

Chapter 3

Australian Hearing and NDIS

Introduction

3.1 The introduction of the NDIS in 2013 included a decision by the government to transition existing Commonwealth programs providing support for people with disability to the NDIS. One of these programs is the Hearing Services Program, which is scheduled to be transitioned to the NDIS nationally by 2019-20.¹

3.2 As noted in Chapter 2, the Hearing Services Program has two components: the CSO program and the Voucher program. According to the Hearing Services Program FAQ website, both the CSO program and the Voucher program will be transitioned to the NDIS.²

3.3 The information on the Hearing Services Program FAQ website was originally published on 7 May 2015, and updated on 17 June 2015.³ As noted in Chapter 2, Mr Renwick, Acting First Assistant Secretary in the Department of Finance, told the committee that the scoping study had in part revealed that 'there were a number of issues that still needed to be resolved under the NDIS...'⁴

3.4 Witnesses at the committee's 10 July 2015 hearing raised a number of unresolved issues around the transition of the Hearing Services Program to the NDIS. In particular, witnesses informed the committee that there was confusion around the effectiveness of privatising Australian Hearing and transitioning the Hearing Services Program into the NDIS. This chapter examines the issues raised by witnesses and submitters in relation to the transition of the Hearing Services Program to the NDIS, in the context of the proposed privatisation of Australian Hearing.

Transition of Hearing Services Program to the NDIS

3.5 Many witnesses supported the NDIS, and had only limited concerns regarding the transition of the Voucher Program to the NDIS. The fact that Australian Hearing competes with other providers to service clients in the Voucher Program means that a transition to the NDIS may be relatively straightforward as the NDIS is also structured as a competitive service area.

1 Office of Hearing Services, Department of Health, website page, 'FAQs on the NDIS interface and transition', www.hearingservices.gov.au/wps/portal/hso/site/about/national%20disability%20insurance%20scheme/ohs-and-ndis, (accessed 9 September 2015).

2 Department of Health, Office of Hearing Services Program, 'FAQs on the NDIS interface and transition', issued 7 May 2015, updated 17 June 2015.

3 Mr Robin Renwick, Acting First Assistant Secretary, Commercial Claims Division, Department of Finance, *Committee Hansard*, 10 July 2015, pp 71–72.

4 Mr Robin Renwick, Acting First Assistant Secretary, Commercial Claims Division, Department of Finance, *Committee Hansard*, 10 July 2015, pp 71–72.

3.6 The chief cause of concern for witnesses and submitters was the transition of the CSO Program to the NDIS, because clients would move from a sole provider situation to a competitive market. The Department of Finance explained that the scoping study found that stakeholders were confused about the Australian Hearing transition to the NDIS.⁵ However, Mrs Ann Porter, CEO of Aussie Deaf Kids, explained:

I guess the pathways and really the interface with the NDIS: how Hearing Services would interface with the NDIS, which we have found difficult to conceptualise. The Office of Hearing Services seems to feel that parents do not understand the NDIS. We do actually understand the NDIS, but we do not understand how the NDIS and the Hearing Services Program will actually interface and how that will work.⁶

3.7 Issues identified by witnesses relating to the proposed transition of the CSO Program to the NDIS included:

- difficulties for parents of newborns and young children in accessing assistance under the NDIS;
- vulnerable groups covered by the CSO Program would face difficult decisions over which providers to access;
- given the importance of early, quality, intervention for young children with hearing impairment, witnesses had concerns over the ability of the market to deliver consistent standards of care; and
- concerns about how the privatisation of Australian Hearing would affect CSO Program clients, on top of transition to the NDIS.

Accessing assistance

3.8 A number of witnesses told the committee of their experiences trying to access assistance for their hearing impaired children. Mrs Porter of Aussie Deaf Kids explained that:

It is just such an incredibly stressful and difficult time when your baby is diagnosed with a hearing loss. I have a deaf daughter. She is now 26. She first of all had a unilateral hearing loss, but then she lost her hearing overnight in her other ear. So I went from having a hearing child to a deaf child overnight, which is basically what happens with newborn hearing screening, where parents feel they have a hearing child and the next day they find that their baby is [deaf]. It just leaves you rudderless, I have to say. It is an incredibly challenging experience.

