

2021-22 PRE-BUDGET SUBMISSION

DEAFNESS FORUM OF AUSTRALIA

About the Deafness Forum of Australia

Deafness Forum of Australia is the peak national body representing the interests of the 3.5 million Australians who live with hearing loss. Our mission on behalf of our members is to make hearing health & wellbeing a national priority in Australia.

We call on the Government to budget for the appropriate funding to implement the Roadmap for Hearing Health and Wellbeing.

PRIORITY AREAS and RECOMMENDATIONS

1. A national prevention and awareness communication strategy



Hearing Health goes beyond the ears. It encompasses well-being, quality of life, psychological factors, social functioning, intimate relationships, social isolation, education and employment.

Hearing loss is stigmatised, resulting in it being ignored and under-managed, resulting in adverse effects on physical and mental health. The consequences for too many Australians are profound.

Hearing loss is also expensive, costing the nation \$15 billion a year in lost productivity, plus the costs to our health system.

A public awareness campaign can be delivered to raise awareness of hearing health, and to help prevent hearing loss. It can:

- Promote the need for public communications, including in educational settings, workplaces, public spaces, and social media are delivered equitably to people who are hard of hearing and deaf.
- Encourage inclusive community behaviour and practices to reduce the stigma associated with assistive devices.
- Promote early detection and treatment of hearing loss by encouraging people experiencing hearing loss to quickly seek treatment.
- Promote Australian Sign Language – Auslan – so it is valued and normalised.
- Use World Hearing Day (3 March) and the International Day of Sign Languages (23 September) as calendar points to increasingly promote awareness of hearing health and sign language.

2. Closing the Gap for Aboriginal and Torres Strait Islander Ear and Hearing Health



Improved hearing health for Aboriginal and Torres Strait Islander people is intrinsically linked to broader improvements in health, education, and social and economic outcomes. The complex interaction of multiple risk factors means that action is needed across multiple sectors. This should be led by Aboriginal and Torres Strait Islander people themselves.

Key actions include:

- Develop a national set of key performance indicators for Aboriginal and Torres Strait Islander ear and hearing health.
- Create a national database and standardised reporting mechanisms across jurisdictions, enabling collection of prevalence data.
- Develop an integrated national approach to undertaking ear health checks of children aged 0-6, where every Aboriginal and Torres Strait Islander child has regular ear health checks at scheduled intervals to identify otitis media early and prevent the onset of chronic ear disease

and long-term hearing loss. This is supported through personal health records and annual child health check processes, with the results of checks recorded in a national database with the objective of no child slipping between the cracks.

- Develop and implement a community-focussed, hearing health promotion program focussing on both primary care clinicians and families.
- Review State and Territory health and education (including maternal and early childhood) policies and the Otitis Media Guidelines using an evidence base of the impacts on child development of early, chronic ear disease.

3. Significantly enhance hearing health for older Australians in aged care



Research has shown there is a very high prevalence of hearing and communication impairment in older people living in aged care facilities, more so than is found in the wider elderly population. In many cases hearing loss in aged care facilities is under-identified and unaddressed. Research has also shown that traditional models of service delivery are not meeting the needs of people living in aged care facilities. If the hearing needs of aged care residents were well supported, it would make a significant difference to their quality of life. Therefore, a new approach is needed that will enhance the hearing health of older Australians in aged care.

The audiological management of residents in aged care facilities is more complex as the residents have other serious co-existing health conditions that complicate the hearing rehabilitation process. They are more likely to have more complex health conditions combined with hearing loss such as dementia, vision loss and physical impairments.

The staff in aged care facilities are often not well equipped with the skills to work effectively with people with hearing loss or to help them manage any technology they may have.

The physical environment in aged care facilities is problematic because of a lack of privacy, high reverberation levels and high levels of glare. Similarly, the social environment is restricted with residents having few opportunities to talk, few people to talk with, and limited topics of conversation and reasons to talk.

The traditional approach of providing hearing tests and devices isn't an appropriate model of care for residents in aged care facilities and leads to poor outcomes for people. A model that addresses the communication needs of the person, the upskilling of staff, improves the environment and provides ongoing support for clients through a volunteer program is more appropriate and effective.

There are practical and affordable solutions to address the disparity of hearing health care for older Australians.

