



Australian Government

**Response to the Senate Community Affairs
References Committee Report**

***HEAR US: INQUIRY INTO HEARING
HEALTH IN AUSTRALIA***

MAY 2011

**Hear Us: Inquiry into Hearing Health in Australia
Government Response**

Introduction

On 10 September 2009, the Senate referred a matter concerning the state of Hearing Health in Australia to the Community Affairs References Committee (the Committee). The Committee sought submissions and undertook extensive national hearings with stakeholders to examine the following issues:

- a) the extent, causes and costs of hearing impairment in Australia;
- b) the implications of hearing impairment for individuals and the community;
- c) the adequacy of access to hearing services, including assessment and support services, and hearing technologies;
- d) the adequacy of current hearing health and research programs, including education and awareness programs; and
- e) specific issues affecting Indigenous communities.

Over 180 submissions were received by the Committee and published on its website from a wide range of stakeholders. The Committee tabled its report, *Hear Us: Inquiry into Hearing Health in Australia*, in Parliament on 13 May 2010 making 34 recommendations.

The Australian Government welcomes the Committee's report and thanks the Committee for its considered approach to the recommendations made in the report.

The Government recognises that currently the prevalence of hearing loss in Australia is estimated to be one in six, rising to one in four by 2050, making hearing health a significant issue for many individuals and also the wider Australian community.

Hearing impairment affects individuals across their life course, requiring a range of service responses from early childhood to late adulthood, across disability, health, communication and other areas. These services assist hearing impaired people to engage socially and economically in the community and fulfil their life goals, are supported by professional bodies and a number of government agencies at both the Commonwealth and state/territory levels, and are delivered by providers in both the public and private sectors.

The Government currently provides funding for a wide range of services and programs for people with hearing impairment. These include: the Hearing Services Program (HSP), providing hearing related services to eligible people; the funding of around 2000 Disability Employment Services assisting people with a disability, including hearing impairment, to secure and maintain sustainable employment; free Australia wide access to Auslan interpreter services for deaf adults and children attending private medical appointments; and funding for research through a number of arrangements such as the National Acoustic Laboratories, the HEARING Cooperative Research Centre, the National Health and Medical Research Council and the HSP Hearing Loss Prevention Program.

The 2011-12 Federal Budget announced measures which will address a number of the recommendations and concerns outlined in the Committee's report. Additional funding of \$47.7 million over four years will support changes to the Australian Government's Hearing Services Program (HSP) to provide for: extended eligibility for young people to hearing aids, services and cochlear speech processors; increased access to hearing aids and cochlear speech processors for more children, and additional hearing services and aids for Indigenous adults and people with complex hearing problems. Funding will also be provided for automation of application and voucher services to enable clients to access services faster and for service

providers to electronically access client information to support them to provide more timely services to clients.

The Budget provides new funding of \$200 million through the *More Support for Students with Disabilities Initiative* to assist students with disabilities, including the hearing impaired. State and territory education authorities will receive funding up until December 2013 for activities that will better equip teachers and schools to provide optimum learning experiences for students with disabilities. Such activities might include the provision of coordinated specialised services by health and allied health professionals and the provision of specialised assistive technologies for use in classrooms such as hearing loops; additional hours of in-class support from paraprofessionals; and adapted curriculum tailored to the needs of each student based on latest research and expert advice.

The Budget also provides \$146.5 million in support for parents to access early interventions for children with a disability through the *Better Start for Children with a Disability*. This will help children access interventions facilitating speech development and better use of residual hearing, among other supports. To support this measure, a new Medicare item will provide for allied health interventions for children with a treatment plan in place. More detail on the measures is provided against the relevant recommendations.

Some of the Committee's recommendations are directed to state and territory governments and professional bodies. The Australian Government encourages those agencies to respond positively to the recommendations, and would welcome an opportunity to work cooperatively with them with the aim of ensuring that hearing impaired people are able to access a suite of coordinated services which meet their individual needs.

The Government recognises that this Senate Committee report has captured a wide range of issues which will impact on the growing numbers of Australians with a hearing impairment. A number of the report recommendations have led to significant policy development and review activities, and the report is expected to continue to be relevant to future policy considerations.

The Department of Health and Ageing has led the coordination of the whole of government response to the Senate Inquiry. Input to the response was provided by the departments of the Attorney General; Families, Housing, Community Services and Indigenous Affairs (FaHCSIA); Education, Employment and Workplace Relations (DEEWR); Innovation, Industry, Science and Research (DIISR); and Human Services (DHS) where recommendations relate to their respective portfolios.

