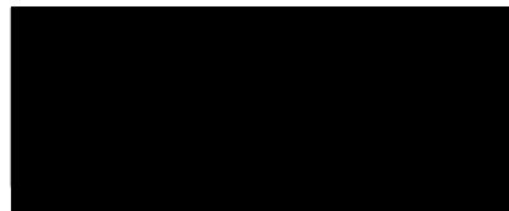




AUSTRALIAN SOCIETY OF REHABILITATION COUNSELLORS LTD



**The Australian Society of Rehabilitation Counsellors
Ltd. (ASORC)**

Submission

to

**Australian Government, Department of Health
Hearing Services Program Review – Consultation
Paper**

1 December 2020

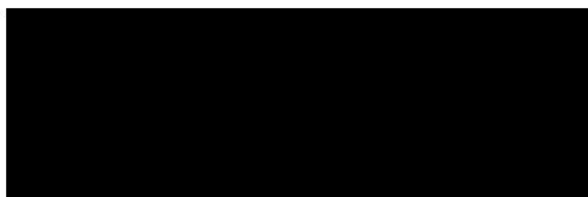


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Introduction

The Australian Society of Rehabilitation Counsellors (ASORC) is pleased to make a submission to the Consultation Paper (30 October 2020) which is part of the review of Hearing Services Program as announced by the Hon Mark Coulton, Minister for Regional Health, Regional Communications and Local Government in August of this year (2020). We welcome this review as it seeks to identify opportunities to modernise the Program and ensure it has a strong consumer focus. Over the past five years ASORC has been corresponding with the Office of Hearing Services with regards to the need for the Program to better align its services model with clinical need, particularly where such need and strategies are documented in the refereed literature.

Specifically, in the Review's Terms of Reference we understand that the Review wishes to examine:

1. Whether the Program delivers services aligned with clinical need and contemporary service delivery
2. How the Voucher and device maintenance payment system compares with advances in the manufacturing sector and product offering
3. How technology is changing the provision of services through the Program
4. How program services are currently delivered and whether access can be enhanced for vulnerable Australians and in thin markets, such as regional, rural and remote areas.

The Review will identify opportunities to:

5. Improve access to hearing services for low-income earners, vulnerable Australians, those over 65, and those living in regional, rural and remote areas
6. Refine the current Voucher and maintenance payment system
7. Improve program design, including compliance and oversight
8. Implement new targeted initiatives that encourage the provision of services in thin markets and the development of alternative service delivery channels.

Notably, the Review will incorporate:

9. The needs and experiences of clients
10. Professional standards developed by the hearing sector
11. Interactions between the Hearing Services Program and other government programs
12. The sensitivity of changes to the Program to established business models in the sector
13. Experiences from the COVID-19 pandemic on service provision and
14. Outcomes from any previous inquiries and consultation.

Our submission addresses terms of reference 1, 4, 6, 7 and 8, listed above.

For those unfamiliar with ASORC and the profession of Rehabilitation Counselling we take this opportunity to bring the following information to your attention.

ASORC is the peak professional body representing Rehabilitation Counsellors throughout Australia and has been doing so since it was established in 1976. ASORC is a non-party political, non-sectarian and not for profit organisation. Its mission is to promote the profession of Rehabilitation Counselling and to foster the professional capability of its members.

ASORC provides:

- a long standing and respected voice for the profession (over 40 years since inception)
- Resources, education, mentoring and supervision necessary for members to achieve

- career advancement and enhanced credibility in the profession and in the community
- a robust set of Core competencies and Code of Ethics
- access to the latest research and academic commentary through the ASORC Journal, the *Australian Journal of Rehabilitation Counselling*
- access to a network of similarly skilled and like-minded professionals across Australia.

As there exists some confusion in the community on this topic, it is important to note that Rehabilitation Counsellors should not be confused with Rehabilitation Consultants. The former is a distinct and respected Allied Health profession whilst the latter is a generic title often used by WorkCover authorities to describe anyone who delivers return to work and associated services. This confusion in nomenclature can often undermine the superior skills held by Rehabilitation Counsellors' which are not necessarily present in a Rehabilitation Consultant.

Recommendations

Recommendation 1: That the Office of Hearing Services recognise the need for its services to address psychosocial aspects of living with hearing loss.

Recommendation 2: That the Office of Hearing Services recognise the need for Rehabilitation Counsellors to be employed in hearing services to address clients' psychosocial needs of living with hearing loss.

Recommendation 3: That clients receive a readiness for hearing services assessment prior to being considered for hearing aids or devices.

Recommendation 4: That readiness for hearing services assessments be conducted by allied health practitioners who work independently of hearing aid providers.

Recommendation 5: That clients who are assessed as not being ready for a hearing device service, be offered participation in a service which addresses their identified needs.

Recommendation 6: That the goals of the Hearing Services Program ensure that client needs are addressed holistically taking into account their quality of life, extent of reduced hearing disability and social participation).

Recommendation 7: That the evaluation of hearing services be conducted by social researchers who work independently of providers of hearing services.

Recommendation 8: That the Hearing Services Program accredits members of the Australian Society of Rehabilitation Counsellors as providers of psycho-social hearing rehabilitation services.

Recommendation 9: That clients be able to access the Hearing Services Program via Rehabilitation Counsellors

Recommendation 10: That the Hearing Services Program establishes appropriate billing items for the provision of psycho-social hearing rehabilitation services.

