

## Chapter 2

### Eligibility criteria

#### Introduction

2.1 This chapter examines the eligibility criteria for determining access to, and service needs of, deaf and hard of hearing people under the National Disability Insurance Scheme (NDIS).

2.2 During the course of the inquiry, two main issues arose in relation to eligibility criteria: firstly, the lack of publicly available information on the criteria used to assess eligibility for NDIS services for deaf and hard of hearing people, and secondly, the repercussions for deaf and hard of hearing people deemed not eligible for NDIS services.

2.3 In March 2017, the NDIA indicated it was going to release guidance material for access decision making for implementing the NDIS access criteria for deaf and hard of hearing people toward the end of April 2017.<sup>1</sup>

2.4 In August 2017, the NDIA provided to the committee the reviewed guidance for determining access to the NDIS for deaf and hard of hearing people. On 1 September 2017, the NDIA publically released the document.<sup>2</sup>

2.5 Late August 2017, the committee sought the views of the hearing services sector on the reviewed guidance and changes.

2.6 This chapter first outlines the issues raised during the inquiry in relation to eligibility criteria due to the lack of guidelines. Then, it discusses the changes to the eligibility criteria that are coming to effect now and how they are likely to alleviate the access issues faced to date by deaf and hard of hearing people.

#### Eligibility criteria

2.7 Sections 22 to 25 of the NDIS Act 2013 detail the criteria for access to the Scheme. To become an NDIS participant a person must:

- have a permanent impairment that significantly affects their ability to take part in everyday activities, or have a developmental delay;
- be aged less than 65 when first applying to enter the NDIS and meet additional age requirements if living in SA or TAS;
- live in Australia in an NDIS area on a specified date; and
- be an Australian citizen or hold a permanent visa or a Protected Special Category visa.

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1 Ms Louise Glanville, Deputy Chief Executive Officer, NDIA, *Committee Hansard*, 24 March 2017, p. 16.

2 NDIA, additional information received 1 September 2017.

2.8 An impairment that varies in intensity, for example when an impairment is of a chronic episodic nature may still be permanent, and may meet the eligibility requirements for the Scheme.

2.9 In addition to these eligibility criteria there are also Early Intervention Requirements. A prospective participant will meet the early intervention requirements if they meet each of the following requirements::

- the person:
  - i. has one or more identified intellectual, cognitive, neurological, sensory or physical impairments that are, or are likely to be, permanent (section 25(1)(a)(i)); or
  - ii. has one or more identified impairments that are attributable to a psychiatric condition that are, or are likely to be, permanent (section 25(1)(a)(ii)); or
  - iii. is a child who has developmental delay (section 25(1)(a)(iii)); and
- the NDIA is satisfied that provision of early intervention supports is likely to benefit the person by reducing their future needs for disability related supports (section 25(1)(b)); and
- the NDIA is satisfied that provision of early intervention supports is likely to benefit the person by:
  - i. mitigating or alleviating the impact of the person's impairment upon their functional capacity to undertake communication, social interaction, learning, mobility, self-care or self-management (section 25(1)(c)(i)); or
  - ii. preventing the deterioration of such functional capacity (section 25(1)(c)(ii)); or
  - iii. improving such functional capacity (section 25(1)(c)(iii)); or
  - iv. strengthening the sustainability of informal supports available to the person, including through building the capacity of the person's carer (section 25(1)(c)(iv)); and
- the NDIA is satisfied that early intervention support for the person is most appropriately funded or provided through the NDIS (section 25(3)).<sup>3</sup>

2.10 Until now, the continuing lack of clear eligibility criteria for access to NDIS services for deaf and hard of hearing people was of significant concern, with inquiry

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3 NDIA, *Access to the NDIS, Early Intervention requirements*, <https://www.ndis.gov.au/operational-guideline/access/early-intervention-requirements.html> (accessed 31 August 2017).

participants describing the negative impact that this uncertainty was having within the deaf and hard of hearing community.

2.11 In regard to the criteria to be used, the majority of inquiry participants argued that eligibility should be based on a holistic assessment of need rather than an arbitrary audiological measure. There was also widespread support for the eligibility criteria to capture children with unilateral as well as bilateral hearing loss.