Government Response to Recommendations

Recommendation 1

The Committee recommends that the Department of Health and Ageing work with the appropriate agencies and authorities to devise recreational noise safety regulations for entertainment venues. Specifically, where music is expected to be louder than a recommended safe level, that the venues be required to:

- (a) post prominent notices warning patrons that the noise level at that venue may be loud enough to cause hearing damage; and*
- (b) make ear plugs freely available to all patrons.*

Response:

This is a matter for consideration by state/territory governments.

Noise regulation is largely undertaken through state/territory environmental protection agencies which set standards, and police and local councils which enforce regulations. The Department of Health and Ageing will raise this matter with state and territory governments.

Recommendation 2

The Committee recommends that the Department of Education, Employment and Workplace Relations engage with state and territory jurisdictions, and with employment and hearing loss peak bodies, to develop a 10 year strategy to better support, engage and retain hearing impaired Australians in the workforce. The strategy should be made publicly available, and detail annual performance targets and the level of resources committed to achieving them.

Response:

The Australian Government accepts this recommendation.

The National Disability Strategy (the Strategy), officially launched on Friday 18 March 2011, outlines a ten year national plan for improving the lives of people with disability, promoting participation, and creating a more inclusive society.

The Strategy has been developed in partnership with state, territory and local governments and in consultation with people with disability, their families and carers, and other key stakeholders. The Strategy will guide public policy across governments and aims to bring about change in all mainstream services and programs as well as community infrastructure. This change is important to ensuring that people with disability, including those with hearing impairments, have the same opportunities as other Australians – a quality education, health care, a job where possible and access to buildings, transport and social activities.

The Strategy identifies several areas for future action that have potential to improve employment opportunities for people with disability, including to:

- improve employer awareness of the benefits of employing people with disability;
- reduce barriers and disincentives for the employment of people with disability;
- encourage innovative approaches to employment for people with disability such as social enterprises, or initiatives to assist people with disability establish their own small business; and

- improve employment recruitment and retention of people with disability in all levels of public sector employment, and in funded organisations.

In the first year of the Strategy, the focus will be on the development of an implementation plan that will include mainstream policy areas identified in the Strategy. Areas for future action will be prioritised collaboratively with state and territory governments, in consultation with people with disability and other key stakeholders.

Recommendation 3

The Committee recommends that the Department of Education, Employment and Workplace Relations engages with state and territory education systems, higher education providers of training for teachers of children with hearing impairment, and major stakeholders (including the Royal Institute for Deaf and Blind Children and parent representative bodies), to develop and implement an agreed national qualification standard for teachers of children with hearing impairment. This standard is to be benchmarked against international best practice.

Response:

This is a matter for consideration by state/territory governments and universities.

Australian universities are self-accrediting autonomous institutions and the Department of Education, Employment and Workplace Relations does not intervene in specific curriculum development issues. Any development of an agreed national qualification standard for teachers of children with hearing impairment should be undertaken between relevant teaching peak bodies, major stakeholders and higher education providers.

Recommendation 4

The Committee recommends that eligibility for the Australian Government Hearing Services Program be extended to include all Australians, subject to eligibility and a means test.

Recommendation 5

The Committee recommends that former child clients of Australian Hearing remain eligible for Australian Hearing support until the age of 25. This eligibility is to be subject to a means test. Former child clients of Australian Hearing who do not meet the means test are to have the option to access Australian Hearing support on a fee-for-service basis until the age of 25.

Recommendation 12

The Committee recommends that the Office of Hearing Services review its policy with regard to the replacement of damaged, lost or obsolete cochlear implant speech processors for eligible clients over 21 years of age, and if possible align it with the replacement policy for eligible clients less than 21 years of age.

Response:

The Australian Government accepts in principle these recommendations.

In the 2011-12 Budget, the Government announced a number of measures, totalling \$47.7 million, which address some of these issues, including an extension to eligibility and improved service access for eligible clients under the Hearing Services Program (HSP).

From 1 January 2012, eligibility for hearing services provided by the Australian Government provider Australian Hearing, under the Community Service Obligations (CSO) component of the HSP, will be extended to young adults aged 21 up to 26 years of age (21 to 25 years inclusive).

This measure will allow hearing impaired young Australians continued access to free support, including hearing aid upgrades or replacements and maintenance, in line with the current policy for young adults under 21 years of age. It also includes an extension of access to those under 26 years of age for assistance with replacement of damaged, lost or obsolete cochlear implant speech processors. This will allow this group of young adults to complete their education or establish themselves in the workforce with a view to maintaining self-reliance in the longer term.