Response to the Consultation Paper

Terms of Reference 1: The extent to which the Program delivers services aligned with clinical need and contemporary service delivery and how Program services are currently delivered

Terms of Reference 4: Whether access can be enhanced for vulnerable Australians and in thin markets, such as regional, rural and remote areas.

Terms of Reference 7: Improve Program design, including compliance and oversight

Terms of Reference 8: Implement new targeted initiatives that encourage the provision of services in thin markets and the development of alternative service delivery channels.

A recent cost-benefit analysis (Hogan et al 2020) concerning the provision of hearing services in Australia demonstrated that the existing device-centred model of service provision, utilised by the Office of Hearing Services, only meets the needs of some half of the participants in the Program. The study found that 24% rarely if ever use their hearing device. The annual estimated cost of non-device usage was approximately \$90 million. ASORC contends that this is a significant and ineffective use of public resources. Similarly, the Hogan (2020) study found that specific clients would benefit clinically, and as well as socially, from alternate approaches to hearing services and that the provision of such services could be provided, to clients made vulnerable by the existing approach, while saving approximately \$65 million per year through better targeting of services. Such targeting is premised on assessing and addressing known barriers to the acceptance of hearing help (mis-perception of the effects of hearing loss in everyday life and a psychosocial reluctance to accept hearing help (Hetu and Getty 1991 & 1993)) prior to attempting to provide hearing aids.

In previous correspondence with the Office of Hearing Services (ASORC 2016), ASORC outlined a proposed alternate model of service delivery for hearing services for clients whose needs are not readily met by the existing approach. Importantly, this model of service provision is multi-disciplinary, employing Rehabilitation Counsellors (see Appendix 1 for a description of the skills and qualifications held by members of the Australian Society of Rehabilitation Counsellors), who are specifically skilled to address the psycho-social needs of presenting clients. The multi-disciplinary approach is required because the literature demonstrates that most audiologists do not have the necessary skills to address clients' psycho-social needs (Bennett et al. 2020). The system's inability to address client needs in a holistic fashion represents a significant failure within the Program. The literature contains ample evidence, from studies across the world, that clients have demonstrable psycho-social needs, which have to be addressed within a program of hearing help. Based on the evidence put forward in the Hogan (2020) economic evaluation, ASORC contends that through the use of a more effective and efficient approach to hearing services, client' needs can be addressed in a holistic fashion, without necessarily increasing the Program's existing spend.

Recommendation 1: That the Office of Hearing Services recognise the need for its services to address psychosocial aspects of living with hearing loss.

Recommendation 2: That the Office of Hearing Services recognise the need for Rehabilitation Counsellors to be employed in hearing services to address clients' psychosocial needs of living with hearing loss.

The literature demonstrates that clients present for hearing services experiencing differing degrees of readiness to accept assistance (Hogan and Phillips 2015). To this end, on presentation for hearing services ASORC recommends that Rehabilitation Counsellors conduct an assessment of clients' readiness for hearing services. ASORC contends that it is vital that the readiness assessment be conducted by a qualified practitioner or service not directly involved in the provision of hearing devices. In this way, any perceived or actual conflict of interest possibly arising within the assessment, can be avoided.

Recommendation 3: That clients receive a readiness for hearing services assessment prior to being considered for hearing aids or devices.

Recommendation 4: That readiness for hearing services assessments be conducted by allied health practitioners who work independently of hearing aid providers.

As proposed in the service delivery flow chart provided in Appendix 2, clients who are psycho-socially ready for a hearing services (some 54% according to Hogan et al. 2020), proceed through the hearing services program in the traditional way. Clients who are assessed as having higher support needs may, in turn, be offered one of a series of psycho-social support programs. Given the diversity of need evident within the population of people with acquired hearing loss, ASORC believes that a variety of service models should be available to clients, depending on need. Professor Louise Hickson, for example, has demonstrated the appropriateness of the ACE Program for people living in nursing homes and similar settings. Dr Anthony Hogan, Honorary Professor at the University of Sydney, has demonstrated that the Montreal Model of Hearing Help enables clients to address problems with stigma, and the psycho-social dynamics of mis-perception of the living with hearing loss and the reluctance to accept hearing loss.

Recommendation 5: That clients who are assessed as not being ready for a hearing device service, be offered participation in a service which addresses their identified needs.

As is depicted in the flow chart in Appendix 2, a range of service models may be accessed under Rehab Plus. Alternately, voucher holders may access rehabilitation providers directly via the provision of a hearing services enhancement program style of voucher. In keeping with insights evident in the literature, ASORC contends that the goals of the Hearing Services Program need to encompass not just the provision of hearing devices but address overall client outcomes (e.g. quality of life, hearing disability, social participation).

Moreover, in keeping with the insights arising from recent social research on client preferred methods of hearing services evaluation (e.g. *instinct and reason's* Over 50s study 2020)¹, it is ASORC's view that hearing services be evaluated by social researchers who are independent of hearing service delivery programs.

Recommendation 6: That the goals of the Hearing Services Program ensure that client needs are addressed holistically taking into account their quality of life, extent of reduced hearing disability and social participation).

Recommendation 7: That the evaluation of hearing services be conducted by social researchers who work independently of providers of hearing services.

