

Submission to the inquiry into the provision of hearing services under the National Disability Insurance Scheme (NDIS)

Joint Standing Committee on the NDIS

25 January 2017

Introduction

I would like to offer comments and recommendations to this Standing Committee in relation to some of the terms of reference for this inquiry.

My background:

I am hearing impaired and I have two cochlear implants.

I also have two adult children, and two nieces each with two hearing aids.

In addition, my three siblings also have cochlear implants.

Our ages range from 18 to 65.

I also wish to point out that out of the eight of us, 6 of us are tax payers, and the other two are studying, one to be a vet, and the other to be a doctor.

Those of us working include an audiologist, an electronics technician, and a small business manager.

We endeavour to be active participants in the community and in Australia.

Due to this family history, I wish my name and contact details to be withheld.

I offer the following submission as an experienced user of hearing aids (until January 2016) and of Cochlear Implants (since 2009).

A. the eligibility criteria for determining access to, and service needs of, deaf and hearing impaired people under the NDIS;

A common reference for hearing loss is 45dB in the better ear for Carers Allowance. If the hearing loss doesn't meet this criteria, carers allowance is based on "work required" in caring for the child.

For the NDIS, this is inappropriate, as the aim of the criteria is not "workload" but "severe disability."

While children can be assessed as having a hearing loss shortly after birth, the degree of hearing loss cannot always be accurately diagnosed.

With hearing loss, a person can have the mildest of hearing loss, yet struggle to communicate.

Generally speaking, disability separates us from things, while hearing loss separates us from people

Obviously some diagnostic method is required to measure access to the NDIS.

I suggest the following criteria permit acceptance into the NDIS:

Under the age of seven – any diagnosed hearing loss, either or both ears (as left untreated, this will affect lifelong outcomes – my own speech is testament to this).

Everyone Seven to Sixty Five

1. hearing loss in the worse ear 45dB or worse (four frequency average – 500Hz, 1k, 2k, 4k)
2. Otherwise, speech perception worse than 80% at 60dB at 1metre using word lists, and worse than 70% in noise.

The reason for specifying the better ear is that we have two ears for a reason – one of which is that our head blocks sound. Two ears also provides directionality. To only permit accessibility based on the better ear is ignoring the world we live in today, and ignoring the suffering a person with single sided deafness suffers.

The reason for the second criteria is because the audiogram does not tell the whole story.

Your first reaction to specifying 80% is to say it is too high. Yet the grammar that is so easily lost turns statements into questions, or if the word you don't hear is "not" it reverses the whole meaning of the topic.

Having raised two children with hearing loss, and having grown up with hearing loss myself, it is a very hard road.

Recommendation:

1. The single sided deafness be included.
2. That only worst ear measurements be used in any eligibility criteria
3. Under 7 years of age, the criteria to be any hearing loss of any kind.
4. Over 7, that multiple options be available for setting criteria.

C. the adequacy of funding for hearing services under the NDIS;

Until recently the NDIA had a price list for technology on their website. This has since been removed.

This price list was one of the worst failings of the NDIS for people with hearing loss. One example is that it stated the value of an FM for a price of \$600. Yet there is no FM for that price that meets my requirements (very poor speech perception).

Continually we have been told the NDIS will meet our needs. Yet it is clearly based on the lowest common denominator – not my individual needs.

Recommendation:

5. Ensure that tailor made technology is fully funded according the needs of the recipient.

H. any other related matters.

The mental state of people with hearing loss needs to be far more robust than that of people with normal hearing. Research abounds regarding dementia being exacerbated by hearing loss, and other mental health issues caused **because of the isolation resulting from hearing loss.**

People with Central Auditory Processing Disorder have the symptoms of hearing loss, yet no detectable hearing loss.

I encourage the committee to include people with CAPD as if they have hearing loss.

Recommendation:

6. Fully fund counsellors/mentors for people with hearing loss under the NDIS
7. Include people with CAPD as having hearing loss.