Funding will be provided to enable increasing numbers of children and young people, eligible Indigenous people and adults with complex hearing to access services provided under the CSO. It is expected that over 39,600 children and young adults with hearing impairments, 11,500 Indigenous people and 18,400 adults with complex needs will receive services over the next four years.

Recommendation 6

The Committee recommends that state and territory governments expand eligibility for Patient Assisted Travel Schemes to include support for accessing audiological services.

Response:

This is a matter for consideration by state/territory governments.

While responsibility for the funding and administration for the accommodation and assistance schemes rests with state and territory governments, the Australian Government is currently working with them on the development of key policy principles and models for a nationally consistent scheme.

Under national health reform, the Commonwealth and states/territories are undertaking further work in regard to Patient Assistance Transport Schemes, with a view to higher and more consistent national standards.

This builds on the National Healthcare Agreement, agreed in November 2008, which commits states and territories to provide and fund patient assistance travel schemes and ensure that public patients are aware of how to access the schemes.

Under direction of the Australian Health Minister's Advisory Council, officials from all jurisdictional health departments through the Rural Health Standing Committee (RHSC) are currently examining harmonisation options through the development of key policy principles and models for a nationally consistent scheme. The Australian Government is leading this work on behalf of the RHSC.

Recommendation 7

The Committee recommends that the Australian Government provide funding to expand services for hearing impaired children in rural and remote areas through e-technology based programs such as that developed by the Royal Institute for Deaf and Blind Children.

Response:

This is also a matter for consideration by state/territory governments.

While responsibility for home based education and therapy support resides with state and territory governments, the 2011-12 Budget measure *Better Start for Children with a Disability* will complement existing state and territory services for children diagnosed with visual or hearing impairment, cerebral palsy, Down Syndrome and Fragile X syndrome. Financial support will be provided to enable parents to access early intervention therapies and treatment. Eligible children will receive access to up to \$12,000 for therapy services, including speech pathology and audiology services, and an additional one off payment of \$2,000 for families living in outer regional and remote areas where access to services is limited to assist with travel, home visit and similar expenses.

The Department of Families, Housing, Community Services and Indigenous Affairs also currently provides funding to the Royal Institute for Deaf and Blind Children (RIDBC) to assist them to provide the RIDBC Teleschool program. Over the period 2004-05 to 2008-09 a total of \$2,469,944 was provided for the Teleschool. Funding of \$1,127,810 has been provided in 2009-11 under the Family Support Program's Invest to Grow Activity. Funding will continue to be provided at this level.

This funding has enabled RIDBC to expand its services throughout Australia.

Recommendation 8

The Committee recommends that the Council of Australian Governments extends its commitment for universal newborn hearing screening to include hearing screening for all children on commencement of their first year of compulsory schooling. Given the crisis in ear health among Indigenous Australians, the Committee believes urgent priority should be given to hearing screenings and follow up for all Indigenous children from remote communities on commencement of school.

Response:

This is a matter for consideration by state/territory governments.

While states/territories are responsible for delivering hearing screening services, the Australian Government will offer to work with them to identify opportunities for national collaboration to assist them to respond positively to the recommendation.

The Australian Government contributes to hearing assessment for children through two items on the Medicare Benefits Schedule (MBS):

- The Health Assessment for Aboriginal and Torres Strait Islander People is available annually for all Indigenous people. When provided to an Indigenous child, the health assessment takes into consideration the results of any previous hearing screening including neonatal screening. It includes an ear examination and audiometry testing where indicated, particularly for those of school age.
- The Healthy Kids Check is available to children between 3 and 5 years of age and is an assessment of their physical health, general well-being and development to ensure they

are healthy, fit and ready to learn when they start school. The Healthy Kids Check includes a physical examination and assessment of the patients' hearing.

Under the Healthy Start for Schools Initiative, commencing 1 July 2011, it will be a requirement that all children will have a health check, including hearing assessment, prior to starting school. These health and well being checks will be undertaken either through state health arrangements or through the Healthy Kids Check in the first year of implementation. The Australian Government has also announced the introduction of a health and well being check for three year olds, that will replace the current Healthy Kids Check. Advice on the activities to be undertaken as part of the health and well being check will be developed by a group of childhood health experts in 2011-12, with the check to be introduced by 2012-13 as part of the Healthy Start for Schools Initiative.

