

## A CONCIERGE MODEL FOR THE NDIS A NATIONAL SUPPORT PROGRAM FOR CHILDREN WITH HEARING LOSS

### THE PROPOSAL

Australia has some of the best systems in the world for supporting children with hearing loss through specialist early intervention services. However, only 50% of children with a permanent hearing loss currently access them. This results in these children entering school without the language and literacy abilities of their peers. The social and economic losses arising from this leakage exceed \$250 million p.a..

First Voice proposes that the Australian Government implement a concierge-style mode of national support for families and children in their journey from initial fitting of hearing devices through to engagement with an appropriate specialist service for their language acquisition and literacy requirements. It would be based on the learnings from the successful Queensland Hearing Loss Family Support Service, a program piloted in that State.

The estimated annual cost of the program is \$2.4 million. Based on the Queensland experience, the percentage of children failing to reach a specialist early intervention provider could be expected to reduce from 50% to 25%. A 50% improvement on the current situation for this cohort could be delivered with an estimated cost: benefit in excess of \$135 million.

This proposal is evidence-based and aligned to Australia's Disability Strategy, the national Roadmap for Hearing Health, the NDIS Principles and can provide the underlying platform to be built on to achieve initiatives in the National Health Reform Agreement.

### BACKGROUND

Hearing loss is one of the first diagnoses of a disability that a newborn child is likely to receive. With the universal newborn hearing screening often occurring within 2 days of birth, the path to a full diagnosis within a fortnight of birth is often achieved. In Australia, approximately 1 in 1000 children are identified at birth with a hearing loss. This increases by another 2 per 1000 by the time they reach 5 years old, with 1 in 300 children having permanent hearing loss at school entry. Over the past 70 years, Australia has developed world-leading practices in identifying and supporting these children but, while the universal newborn hearing screening reaches 98% of children, only 50% of children with a permanent hearing loss reach a specialist early intervention provider – a provider who delivers evidence-based specialist, targeted, multi- or trans-disciplinary therapy supports for children with hearing loss and their families.

This leakage from the system often results in these children entering school without the language and literacy abilities of their peers, putting them significantly behind in their educational (and then employment) attainment.

### CURRENT SITUATION

Children with normal hearing start hearing around halfway through pregnancy, stimulating the particular part of their brain responsible for hearing & listening, i.e. the auditory cortex. As a result, by the time they are born, children with hearing loss are already delayed by five months in key aspects of their brain development. An immediate and specialist response is required to prevent significant lifelong impacts for the child. The key elements of this response are:

1. Rapid detection and diagnosis;
2. Early and effective provision and fitting of hearing devices; and
3. Early and effective provision of specialist early intervention therapy

The system in Australia designed to deliver these elements is depicted in Figure 1 below, with Hearing Australia and NDIS within the Government Services portfolio. The universal newborn hearing screening program leads the world in its reach, screening approximately 98% of all children born in Australia. The pathways, processes and timeframes put in place for the health system to conduct the diagnostic testing and then to refer to Hearing Australia for hearing devices are all an integral part of the system's success.

However, while more than 4,000 children aged up to 6 years are supported by Hearing Australia, less than 2,000 are accessing specialist early intervention services, with many children entering school with poor listening skills and spoken language delays that significantly hamper their learning and literacy development impacting school performance, social development and employment.

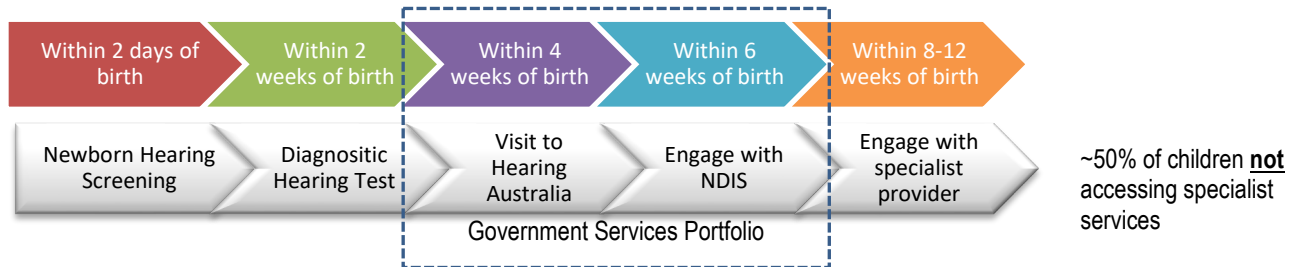


Figure 1: Current Referral System for Children with Hearing Loss

With an estimated net cost to the community of \$371,000 per annum for each child not receiving specialist early intervention therapy<sup>1</sup> the social and economic losses arising from this seepage exceeds \$250 million<sup>1</sup>.

There is a simple solution to this problem.

