



Vicdeaf welcomes the opportunity to submit recommendations to the **Inquiry into the Hearing Health and Wellbeing of Australia**

Vicdeaf is a progressive, iconic community organisation that builds pride in being Deaf, improves social, economic, cultural and civic participation, supports people to communicate and connect with the world, and advocates for the needs and aspirations of those we service. Established in 1884, Vicdeaf currently offers a range of services including employment, community engagement, NDIS supports, audiology, devices, interpreting and Auslan training. Vicdeaf supports a diverse range of people to achieve its vision **“our clients and our community live in an accessible, inclusive society with equal opportunity in all areas of life”**.

1. The current causes and costs of hearing loss, and ear or balance disorder to the Australian health care system should existing arrangements remain in place;

Vicdeaf is unaware of the current costs of hearing loss to the Australian health care system. However, in 2005, the real financial cost of hearing loss in Australia was \$11.75 billion. This financial cost does not take into account the net cost of the loss of wellbeing associated with hearing loss, which is a further \$11.3 billion. This figure comes from Vicdeaf's 2006 complete cost analysis entitled 'Listen Hear: The Economic Impact and Cost of Hearing Loss in Australia'.

**Vicdeaf recommends another cost analysis be undertaken to deduce a current figure, as with an ageing population and advances in technology over the past decade, it is expected that today's figure would be significantly higher, and without current and future projections the true cost on the health care system as of now is uncertain.**

2. Community awareness, information, education and promotion about hearing loss and health care;

Community awareness, information provision, education and promotion of hearing loss is essential, particularly in the younger years. Appropriate awareness and understanding of hearing health and associated issues offsets further costs to the health care system in later years. Issues associated with deteriorated hearing health become less easily treatable and are more costly, and are frequently due to neglect of hearing health and a lack of knowledge surrounding hearing loss prevention, deafness and the support services available.

It is important to acknowledge that balanced information that encompasses the cultural and linguistic aspects of deafness, Auslan and the Deaf community is provided to individuals so that people are well positioned to make informed decisions about the options available to them.

At present, Vicdeaf provides free community hearing screenings and hearing awareness training, funded in part by the Victorian Department of Health and Human Services (DHHS). This funding will be removed as the National Disability Insurance Scheme (NDIS) is rolled out over the next few years and replacement funding seems unlikely.

**Vicdeaf recommends that additional funding be provided at the national level so that organisations can provide more robust, holistic, and theoretically sound hearing awareness programs, and better resource mechanisms for detection and early intervention.**

3. Access to, and cost of services, which include hearing assessments, treatment and support, Auslan language services and new hearing technology;

Echoing the sentiments in the above point, early intervention by way of awareness, promotion and education offsets future costs on the health care system, by way of understanding the services, technology and information available and how to better access them.

Access to Auslan language services for members of the Australian Deaf community (who identify as a cultural and linguistic minority group) is an arduous process at present. Historically, access to Auslan interpreting services has only been government funded for areas such as medical appointments and legal proceedings, and at a capped quotient for employment. For any other essential appointments that fall outside of these areas, such as banking appointments, and socially inclusive activities, the cost is usually transferred to the Deaf individual, costing hundreds, sometimes thousands of dollars. As most cannot afford these high costs, they go without, relying on a friend or family member to interpret, lip reading or note writing, missing crucial information that can only be conveyed through the use of their own language, Auslan.

Since July 2011, Auslan Connections, Vicdeaf's Auslan interpreting service, has almost quadrupled its' monthly billable hours, from 1000 in July 2011 to almost 4000 in September 2016. This highlights the fact that Deaf people are becoming more aware of their rights to access interpreters, organisations and service providers are becoming more aware of their obligations to provide interpreters, and the increase in government funded interpreting services

The NDIS offers a solution to this, providing funding for interpreting services in areas that historically have been self-funded. However, inconsistencies in funding allocations in plans, a lengthy rollout period that does not see some areas of Australia covered until 2019, an eligibility criterion that excludes those over the age of 65, and a waiting time of up to six months for plan approvals, this solution fails to meet the needs of many Deaf individuals at present.

Vicdeaf believes these costs should not be transferred to the individual. Current government policy supports the strengthening of social, civic and economic participation of all Australians, but without service funding, members of Deaf community may be precluded from these policy aims. Captioning has been offered as an alternative in varying scenarios, but this is not always a solution. Captioning is a direct translation into English, and as Auslan

has its own unique grammar, structure and syntax distinct from the English language, certified Auslan to English interpreters are required for a full breadth of understanding in the individual's first language.

**Vicdeaf recommends that research be undertaken to identify the impacts and costs of those service gaps that arise through eligibility criteria, and that alternative service models be considered to address these gaps.**

4. Current access, support and cost of hearing health care for vulnerable populations, including: culturally and linguistically diverse people, the elderly, Aboriginal and Torres Strait Islanders and people living in rural and regional areas;

Regional and remote citizens are often at a disadvantage when accessing specialist hearing services. This is due to a decrease in service options available in rural areas, further travel distances required to reach specialised services, and inflated service costs in rural areas whereby the professional has travelled to the area, as these travel costs are often incorporated into the service fee.

