

## **CSTDA Inquiry**



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**31 July 2006**

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# 1. Introduction

## 1.1. Background

The stated aim of the CSTDA is for the Commonwealth and States and Territories to work together to improve the inclusion of people with disability in the community. In the pursuit of this vision, Commonwealth, State and Territory Governments recognise that people with disabilities have rights equal with other members of the Australian community, and should be enabled to exercise their rights or be accorded these rights. This is based on consultation with the sector and recognises that some people do not have the capacity to exercise their rights.

## 1.2. Statistics

Currently, one in six Australians suffers from some form of hearing impairment. This is expected to increase to one in every four Australians by 2050. (Access Economics 2006) The incidence of hearing impairment rises with age, so that more than 70 per cent of people over the age of 70 have a hearing impairment. (Wilson et al, 1998)

# 2. Comments against the CSTDA Inquiry Terms of Reference

## 2.1. Intent and effect of the CSTDAs to date

The CSTDA Annual public report for 2003-04 is the latest available report on the FaCSIA website. It is difficult to know and comment on what the CSTDA outcomes for the more recent year has been.

The current CSTDA included a priority to ensure that government departments are accessible to people with disabilities. This does not appear to have occurred and in fact the number of people with a disability in the federal public service is decreasing.

## 2.2. Appropriateness, including unmet needs

The 2005-06 ANAO report into the administration of the CSTDA estimated that in addition to the nearly four million Australians who self-identify as having a disability, only a small percentage are eligible for, and access, government-funded disability services provided under the CSTDA. However, many of these people may access other community support sources, rely on family support, purchase services (general or disability-specific), access generic services, or do not need any of the particular services provided under the CSTDA. This is certainly the case for people who are deaf, or hearing impaired or suffer from chronic disorders of the ear.

Under the CSTDA, services are provided to people with disabilities where:

- the disabilities:
  - are attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury, or some combination of these; and
  - are likely to be permanent; and
  - result in substantially reduced capacity for self care and management and/or mobility and/or communication; and
  - manifest before the age of 65 years; and

- the person requires significant ongoing or long-term episodic support.

Deafness and hearing impairment do not necessarily meet all these criteria (e.g. manifest before the age of 65 years) and, for example, do not always affect the need for accommodation and respite services. However the effects of deafness or hearing impairment can be substantial.

**Employment:** The effect of hearing loss on unemployment and underemployment is significant. There is also a vicious cycle – people may be unable to afford a hearing aid because they don't have a job. They are unable to get a job because they don't have a hearing aid. Eligibility criteria set by the Office of Hearing Services (OHS) means that many Australians – especially those in the working age group – are unable to qualify for assistance for their hearing aid.

Nearly half the people with hearing loss are of working age (15-64 years) and there were an estimated 158,876 people not employed in 2005 due to a hearing loss. If people with a hearing loss were employed at the same rate as average Australians of the same age, then an additional 158,876 people would be employed (based on 2005). With average (full time and part time) weekly earnings for all Australians of \$805.40, the annual cost of lost earnings due to workplace separation and early retirement from hearing loss is \$6.67 billion. This equates to 0.79% of GDP.

There are many self-funded retirees who are not eligible for OHS services, yet, because of the high cost of an aid cannot afford one, therefore go without. Also, some of these people may have a bilateral hearing loss, but only buy one hearing aid, because they cannot afford two, which does not always meet the requirements for satisfactory outcomes.

