

Inquiry into Hearing Health in Australia

Submission from Barnaby Lund

Hearing loss affects between 1 in 6 in Australia and is projected to increase to 1 in 4 people as Australia's population increases and ages, with a current cost of almost \$12 Billion per year¹. Hearing loss does not discriminate – it affects children, adolescents, adults and the elderly. It may be present at birth or acquired later in life as result of disease, mishap or aging.

It is not a visible condition, yet it has a profound impact on the individual's ability to interact in social situations including study, work and family life. Hearing loss can also impact adversely on mental health and self esteem and can lead to social isolation, marginalisation and increased likelihood of negative encounters with authorities and the justice system. Consequently, there is a significant cost to the community in terms of healthcare costs, higher rates of absenteeism at school and lost productivity at work.

I am a 35 year old public servant with profound deafness – 100% deaf in my right ear and approximately 50% hearing in my left ear. I currently rely on a hearing aid supplied by the Australian Hearing Service (AHS). I received the hearing aid as a replacement for my previous AHS aid, after referral through the Commonwealth Rehabilitation Service (CRS) in 2003. At this time I was unemployed, having completed my second university degree. Prior to this I had only ever worked on a part-time or casual basis due to study commitments and the recession of the mid 1990s and therefore had limited finances to purchase my own hearing aid. With AHS assistance and the CRS work placement program I gained fulltime employment with the Queensland Government. The hearing aid was deemed by the CRS to be essential for job interviews, undertaking my work and social interaction in the work place.

As well as a congenital hearing impairment, I have also suffered related depression and anxiety. This has impacted on my work and personal life immensely. I am about to complete a Graduated Return to Work Program in consultation with my GP, Counsellor (under a free counselling service provided by my employer) and a Rehabilitation Consultant. The program has assisted me greatly, allowing me to slowly return to full time employment and put in place measures to minimise stress and assist me in every day work situations.

However, in returning to work and looking into technology and services that can assist me, I have encountered various administrative and technical barriers. These barriers obstruct access to technology and services and therefore my ability to carry out my job to the best of my ability (even more so if I were totally deaf). These are:

- Lack of knowledge/resources about assistive technology, services and equipment for deaf employees among HR and WH&S Rehabilitation Case workers. (Despite approximately 10% of government employees having a condition or disability)
- Inability to access the National Relay Service from my work station due to networked telephone systems and unnecessarily restrictive firewall settings
- Decentralised (work unit based) funding structures and procurement policies that impede quick access to assistive technology, services and equipment

¹ Access Economics: Listen Hear! The economic impact and cost of hearing loss in Australia, February 2006.

that can assist staff with disabilities (e.g. TTY phones and live captioning for important work meetings and workshops)

- Inability to claim my hearing aid costs as a 100% tax deductible work related expense *despite it being an essential item for me to carry out my job* (my old AHS aid is cracked and as a fully employed person over 21 I must find \$4000 to replace it).

There are also various barriers that significantly diminish the deaf or hearing impaired individual's capacity to participate in life on equal footing with "able" people. Some of these affect me personally and/or deaf or hearing impaired people I know. These are:

- Lack of captioning on TV, internet media and in public spaces (e.g. train stations, movie theatres, sporting events)
- Lack of visual cues for office phones, alarms, elevator doors
- Cost of hearing aids and assistive equipment impacting on personal finances (i.e. impacts on ability to save for a house deposit, pay bills and fees, support growing families etc), in particular:
 - The inability to claim the full cost of hearing aids (*an essential item live and work*) under private health cover and unnecessarily long waiting times (most policies have a maximum claim of \$300-600 and up to 36 months waiting times before claim can be made). However yoga classes and sporting goods are claimable at any time and in some cases the full cost may be claimed.
 - The inability to salary sacrifice the cost of hearing aids due to Fringe Benefits Tax rules, (*an essential item live and work*), despite being able salary sacrifice the cost of other goods and services or similar of higher value.
- Lack of easily accessible interpreting, note taking and other assistive services in government departments, schools, hospitals, counselling clinics
- Lack of knowledge/uptake of services by deaf/hearing impaired people through low awareness and/or social stigmas
- Lack of alternative contact and communication methods for deaf/hearing impaired people to access vital mental health services such as Lifeline, psychological assessments at mental health clinics and post assessment counselling
- Poor government funding and uptake readily accessible web-based technology and services like those developed by the Australian Communications Exchange²
- Inappropriate positioning of hearing health within the Commonwealth Government's Senior Citizens/Aging portfolio. Like blindness, mobility and mental health conditions, hearing impairment affects people of all ages and socio-economic status and should be adequately supported by public health budgets.