¹ <https://www.instinctandreason.com/research/over-55s-insights/>

Terms of Reference 6: Refine the current Voucher and maintenance payment system

In order for Rehabilitation Counsellors to provide their assessments and services in a professional manner, ASORC proposes that members of the Australian Society of Rehabilitation Counsellors be accredited as providers of psycho-social aspects of hearing services, independently of providers accredited to provide aids and devices. Similarly, that an enhanced Hearing Services Program enables clients to access the Program via Rehabilitation Counsellors, in the first instance, if they wish to. Rehabilitation Counsellors have excellent case management skills and are more than capable of organising for a client to have a hearing test and to work with the report provided by an audiologist or audiometrist.

These enhancements to the Program would require the Office to establish appropriate billing items for Rehabilitation Counselling as well as for the provision of assessment reports from audiologists or audiometrists. ASORC has consulted with its members nationally concerning the typical hours of work and costs involved in the provision of hearing rehabilitation. This report is attached for your information in Appendix 3.

Recommendation 8: That the Hearing Services Program accredits members of the Australian Society of Rehabilitation Counsellors as providers of psycho-social hearing rehabilitation services.

Recommendation 9: That clients be able to access the Hearing Services Program via Rehabilitation Counsellors

Recommendation 10: That the Hearing Services Program establishes appropriate billing items for the provision of psycho-social hearing rehabilitation services.

References

Bennett, R.J., Meyer, C.J., Ryan, B.J. and Eikelboom, R.H., 2020. How do audiologists respond to emotional and psychological concerns raised in the audiology setting? Three case vignettes. *Ear and hearing*, 41(6), pp.1675-1683.

Hétu, R. and Getty, L., 1991. Development of a rehabilitation program for people affected with occupational hearing loss 1. A new paradigm. *Audiology*, 30(6), pp.305-316.

Hétu, R., Jones, L. and Getty, L., 1993. The impact of acquired hearing impairment on intimate relationships: Implications for rehabilitation. *Audiology*, 32(6), pp.363-380.

Hogan, A., Donnelly, D., Ferguson, M., Boisvert, I. and Wu, E., 2020. Is the provision of rehabilitation in adult hearing services warranted? A cost benefit analysis. *Disability and Rehabilitation*, pp.1-6.

Hogan A.; Phillips, R. (eds) (2015) Hearing impairment and hearing disability – towards paradigm change in hearing services. Ashgate. London. 200 pages.

Appendix 1: Skills and qualifications held by members of the Australian Society of Rehabilitation Counsellors (ASORC)

Rehabilitation Counsellors are Allied Health Professionals who work within a counselling and case management framework, across the biological, psychological and social domains, to assist people with disability, health conditions and disadvantage participate in employment or education, or live independently and access services in the community to achieve their personal, educational and vocational goals.

Rehabilitation Counsellors are specialist counsellors who understand the impact of disability, health conditions and disadvantage on people's lives, and especially the importance that work and education play in achieving a sense of inclusion, independence, optimism and self-esteem.

Rehabilitation Counsellors possess advanced skills in personal counselling, vocational assessment, vocational training, job placement, case management, injury prevention and management, service coordination and independent living planning. ASORC membership requires tertiary qualifications. Typically, these are obtained in Rehabilitation Counselling at a post graduate level following an undergraduate degree in psychology or behavioural science. In addition, members need to demonstrate competency against all the ASORC Competencies which are aligned to the domains of knowledge and skills (<https://www.asorc.org.au/resources/asorc-competencies>). Members also agree to adhere to the ASORC Code of Ethics (<https://www.asorc.org.au/resources/asorc-code-of-ethics>). This provides ASORC members with a deep understanding of the impact of disability, health conditions and disadvantage on a person's life, and especially the importance of work and education in attaining inclusion and fostering independence and self-esteem. Consequently, Rehabilitation Counsellors are highly qualified to provide services that are often not in the repertoire of other allied health professions.