I am an occupational therapist. I worked within developmental clinics and in the assessment and follow-up of NICU [Neonatal Intensive Care Unit] babies at Westmead Children's Hospital. I could speak English. We had just

5 Mr Robin Renwick, Acting First Assistant Secretary, Commercial Claims Division, Department of Finance, *Committee Hansard*, 10 July 2015, pp 71–72.

6 Mrs Ann Porter, Chief Executive Officer, Aussie Deaf Kids, *Committee Hansard*, 10 July 2015, p. 12.

incredible troubles navigating the system because she came at a time when, really, there were no pathways. We anticipate the same thing happening [under the NDIS].⁷

3.9 Mrs Porter told the committee that the present situation, with Australian Hearing as sole provider of the CSO Program, provided a clear pathway for families in urgent need of assistance:

We have seen some of the issues in the NDIS—with the introduction of the NDIS and the issues that families have around choosing early intervention services and before the NDIS with Better Start. If we then add in trying to navigate finding the right hearing services, we really do think we are going to lose a lot of people. We have a less than two per cent loss to follow-up after newborn hearing screening because we have this pathway that is so clear. In the [United] States, I think it is nearly 50 per cent loss to follow-up. We can see it particularly in families from migrant backgrounds. As parents of deaf children, we do not really have much contact with Aboriginal and Torres Strait Islander families, but we do have a lot of contact with migrant families and the challenges that they face. So we are really fearful of the loss to follow-up with those families if we do not have very clear pathways and good information for those families.⁸

3.10 In its submission, the Deafness Forum of Australia compared the referral pathway under the NDIS to that currently used under the Australian Hearing CSO Program. The forum noted that the Australian Hearing pathway is more streamlined:

The pathway for accessing support under the NDIS is to confirm eligibility, develop a plan with an NDIS planner, choose supports, implement the plan and review the plan. The pathway for accessing hearing services under the CSO Program is more streamlined and therefore clients are able to access the support they need without delay. Currently Australian Hearing has arrangements in place to ensure that infants diagnosed with hearing loss through newborn hearing screening programs and older children diagnosed with hearing loss are seen urgently so they are provided with amplification and other support as quickly as possible. The eligibility checking is immediate and the planning is done with the service provider, i.e. Australian Hearing, so there is no delay between diagnosis and treatment. The arrangement where there is only one Provider nominated to deliver services to infants and children minimises the risk of them being lost to follow up.⁹

3.11 In contrast to the issues raised by witnesses, the information publicly available from the Office of Hearing Services (within the Department of Health) in the FAQ on the transition to NDIS states:

7 Mrs Ann Porter, Chief Executive Officer, Aussie Deaf Kids, *Committee Hansard*, 10 July 2015, p. 12.

8 Mrs Ann Porter, Chief Executive Officer, Aussie Deaf Kids, *Committee Hansard*, 10 July 2015, p. 12.

9 Deafness Forum of Australia, *Submission 150*, p. 10.

The early months for newborns diagnosed with hearing loss can be critical for the whole family and it is recognised that the existing referral pathways work well in ensuring that there is a minimal delay between the time of diagnosis and the delivery of hearing services.

It is important that the NDIS does not act as a barrier to this pathway and the NDIA will be consulting with stakeholders on how this can best be achieved...¹⁰

3.12 Ms Gina Mavrias, the Operations Director of Australian Hearing summarised the issues faced by parents of hearing impaired children, and underlined the importance of simple pathways to access hearing services:

It is a very difficult period for the families. One of the challenges will be: 'Where do I go and who will have the skills to help my child?' At the moment, they come to Australian Hearing and they know that the person they see has the skills to provide the services. Whatever service arrangement is around that needs to consider how parents quickly access services. Speed is really important in this time—we know speed is important for that child getting the best possible outcome. They need to know where to go and how to get in quickly, and there are also the challenges around what the best solution is for their child. Again, there is the need to walk them through the options—whether it is a hearing aid or a cochlear implant or something else—and knowing that they can make those decisions and that it is not a cost decision; it truly is a question of: 'What is the best outcome for my child?'¹¹

Committee view

3.13 The committee believes that the evidence clearly demonstrates that an essential part of the CSO Program is ease of access to services. Having a single pathway provides certainty, particularly for parents of children who have just been diagnosed with hearing impairment. The committee considers that a clear referral pathway to services should be maintained in the transition of the CSO Program into the NDIS.