***Impact of uncertainty***

2.12 The ongoing lack of publically available eligibility criteria has caused considerable consternation within the deaf and hard of hearing community. One parent of a child with a profound hearing loss in one ear and a mild-severe hearing loss in the other ear described the situation:

The uncertainty of whether [name withheld] will be eligible for NDIS is very concerning. Is she ‘deaf enough’ to qualify for services? I believe that any child who has a hearing loss, whether in one ear or two, who requires hearing aids or cochlear implants in order to fully access sound should be automatically eligible for NDIS.<sup>4</sup>

2.13 Children and Young People with Disability Australia also noted the impact of this uncertainty, stating that:

It is critical that information about eligibility for the NDIS for people who experience deafness is made available as soon as possible. The lack of information is a key concern to children, young people and families who need to make decisions around services, supports and access to devices without knowing whether they will be supported into the future through government funded programs.<sup>5</sup>

2.14 This uncertainty has also had consequences for businesses that provide services to the deaf and hard of hearing community. For example, the Hearing Business Alliance observed:

Our members would also like clarity from NDIA as to what criteria are proposed for determining eligibility for the provision of hearing services to clients? To date information provided to us through NDIS information meetings has been unclear, inconsistent and conflicting.<sup>6</sup>

2.15 Similarly, Country Hearing Care, a small family-owned private, independent practice, situated in a relatively remote rural location in northern Victoria said that the uncertainty had resulted in a feeling of financial vulnerability:

There has been a significant amount of confusion regarding the patient eligibility criteria for determining access to services. We have received conflicting information during NDIS presentations...This confusion, along with rumours and speculation about possible subsequent changes to Office

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4 Name withheld, *Submission 7*, p. 1.

5 Children and Young People with Disability Australia, *Submission 30*, pp. 3–4.

6 Hearing Business Alliance, *Submission 24*, p. 2.

of Hearing Services (OHS), including the revision of OHS fees, has made us, as small business owners, feel financially vulnerable, insecure and concerned as we try to plan ahead in an uncertain business landscape.<sup>7</sup>

2.16 Neurosensory, a provider of comprehensive hearing and balance services indicated that due to the lack of established eligibility criteria, it is impossible for clinicians to determine who may be able to access hearing and other hearing related services.<sup>8</sup>

### ***Holistic assessment of need***

2.17 The majority of inquiry participants argued strongly that any eligibility criteria for deaf and hard of hearing people to access the NDIS should be based on a holistic assessment of need, rather than a simple measure of a hearing loss threshold. For example, Deafness Forum Australia articulated the case for broad-based eligibility criteria:

Eligibility for the NDIS should not be based on hearing threshold levels alone. This measure does not provide any information on the impact of the hearing loss on a person's ability to undertake activities, or participate in employment or socially. An average hearing threshold level can be misleading if viewed in isolation especially if the person has other disabilities. When a person has their hearing assessed the determination of a hearing threshold level is only one component of the assessment process. Audiological assessment includes a broad range of information gathering including, a discussion of the impact of the hearing loss on the person's functioning, a discussion of the individual's needs and goals, as well as a diagnostic hearing assessment to determine the degree and type of hearing loss.<sup>9</sup>

2.18 The Deafness Forum of Australia said that it supported a holistic approach to eligibility based on the WHO International Classification of Functioning, Disability and Health and that it would be concerned if eligibility was reduced to an average hearing threshold level for people with hearing loss.<sup>10</sup>

2.19 The Australian Society of Rehabilitation Counsellors (ASORC) also argued in support of a holistic assessment rather than an 'abstract measure' of clinical impairment:

ASORC is concerned that NDIS' existing assessment processes do not assess the individual's experience of overall disability but focuses on assessing disability within a compartmentalized approach, therein excluding people from the system when their whole-of- life experience of disability is

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7 Country Hearing Care, *Submission 28*, p. 3.