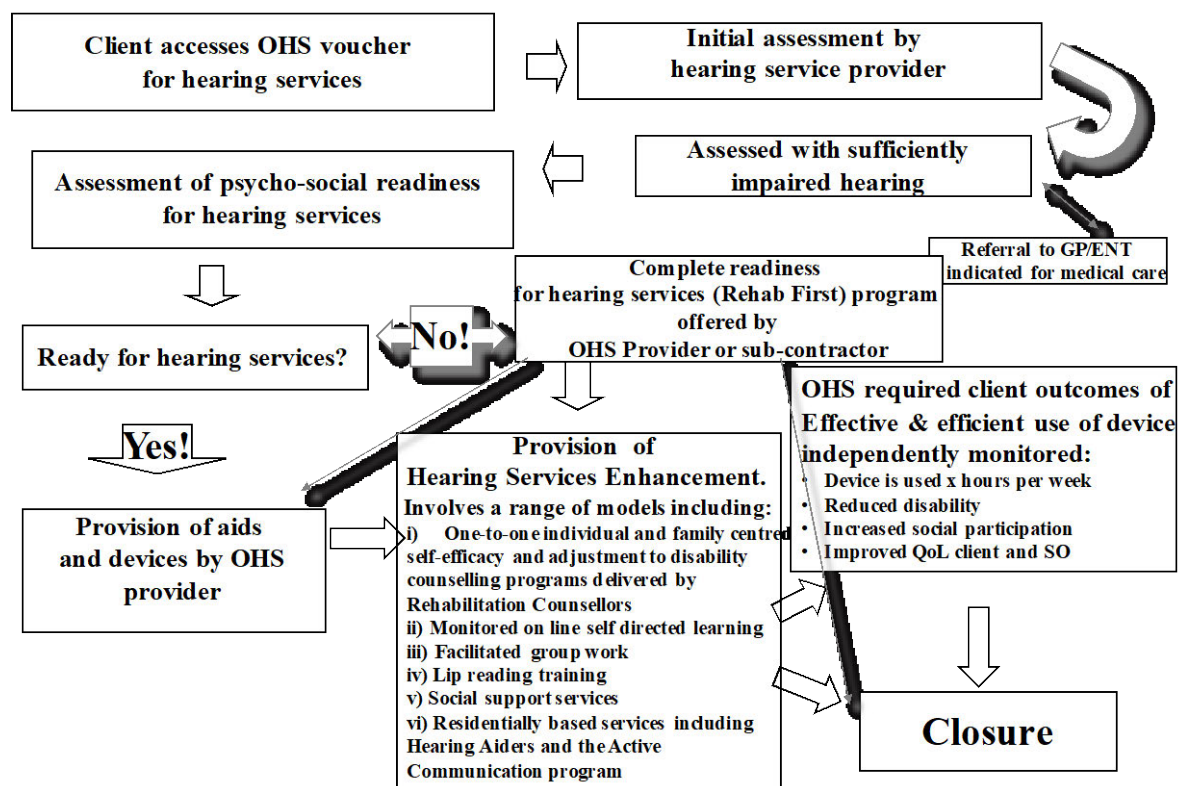
In addition to the above rigorous criteria, ASORC requires its members to maintain their professional knowledge and skills by completing 20 hours of CPD annually, as a minimum requirement.

Appendix 2: Proposed Model for Enhanced Delivery of Hearing Services

1. Client enters Program via an accredited hearing service provider, who may be a Rehabilitation Counsellor or an audiologist or audiometrist
2. Hearing assessment conducted by audiometrist or audiologist
3. Readiness for Hearing Services assessment conducted by a Rehabilitation Counsellor:
 - a. For the client who is not psycho-socially ready for hearing services. The Hearing Rehabilitation Counselling Program will consist of:
 - i. Assessments (Hearing self-efficacy; DASS (mental health) assessment; Montreal Hearing Services Base-line survey (examples of these assessments can be found in the Easier Listening booklet as attached))
 - ii. Provision of an appropriate program of hearing rehabilitation such as the Montreal Program with specific emphasis on accepting of disability counselling strategies, engaging family support etc. Typically, the Program will occur over a three month period, allowing adequate time for the client to make the necessary psycho-social adjustments to improve readiness for hearing services
 - b. Report back to Hearing Services Provider on outcomes (i.e. readiness, motivation, capacity for self-efficacy in problematic communication situations) for hearing services.

Flow chart:

Proposed model for enhanced delivery of hearing services



Appendix 3: Report on the nature and costs of rehabilitation counselling in hearing services

AUSTRALIAN SOCIETY OF REHABILITATION COUNSELLORS INC.



Hearing Services Capacity and Expertise - A Report on a national survey of ASORC members

September 2016

**To: Trisha Garrett
Office of Hearing Services
Trisha.Garrett@health.gov.au**



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Executive Summary

This study was designed to assess the interest and capacity of members of the Australian Society of Rehabilitation Counsellors, to provide a range of services for people who are deaf or hearing impaired. The study was conducted with particular regard to Society members being of service to the Commonwealth of Australia's Hearing Services Program. The study found that Rehabilitation Counsellors:

- Have on going and extensive experience (mental health assessments, adjustment to disability and motivational counselling services) in working with deaf and hearing impaired people, including those eligible for Commonwealth supported services
- This expertise includes addressing the more complex needs of those whose hearing impairment is severe or worse
- Members use a variety of assessment and counselling strategies addressing the specific needs of these clients
- Client support needs vary by severity of hearing impairment – on average people with mild losses require 8 hours' intervention, moderate 13 and severe 21 hours.
- The majority of members (88%) were interested in providing services to this client group and 91% were willing to undertake further in-service training in this field
- Our needs assessment identified that we have a capacity across Australia (NT excepted)
- Based on existing charge-out rates, it appears economically feasible for our members to provide entry level hearing support services within the existing funds provided for such services.
- Options need to be examined to consider ongoing support for those with higher levels of support need

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Introduction

Following a range of recent and emergent changes in national disability policy (e.g. National Disability Insurance Scheme), as well as the results of various studies documenting outcomes from hearing services, it was evident that the nature and range of services that may be required by deaf and hearing impaired people may require revision. A key concern for policy makers, however, was the extent to which the market could address such needs, if policy changes were made to diversify the offer available under various programs, such as those programs funded by the Office of Hearing Services. The Australian Society of Rehabilitation Counsellors (ASORC) is the professional body representing Rehabilitation Counsellors in Australia. Rehabilitation Counsellors have expertise in specific areas of disability services including assessment of the experience of disability resulting from impairment (as distinct from impairment itself), mental health assessment and counselling, adjustment to disability counselling, social and communication training and case management. Following discussions between the Office of Hearing Services and the Society, it was evident that the Office was interested to learn about Rehabilitation Counsellors expertise, interest or capacity, if any, in the provision of providing adjustment to disability counselling and other services to deaf and hearing impaired people.

