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Joint Standing Committee on the NDIS
NDIS.Sen@aph.gov.au

Re: Additional information to original submission on The Provision of Hearing Services Under the NDIS

To the Joint Standing Committee on the NDIS

After attending lives submissions in Melbourne we would like to offer additional comments to the Joint Standing Committee on the NDIS specifically regarding the principle of choice in providers of hearing services to children.

We acknowledge the high level contribution of the National Acoustic Laboratories and Australian Hearing (AH) in developing world leading standards for assessment and device intervention with children. However, as stated previously, the current system directing all children to AH has left some families feeling powerless in their ability to advocate on behalf of their child and goes against the NDIS, and World Health Organisation, core principle of choice and control.

As an early intervention and therapy service for deaf and Hard of Hearing (HoH) children we have been repeatedly asked by our families why their children cannot have their hearing aid provision, early intervention support and therapy at one location, given that we run several audiology clinics, including paediatric services. In response to this feedback we are commencing paediatric hearing aid fittings as part of our program offerings as of 1 May 2017.

Can:Do 4Kids will offer device intervention (hearing aids only) to deaf and HoH infants and children between the ages of 0-18 at no cost to the family or NDIS. Whilst our organisation has had very limited experience with such services we have two former AH paediatric specialists on our staff, one with 22 years' experience as a senior paediatric audiologist that joined the Can:Do Group from AH this year.

The First Voice group recently commissioned a report by Deloitte Access Economics, "Comparative review of reported outcomes from interventions for children with hearing loss" (2017) which revealed that the two common characteristics of successful interventions for hearing impaired children are a multidisciplinary team and family-based practices. By offering devices as well as all other needed intervention services for deaf and HoH children Can:Do Group will be the

first organisation in Australia to truly offer a full multidisciplinary team and family centred approach at no out of pocket cost to families.

In addition we would like the committee to consider that whilst referring for hearing aids early in a deaf and HoH child's life is critical to successful speech and language development, other features of early intervention such as maternal bonding with the child and acknowledgement and management of grief and loss often get delayed by the need to have multiple appointments with AH immediately. The new model of one organisation providing early intervention as well as hearing aids purports to address some family's concerns that their experience was very clinical and interrupted normal parental bonding with their child. Under this model we will continue to ensure that babies are fitted within the critical timeframe of intervention however we will do so as part of a more holistic practice.

We would like to take this opportunity to highlight that we agree with many of our colleagues that paediatric hearing aid fittings and early intervention services for deaf and HoH infants and children are a specialist service. However we do not believe that maintaining these services with one provider leads to the best client outcomes. We recommend that only organisations with appropriate experience and qualified staff be allowed to provide these services under NDIS.

We will work over the next two years to research outcomes for children who receive hearing aids and additional therapy and support services from one organisation that is intimately involved and experienced in hearing health and will provide a complete multidisciplinary approach. We are happy to share any outcomes with interested stakeholders.

Yours sincerely

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