8 Neurosensory, *Submission 32*, p. 4.

9 Deafness Forum Australia, *Submission 38*, p. 7.

10 Deafness Forum Australia, *Submission 38*, p. 7.

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severe-profound in its impacts on education, employment and social inclusion.<sup>11</sup>

2.20 ASORC contended that if a 'narrowly-framed approach was pursued, it would have significant economic impacts on Australia's productivity and frustrate the capacity of the NDIS to achieve the national impact it was designed to achieve'.<sup>12</sup>

2.21 The Independent Audiologists Australia Inc concurred with this view, stating: 'Functional ability, not a measure of impairment should determine eligibility for the NDIS'.<sup>13</sup>

2.22 Can:Do Group, a provider of specialist services for people with hearing and vision impairments in South Australia, supported the use of functional outcomes to determine eligibility for the NDIS, particularly for children with unilateral hearing loss:

For some clients a mild hearing loss is devastating to their lifestyle, while for others a severe hearing loss is manageable without devices...We have supported some families who have not been deemed eligible for NDIS supports due to having a unilateral loss. We have also supported three families that went through an appeal process with the NDIA which they found incredibly stressful. Two of the three of them ultimately received an NDIS package for their child with a unilateral loss. It is important to acknowledge that although this may require less intensive intervention or less funding, early intervention support and funding allocated for families to access support is important to minimise the need for further intervention and supports later on.<sup>14</sup>

### ***Unilateral hearing loss***

2.23 A second issue relating to eligibility arose as to whether or not children diagnosed with unilateral hearing loss should be eligible for assistance under the NDIS, with the majority of inquiry participants arguing strongly for the inclusion of such children in the NDIS. For example, Professor Greg Leigh, Director, Royal Institute for Deaf and Blind Children, argued that given the ability to identify children with mild and unilateral levels of hearing loss it would be 'indefensible' to deny them the support they needed to achieve development milestones:

A fundamental precept of any screening program is that you do not screen and identify something that you do not have the potential to do something about. With the advent of newborn hearing screening, for the first time we can identify children with very mild and unilateral levels of hearing loss

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11 Australian Society of Rehabilitation Counsellors (ASORC), *Submission 5*, p. 4.

12 Australian Society of Rehabilitation Counsellors (ASORC), *Submission 5*, p. 4.

13 Independent Audiologists Australia Inc, *Submission 14*, p. 1. Similar arguments were made by William Demant Holding A/S and Macquarie University Speech and Hearing Clinic. See William Demant Holdings A/S, *Submission 52*, p. 5 and Macquarie University Speech and Hearing Clinic, *Submission 22*, p. 2.

14 Can:Do Group, *Submission 8*, pp. 2–3.

very early in their life span...The notion that, as a society, we do actively seek to identify those children and then do not put in place something that puts the minimum standards of support in place to ensure developmental outcomes for them is, frankly, indefensible.<sup>15</sup>

2.24 Mr Chris McCarthy, Chief Executive Officer, Hear and Say, similarly argued for the inclusion of children with unilateral hearing loss within the eligibility criteria:

For me, eligibility really does need to be around all children with hearing loss. It is very important that, for those first years, it does not matter what level of hearing loss a child has. We have gone to the effort of investing in a universal newborn-hearing screening program, and I think it would be foolish for us as a society not to actually act on the information that we are given when we have identified those children.<sup>16</sup>

2.25 Ms Margaret Dewberry, Adviser, Deafness Forum Australia, considered that 'any child who is diagnosed with a hearing loss is going to need intervention. I think it should be the default position—because it is now—that somebody with the right expertise assesses what that intervention needs to be'.<sup>17</sup>

2.26 First Voice suggested that it was critical that all children developing permanent hearing loss prior to age six be eligible for early intervention services under the NDIS.<sup>18</sup> First Voice said that the 'scale of such supports would then be proportional to their current or expected reduction in functional capacity due to their hearing loss'.<sup>19</sup>

2.27 The Shepherd Centre expressed similar sentiments, arguing that all children developing permanent hearing loss prior to age six should be eligible for early intervention services under the NDIS, with the scale of support proportional to need.<sup>20</sup>

2.28 In his appearance before the committee, Mr Michael Forwood, Chief Executive Officer, Cora Barclay Centre, and Chair, First Voice, continued to advocate for the inclusion of children with unilateral hearing loss into the NDIS, observing that relatively low-cost early intervention would have beneficial outcomes over the long term:

If the NDIS were to rule out of eligibility for funding children with unilateral hearing loss, we would be faced with taking them on service without any funding, because the families want the service and we know

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15 Professor Greg Leigh, Director, Royal Institute for Deaf and Blind Children, *Committee Hansard*, 20 February 2017, p. 15.