This submission is in no way an attack on current government policy. I acknowledge that government at all levels has advanced considerably in removing barriers for

² See ACE Video Relay Service (VRS) and ACE Captioned Telephony (Webpcatel) at http://www.aceinfo.net.au/index.php?option=com_content&view=article&id=1&Itemid=8

people with disabilities or conditions of all kinds. However there are still significant barriers that need addressing if we are to establish truly equitable environments for working and living.

As a public servant and tax payer I would like to see more work done to fully realise the objectives of EEO, Reasonable Adjustment and Anti-discrimination policies and laws in the workplace, home and public spaces. Key recommendations are:

- Review and amendment Tax rules to remove financial impediments to obtaining assistive technology, equipment and services for fully employed workers (salaried or self employed), including 100% tax deductions for hearing aids and equipment used for live captioning/video relay services
- Establish a federal government funded no-interest loan to enable disabled individuals (regardless of income bracket or age) to buy or rent assistive technology, equipment and services
- Reform of private health cover legislation to encourage people of all ages to take up membership, including:
 - Removal waiting periods for hearing aids and other essential items for home and work life (i.e. wheelchairs, vision aids etc)
 - Introduce mandatory obligations on providers to honour 100% cost claims for hearing aids and other essential items at any point during the customer's membership term
- Reform media legislation to enforce mandatory captioning (subtitles) for all pay and free-to-air TV, cinemas, internet sites and public performances where captioning can be used
- Establish training, employment and government funding initiatives to provide more Auslan qualified interpreters/aides for schools, hospitals and government services and encourage uptake by private sector where it is most beneficial (i.e. counter staff, call centres, sales floors)
- Establish/increase permanent government funding and private sector investment in the provision of nation-wide internet-based telephone captioning and video relay services using the technology employed the Australian Communications Exchange in its webcaptel and VRS trials
- Establish whole-of-government special needs support frameworks and policies for disabled staff employed by all levels of government, including:
 - Special needs officers within HR/WH&S units
 - Central funding for assistive technology, services and equipment
 - Streamlined approvals processes to ensure rapid deployment of assistive technology, services and equipment
- Establish minimum requirements for building standards and product design patterns to ensure both visual and audible cues are built into designs (e.g. standardise all new telephones with TTY/captioning screens, flashing lights and ring tones, elevators with visual and audible floor prompts etc). Apply the minimum requirements and codes retrospectively where they are deemed essential (e.g. public spaces, emergency phones)
- Mandate legal obligations for all Government funded a private sector telephone help line services to provide internet-based or TTY alternative contact methods. For example, Lifeline could provide an Instant Messaging

option to enable deaf customers to receive counselling in real time just as the telephone service does.

- Reposition hearing health within the Commonwealth Government's health portfolio so it receives a high priority alongside obesity, cancer, asthma, depression and other conditions. Like blindness, mobility and mental health conditions, hearing impairment affects people of all ages and socio-economic status needs be adequately supported by public health budgets and private sector investment.
- Establish a public education campaign similar to beyondblue to:
 - educate employers, employees and the general public about deafness, hearing impairment and hearing loss and
 - create awareness, acceptance and understanding in our communities among hearing impaired or deaf people who may not be aware assistance is available for work and living.

Thank you for the opportunity to submit. If any of my recommendations are taken on board, I'd love to help implement them.

Barnaby Lund

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