Vulnerable groups

3.14 Deafness Forum of Australia noted that the CSO Program covers a number of other vulnerable groups in addition to providing services for children with hearing impairment. As described in Chapter 2, these groups include Aboriginal and Torres Strait Islander peoples aged over 50 years and under 65 years and those participating

10 Office of Hearing Services, Department of Health, website page, 'FAQs on the NDIS interface and transition', www.hearingservices.gov.au/wps/portal/hso/site/about/national%20disability%20insurance%20scheme/ohs-and-ndis, (accessed 9 September 2015).

11 Ms Gina Mavrias, Operations Director, Australian Hearing, *Committee Hansard*, 10 July 2015, pp 7–8.

in the Remote Jobs and Communities Program, and adults with complex hearing rehabilitation needs aged under 65 years.¹²

3.15 For these CSO clients, currently there is a simple pathway to access assistance. Deafness Forum of Australia described this situation:

Currently, if people qualify for the NDIS at the pilot sites and require hearing assistance, they are streamed to Hearing Services Providers through the Australian Government Hearing Services Program. If they meet the eligibility criteria for the CSO Program they are seen by Australian Hearing. Otherwise they have a choice of Providers under the Voucher Program. This ensures that the more complex clients are seen by Audiologists with the required expertise and receive the program of services and devices that are appropriate for their needs.¹³

3.16 With the transition to the NDIS and the introduction of contestability, Deafness Forum of Australia argued that clients in the CSO Program will be required to make decisions about service providers. Deafness Forum of Australia questioned whether there has been any assessment of the market for providing contestable services to CSO Program clients. Further, Deafness Forum of Australia, Deaf Australia, and Independent Audiologists Australia all told the committee that audiology was an unregulated profession in Australia, with difficulties around policing standards. For example Ms Leonie Jackson, Chief Executive Officer, the Deaf Society of NSW told the committee of her own experiences with private audiologists:

I personally have experienced going to a private audiology service, where I have been ripped off. They have tried to sell me a \$10,000 hearing aid that I did not need. They tried to charge me \$250 for the moulds, and I know it only costs \$60 at the most. So I have been very wary of private audiologists because of the experience that I have had previously myself.¹⁴

3.17 It is arguable whether consumers believe contestability and increased choice really is a benefit. The Deafness Forum of Australia submitted that it had tested through consultation the argument that contestability was a main benefit of moving the CSO Program to the NDIS. The results of these consultation were:

...while parents understand the potential benefit of having a choice of provider, they believe it is far more important to preserve the existing benefits available through having the Government Provider as the sole provider of services to children and their families. Issues relating to expertise, unbiased information and advice, and trust were more valued by families than having a choice of provider. Families believe this will ensure the best outcome for their child. There is also concern that families who are very vulnerable at the time their child is diagnosed with hearing loss and

12 Deafness Forum of Australia, *Submission 150*, p. 3. See also Chapter 2, para 2.11.

13 Deafness Forum of Australia, *Submission 150*, p. 3.

14 Ms Leonie Jackson, Chief Executive Officer, the Deaf Society of NSW, *Committee Hansard*, 10 July 2015, p. 57.

know very little about hearing impairment are not in a position to make an informed choice about different providers. The current arrangements provide a safety net for children and their families to ensure that the child's outcomes are not compromised.

The Deafness Forum consultation highlighted that families do not support contestability in the delivery of services to Deaf and hearing impaired children.¹⁵

Committee view

3.18 The evidence heard by the committee appears to indicate that the more choice or contestability in the market, the more difficult the decisions which need to be made by the individual seeking help. For vulnerable groups, this may result in being overwhelmed by the options available. The situation may also leave vulnerable groups open to exploitation if there are not adequate safeguards in place.

Consistent standards of care

3.19 A major concern of witnesses, relating to both the transition of the Hearing Services Program to the NDIS and the proposed privatisation of Australian Hearing, was maintaining consistent standards of care.