16 Mr Chris McCarthy, Chief Executive Officer, Hear and Say, *Committee Hansard*, 20 February 2017, p. 3.

17 Ms Margaret Dewberry, Adviser, Deafness Forum Australia, *Committee Hansard*, 24 March 2017, p. 10.

18 First Voice defined permanent hearing loss prior to age six as a diagnosed permanent hearing loss of 21dB or greater, averaged over three or more frequencies, in one or both ears.

19 First Voice, *Submission 48*, p. 9.

20 The Shepherd Centre, *Submission 40*, p. 13.

there are significant improvements, so it is a significant NDIS issue... In terms of the insurance principle, this would have to be the lowest-hanging fruit for the NDIS. Thirty to 40 per cent of kids are going to perform poorly and possibly end up on disability services and pensions, and, to me, in terms of economics, an early intervention that might cost \$3,000 or \$5,000 and monitoring in case they have progressive hearing loss is a no-brainer.<sup>21</sup>

2.29 The Shepherd Centre also highlighted the 'false economy' of not supporting children diagnosed with unilateral hearing loss as early as possible:

However, even children born with a mild hearing loss, or a loss affecting only one ear, are at high risk of developing communication, educational and social delays once they enter school. Once these deficits are apparent the children would then be eligible under the NDIS. However, it would be a false economy to not provide expert early support to these children, only for them to fall behind and then having to subsequently receive much greater support to try and help them catch up. Unfortunately this is the current situation – some children with unilateral loss or with mild bilateral loss are being denied NDIS access, not due to their functional need but solely due to an arbitrary audiological measure.<sup>22</sup>

2.30 The inclusion of unilateral hearing loss within the NDIS eligibility criteria was supported by a large number of inquiry participants, including Deaf Australia, Aussie Deaf Kids and Parents of Deaf Children, Telethon Speech and Hearing, Canberra Deaf Children's Association and National Disability Services.<sup>23</sup>

### ***Impact on people not eligible for the NDIS***

2.31 Inquiry participants also identified a need to clarify the services that would remain available for people deemed ineligible for the NDIS. Carers Australia NSW and Carers Australia Victoria highlighted that between 1 July 2016 and 30 September 2016, the National Disability Insurance Agency (NDIA) received 665 requests for access to the NDIS on the basis of a hearing impairment. Of this number 72 were deemed ineligible.<sup>24</sup> The organisation continued:

Our first concern is for the ineligible applicants. No further demographic information about these individuals is available, so we cannot be sure why they were denied access. However, this shows a substantial number of people with a hearing impairment may be excluded from the individualised, self-directed support offered by the NDIS. This is particularly concerning in

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21 Mr Michael Forwood, Chief Executive Officer, Cora Barclay Centre and Chair, First Voice, *Committee Hansard*, 20 February 2017, pp. 16–17.

22 The Shepherd Centre, *Submission 40*, p. 13.

23 Deaf Australia, *Submission 51*, p. 3; Aussie Deaf Kids and Parents of Deaf Children, *Submission 39*, pp. 2–3; Telethon Speech and Hearing, *Submission 46*, p. 2; Canberra Deaf Children's Association, *Submission 15*, pp. 1–2 and National Disability Services, *Submission 29*, p. 2.

24 Carers Australia NSW and Carers Australia Victoria, *Submission 21*, p. 3.

states and territories rolling their entire disability support system into the NDIS, such as NSW.<sup>25</sup>

2.32 The Royal Institute for Deaf and Blind Children shared these concerns, observing that there was a 'critical need to ensure that there is no diminution of the Federal Government's commitment to the provision of free and universally available access to hearing services' following the full NDIS rollout.<sup>26</sup> The Institute said:

Any change to eligibility criteria will necessitate that the Government consider alternative arrangements for those young adults (under 26) with less complex hearing needs who are currently CSO clients eligible for services under the Hearing Services Program but who may be ineligible for services under the NDIS. This is an issue that requires Government policy consideration in light of its promise that no current recipients of Hearing Services would be worse off under the transition from the Hearing Services Program to the NDIS.<sup>27</sup>

2.33 Vicdeaf expressed concerns that deaf and hard of hearing individuals from migrant backgrounds who are not eligible for the NDIS due to their residency status may go without access to any supports or services as state funded programs are transitioning to the NDIS:

Many of these migrants are presently accessing vital services through Department of Health and Human Service (DHHS) block funded programs. As this funding slowly dwindles with more rollout zones occurring within years to come, if no provisions are put in place, a disadvantaged sub-community within the Deaf and hard of hearing cohort may go without access to any supports or services.<sup>28</sup>