- Use the *Good Practice Guide* and training and information resources developed by Deafness Forum of Australia that focus on key hearing health care considerations including conducting hearing assessment of residents when they enter aged care facilities and regularly thereafter, basic care and maintenance of hearing aids and other practical approaches to the management of hearing loss in aged care facilities, including some procedures for visiting hearing health professionals.
- Train, upskill and resource the workforce to support the needs of people with hearing loss and to help them manage the technologies they rely on.

Royal Commission into Aged Care Quality and Safety

The Government must swiftly implement the recommendations of the Royal Commission into Aged Care Quality and Safety. Furthermore, we agree with the recommendation by the Consumers Health Forum that the Government establish an Independent Aged Care Commission separate from Health Department to ensure that service providers do the right thing.

It is clear there needs to be more attention paid to the workforce in aged care. There must be a more appropriate staff mix, better skilled staff and staff need to be paid at levels that attract people into the sector and keep them working there.

4. Provide greater support for vulnerable Australians, including those on low incomes in accessing affordable hearing healthcare



There are several groups of vulnerable Australians who are unable to access the hearing health care they need. Access to culturally appropriate and affordable hearing services could improve the

person's opportunities for further education, employment or advancement, community and social engagement and improve their quality of life.

People on low income

These people may be unemployed, in low paid employment or self-funded retirees who do not have high levels of superannuation and who do not qualify for government funded hearing services (NDIS or Hearing Services Program).

People in the criminal justice system

Research has shown the high prevalence of hearing loss among prisoners. The presence of hearing loss could impact on the person's ability to adequately hear in a courtroom, and could impact negatively on daily interactions in prison, and on the person's progress through a rehabilitation program.

While prison authorities have responsibility for the health and welfare of prisoners, there is limited understanding of the importance of screening for hearing loss, and the budget for health services is not usually sufficient to cover the cost of hearing devices. Several government inquiries have recommended action to address the hearing needs of prisoners, yet no progress has been made.

People living in rural and remote areas

People living in rural and remote areas may need to travel significant distances to access hearing services. While there is financial support to help with travel expenses for medical appointments, this funding does not extend to attending hearing services appointments. This may prevent people from accessing the services they need. Some people are unable to leave their local area due to family or work responsibilities or due to poor health. There needs to be more incentives for hearing services providers to deliver services in rural and remote areas and through telehealth services where appropriate.

People from culturally and linguistically diverse backgrounds

People from culturally and linguistically diverse backgrounds may not have access to information in their preferred language on the hearing services available so they are unaware that the services exist, they may not feel comfortable in accessing hearing services for cultural reasons, or they may need assistance in paying for interpreter services in order to access hearing services.

Aboriginal and Torres Strait Islander peoples

The level of hearing loss in Aboriginal and Torres Strait Islander people, particularly children is well documented. Culturally appropriate, affordable hearing services need to be available in locations where Aboriginal and Torres Strait Islander people are able to access them.

5. Enhance and focus research to inform the development of public policy

There is \$7.3 million in Government funding available today for research into hearing health and wellbeing.

We endorse those priorities promoted by the Hearing Health Sector Alliance (Deafness Forum is a foundation member). Funding should be directed towards the following key areas which align with the Roadmap for Hearing Health:

Vulnerable Older Australians

Research that can lead to significantly enhanced hearing and health outcomes for vulnerable older Australians including:

- Residents in aged care facilities
- Home care package recipients
- Older people living in isolation
- Older people with complex care needs and/or co-morbidities
- Homeless older people or older people in insecure housing

Aboriginal and Torres Strait Islander Ear Health

Research into innovative models of service delivery to improve speech and hearing health outcomes for Aboriginal and Torres Strait Islander peoples, including:

- Incarcerated populations
- Young children
- Remote populations

Working-age Australians and access

Research that can lead to novel solutions and service delivery models, such as but not restricted to teleaudiology that improve access to hearing healthcare by vulnerable working-age Australians, including:

- Low-income
- Homeless
- Non-English Speaking Backgrounds
- Migrants
- Remote/regional

Newborns to young people

Consumer advocates have been lobbying for more than a decade for development of a national database for Australia's universal Newborn Hearing Screening Program.

The States and Territories health systems maintain their own data but are unable and unwilling to share their information among each other and with interested groups.

It is not a difficult thing to gather information nationally. It would also be beneficial if this database tracked whether the families whose babies are identified with hearing loss access Hearing Australia services and early intervention services as a way to ensure that no child falls through the gaps.

And then, take it a step further by checking in with families to learn about the educational and employment outcomes for children fitted with devices.