3.20 Mrs Porter of Aussie Deaf Kids told the committee that Australia is a world-leader in standards of care for children with hearing impairment, in large part thanks to the work of Australian Hearing. However, although Australian Hearing has world-leading expertise, Mrs Porter argued that there is little evidence of the market having providers of services for children with the same standard of service:

Parents have been enthusiastic supporters of the NDIS, as we can see the opportunities the scheme will provide for our children throughout their lives. However, the contestability of the Hearing Services Program is not one we support. It is a model that is untested for this group of clients in Australia. The UK has made adult hearing services contestable but has refrained from doing so for children's services. As parents, we are all too aware of the issues and burdens faced by parents in the US, where the process is contestable. This is not one that we want to see replicated here.

There is no evidence that there are providers with the skills, equipment, facilities and coverage to effectively deliver the hearing services required by children and their families. It is our contention that contestable hearing services have the potential to compromise the principles of good practice and put at risk the future of deaf and hard-of-hearing children and their families. We have identified numerous areas of concern that must be addressed to ensure that the system we transition to complies with the principles of best practice and continues to provide the services and support that the child and family need to optimise their potential.¹⁶

15 Deafness Forum of Australia, *Submission 150*, pp 9–10.

16 Mrs Ann Porter, Chief Executive Officer, Aussie Deaf Kids, *Committee Hansard*, 10 July 2015, p. 11.

3.21 Deafness Forum of Australia also argued that 'the private market does not currently provide services to Deaf and hearing impaired children.'¹⁷ Even if the private sector was to begin to provide services for children, and for other vulnerable groups of CSO Program clients, Deafness Forum of Australia asked what safeguards exist to ensure the quality of the service and the access of the service in rural and remote areas.¹⁸

3.22 Deafness Forum of Australia also observed that the quality of the service has a significant impact on the outcomes for the person seeking help:

Research indicates the expertise of the service provider has a significant impact on client outcomes. Consumers need certainty that they are accessing services from a clinician with the appropriate skills. If new service delivery arrangements are introduced, consideration needs to be given to the mechanism that would be used for clinicians to attain the competencies needed to deliver services to CSO clients in the future, and for consumers to be able to recognise that practitioners have the skill level required to provide these services.¹⁹

3.23 Deafness Forum of Australia argued that before the CSO Program moves to the NDIS, safeguards need to be in place to protect CSO clients and to ensure adequate service delivery. The safeguards recommended by Deafness Forum of Australia state that services:

- Are available in urban, rural and remote areas of Australia
- Are within a reasonable travel distance for clients
- Are delivered by professionals with an appropriate level of expertise
- Are delivered fairly and equitably
- Are delivered in a culturally sensitive way
- Are focussed on the best interests of the client and their family
- Are delivered consistently across service locations
- Are delivered according to international best practice recommendations
- Are available for all clients regardless of their age, level of disability, socio economic background or requirements for interpreter and translation services²⁰

3.24 In relation to services for children, the Deafness Forum of Australian suggested the following additional safeguards:

17 Deafness Forum of Australia, *Submission 150*, p. 8.

18 Deafness Forum of Australia, *Submission 150*, p. 8.

19 Deafness Forum of Australia, *Submission 150*, p. 6.

20 Deafness Forum of Australia, *Submission 150*, pp 7–8.

- The program allows for a family centred response, giving families time, information and support to allow them to make an informed decision for their baby or child
- The child receives an individually tailored program to meet the needs of the child and the family
- The child receives the services and devices they needed to achieve the best outcome
- There are strong relationships between audiological services, educational services and other support services including referrers
- The service is provided by highly skilled clinicians
- The clinical programs are research based and supported by clinical protocols
- The programs are provided with the focus on the best outcome for the child rather than a sales focus
- Services are equitable and not based on the family's ability to pay
- Information and guidance is impartial and unbiased
- Services are well located to minimise the need for travel²¹

Consultation on NDIS transition

3.25 As discussed in Chapter 2, the paucity of information provided by the department has led to stakeholder groups being confused and uncertain about the transition of Australian Hearing to the NDIS.²² As a result of the government's announcement to defer its decision on the scoping study, the Department of Health and the Department of Finance undertook further consultations with the hearing community about the transition to NDIS.