To help the Australian Government plan for the future of the hearing services workforce, ASORC invited its members to complete a brief, 15 minute, on-line survey in March and April, 2016. The survey methodology fully complied with the code of conduct of the Australian Market and Social Research Society, (a code of conduct recognised by the National Health and Medical Research Council in terms of conducting ethically compliant research). A full copy of the survey can be found in the Appendix to this report.

Results

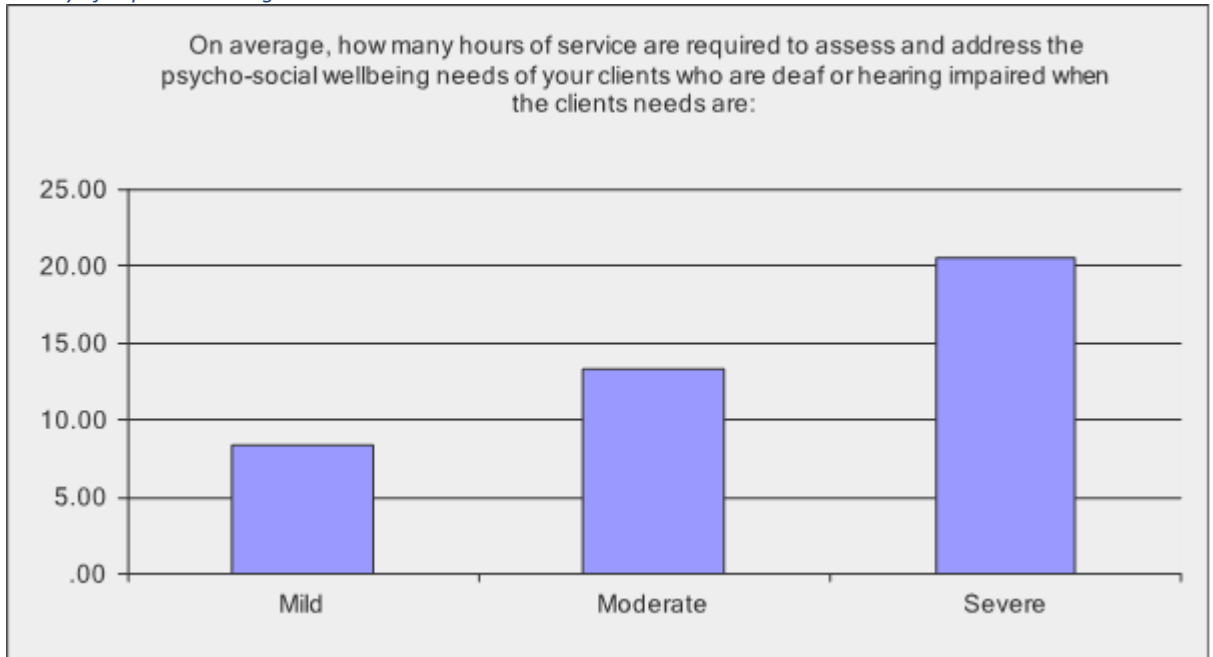
The members

One hundred and twelve (112) members, representing 12% of the ASORC membership participated in the study. Respondents were representative of the membership in terms of sex (female 83%; male 17%), and age range with 57% being aged 35-55 years. On average, ASORC members had 12 years of counselling experience and worked more than 30 hours per week.

Level of client support need

A large proportion of clients with impaired hearing seen by ASORC members can be regarded as having complex needs with since about half of these clients' hearing impairment was rated as severe or worse (see Table below).

