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Supporting people with hearing loss

Registered charity and DGR

Submission by Better Hearing Australia Canberra Incorporated ABN 62 754 263 674

Better Hearing Australia (BHA) welcomes the opportunity to present our submission to the committee and address the matters considered in the Terms of Reference.

About BHA

BHA is a charity registered in the ACT that provides hearing support services for those experiencing on progressive hearing loss (HL). We operate 3 weekly HL management classes in Canberra, with a class complement of about 12 per class. We also provide many services related to HL management including information and education, social gatherings and outings, events, guest speakers, and music appreciation courses for those with a hearing disability.

Better Hearing Australia was first established in Melbourne in 1934, and quickly established branches in other states. BHA Canberra was first founded as an outpost of BHA Sydney Branch in 1993, and became a registered charity in the ACT in 2006.

After a strategic review of its activities, in 2018 BHA decided to co-locate with COTA in the ACT to offer an expanded scope of services to BHA membership (approx. 500) and the COTA Membership (approx. 5000), of which approx. 60% will have progressive HL.

We have a long history of successful service to the hearing sector, and seek to extend our skills and experience to the ACT Community.

The NDIS and Hearing Loss

As a stand-alone disability, the NDIS is applicable to only 3% of those with HL in the ACT. Eligibility criteria, age restrictions, and HL severity definitions will exclude access to the most of the HL affected population. Hearing loss mostly manifests as a disability after age 55, and affects approximately 60% of this cohort, or approx. 60,000 of 100,000 over 55. Of these, 70% will have a mild disability and be ineligible for NDIS. For the sufferers of moderate and severe HL, most will be covered by the voucher scheme, either in the workplace or as Centrelink benefit recipients.

However, many who suffer another disability, will also experience HL. Even mild to modest HL has a dramatic effect to reduce the quality of life when co-incident with one or more other disabilities. These coincident HL cases present added complexity and often remain untreated in a NDIS management plan. A screening process needs to be implemented so that even mild HL, where present as a secondary disability, is identified in the NDIS assessment and then included in the management plan preparation.

HL and community knowledge of HL management education.

The NDIS implementation demonstrates that assessment processes and procedures assume a high level of community knowledge of how to respond to HL and manage HL.

BHA experience is that community knowledge of how to manage HL is very, very weak.

Modern society has lost the 'herd knowledge' that was once passed across generations in an extended family by observation, custom, and practice through care for elders and others with HL. Now advice is sought from audiologist and health professionals who represent the Hearing device supply chain. Technology solutions are part of the KL response, but a small part in a context of stigma, isolation and loneliness associated by untreated psycho/social

conditions.

What is need here is an ongoing, broad based, community education and knowledge transfer to establish an understanding of the progression of HL, from causal factors through to mitigation, prevention, and for the management techniques available to the family with or without the hearing assistance device.

Fudging is available for such activities is available via ILC funding, but only on a short-term project basis.

Better Hearing Australia find it non-viable to mobilise a major community education and 'herd knowledge' restoration on the basis of short term project (ILC) funding.

Conclusion

Better Hearing Australia contends that the points raised above are closely linked and warrant appropriate a program of ongoing community education to restore a 'herd knowledge' of HL response and management. Such action in the ACT would prepare the next cohort of hearing loss clients before they approach the NDIS .

Action: restore block-funding for community education in hearing loss response and management; and Chanel that funding through specialist NFP organisation to leverage public funds and the good will and philanthropic intent that resides in that sector.

Better Hearing Australia also contend that the ACT , as the first NDIS trial site, has a unique case to

- (a) address the issues of mild-moderate HL when considered as a coincident second disability ;
- (b) provide a broadly based community education campaign to inform the community of the progression of HL and actions the family any initiate to prepare the incoming cases for the NDIS with knowledge, training and skills to manage a HL management plan in NDIS context (i.e. a stand-alone or second disability) and ;
- (c) ensure that an information available from the technology supply chain is not the only access to information and an independent source is available, trustworthy, and accessible.

Thank you for this opportunity to address the committee. I am available to make a personal presentation of our case to the committee.

Bill Leane

Chair

Better Hearing Australia, Canberra Inc.