The NDIS currently only offers remote and very remote funding allowances for individuals living in regions such as the Northern Territory. For deaf and hard of hearing cohorts who live in regional areas considered remote by distance, but not by NDIS definition, there are no provisions in place. Participants are having to use additional funding from their packages to cover inflated fees and travel costs (for example, paying 3 hours from their package for a 1.5 hour appointment to cover the travel and cost inflation involved). This is unreasonable and unsustainable.

**Vicdeaf recommends a review of the remote and very remote NDIS price guides and further provisions be put in place for NDIS packages to cover participants in regional areas not presently covered by the aforementioned price guide parameters, and for initiatives to develop more hearing services in remote and regional areas be put into place.**

Technology can play a part as a key enabler in the above instances. For example, Vicdeaf offers a Video Remote Interpreting service (VRI) which is funded by DHHS to provide interpreting services via video to iPads, computers, laptops etc. This enables interpreting access to those who are in settings in which Auslan interpreters are not readily available. However more awareness and promotion needs to take place to advertise these alternative means of service access.

Deaf migrants represent another vulnerable population with restricted access to hearing health care and related services. Vicdeaf presently runs an Auslan for Deaf Migrants program, teaching Auslan to deaf migrants from various countries around the world. Many of whom have fled turmoil and hardship, have little to no language or communication skills and in some instances have medical conditions and mental health issues.

The program has been a great success, giving this cohort of individuals a language in which to communicate; however, there have been many restrictions. With funding shifting from state DHHS to individualised NDIS packages, many of the course participants will be unable to participate in such programs in future, as many are presently ineligible for the NDIS. With

no other equivalent programs for Deaf migrants running in Victoria, this presents a significant problem, and as the funding model continues to transition to NDIS, the services that these disadvantage individuals are able to access will slowly decrease.

**Vicdeaf recommends an investigation into the service provision of those from migrant backgrounds, and that it be two-pronged. First, to ensure that current services that will cease with the introduction of the NDIS (including such programs as the Auslan for Deaf Migrants program) are funded not only to continue, but are able to develop and grow in all states and territories within Australia. Second, that access to services be possible for those whom are yet to meet the residency or special visa eligibility criterion of the NDIS.**

It should be noted that although the Information, Linkages and Capacity Building (ILC) commissioning framework is now complete, and that national grants for ILC will soon be available, it is unlikely that ILC will provide for the type of supports described above.

Indigenous Australians experience hearing health related issues at 10 times the rate of non-Indigenous populations, with the Aboriginal and Torres Strait Islander (ATSI) community being at greatest risk of Otitis Media, an inflammation of the middle ear. Presently, two programs run to educate and inform children of the ATSI community on hearing health: the Deadly Ears program in Queensland and the Ear Bus program in Western Australia. However, at time of writing, funding for the Ear Bus program is due to cease.

**Vicdeaf recommends that the learnings from the current programs be reviewed, and that more initiatives are implemented in each state and territory specifically targeting the hearing health of the ATSI community at all stages of life.**

5. Current demand and future need for hearing checks and screening, especially for children (12 years and younger) and older Australians at key life stages;

**Vicdeaf recommends hearing screenings for all individuals and advocates for universal hearing screenings at all ages and stages of life.**

7. Best practice and proposed innovative models of hearing health care to improve access, quality and affordability;

**Vicdeaf recommends innovative technology models, such as Telehealth, a Department of Health initiative, to provide better access to services for Deaf and hard of hearing individuals in rural and remote areas.**

8. Developments in research into hearing loss, including: prevention, causes, treatment, regimes and potential new technologies;

**Vicdeaf recommends continued research into hearing loss, prevention, causes, treatments, regimes and potential new technologies. Vicdeaf is a partner with the**

**Hearing Cooperative Research Centre Association, and will continue this research partnership in the future.**

9. Whether hearing health and wellbeing should be considered as the next National Health Priority for Australia;

**Vicdeaf recommends hearing health and wellbeing be the next National Health Priority for Australia. Vicdeaf believes the ongoing costs of hearing loss are compelling and have long been overlooked due to competing priorities.**

10. Any other relevant matter;

It is important that the cultural and service needs of the Australian Deaf community are recognised, and respected, as being distinct from those who have an acquired hearing loss. This includes values, beliefs and use of Auslan as a preferred language.

The Victorian government presently funds a highly regarded program aimed at enhancing the capacity of local communities with regard to disability, awareness, access and inclusion; the Building Inclusive Communities (BIC) program. A subset of BIC, deafaccess Victoria, focusses on the Deaf community and is delivered via a number of organisations and local councils throughout Victoria. Although figures are not available, Vicdeaf believes that the deafaccess Victoria program has advanced the inclusion of Deaf and hard of hearing individuals in regional areas, and that the cost benefits of this make it invaluable.

Although the activities of deafaccess Victoria comfortably sit within two of the five streams of Information, Linkages and Capacity Building, given the limited funding envelope of \$132 million, nationally, at full rollout, it seems unlikely that the NDIS will provide an alternative funding source for these activities.

**Vicdeaf recommends that alternate funding be sourced and that an equivalent model of the DHHS BIC program be considered.**