Additional support will be provided through the Better Start for Children with a Disability Initiative. This will provide a Medicare rebate for the development of a treatment and management plan for children with disabilities under the age of 13 years. Eligible children with a treatment and management plan will also be able to access Medicare rebates for up to four allied health diagnostic services and up to 20 relevant allied health treatment services per child. Treatment items will be available for children up to the age of 15 provided a treatment and management plan is in place before 13 years of age. These rebates will commence with the start of the Initiative on 1 July 2011.

Recommendation 9

The Committee recommends that the Audiological Society of Australia develop and make available to its members resources and professional development that promotes better understanding about the impact a diagnosis of hearing loss can have on people, and which provides resources and techniques for counselling and supporting people at the time of diagnosis.

Response:

This is a matter for consideration by the Audiological Society of Australia (ASA).

Recommendation 10

The Committee recommends that education providers develop professional standards for interpreters working in educational environments. These standards should be based on existing standards, such as the National Accreditation Authority for Translators and Interpreters paraprofessional level accreditation, or the National Auslan Interpreter Booking and Payment Services / Australian Sign Language Interpreter's Association Deaf Relay Certification.

Response:

This is a matter for consideration by state/territory governments.

The Australian Government appreciates the critical contribution Auslan interpreters and other education paraprofessionals make to supporting students with a hearing impairment. Developing rigorous professional standards specifying the skills and knowledge interpreters need could help to ensure an on-going supply of suitably trained staff.

The states and territories employ school paraprofessionals and are best placed to partner with the deaf community in the development of professional standards to underpin interpreter training, performance management and professional development.

Recommendation 11

The Committee recommends that the Office of Hearing Services engage with representatives of the hearing aid manufacturing and distribution industry, private providers of hearing health services, and hearing health consumers to investigate:

- (a) the relationship between the Voucher Program, top-ups and the financial viability of private health services; and*
- (b) whether extending the capacity to audiologists to bulk bill Medicare directly for clinical services would have any impact on the financial viability of private health services (i.e. would it ameliorate the need to push 'top-ups' to stay viable?); and*
- (c) that the findings of these investigations be made publicly available for the consideration of all hearing health stakeholders.*

Response:

The Australian Government accepts in principle this recommendation.

The Department of Health and Ageing will discuss these issues with key stakeholders.

Under the Medicare Benefits Schedule, there are arrangements for audiologists to access some items for services delivered to clients in team care arrangements.

Recommendation 13

The Committee recommends that the public counters in all government shopfronts be accessible to people with a hearing impairment through the provision of hearing loop technology. The Committee recommends that the Office of Hearing Services coordinate a project which sets targets toward that end for all government agencies, at all levels of government, and that these be publicly reported upon.

Response:

The Australian Government accepts in principle this recommendation.

The Disability (Access to Premises – Buildings) Standards 2010 aim to achieve more consistent, systemic and widespread improvements in non-discriminatory access for people with a disability to publicly accessible buildings. The Premises Standards commenced from 1 May 2011 to coincide with the adoption of corresponding changes to the Building Code of Australia in each state and territory.

In new buildings and in existing buildings where building work is undertaken in reception areas, the Premises Standards require a hearing augmentation system, which can include an induction loop, to be provided at reception areas with an in-built amplification system if the public is screened from the service provider.

Commonwealth government shopfronts have commenced implementing strategies to comply with the Premises Standards. For example, Medicare Australia has installed assistive listening devices at several shopfronts in most states and territories.

These systems are designed for people with a hearing impairment, whether they use a hearing device or not.

Centrelink's Disability Action Plan 2010-2013 includes a commitment to 100 percent of Centrelink premises and service delivery outlets comply with Australian Standards and the Building Code of Australia.

Recommendation 14

The Committee recommends that the national data set and register for neonatal hearing screening, currently under development by the Neonatal Hearing Screening Working Group on behalf of the Australian Health Ministers' Advisory Council, be expanded to include a national database which can:

- (a) track children through neonatal hearing screening, diagnosis and intervention; and*
- (b) record and report cognitive, linguistic, social and emotional development outcomes of children diagnosed at birth with a hearing loss; and*
- (c) be expanded in future years to track all children diagnosed with a hearing impairment later in life.*

Response:

This is a matter for consideration by state/territory governments.

While the delivery of screening services is a state/territories responsibility, the Australian Health Ministers Advisory Council auspiced Working Group, established in 2009, is currently discussing potential models for a national dataset and registry function. Implementation of a dataset and registry function would need to be considered by the Australian Health Ministers' Conference.