2.34 The Royal Institute for Deaf and Blind Children expressed grave concern that 'assistance could become worse for those who do not qualify for the NDIS',<sup>29</sup> arguing that:

Hearing services and funding should not go backwards, as appears to be happening under the NDIS. Australia will lose its reputation as a world leader in hearing services and research, to the detriment of our population under the current policy settings.<sup>30</sup>

### **NDIA reviewed guidance for eligibility criteria**

2.35 The NDIA recently completed the revised guidance for determining access to the scheme and reasonable and necessary supports for hearing impairment. The NDIA

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25 Carers Australia NSW and Carers Australia Victoria, Submission 21, p. 3.

26 Royal Institute for Deaf and Blind Children, Submission 37, pp. 8–9.

27 Royal Institute for Deaf and Blind Children, *Submission 37*, pp. 8–9.

28 Vicdeaf, *Submission 45*, p. 2.

29 Royal Institute for Deaf and Blind Children, *Submission 37*, pp. 8–9.

30 Royal Institute for Deaf and Blind Children, *Submission 37*, pp. 8–9.



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updated guidance for determining access for hearing impairment, both under section 24 and section 25 of the NDIS Act 2013.

2.36 The NDIA publically released the amendments to the operational guidelines on 1 September 2017.

2.37 The amendments clarify the access criteria for early intervention as well as the requirements for eligibility for adults over 25 years of age.

***Early intervention for deaf or hard of hearing people aged 0–25***

2.38 The revised guidance for early intervention requirements are:

The NDIA will be satisfied that a person meets the early intervention requirements without further assessment when the person:

- is aged between birth and 25 years of age; and
- has confirmed results from a specialist audiological assessment (including electrophysiological testing when required) consistent with auditory neuropathy OR hearing loss  $\geq 25$  decibels in either ear at 2 or more adjacent frequencies, which is likely to be permanent or long term; and
- the hearing loss of the person necessitates the use of personal amplification.<sup>31</sup>

2.39 The NDIA provided the following information:

This streamlined access approach for early intervention acknowledges a rich body of evidence that recognises that early intervention support up to and including the age of 25 is critical for people with hearing impairment as the developing brain requires consistent and quality sound input and other support over that period to develop normally and ameliorate the risk of lifelong disability.

This same body of evidence suggests that brain development and language capability have been achieved by the age of 26. Therefore, adults aged 26 years and over are not immediately accepted to be likely to benefit from the same early intervention approach because there is no requirement to support the development of the auditory pathways. Adults aged 26 years and over with hearing impairment will therefore be assessed normally, on a case by case basis, having regard to the availability of all relevant evidence.<sup>32</sup>

2.40 The effect of this change is that prospective participants who are aged 0–25 (inclusive) who meet the audiometric criteria will meet the early intervention requirements without further assessment.

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31 NDIA, additional information received 1 September 2017.

32 NDIA, additional information received 1 September 2017.

2.41 Overall, experts from the hearing sector have found these access requirements appropriate.<sup>33</sup> First Voice and the Shepherd Centre described the requirements as 'reflecting the current practices of Australian Hearing'.<sup>34</sup>

2.42 However, Aussie Deaf Kids, a not-for-profit parent organisation that aims to empower parents raising a child with hearing loss through support, information and advocacy, raised some concerns about the requirement that '*the hearing loss of the person necessitates the use of personal amplification*'.<sup>35</sup> Aussie Deaf Kids stated:

There are three points that need consideration with this statement:

- 1) This denies culturally Deaf parents the right to choose not to use personal amplification for their child. While many Deaf parents choose listening devices for their children, the child's right to the NDIS should not be premised on their use of a device.
- 2) It is essential children with absent or underdeveloped auditory nerves should receive automatic eligibility; these children do not benefit from amplification.
- 3) There is minimal empirical evidence as to the efficacy of amplification devices for babies and young children with MBHL or UHL. Parents should not feel pressured to use a device simply to access NDIS funding. These children, however, do require ongoing audiological management and access to early childhood intervention and should, therefore, be eligible to receive early childhood intervention through the NDIS, irrespective of their use of a listening device.<sup>36</sup>