Section 4(2) of the CSTDA states:

In working towards this objective the Commonwealth and the States/Territories recognise the heightened vulnerability of people with disabilities, including those with high support needs, and the essential and complementary nature of specialist and generic services, including those which lie outside this Agreement, and aim to:

- a) strengthen access to generic services for people with disabilities by:
  - fostering a whole-of-government approach to maximise the opportunity for people with disabilities to participate socially and economically in the community; and
  - explicitly recognising access to, and the role of, generic services as a complement to the focus on the funding and delivery of specialist disability services and supports.
- b) strengthen across government linkages by:
  - positively influencing the service system within and external to the Agreement to ensure that access to appropriate services is supported and strengthened; and
  - improving collaboration, co-ordination across programs and governments to ensure that people with disabilities have fair opportunities to access and transition between services at all stages of their lives.
- c) strengthen individuals, families and carers by:
  - developing supports and services based on individual needs and outcomes, which enhance the well-being, contribution, capacity and inclusion of individuals, families and carers; and

increasing their opportunities to influence the development and implementation of supports and service at all levels.

d) improve long-term strategies to respond to and manage demand for specialist disability services through:

a strategic approach to broad national and local/jurisdictional planning to underpin the determination and allocation of equitable funding to respond to unmet demand, growth in demand and cost increases; and

approaches which enhance prevention and early intervention outcomes, the effective co-ordination across service systems and clear and transparent decision making.

Hearing aid technology has advanced in the past 20 twenty years and therefore, there is an erroneous belief that the problem must be lessened. However, hearing aids per se do not fix the problem. People with a hearing loss still need other assistive devices to live their life everyday. This includes devices that many other Australians take for granted, e.g. doorbells, alarm clocks, baby cry alarms and even more importantly, telephones and smoke detectors. The costs of these are exponentially higher for people with a hearing loss than for “normal” devices.

Individuals with high support needs can be eligible for a range of services. However, many of these services are not available to people with a hearing impairment.

**Rehabilitation:** Private practice audiological services will vary considerably in relation to rehabilitation. Most of this rehabilitation is based on information about the management of hearing aids. The rehabilitation of hearing impaired people has two components.

a. the receptive component of hearing – what we hear

b. the expressive component – involving our responses to what we hear.

Unfortunately, in Australia, holistic rehabilitation services are not common. The expressive component of hearing rehabilitation has been largely ignored.

It is also difficult to get comprehensive rehabilitation services (e.g. through CRS) for hearing loss alone, compared to hearing loss combined with other substantial injuries/effects.

A Medicare rebate on audiological private practice services is not available. This does not correspond with similar services, for example, those who go to an optometrist are eligible for a Medicare rebate.

Universal newborn hearing screening must be implemented effectively in all states. Research shows that early identification and intervention gives children the best possible social and educational outcomes.

**Counselling:** There are limited opportunities for people to receive counselling for their hearing loss related problems – simply because psychologists are not trained in the complex implications of a hearing loss. It is challenging and confronting for people to acknowledge their disability in this area and in many cases, can take years before a person admits their need for assistive devices. Counselling relating to the loss or impairment of one of your senses i.e. hearing loss (e.g. providing audio tapes for use in reducing stress due to the demands of coping with impaired hearing!!) is difficult to find. In addition, people with a hearing loss who are experiencing other life-changing and

challenging situations, find it difficult to receive counselling because of their hearing loss, due to lack of services focused towards the hearing impaired.

**Communication Access:** Lack of communication access can be an isolating factor for people who are Deaf or have a hearing impairment. Studies have shown hearing impairment to be associated with multiple adverse effects on people – including depression, anxiety, anger, social isolation, and reduced cognitive functioning (Bess et al 1991; Herbst & Humphries, 1980; Jones et al, 1984). Deafness Forum has a range of policy statements addressing communication access. If implemented these would make a profound difference.

**Auslan Interpreter Services:** Deafness Forum supports comments made by the Australian Association of the Deaf.

### 2.3. Ageing/disability interface with respect to health, aged care and other services

The number of people with disabilities aged 70 years and over is increasing. People with certain disabilities may experience an exacerbation of those disabilities as they age or acquire additional disabilities. The changing needs and expectations of people with disabilities as they age, and their carers, and the services and supports required to meet their needs, are being examined as part of this national priority issue. An important focus is access to services and support for people with disabilities who retire and are no longer in employment. Another is access to community and residential aged care services at critical life stages.

