

Creation of a new eligibility category for Aged Care under the Community Service Obligations component of the Australian Government Hearing Services Program.

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SUMMARY

Residents of aged care facilities are currently unable to access the hearing services they need under the Voucher Program component of the Hearing Services Program (HSP). These clients have complex needs and research has shown that residents in aged care require a different model of service delivery than is available through the Voucher Program.

Hearing Australia has the expertise required to work with clients with complex needs including those with dementia, and the Community Service Obligations (CSO) Program provides the flexibility needed to provide an evidence based and more appropriate service delivery model.

As residents in aged care facilities are a highly vulnerable group, services should be available to all residents of aged care facilities, not just those who meet the current eligibility requirements of the HSP.

A new eligibility category should be created under the Community Service Obligations component of the Australian Government Hearing Services Program for all permanent residents of aged care facilities (ACF) regardless of income level for the following reasons.

1. Prevalence of hearing loss

There is a very high prevalence of hearing and communication impairment in older people living in ACFs, a significantly higher prevalence than is found in the wider elderly community. Research typically shows that hearing loss occurs in 80 to 90% of ACF residents compared to approximately 40 to 50% of older adults living in the community.

A recent Australian systematic review found that in many cases hearing loss in ACFs has been under-identified and unaddressed. The review also found a clear association between hearing loss and loneliness, reduced social engagement, and depression among residents.

2. Complex needs

The audiological management of residents in ACFs 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. Providing appropriate audiological care to clients

with complex needs requires specialised knowledge and expertise which is available through the CSO Program.

3. Support for residents

Residents in ACFs are generally highly dependent on staff for their personal care and management of health issues. They also rely on ACF staff to access hearing services and assist with any devices fitted. Evidence at the recent Aged Care Royal Commission indicates that staffing levels make it difficult for residents to be provided with support for basic needs let alone assistance with applying for hearing services or using the technology provided. Therefore, their hearing needs are often not addressed. The evidence given at the Royal Commission from the family of one resident with significant hearing impairment showed that staff had no understanding of the importance of hearing aids for the resident or how to help that resident use the technology. The evidence also showed that only 40% of residents had visitors which indicates how reliant the residents are on ACF staff to help them with their needs. It also indicates that very few residents have anyone else to advocate for them on their behalf.

Staff in ACFs are not well equipped with the skills to work effectively with people with hearing loss or to help them manage any technology they may have. This leads to a level of frustration for staff as they do not have the skills to communicate effectively with people in their care. Residents are left feeling anxious and are at risk if they are not understanding the questions or instructions from the staff. There is also a risk that staff could mistakenly believe that someone is uncommunicative due to other health issues such as dementia when in fact the person has an undiagnosed hearing loss.

The model of care to provide hearing services to residents of ACFs needs to include a component of staff training to improve the skill level of staff in working with people with hearing loss as well as harnessing any volunteer programs that could support residents in managing their hearing needs and providing communication opportunities. The training needs to be extended to Aged Care Assessment Teams and also needs to be embedded in the certificate courses for aged care workers.

It is currently confusing and time consuming for staff to have to deal with multiple hearing services providers. Having one service provider would provide a more streamlined and efficient process for ACF staff to arrange appointments and support services for residents, and organise training and upskilling of staff so they can work more effectively with residents with hearing loss.

4. The environment

The physical and social environment in ACFs presents major challenges for residents in being able to participate in effective communication exchanges. The physical environment 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. Therefore, the environment needs to be reviewed and improved as part of the program to assist clients experiencing communication difficulties.

5. Appropriate model of service delivery for ACF

Standard audiological care, such as that provided under the Australian Government Hearing Services Voucher Program consists of a hearing assessment and, usually, a hearing aid fitting. This isn't an appropriate model of care for residents in ACFs and leads to poor outcomes for clients. A model that addresses the communication needs of the client, provides a broad range of assistive listening devices, offers programs to upskill staff, improves the environment and provides ongoing support for clients through a volunteer program is more appropriate and effective. This model of care is currently provided to some extent under the Community Service Obligations component of the Hearing Services Program, but it needs to be better funded and available to all residents, not just those who qualify for the Hearing Services Program.

6. Extending eligibility to all residents in ACFs

The vulnerability of residents in ACFs was highlighted very starkly in the Aged Care Royal Commission report. The vulnerability of residents in ACFs is not related to the person's income level. Therefore, the hearing and communication needs of this entire group needs to be addressed through the Community Service Obligations Program, not just those who meet the eligibility criteria for the Hearing Services Program. There is precedence for this in that other vulnerable groups such as children with hearing loss and Aboriginal and Torres Strait Islander people aged over 50 years or those on Community Development Programs have been included in the eligibility criteria for the Community Service Obligations component of the Hearing Services Program without reference to income levels.

The report from the Aged Care Royal Commission shows that a significant level of investment will be needed to improve the standard of care in ACFs. Directing some of this investment to addressing the hearing and communication needs of residents and upskilling ACF staff would improve the health, safety and social well-being of residents and would assist staff to provide a better level of care.

CONCLUSION

Delivering a tailored program to address the specific needs of residents in ACFs as a Community Service Obligations ensures services are delivered in the most cost-efficient and effective way and that the quality of the program and training is delivered consistently across all ACFs.

There are approximately 180,000 permanent residents living in ACFs and there are around 2,700 residential aged care facilities so it is a small, but highly vulnerable population whose hearing and communication needs are often neglected or poorly managed. Most of these clients are already eligible for services under the Hearing Services Program. According to the AIHW report¹, 88% of people entering permanent aged care are 75 years and older and 72% of people aged 75-85 receive a government pension indicating that most residents are already eligible for the HSP. However, under current arrangements the HSP may not be delivering the best outcome due to the model of care available under the Voucher Program.

It is unrealistic to provide the range of services required by staff and residents under the present Voucher Program arrangements with multiple providers. Having one service provider would ensure a consistent standard of service to clients. It would also ensure consistency in training

¹ Australian Institute of Health and Welfare (2021) Older Australians, AIHW, Australian Government

materials for staff which is particularly important as many staff move between different facilities so they need to receive the same training regardless of where they receive it. The proposed arrangement would also make it easier for the Department of Health to monitor the programs being delivered in terms of the standards, quality, outcomes and outputs.

A model of care that is delivered by highly competent audiologists and directed to the facility, the staff as well as the individual has been shown to be more effective and is already being provided under the Community Service Obligations Program in a limited way. It would require minimal legislative change to extend the services to all residents in ACF and to deliver services under the CSO Program. Residents would retain the right to continue to receive their hearing services through the Hearing Services Program Voucher Program if eligible, the NDIS if eligible, or as private clients if they wished to do so.

Additionally Hearing Australia would be able to offer appropriate advice on course content relating to hearing assistance in the VET courses for personal carers and Enrolled Nurses as well as in first degree courses in nursing, medicine and relevant areas of allied health.

The proposal could also assist people who are receiving home care packages as Hearing Australia could provide advice and training to relevant home care providers.