2.43 Additionally, Aussie Deaf Kids suggested to include the terms bilateral and unilateral in the section relating to the level of hearing loss as these terms are understood by parents and used to describe their child's hearing loss.<sup>37</sup>

2.44 Whilst the hearing sector welcomes the reviewed guidelines for early intervention requirements, The Shepherd Centre stressed that 'appropriate National Reference Packages are still required to ensure that the required early intervention support is funded as required'.<sup>38</sup>

### ***Additional guidance for hearing impairments for adults over 25***

2.45 The NDIA advised that it also made the following changes:

the following text will be removed from List D, Section 4:

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33 See for example: The Shepherd Centre, *Submission 40.3*, p. 4; Cora Barclay Centre, *Submission 55.2*; p. 4; Royal Institute for Deaf and Blind Children, *Submission 37.1*, p. 6.

34 The Shepherd Centre, *Submission 40.3*, p. 4.

35 Aussie Deaf Kids, *Submission 39.1*, p. 3.

36 Aussie Deaf Kids, *Submission 39.1*, pp. 3-4.

37 Aussie Deaf Kids, *Submission 39.1*, p. 3.

38 The Shepherd Centre, *Submission 40.3*, p. 4.

“Deafness/hearing loss – a 45 decibels or greater hearing impairment in the better ear, based on a 4 frequency pure tone average (using 500, 1000, 2000 and 4000Hz)”

An Additional Section entitled ‘Additional guidance for hearing impairments’ has been added at 8.3.3:

#### “8.3.3. Additional guidance for hearing impairments

Hearing impairments may result in reduced functional capacity to undertake communication, social interaction, learning and self-management activities. Generally, the NDIA will be satisfied that hearing impairments of  $\geq 65$  decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) result in substantially reduced functional capacity to perform one or more activities. This audiometric criterion reflects the lower limit of what is likely to constitute a substantially reduced functional capacity to undertake relevant activities.

Hearing impairments  $< 65$ dB decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) in conjunction with other permanent impairments (for example vision or cognitive impairments), or where there is evidence of significantly poorer than expected speech detection and discrimination outcomes, may also be considered to result in substantially reduced functional capacity to undertake relevant activities.”<sup>39</sup>

2.46 Some submitters<sup>40</sup> raised concerns about the changes to the requirement of a hearing impairment of  $>65$  decibels in the better ear, based on a 4 frequency pure tone average to access the Scheme. The Royal Institute for Deaf and Blind Children explained:

There is a significant variation with the access for adults aged 26 years and over who will only be accepted with a hearing impairment of  $\geq 65$  decibels in the better ear, based on a 4 frequency pure tone average. An adult with a hearing impairment of  $\geq 45$  decibels in the better ear will experience a reduced functional capacity to undertake relevant activities. However, to gain access to the NDIS they would need to have another permanent impairment. A hearing impairment of this level does require hearing aids in order to undertake communication, social interaction, learning and self-management activities.<sup>41</sup>

2.47 The Shepherd Centre and First Voice articulated the potential consequences of this requirement:

The effect of the eligibility threshold is that a person who is profoundly deaf in one ear (that is, cannot hear anything at all on that side) and has a hearing loss of 60dB in the other ear (often referred to as severe hearing loss) would not be automatically eligible.

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39 NDIA, additional information received 1 September 2017.

40 Royal Institute for Deaf and Blind Children, *Submission 37.1*, p. 6; The Shepherd Centre, *Submission 40.3*, p. 4.; Taralye, *Submission 50.1*, p. 4.

41 Royal Institute for Deaf and Blind Children, *Submission 37.1*, p. 6

A person with this level of hearing loss is totally dependent on devices for their functional access to sound – either hearing aids or cochlear implants. If these devices are appropriately provided and fitted the person should have sufficient access to sound to be able to hold spoken conversations and to be able to participate through their hearing in society and the workforce.