Figure 1: Severity of impaired hearing

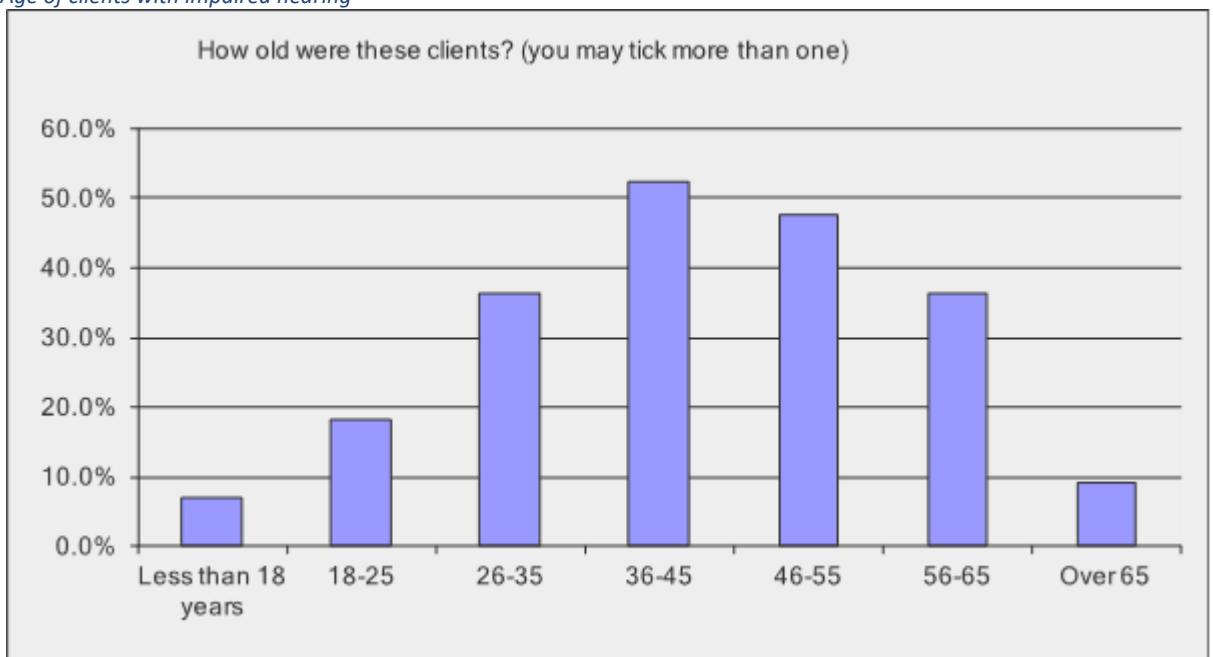


Importantly, members consider that clients' psycho-social support needs vary with regards severity of impairment. On average, to assess and address client support needs, a person with mild impairment required 8 hours of service, moderate 13 and severe or worse, 21 hours of service delivery.

Services for clients with impaired hearing

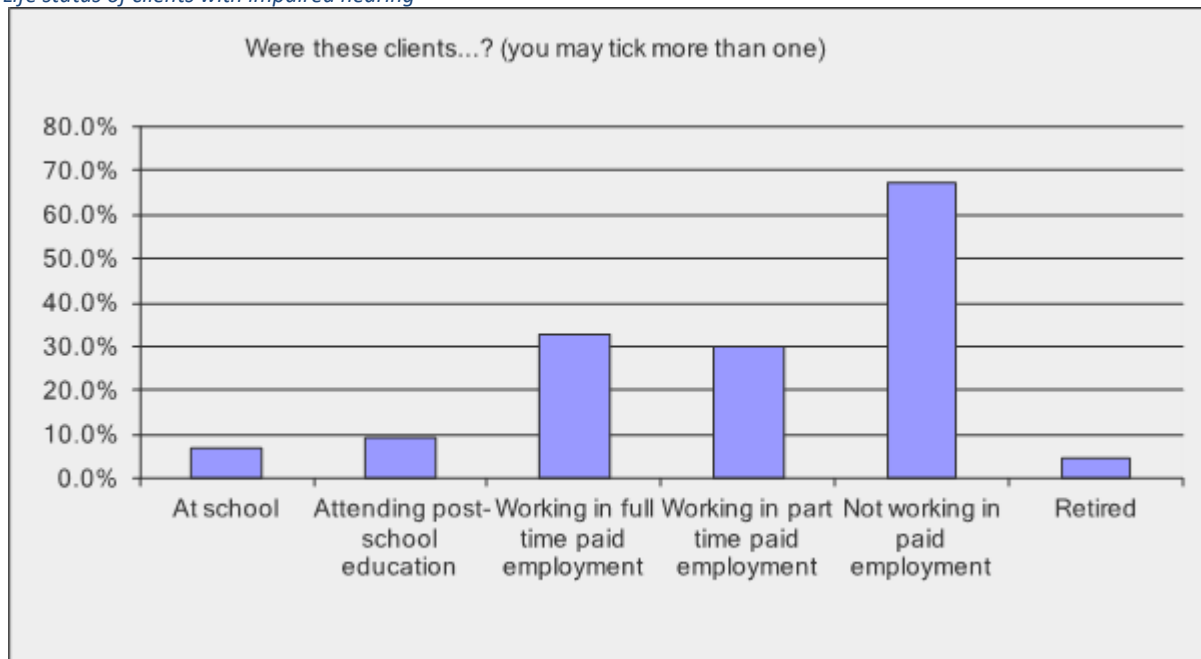
Half the membership had worked directly with deaf and hearing impaired people during the past five years. The graph below demonstrates that these clients were aged across the life span.

Figure 2: Age of clients with impaired hearing



As evidenced in the table below, a significant proportion of these clients, because of their age or employment circumstance, eligible for various forms of Commonwealth assistance in hearing services.

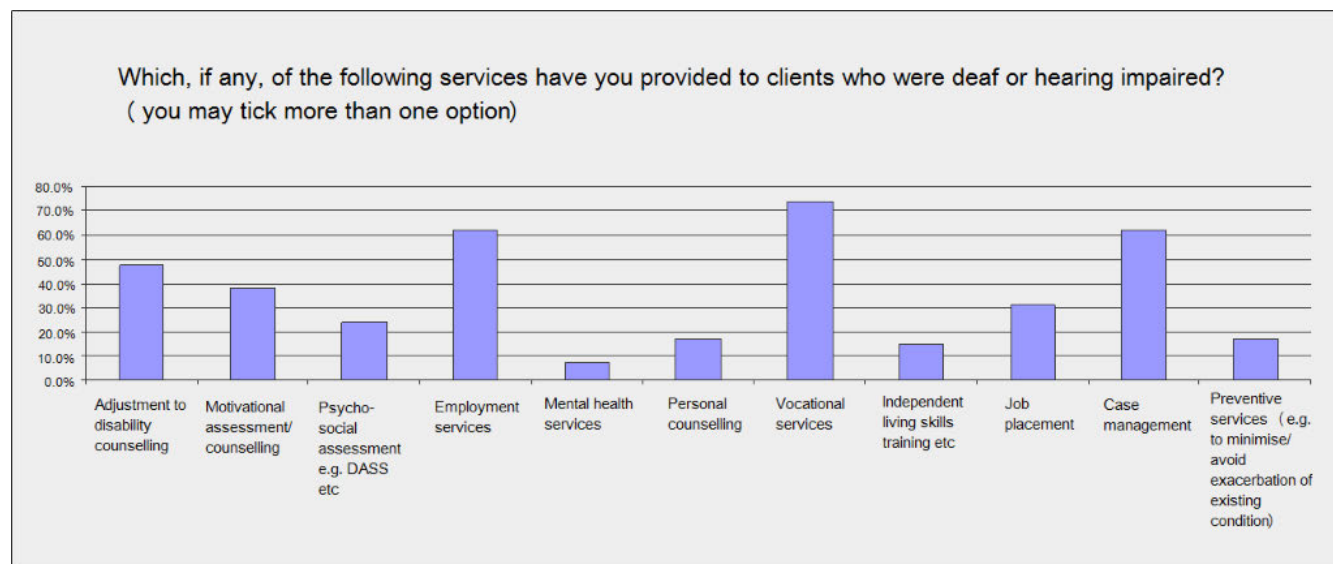
Figure 3: Life status of clients with impaired hearing