3.26 The consultations, called 'NDIS Transition Information Sessions', were conducted in Canberra, Sydney, and Melbourne in June 2015.²³ The information sessions were run by the Office of Hearing Services (Department of Health) and

21 Deafness Forum of Australia, *Submission 150*, pp 7–8.

22 Mr Robin Renwick, Acting First Assistant Secretary, Commercial Claims Division, Department of Finance, *Committee Hansard*, 10 July 2015, pp 71–72, see also document tabled by Ms Margaret Dewberry, Deafness Forum of Australia, titled 'NDIS Interface Information Sessions' authored by the Department of Health.

23 Office of Hearing Services, Department of Health, website page, 'National Disability Insurance Scheme', <http://hearingservices.gov.au/wps/portal/hso/site/about/national%20disability%20insurance%20scheme>, (accessed 9 September 2015).

included information from the Department of Finance regarding the findings of the scoping study into the privatisation of Australian Hearing.²⁴

3.27 The Office of Hearing Services has also conducted 'NDIS Transition Planning Workshops' in August (10–18 August 2015), as well as at unspecified dates in September 2015.²⁵ The workshops are described as being held to 'help identify and discuss the key activities and steps to support a successful transition to the NDIS, including options for implementation'.²⁶

3.28 Interestingly, representatives from Australia Hearing were not part of the NDIS Transition Information Sessions, as Ms Mavrias indicated to the committee.²⁷

3.29 Witnesses expressed confusion over the purposes of the information sessions and the planning workshops. There was also confusion about how these activities relate to the transition of the Hearing Services Program to the NDIS and the outcomes of the scoping study. For example, Ms Margaret Dewberry, Deafness Forum of Australia, told the committee:

We would like to see what the blueprint is [for transition of the Hearing Services Program to the NDIS]. I thought the Office of Hearing Services had made an offer for people to attend a transition planning workshop, which I had interpreted to mean that we would be part of developing that blueprint. But it seems that the blueprint is there. So I do not [know] whether that is just a consultation process now or quite what it represents. So yes, there is this feeling of always playing catch-up on what is happening.²⁸

3.30 Mr Mark Wyburn of the PODC told the committee that his organisation were similarly confused about the process:

...the overall umbrella framework we do not know. Someone talked about a blueprint. We do not know where this is all fitting in. Consultation has been changed on the run. There was a framework request for comment on service

24 Office of Hearing Services, Department of Health, website page, 'NDIS Interface Information Sessions', <http://hearingservices.gov.au/wps/portal/hso/site/about/national%20disability%20insurance%20scheme/ndis-information-sessions>, (accessed 9 September 2015).

25 Office of Hearing Services, Department of Health, website page, 'NDIS Transition Planning Workshop', http://hearingservices.gov.au/wps/portal/hso/site/about/national%20disability%20insurance%20scheme/ndis_transition_planning_workshop, (accessed 9 September 2015).

26 Office of Hearing Services, Department of Health, website page, 'NDIS Transition Planning Workshop', http://hearingservices.gov.au/wps/portal/hso/site/about/national%20disability%20insurance%20scheme/ndis_transition_planning_workshop, (accessed 9 September 2015).

27 Ms Gina Mavrias, Operations Director, Australian Hearing, *Committee Hansard*, 10 July 2015, p. 9.

28 Ms Margaret Dewberry, Adviser, Deafness Forum of Australia, *Committee Hansard*, 10 July 2015, p. 18.

delivery. That was then service delivery for voucher service. That now encompasses audiology, and now we have been asked to provide paediatric input into that from a parent. So, it has gone from voucher system delivery to CSO...²⁹

3.31 Mrs Porter of Aussie Deaf Kids also submitted that many groups were not informed of the effect of the NDIS transition, let alone the impact of the privatisation of Australian Hearing:

I guess we knew that with the NDIS clearly there was always going to be the issue of possible contestability if hearing services went under the NDIS. But we were not really aware that the hearing services were going under the NDIS. We did see that there was a COAG agreement a number of years ago that we were not really aware of. As parents we were not aware that that had occurred. We were under the impression that the NDIS and hearing services would remain separate. But the sale of Australian Hearing was where the alarm bells first started to ring for us. We have really been told only in the last few weeks that hearing services will go under the NDIS. We are just trying to catch up all the time.³⁰