## SOLUTION

Currently, Minister Reynolds has responsibility for Government Services (including Hearing Australia) and the NDIS. Learning from the success of the Queensland Hearing Loss Family Support Service, there is a very easy and cost-effective way to address the issue:

- Employ Family Support Officers across the country;
- Locate them in Hearing Australia paediatric centres (5FTE x NSW and ACT (cobined); 3FTE x Vic; 2 FTE in Qld and NT (combined), 1 FTE in SA, WA); and
- Support families to access the NDIS and their chosen specialist therapy providers, addressing the leakage in the system by working with families to link them to their device and funding programs, while guiding them on to an evidence-based specialist early intervention service that meets their needs and reflects their choices.

Outcomes can be measured on engagement levels with spcialist services and family satisfaction with those services.

## ESTIMATED COST TO GOVERNMENT

The estimated cost to Government is \$2.4million per year.

<u>Role</u>	<u>FTE</u>	<u>Assumed salary (incl oncosts)</u>	<u>Salary cost (incl oncosts)</u>
Family Support Officer	12	\$115,000	\$1,380,000
National Manager	1	\$175,000	\$175,000
Regional Managers	2	\$150,000	\$300,000
Non Salary Costs			\$556,500
<b>Total</b>			<b>\$2,411,500</b>

## BENEFIT TO THE COMMUNITY

The per-child economic benefit from a child with hearing loss receiving timely and appropriate specialist early intervention therapy is approximately \$497,000 (Deloitte, 2017 op.cit.). With less than 50% of children with hearing loss accessing the required specialist therapy, the potential benefit from the program exceeds \$275 million.

<sup>1</sup> Deloitte Access Economics, Cost-Benefit Analysis of First Voice's Early Intervention Program (2017)

## EVIDENCE THE PROGRAM WORKS

The program has been modelled on the the highly successful Queensland Hearing Loss Family Support Service. This service is offered to the families of all children aged birth to six years in Queensland who receive a “direct refer” result on newborn hearing screening or are diagnosed with a permanent hearing loss.

## ALIGNMENT WITH AUSTRALIA’S DISABILITY STRATEGY

[Australia’s Disability Strategy](#) delivered in 2021 provides the framework for improving the lives of people with disability in Australia. By providing the proposal Concierge model the government will meet the needs of:

- Policy Priorities 1 and 2 of Personal and Community Support (page 20 of the Strategy) by providing access to the supports that meet their needs (Priority 1), along with better pathways into the NDIS (Priority 2);
- Availing effective access to the early intervention services will lead to better outcomes in Education and Learning, helping address Policy Priority 1 (page 23); and
- By providing early intervention services that are timely, the government will also address Policy Priority 2 of the Health and Wellbeing outcomes sought (page 26).

## ALIGNMENT WITH ROADMAP FOR HEARING HEALTH

[The Roadmap for Hearing Health](#) was delivered to the Federal Government in February 2019. Launched with much applause from the hearing health sector, it articulates key initiatives and priorities for the Government. Implementing the proposal will enable Government to address key elements of the Roadmap, specifically:

- Page 5, Priority 7: “*There is a smooth transition for clients from the Hearing Services Program (HSP) to the NDIS, with a particular focus on vulnerable clients currently receiving services through the CSO component*”; and
- Page 14, Key action 2: “*Implement a consistent and standard pathway for paediatric referral and services, including a single, national point of referral for children post early-identification of hearing challenges.*”

Most importantly, it reflects the objective of ensuring there is no child “slipping through the cracks” as enunciated throughout the Roadmap.

## ALIGNMENT WITH THE NDIS PRINCIPLES

The NDIS is based on the following [four insurance principles](#):

- The funding base required is determined by the reasonable and necessary support needs of the participants;
- The NDIS seeks to minimise lifetime support costs by investing in people early to build their capacity and optimise their lifelong social and economic independence;
- The NDIS will invest in research and encourage innovation; and
- The NDIS has the ability to act at the systemic level, as well as fund individual support needs.

Overall, the financial sustainability of the NDIS is predicated both on significantly reduced costs of lifelong support and care (including disability pension payments) through effective, evidence-based early intervention as well as significantly increased national economic benefit through increased employment of people with disabilities.

The program is aligned with these principles, as it:

- Ensures that children are linked with early intervention services based on their support needs;
- Minimises lifetime costs by maximising the independence and social inclusion of children;
- Optimises future employment of children with hearing loss, with associated long-term economic benefit;
- Allows rapid adoption of innovation and best practice through supporting families’ choice; and
- Integrates the activities of the Health and NDIS systems to better support the children.

The multidisciplinary service delivery of specialist early intervention services supports each child’s overall development, including those with additional disabilities. The use of educators, speech therapists, auditory verbal therapists, occupational therapists, physiotherapists, psychologists and audiologists with children and their families enables a “whole of child” family-centred approach to be taken and supports the development of the early building blocks and skills for children with additional needs. Further, given the strong networks that specialist early intervention services have throughout the areas in which they operate, they provide a significant support in the cross-referrals of children to other specialist services.

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