Recommendation 15

The Committee recommends that the Australian Government fund the National Acoustic Laboratories to undertake longitudinal research into the long-term impacts of recreational noise, particularly exposure to personal music players.

Recommendation 16

The Committee recommends that Australian Governments continue to prioritise and fund research into occupational noise exposure. The focus of research should be informed by the results of the 'Getting heard: effective prevention of hazardous occupational noise' project, currently being undertaken by Safe Work Australia, and include investigation into the effectiveness of current legislation in limiting occupational noise exposure. Research should continue to develop understanding about the design of workplace equipment, hearing protection, and the long-term effects of acoustic shock and acoustic trauma.

Recommendation 17

The Committee recommends that Australian Governments prioritise and fund research into the reasons for the under use of hearing aids, and develop practicable strategies for hearing health practitioners to help overcome the under use in the community.

Recommendation 18

The Committee recommends that the Department of Health and Ageing work closely with Safe Work Australia to investigate the relationships between ototoxic substances and hearing impairment, and the possible implications for workplace safety practices.

Recommendation 19

The Committee recommends that the Department of Health and Ageing works with Meniere's Australia to identify opportunities for research into the prevalence of Meniere's disease in Australia, rates of diagnosis, options for treatment and personal management, and the socio-economic impact of the disease, including on the employment and lifestyles of those affected.

Response:

The Australian Government accepts in principle this recommendation.

Through the 2011-12 Budget, the Australian Government has provided additional funds for research into the underuse of hearing aids. The Government will consider the proposed areas of research and take these into account in prioritising allocation of future research funding. In addition, the Department of Health and Ageing will work with Meniere's Australia to identify potential opportunities for further research.

Currently the Australian Government supports research into hearing loss prevention through a number of mechanisms including the Hearing Loss Prevention Program (\$7 million is available from 2010-11 until 2012-13) and funding for the National Acoustic Laboratories through Community Service Obligations' funding arrangements.

Under the Cooperative Research Centres (CRC) Program, administered by the Department of Innovation, Industry, Science and Research, the Government is providing \$32.55 million over seven years to the HEARing CRC (commencing 1 July 2007 until 30 June 2014). One of the research projects supported by the Centre aims to determine the barriers to noise exposure reduction and the sources and profiles of noise exposure (www.hearingcrc.org).

Additionally, there is continued Australian Government support for research into occupational noise exposure through the competitive funding schemes of various research funding agencies, including the National Health and Medical Research Council, the Australian Research Council and the Department of Innovation, Industry, Science and Research.

Recommendation 20

The Committee recommends that the Department of Health and Ageing provides funding for Australian Hearing to develop, in close consultation with major stakeholders, a national hearing health awareness and prevention education campaign. This campaign should have three dimensions. It should:

- (a) target those at high risk of acquired hearing loss (including employers and employees in high risk industries, farmers and rural workers, and young people) to improve their knowledge about hearing health and change risky behaviours;*
- (b) raise the level of awareness about hearing health issues among the broader Australian population to help de-stigmatise hearing loss; and*
- (c) promote access to support services for people who are hearing impaired.*

Response:

The Australian Government notes this recommendation. Public health campaigns are also a matter for consideration by state and territory governments.

Australian Hearing is one of many service providers under the Australian Government's HSP. The Department of Health and Ageing will discuss the proposal for an awareness raising campaign with the states and territories and will explore whether there is an appropriate role for HSP providers in such a campaign.

As part of the ear health component of the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure, the Department of Health and Ageing is implementing a national social marketing communications project which aims to increase awareness of ear disease and to highlight the importance of seeking and following treatment to prevent hearing loss in Aboriginal and Torres Strait Islander people(s). The National Indigenous Ear Health Campaign will primarily target Aboriginal and Torres Strait Islander mothers and female carers, especially those with children under five years of age, as well as intermediaries such as health care workers and teachers. Administered funding of \$9.57 million was allocated to the campaign, which will be implemented from 2009-2013.

Recommendation 21

The Committee recommends that the Department of Education, Employment and Workplace Relations and Department of Health and Ageing jointly establish a taskforce to work across portfolios and jurisdictions on a plan to systematically and sustainably address the educational needs of hearing impaired Indigenous Australian children.

Response:

The Australian Government accepts this recommendation.

The Department of Education, Employment and Workplace Relations and the Department of Health and Ageing welcome and support the opportunity to work together and with other agencies to address the educational needs of hearing impaired Indigenous Australian children.