However if the person does not have these devices they will probably not be able to have effective spoken conversations or be able to participate in society or the workforce through their hearing.<sup>42</sup>

2.48 The Royal Institute for Deaf and Blind Children raised the issue of the potential risk for people not meeting the criterion to be unable to fund their required hearing aids:

This cohort of hearing impaired adults may not be in a position to fund their required hearing aids and are not eligible for the Australian Government Hearing Services Program. For those of working age they may be unable to find employment as they are unable to fund the hearing supports they need.<sup>43</sup>

2.49 Taralye expressed 'extreme concern that the removal from the guidelines of the pure tone average range, for a moderate hearing loss to be replaced with audiometric readings consistent with a severe or worse hearing loss do not take cognisance of the impaired functional capacity of clients with unilateral, mild and moderate hearing losses in spite of this being well documented in research'.<sup>44</sup>

2.50 The Cora Barclay Centre found 'a lack of clarity in the proposed changes to the Operational Guidelines that Section 8.3.3 pertains to adult hearing loss only'.<sup>45</sup>

### ***Committee view***

#### ***Eligibility criteria***

2.51 In light of the evidence received throughout the inquiry on the issues and lack of clarity pertaining the access requirements to the NDIS for deaf and hard of hearing people, the committee welcomes the release of the NDIA's reviewed operational guidelines to determine access to the NDIS for deaf and hard of hearing people.

2.52 The committee notes that there are early indications from the sector<sup>46</sup> that the recently released access criteria for deaf and hard of hearing people aged 0-25 appear to be technically consistent with the current practices of Australian Hearing, and are therefore welcomed.

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42 The Shepherd Centre, *Submission 40.3*, p. 4; First Voice, *Submission 48.2*, p. 6.

43 Royal Institute for Deaf and Blind Children, *Submission 37.1*, p. 6.

44 Taralye, *Submission 50.1*, p. 4.

45 Cora Barclay Centre, *Submission 55.2*, p. 4.

46 See for example: The Shepherd Centre, *Submission 40.3*, p. 4; Cora Barclay Centre, *Submission 55.2*, p. 4; Royal Institute for Deaf and Blind Children, *Submission 37.1*, p. 6.

2.53 For the criteria of hearing impairment for those 26 years or older, the committee is concerned that the access requirement of more than 65 decibels in the better ear, based on a 4 frequency pure tone average, may leave some people with no access to supports. Ineligibility to the Scheme may negatively impact on the social and economic participation of this cohort. The committee recommends the NDIA monitors eligibility rates for adults with hearing impairments to build a clearer picture of the number and needs of the people who have been found ineligible for NDIS services and reports on its finding in 12 months.

*Deaf and hard of hearing people ineligible for the NDIS*

2.54 The committee is concerned about the deaf and hard of hearing people, especially children who have been denied access to the NDIS since the beginning of the Scheme rollout because of the lack of clear NDIS operational guidelines. For example, the committee heard that children were denied access to the NDIS because of unilateral hearing loss or mild hearing loss despite their high risk of developing communication, educational and social delays. The committee is concerned that some people, including children, are currently left with no access to support. To ensure consistency and equity of access to the Scheme, the committee recommends the NDIA reviews the cases of people with hearing impairment who were previously found ineligible. The committee recommends the NDIA tests their eligibility against the revised guidelines.

2.55 The committee is also concerned that with the transition of Australian, state and territory government programs to the NDIS, some people are at risk of being left with no services. Given that governments contributed to services before the NDIS, it is not clear how services will be delivered to people not eligible. This cohort may include some individuals over the age of 65 and disadvantaged groups such as migrants and refugees because of the NDIS eligibility criteria around age and residency status. The committee recommends the Australian, state and territory governments clarify and make public how they will provide services for people who are deaf and hard of hearing who are not participants in the NDIS.

*NDIA capacity to address operational issues*

2.56 The committee is concerned about the NDIA not addressing in a timely manner the emerging and ongoing operational issues associated with the implementation and rollout of the NDIS. Indeed, along with other examples of operational issues the committee has been made aware of through the other inquiries it has conducted, the lengthy process and series of delays that occurred between the time the NDIA started to work on the guidelines and their public release are raising doubts about the capacity of the NDIA to address its current operational issues.

**Recommendation 1**

**2.57 The committee recommends the NDIA monitors eligibility rates for adults with hearing impairments to build a clearer picture of the number and needs of the people who have been found ineligible for NDIS services and reports on its finding in 12 months.**

**Recommendation 2**

**2.58** The committee recommends the NDIA reviews immediately the cases of people with hearing impairment who were previously found ineligible and tests their eligibility against the revised guidelines.

**Recommendation 3**

**2.59** The committee recommends the Australian, state and territory governments clarify and make public how they will provide services for people who are deaf and hard of hearing who are not participants in the NDIS.