3.32 Ms Catherine Rule, First Assistant Secretary of the Medical Benefits Division in the Department of Health, told the committee that she was 'not aware of a formal document that exists that is called a blueprint'.³¹ Ms Rule stated that the purpose of the information sessions was:

...talking to the stakeholders about not just the scoping study—that was probably actually the smaller part of the discussion—but the transition to the NDIS and trying to flesh out the issues and the things we need to think about and the processes and the policy issues. It may have been mentioned in that context, but I am not aware of the existence of a document called a 'blueprint'.³²

3.33 Ms Tracey Duffy, the National Manager of the Office of Hearing Services in the Department of Health expanded on the point made by Ms Rule. Ms Duffy told the committee that while the term 'blueprint' may have been used at the information sessions, nothing had been developed:

CHAIR: Okay. Is there anything that could be conceived to be anything like a blueprint, or a finger painting perhaps?

Ms Duffy: What was explained was that, over the coming months, we are required to develop up a transition plan. I would have used the language 'a

29 Mr Mark Wyburn, Ordinary Committee Member and Regional Representative, Parents of Deaf Children, *Committee Hansard*, 10 July 2015, p. 26.

30 Mrs Ann Porter, Chief Executive Officer, Aussie Deaf Kids, *Committee Hansard*, 10 July 2015, p. 14.

31 Ms Catherine Rule, First Assistant Secretary, Medical Benefits Division, Department of Health, *Committee Hansard*, 10 July 2015, p. 81.

32 Ms Catherine Rule, First Assistant Secretary, Medical Benefits Division, Department of Health, *Committee Hansard*, 10 July 2015, p. 81.

blueprint', which sets out the types of activities and the timing for things going between now and when we do full national rollout or transition. I have used that term 'blueprint', but it is a way of describing a transition plan of being able to segment and give people an idea of critical points in time for things to occur.

CHAIR: Is that transition plan under development or developed?

Ms Duffy: It is not developed. We are just starting to gather the information, and the information sessions were a starting point. We have also received a number of submissions that identified the important areas that we need to consider as part of the transition, which were all raised earlier today as well as being raised in the scoping study that will form a transition plan. So it is in the early stages.³³

Privatisation and transition to NDIS

3.34 Other concerns regarding the privatisation of Australian Hearing and the transition of the Hearing Services Program to the NDIS included the possible gap in timing resulting from both processes. Mr Kyle Miers, Chief Executive Officer of Deaf Australia told the committee that if Australian Hearing were to be privatised in the short term—that is in 2016—there would be a gap from that date to the full roll out of NDIS:

Just looking at the time line, from the establishment of the NDIS to the actual full rollout, we have a three-year gap from the sale. From the end of this financial year, 2015, to the full rollout of the NDIS, which will not be happening until 2018, there will be a three- or four-year gap. What will be happening in the interim? If the sale is made, then what happens? People are in a bit of a twilight zone, so to speak. Those people will be impacted, because they will not have access to services if Australian Hearing Services is sold or privatised and the NDIS has not been fully rolled out, where do people go? They are in limbo. That will affect people nationally. They are left in limbo until about 2018, so what are people to do? They are left without services in that time frame, so who will be supporting them? There will be no support. There will be nothing. It will make the situation far worse, and it is not allowing for a proper transition.³⁴

3.35 Information from the Department of Finance about what might happen should Australian Hearing be privatised with a gap of three to four years notes:

The Office of Hearing Services in the Department of Health is responsible for hearing services policy and managing the funding for the Hearing Services Program, including the CSOs. The consideration of future ownership options for Australian Hearing will not impact on the eligibility for, or the funding of, the Hearing Services Program. People with a hearing loss who currently receive (or are eligible to receive) CSO services will

33 Ms Tracey Duffy, National Manager, Office of Hearing Services, Department of Health, *Committee Hansard*, 10 July 2015, p. 81.