Dialogue between these departments has already commenced, to discuss possible points of common interest around implementation of the Aboriginal and Torres Strait Islander Education Action Plan (the Plan).

The Plan, sets out a five year strategy across six domains of action to make substantial inroads into closing the education gaps for Indigenous children.

One of the actions in the Plan notes that:

The Ministerial Council for Education, Early Childhood Development and Youth Affairs will seek support from the Australian Health Ministers' Conference and Community and Disability Services Ministers' Conference to strengthen connections between schools and health, welfare, family support and youth and community services at local and systemic levels. Consideration will also be given to the needs of Aboriginal and Torres Strait Islander students with disabilities.

Supporting children with hearing difficulties was one of several areas of interest discussed in this context, and this important area is currently being examined by Commonwealth, state and territory officials in the course of implementing the Plan.

Recommendation 22

The Committee recommends that Australian Hearing be enabled under the Australian Hearing Services Act 1991 to supply and maintain sound field systems in all new classrooms, and in all existing classrooms where there is a significant proportion of Indigenous children.

Recommendation 23

The Committee recommends that the Department of Health and Ageing work with the Department of Education, Employment and Workplace Relations to develop a program with Australian Hearing to:

- (a) supply and maintain sound field amplification systems and acoustic conditioning in all new classrooms where there is a significant population of Indigenous children; and*
- (b) report publicly on where the sound field amplification systems and acoustic conditioning are installed to assist parents in making informed choices about schools for their children.*

Response:

This is a matter for consideration by state/territory governments.

While the primary responsibility for supplying and maintaining sound field amplification systems in schools rests with the states and territories, the Australian Government has recently undertaken a cross sectoral project in Western Australia.

Acknowledging the links between hearing and early literacy acquisition, the Department of Education, Employment and Workplace Relations provided funding of \$1.3 million to support the Kimberley Sound Amplification Project. This cross sectoral project provided

sound amplification equipment in all classrooms in Kimberley schools in the Government, Catholic and independent sectors. The project is a response to evidence that on any one day in a Kimberley classroom, up to 65 percent of Aboriginal students can experience intermittent hearing loss.

Under the Smarter Schools and Closing the Gap in the Northern Territory National Partnerships, funding provided has supported the Northern Territory Department of Education to install Sound Field Systems in targeted remote schools.

In addition, it has enabled the provision of enhanced services and support for students with conductive hearing loss to 37 targeted remote schools.

The Department of Health and Ageing, the Department of Human Services and Australian Hearing have a role to play in supporting the Department of Education, Employment and Workplace Relations in the development of any standards and types of sound systems best suited to the needs of children particularly in Indigenous communities. The Department of Education, Employment and Workplace Relations will also work with the relevant education providers in the states and territories, so that together, governments and education providers can systematically and sustainably address the educational needs of hearing impaired Indigenous Australian children.

Recommendation 24

The Committee recommends that education providers ensure that teacher induction programs for teachers posted to schools in Indigenous communities emphasise the likelihood that hearing impairment among their students will be very high. Induction programs for these teachers must include training on the effects of hearing health on education, and effective, evidence-based teaching strategies to manage classrooms where a majority of children are hearing impaired.

Response:

This is a matter for consideration by state/territory governments.

The Australian Government notes the importance of supporting teachers and special training needs for those teachers deployed to Indigenous communities. While the primary responsibility for teacher recruitment, including induction and professional development of teachers, is the responsibility of the states and territories and the relevant education providers, the Government supports working with jurisdictions to ensure the best outcomes for Indigenous students.

Recommendation 25

The Committee recommends that the Department of Education, Employment and Workplace Relations work with jurisdictions to develop accredited professional development programs for teachers and school leaders on the effects of hearing health on education, and effective evidence-based teaching strategies to manage classrooms with hearing impaired children.

Response:

The Australian Government accepts in principle this recommendation.

The Department of Education, Employment and Workplace Relations supports working in partnership with jurisdictions to ensure all teachers are equipped with evidence based teaching strategies and professional learning to support the needs of all students. Under the Smarter Schools - Improving Teacher Quality National Partnership, the Australian Government has committed \$550 million to support reforms to drive a high performing, quality education workforce.

A key element of this Partnership involves the sharing of best practice, materials and resources between jurisdictions and establishing a framework to guide professional learning for principals, teachers and school leaders. In consultation with jurisdictions, the department supports developing accredited professional development on the effects of hearing health and education.