Services provided by ASORC members to HI clients

As demonstrated on the graph below, our members provided these clients with a complete range of counselling and support services.

Figure 4: Services provided to clients with impaired hearing



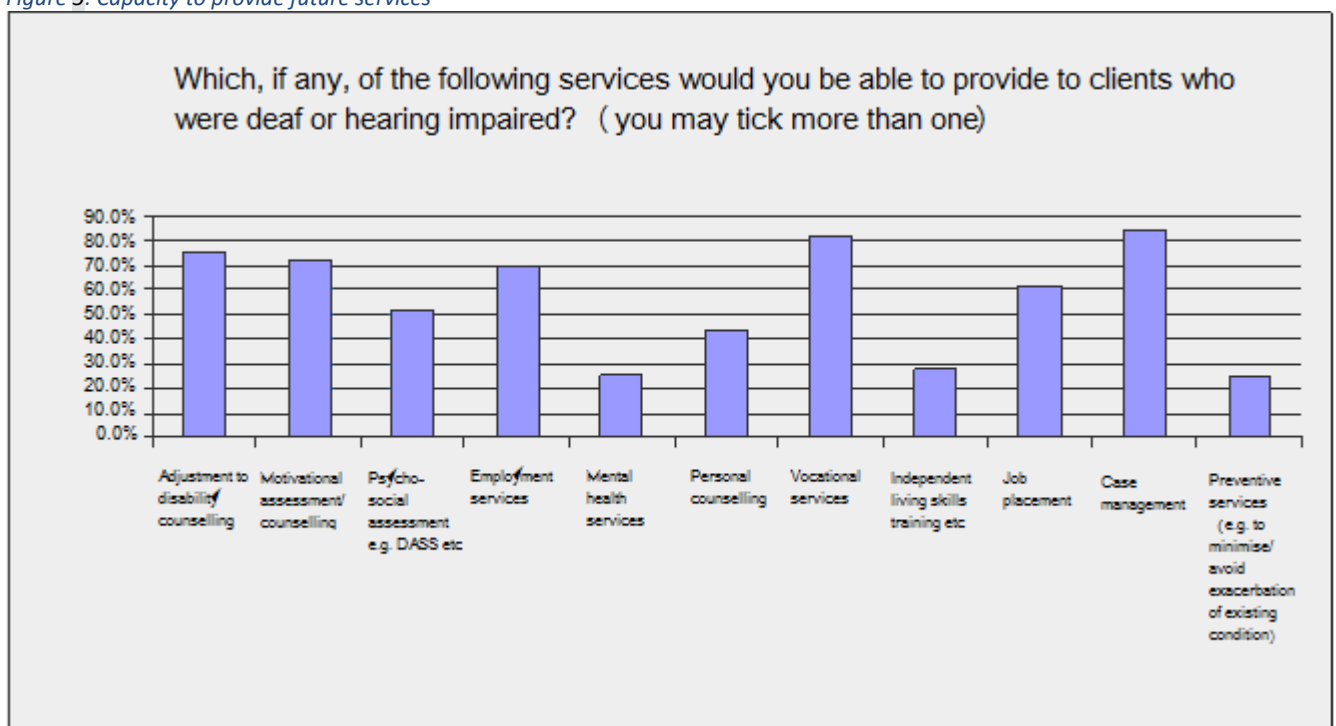
To assess client needs, members used a wide variety of interviewing and mental health assessment tools such as the Depression, Anxiety and Stress Scale and the Beck Depression Inventory.

ASORC membership capacity to provide services to deaf and hearing impaired clients

The vast majority (88%) of the surveyed membership were interested in providing services to deaf and hearing impaired clients in the future. As noted earlier, the ASORC members is experienced in a variety of methods of assessment and counselling and those without direct experience with this client group have indicated preparedness to undertake training in this area of work. Indeed, 91% of members indicated willingness to undertake further in-service training in this area of work. Importantly, ASORC has the capacity to deliver this training to its members at a national level.

The table below indicates the range of services that members identify as being able to provide to this client group.

Figure 5: Capacity to provide future services



Cost of service delivery

Our workforce analysis shows that on average, members charge \$127.54 per hour of service delivery (including GST). ASORC has members working in all states and Territories except the Northern Territory. One third of the membership is based in regional Australia.

