health that will provide the basis for the sector, consumers and governments to move forward with a collective understanding of the issues and actions that will lead to improvements in hearing health for all Australians.

## One in Six

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