As an example, under the Smarter Schools and Closing the Gap in the Northern Territory National Partnerships, the Northern Territory Department of Education and Training is providing enhanced services and support for students with conductive hearing loss. To date, 37 targeted remote schools have accessed services such as professional learning programs for classroom teachers, special education teachers and assistant teachers.

The *More Support for Students with Disabilities* initiative was launched on 3 May 2011 and runs until December 2013 with the aim of providing immediate intensified, targeted assistance to teachers and schools to support students with disabilities, including the hearing impaired. This initiative will support building the knowledge and capacity of teachers of hearing impaired students. It will enable education authorities to assist schools and their staff to access tailored expert advice to learn skills and strategies to improve the education of students with disabilities.

Recommendation 26

The Committee recommends that the Department of Health and Ageing make the changes to Medicare necessary to enable specialists and practitioners to receive public funding support for ear health services provided remotely via ear telehealth.

Response:

The Australian Government accepts this recommendation.

Under the *Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations* telehealth initiative announced after the 2010-11 Budget, the Government has committed \$352.2 million to provide, from 1 July 2011, Medicare rebates for consultations conducted via video conferencing across a range of specialties. This is likely to be of particular benefit (though not limited) to patients of consultant physicians, surgeons (including ear, nose and throat specialists) and psychiatrists.

Financial incentives will also be available to encourage uptake of online consultations, and funding will be available to train health professionals in online technologies. In addition, \$50 million will be provided for expansion of the GP After Hours Helpline to include online services, from 1 July 2012.

Recommendation 27

The Committee recommends that the Department of Health and Ageing work closely with state and territory jurisdictions to develop and implement a national plan which:

(a) provides resources to conduct hearing assessments for all Australians serving custodial sentences who have never received such an assessment, including youths in juvenile detention; and

(b) facilitates prisoner access to those hearing assessments; and

(c) encourages a high level of participation in those hearing assessments; and

(d) makes the findings of the hearing assessments available to the public (within privacy considerations).

Response:

The Australian Government accepts in principle this recommendation.

States and territories have responsibility for both the management and operation of prisons and juvenile justice centres and screening for hearing impairment.

The Australian Government will bring this recommendation to the attention of the state and territory governments.

The Australian Government is committed to supporting the delivery of initiatives and services to hearing impaired Australians, including those in custodial settings. A person who already has a hearing problem diagnosed, and is already in receipt of Commonwealth funded hearing service at the time they become incarcerated, may continue to receive Commonwealth funded hearing services during the period of incarceration, provided that the prisoner initiates the provision of those services.

Any medical attention leading to the diagnosis of a hearing problem, or provision of hearing services which is initiated by a custodial authority, or carried out on behalf of a custodial authority, must be funded by the relevant state or territory.

Recommendation 28

The Committee recommends that the relevant ombudsman in each state and territory conduct an audit of Australians serving custodial sentences, including youths in juvenile detention, and consider whether undiagnosed hearing impairment may have resulted in a miscarriage of justice and led to any unsafe convictions.

Response:

This is a matter for consideration by state/territory governments.

States and territories have responsibility for the management and operation of prisons and juvenile justice centres. The Australian Government will bring this recommendation to the attention of the state and territory governments.

Recommendation 29

The Committee recommends that the Department of Health and Ageing:

- (a) provide funding and resources to manage a national biennial Indigenous ear health conference; and*
- (b) make the outcomes of those conferences publicly available to assist researchers and practitioners in the field of hearing health.*

Response:

The Government accepts this recommendation.

The Department of Health and Ageing will provide funding to support resources for a national Indigenous ear health conference. Preliminary discussions have been held with potential organisers with a view to holding the conference in the second half of 2011.

Recommendation 30

The Committee recommends that the Department of Health and Ageing work with state and territory health agencies to provide funding to support the continuation, promotion and expansion of the Ear Health Infonet.

Response:

The Australian Government accepts this recommendation.

The Australian Indigenous HealthInfoNet has been funded by the Australian Government through the Department of Health and Ageing since it was established in 1997.

\$491,266 (GST inclusive) is being provided to Edith Cowan University for the expansion of EarInfoNet over three years from 2010-2011 to 2012-2013.

Recommendation 31

The Committee recommends that guidelines for police interrogation of Indigenous Australians in each state and territory be amended to include a requirement that a hearing assessment be conducted on any Indigenous person who is having communication difficulties, irrespective of whether police officers consider that the communication difficulties are arising from language and cross-cultural issues.

Response:

This is a matter for consideration by state/territory governments.