Summary and concluding remarks

This survey found that ASORC membership have the expertise, capacity and interest to provide psycho-social support services to deaf and hearing impaired clients. Moreover, the study showed that the Society has a national capacity in this space and it has the capacity to offer training on these issues to members across the nation. Considered within the context of the Commonwealth's Hearing Services Program, basic group based service delivery may be economically

feasible for members within the Hearing Services Program policy settings. The study showed also found that the level of psycho-social support required by clients may differ, given the degree of difficulty that they may experience. To this end, in progressing towards a more holistic approach to the provision of hearing services, the needs of those clients requiring more extensive support would be considered. To this end, one may envisage a two-tiered program of support with clients completing an entry level motivational and adjustment program in the first instance. For those clients who have more complex needs, and who wish to continue with psycho-social support services, they should then have the option of pursuing such services with their own resources.

Appendix 1

Survey questions sent to ASORC members

Q1. In the past 5 years have you provided RC services to a person who is deaf or hearing impaired? Yes/No *If yes, go to Q2, if no, go to Q9*

Q2. Which, if any, of the following services, have you provided to clients who were deaf or hearing impaired (you may tick more than one option). *(multiple responses allowed)*

Profession responsibilities	Percentage of your job spent on this task
a. Adjustment to disability counselling	Yes/No
b. Motivational assessment/counselling	Yes/No
c. Psycho-social assessment e.g. DASS etc	Yes/No
d. Employment services	Yes/No
e. Mental health services	Yes/No
f. Personal counselling	Yes/No
g. Vocational services	Yes/No
h. Independent living skills training etc	Yes/No
i. Job placement	Yes/No
j. Case management	Yes/No
k. Preventive services (e.g. to minimise/avoid exasceration of existing condition)	Yes/No
l. Other	Yes/No

Q3. How old were these clients? (you may tick more than one)

- Less than 18 years 1
- 18 to 252
- 26 to 353
- 36 to 454
- 46 to 555
- 56 to 656
- Over 657

Q4. Were these clients ... (you may tick more than one)?

- 1 At school
- 2 Attending post-school education
- 3 Working in full time paid employment
- 4 Working in part time paid employment
- 5 Not working in paid employment
- 6 Retired

Q5. On average, how many hours of service are required to assess and address the psycho-social wellbeing needs of your clients who are deaf or hearing impaired when the client's needs are:

Mild..... _____ hours
 Moderate _____ hours
 Severe _____ hours

Q6. Where do your referrals for clients who are deaf or hearing impaired come from? (you may tick more than one option). (multiple responses allowed)

Profession responsibilities	Percentage of your job spent on this task
a. Employer	Yes/No
b. School	Yes/No
c. Post-school educational centre	Yes/No
d. CRS	Yes/No
e. NDIS provider	Yes/No
f. Other disability sector provider	Yes/No
g. Department of Social Services	Yes/No
h. Other Rehab provider	Yes/No
i. Hearing service provider	Yes/No
j. Self referred	Yes/No
k.	Yes/No
l. Other	Yes/No

Q7. In your day-to-day work, what kinds of assessment tools would you normally use (please specify name and purpose)

Assessment tool	Purpose
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	

Q8. In your day-to-day work, how do you evaluate the progress of your client against their rehabilitation plan (please specify name and purpose)

Evaluation tool	Purpose
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	
i.	

***** This group now skips to Q11**

***** Skip from Q1 for those who answered 'no'**

**Q9. Would you be interested in providing RC services to deaf and hearing impaired clients
Yes/No**

If yes, go to Q10, if no, go to Q11.

Q 10. Which, if any, of the following services, would you be able to provide to clients who were deaf or hearing impaired (you may tick more than one option). (multiple responses allowed)

Profession responsibilities	Percentage of your job spent on this task
a. Adjustment to disability counselling	Yes/No
b. Motivational assessment/counselling	Yes/No
c. Psycho-social assessment e.g. DASS etc	Yes/No
d. Employment services	Yes/No
e. Mental health services	Yes/No
f. Personal counselling	Yes/No
g. Vocational services	Yes/No
h. Independent living skills training etc	Yes/No
i. Job placement	Yes/No
j. Case management	Yes/No
k. Preventive services (e.g. to minimise/avoid exascberation of existing condition)	Yes/No
l. Other	Yes/No

Ask all

Q11. Would you be interested in undertaking professional training in the provision of hearing rehabilitation services? Yes/No

Q12. In which part of the industry do you work? Please tick the box next to the position that you hold. (One response allowed)

Workplace setting	Allow just one button to be ticked
a Self employed	Next question
b Commonwealth Rehabilitation Service	Next question
c. Private Company	Next question
d. Hospital and allied health	Next question
i. University-based	Next question
o. Other (please specify)	Then next question

Q13. How long have you been practising as an RC? _____ (to the nearest year)

Q14. Is your work: Allow only one option

- a. Full time
- b. Part time
- c. Casual

Q15. On average, how many hours do you work each?

_____ **Hours worked per week**

Q20. What State/Territory do you work in (select one only):

New South Wales

Victoria

Queensland

South Australia

Western Australia

Tasmania

Australian Capital Territory

Northern Territory

Q21a. Are you based in: (select one only)

A capital city[]1

A regional city or town[]2

Q22a. Gender: Are you (select one only)

Female []1

or Male []2

Q22b. What is your hourly charge out rate? \$_____ (rate including GST)