**Little if any attention seems to be paid to the relationship between hearing loss in the elderly and cognitive decline.** Given the current attention being paid to mental illness, this is a strange anomaly. Hickson Worrall & Dodd spell out the current anomalies that exist and the recommendations relating:

- hearing impairment and ageing; and hearing impairment in aged care facilities

Research also indicates that hearing impairment is a risk factor for cognitive decline in older people and that it may exacerbate the symptoms of dementia. (Peters, Polter & Scholer, 1988; Uhlmann, Larson, Thomas, Koepsell, & Duckert, 1989).

“Hearing problems have a profound influence on the lives of the elderly. The ability to communicate is frequently a deciding factor in determining a person’s autonomy, independence and overall well-being and happiness”. (Rosen 2006) Society is ill-informed about the importance of speech communication and about the devastating effects of communication difficulties, and it is ill informed about the cost effectiveness of providing communication aids to the elderly, and about the cost to society and to the elderly of not providing them.” (from Danish Medical Bulletin, Gerontology Supplement, Nov 1986 – reprinted by the Canadian Hearing Society in **Hearing Loss and Senior Citizens** June 1987)

### 2.4. Alternative funding, jurisdiction and administrative arrangements

No comments.

### **3. Recommendations**

In summary, Deafness Forum supports governments' entering into a new CSTDA in principle, but believes that the new Agreement must go further to much further to meet the needs of the Deaf and hearing impaired, including:

- substantial additional funding over the life of the next Agreement to address existing unmet need for services and anticipated demand growth, to be reviewed annually
- a realistic indexation formula to reflect real increases in costs
- better, and faster, public reporting
- inclusion of quality of life measures for service users
- a stronger focus on early intervention, linked with COAG's initiatives in relation to children and young people.

## 4. References

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## 5. Attachment A – About the Deafness Forum

### 5.1. Introduction

Deafness Forum is the peak body for deafness in Australia. Established in early 1993 at the instigation of the Federal government, the Deafness Forum now represents all interests and viewpoints of the Deaf and hearing impaired communities of Australia (including those people who have a chronic disorder of the ear and those who are DeafBlind).

### 5.2. Structure

The Deafness Forum is divided into four classes of membership: Consumers, Consumer Associations, Service Providers, and Service Provider Associations.

Consumer means an adult who is Deaf or has a hearing impairment or has a chronic ear disorder, or a parent of such a person. Chronic Ear Disorder refers to such disorders of the ear as tinnitus, Meniere's Disease, Acoustic Neuroma, hyperacusis, and otitis media. People with some such ear disorders may also have a hearing impairment. Deaf refers to people who see themselves as members of the Auslan-using Deaf community by virtue of its language (Auslan) and culture. Hearing Impairment refers to a hearing loss. People with a hearing impairment (or who are hard of hearing) may communicate orally (sometimes described as 'oral deaf') or may use a sign language or other communication methods. All Consumers are entitled to describe themselves using whatever terminologies they prefer, and are asked to do so at the time of joining and each time they renewing membership.

Consumer Association means an incorporated organisation of, or for, consumers.

Service Provider means an adult who provides services that promote the well-being of people who are consumers (as defined above). Examples are audiologists, audiometrists, teachers of the deaf, stenocaptioners, Auslan interpreters, and ENT specialists. Service Providers also include various other occupations that provide services to consumers who are Deaf, have a hearing impairment or have a chronic disorder of the ear.

Service Provider Association means an incorporated organisation, which has (as its principal purpose) the provision of services that promote the wellbeing of consumers (as defined above).

### 5.3. Objectives

The Deafness Forum exists to improve the quality of life for Australians who are Deaf, have a hearing impairment or have a chronic disorder of the ear by:

- advocating for government policy change and development
- making input into policy and legislation
- generating public awareness
- providing a forum for information sharing and
- creating better understanding between all areas of deafness