In endorsing the National Indigenous Law and Justice Framework, all Australian Governments have committed to the goal of improving all justice systems so that they comprehensively deliver on the justice needs of Aboriginal and Torres Strait Islander peoples in a fair and equitable manner. Guidelines for police interrogation of Aboriginal and Torres Strait Islander people are matters for each jurisdiction. The Australian Government will bring this recommendation to the attention of the state and territory governments.

Recommendation 32

The Committee recommends that the National Judicial College of Australia work with state and territory jurisdictions to develop and deliver accredited professional development programs for judges, lawyers, correctional officers, and court officials on the effects of hearing impairment on Indigenous engagement with the criminal justice system, and effective evidence-based techniques for engaging effectively with people with a hearing impairment in courtroom environments.

Response:

The Government notes this recommendation.

The National Judicial College of Australia (NJCA) is one of a number of bodies which provide programs and professional development resources to judicial officers in Australia. Other judicial education bodies include the Australian Institute of Judicial Administration, the Judicial Commission of NSW and the Judicial College of Victoria. The issue of hearing impairment has been dealt with in past sessions on disability awareness conducted by the NJCA and other judicial education bodies.

The Attorney-General's Department has referred the recommendation to the NJCA for consideration of how hearing impairment issues can be raised in other NJCA programs.

The provision of professional development programs for lawyers is a matter for state and territory Law Society and Bar Associations. The Attorney-General's Department will ensure that this recommendation is brought to their attention. The Attorney-General's Department has referred the recommendation to the Australian Federal Police (AFP) in relation to professional development programs for AFP officers.

All Australian governments endorsed the National Indigenous Law and Justice Framework in November 2009. The Framework, developed by the Standing Committee of Attorneys-General, provides a comprehensive approach to preventing and reducing contact by Aboriginal and Torres Strait Islander people and the criminal justice system and outlines a number of strategies and actions that jurisdictions could consider to address specific issues. The provision of culturally competent training for people in all areas of the justice system is a key strategy.

Recommendation 33

The Committee recommends that hearing loops are available in interview rooms and public counters of all police stations, and in all courtrooms, and that loop receiver devices be made available for people without hearing aids.

Response:

The Government notes this recommendation, which is also a matter for consideration by state and territory governments.

In responding to the House of Representatives Standing Committee on Legal and Constitutional Affairs Report, *Access All Areas*, the Government agreed to consider the development of disability standards in relation to building fit out. This consideration may include the provision of hearing augmentation systems in some public buildings, including police stations.

The Australian Federal Police (AFP) currently uses accredited sign language translators to assist in taking witness statements from victims and conducting records of interview with

suspects where these individuals have hearing difficulties. This is covered by AFP guidance materials and is done to ensure compliance with relevant legislation.

The use of hearing loops in a police station could be problematic. For example, if an officer was conducting a taped record of interview with a person in an interview room, it is possible that the conversation could be radiated outside the interview room and picked up by someone else, creating a breach of privacy.

ACT Policing, a business unit of the AFP, currently has a 'deaf' phone in operation in the Police Operations room. This phone translates recorded messages into typed messages that are printed on a device attached to the phone (a teleprinter).

Arrangements for other police stations are the responsibility of the states and territories. The Australian Government will bring this recommendation to the attention of the state and territory governments.

Recommendation 34

The Committee recommends that correctional facilities in which greater than 10 percent of the population is Indigenous review their facilities and practices, and improve them so that the needs of hearing impaired prisoners are met.

Response:

This is a matter for consideration by state/territory governments.

States and territories have responsibility for the management and operation of prisons and juvenile justice centres. The Australian Government will bring this recommendation to the attention of the state and territory governments.

The states and territories deliver corrective services in accordance with the Standard Guidelines for Corrections in Australia, which comprise a uniform set of principles that are used by the jurisdictions in developing their own relevant legislative, policy and performance standards on correctional practice.

The Guidelines prescribe that prisoners should be managed fairly and openly without discrimination on grounds, including physical or mental impairment. The Guidelines specify that all prisoners should be inducted into the prison by undergoing a formal reception process that provides key information on the prison regime. This information should be presented in a linguistic and culturally relevant form, using interpreters where necessary. Prisoners should also be screened upon admission to enable the prison management to make an initial health and psychological assessment in order to identify and provide appropriate intervention for any pressing medical or welfare concerns.

The Guidelines provide that, when being classified or placed, prison staff should consider prisoners' individual needs in regard to health and or disability. Prisoners should be appropriately managed according to their individual needs in regard to health, any intellectual disability, cultural or linguistic issues.