34 Mr Kyle Miers, Chief Executive Officer, Deaf Australia Inc, *Committee Hansard*, 10 July 2015, p. 41.

continue to receive those services, either as NDIS participants or clients of the Hearing Services Program.³⁵

3.36 Mr Stephen Williamson, the CEO of the Deafness Forum of Australia raised an issue related to privatisation—what would happen if Australian Hearing's private sector ownership changed its priorities for service delivery:

The introduction of contestability introduces significant risks in terms of access, expertise, quality and standards. Additionally, as you know, the government is still to make a decision regarding the sale of Australian Hearing. If the sale proceeds and the new owner decides to withdraw from providing services to these more costly and challenging client groups then the safety net of the government provider will be lost. Deafness Forum of Australia has developed a paper outlining the issues that need to be addressed in the transition plan and has made it available to the committee.³⁶

Committee view

3.37 Australian Hearing has provided services to deaf and hearing impaired Australians since 1947. In conjunction with its research arm, the NAL, Australian Hearing is a world-leading source of 'expertise, unbiased information and advice, and trust' for clients of the CSO Program.³⁷ For its submission to the PWC scoping study, Deafness Forum of Australia consulted with its members, other stakeholders, and interested parties across Australia. The main finding was that clients of the CSO Program, particularly families supporting hearing impaired children, valued Australian Hearing as a sole provider for the security it provided:

While consumer choice is often seen as an important issue, parents of hearing impaired children did not raise this as a concern with current arrangements. Many families indicated their relief at knowing there was a single organisation that was highly regarded for its expertise in working with children and their families and provided unbiased information and advice, so they were not required to undertake research into finding an appropriate Provider particularly at the time of diagnosis when the parents are feeling high levels of anxiety and stress. Families felt a high degree of trust in receiving services and advice from an agency that was not making a profit from these services.

Issues relating to expertise, unbiased information and advice, and trust were more valued by families than having a choice of provider.³⁸

35 Department of Finance, website, 'Australian Hearing further consultations – FAQs', www.finance.gov.au/procurement/scoping-studies/australian-hearing-faqs/, (accessed 9 September 2015).

36 Mr Stephen Williamson, Chief Executive, Deafness Forum of Australia, *Committee Hansard*, 10 July 2015, p. 16. The 'transition plan' referred to be the Deafness Forum of Australia is contained in *Submission 150*.

37 Deafness Forum of Australia, *Submission 150*, pp 9–10.

38 Deafness Forum of Australia, 'Submission in relation to the potential sale of Australian Hearing', August 2014, p. 34. Original emphasis reproduced.

3.38 If the Hearing Services Program, including the CSO Program serviced by Australian Hearing, is to transition to the NDIS, then a core element which must be maintained is access to 'expertise, unbiased information and advice, and trust' for vulnerable clients.³⁹

3.39 The committee believes that there has been a lack of structured consultation around the transition of the Hearing Services Program to the NDIS. This situation is of significant concern given that the CSO Program provides services to vulnerable clients, and to newborns and young children whose future lives depend on accessing quality assistance in a timely manner.

3.40 The evidence heard by the committee shows that clarity is desperately needed around the arrangements to transition the Hearing Services Program to the NDIS. Further, there needs to be transparency around the development of any 'blueprint' or arrangements for the transition to ensure that the concerns of all stakeholders have been considered and adequately addressed.

3.41 The transition of the Hearing Services Program to the NDIS is also being unnecessarily complicated by the uncertainty around the future of Australian Hearing. A government decision about the privatisation of Australian Hearing has been deferred. This is despite the overwhelming evidence that selling Australian Hearing would cause significant negative impacts to its clients, who are often amongst the vulnerable Australians. By delaying its decision on privatisation, the government has effectively forced the Departments of Health and Human Services to consult on the Hearing Services Program's transition to the NDIS under two scenarios: a privatised Australian Hearing and a status quo Australian Hearing. The committee considers that it is little wonder stakeholders have complained of confusion and uncertainty.

3.42 If the Hearing Services Program is to successfully transition to the NDIS in a way which ensures all stakeholder groups are considered, the government needs to immediately guarantee the retention of Australian Hearing in government hands.

Recommendation 2

3.43 The committee recommends that the government provide clarity around the work already done on the transition of the Hearing Services Program to the National Disability Insurance Scheme. Any 'blueprint' or implementation plan should be made public as soon as it is finalised, so as to reassure stakeholders that the quality services provided by Australian Hearing continue to be available in order to ensure that hearing impaired Australians can live the life they deserve.

39 Deafness Forum of Australia, *Submission 150*, pp 9–10.

Senator Deborah O'Neill

Chair