

OPERATIONAL GUIDELINES REVIEW OF ACCESS WORDING FOR HEARING IMPAIRED

“Hearing loss is not just an ear issue – it is a brain and information processing issue too” (Carol Flexer, 2011)

“the focus on sensory coding and acoustic signals has relegated other domains of cognition, learning, memory and attention and inhibition”(D,Pisoni, W. Kronenberger, M.Harris & A.Moberly, 2017)

BACKGROUND

The final Joint Standing Committee (JSC) report (June 2018) from an enquiry into the provision of hearing services under the NDIS in November 2016 informed the announcement of five new initiatives to improve the NDIS experience for people with hearing impairment on 21 June 2018. s22(1)(a)(ii) - irrelevant material

In 2017 the Operational Guidelines (OG) for determining access were revised to enable streamlined access to the NDIS for people with hearing loss and for children and young adults requiring early intervention for hearing impairment. See Attachment A.

Following the implementation of the updated OG’s the Agency has received consistent feedback from peaks bodies, Department of Social Services, participants and other stakeholders about the lack of clarity in the OG’s, particularly in relation to substantially reduced functional impact.

On 24th April, 2019, the AAT heard the case Evans vs NDIA and determined that Ms Evan’s hearing loss resulted in a substantially reduced functional capacity to communicate and therefore should be granted access to the NDIS. (See Attachment B). The issues in dispute were whether the applicant satisfies s.24(1)(c) and (e) of the NDIS Act. The key findings was that while the assessment of an access request considers the level of functional impact a person’s disability has on their day to day life, in the case of Ms Evans, **the NDIA did not consider that the evidence regarding the impact of her hearing loss resulted in substantially reduced function.**

*“The rigid application of a 65-decibel “threshold” would be inconsistent with the key statutory question: whether the applicant’s impairment results in a substantially reduced functional capacity to communicate..... to the extent that the Guidelines do dictate a “threshold”, it is submitted that they would be inconsistent with the statutory question (under s.24(1)(c) and **should be disregarded.**” ([Evans and NDIA \[2019\] AATA 754 \(24 April 2019\)](#))*

Deafness Forum of Australia in collaboration with Deafblind Australia, Audiology Australia, Neurosensory Australia, Able Australia and Senses Australia submitted a paper to the JSC on the National Disability Insurance Scheme (NDIS) – Inquiry into NDIS planning on 5 September 2019. Their submission describes their concerns regarding the lack of clarity in the operational guidelines for access, stating that they are not well understood by NDIS staff and that the *“inclusion of a degree of hearing loss to distinguish between the levels of evidence required to support the access requests has been misinterpreted as the criteria for the access”(p.2)*. See separate attachment to view the full submission which can also be viewed here on the [Deafness Forum of Australia website](#).

This meeting is convened to discuss the current operational guidelines and identify how they can be improved to provide greater clarity for Agency staff on what constitutes substantially reduced function (s.24) as well as the benefit of early intervention (s.25) for people with a hearing loss.

Recommended Considerations

Operational Guidelines to be amended to emphasise the requirements to demonstrate substantially reduced function and remove reference to 65dB as a threshold for eligibility under the disability criteria.

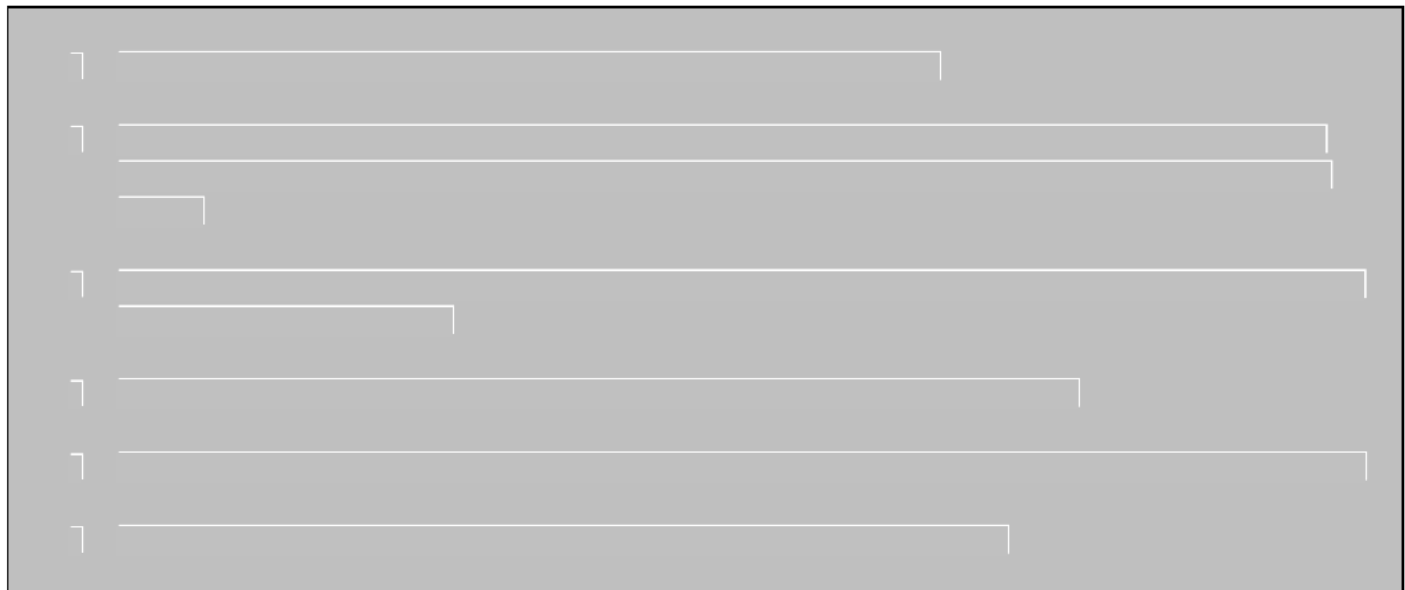
s22(1)(a)(ii) - irrelevant material

Because of the idiosyncratic nature of hearing loss and variation amongst individuals due to predetermining factors such as communication mode, device use, age of onset, access to intervention a number of suggestions and discussion points have been listed below.

For Discussion – Functional Impact of Hearing loss (s.24)

- *What constitutes substantially reduced functional impact for hearing loss?*
- *Given the variation amongst individuals, how can this be measured and reported? (e.g. audiogram plus functional impact report from qualified professional(s), plus self-report/anecdotal reporting).*
- *What information/evidence will help Agency staff to determine whether a potential participant has substantially reduced functional impact as a result of a hearing loss? (e.g a combination of Audiogram, professional report)*
- *Who can provide evidence of functional impact? (e.g. Audiologists provide an audiogram and report, with pure tone and free field thresholds, speech discrimination in noise etc, however, this may not provide the individuals speech perception and speech discrimination in everyday environments such as work, home and the community).*
- *Can the Agency expect Audiologists to provide evidence of functional impact? Will this be a change in practice for Audiologists and how will this be managed?*
- *Sudden onset hearing loss pathway?*

s22(1)(a)(ii) - irrelevant material



Attachment A

Operational Guidelines

s22(1)(a)(ii) - irrelevant material

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

[Redacted] Therefore, adults aged 26 years and over are not immediately accepted to be likely to benefit from the same early intervention approach because there is no requirement to support the development of the auditory pathways. Adults aged 26 years and over with hearing impairment will therefore be assessed normally, on a case by case basis, having regard to the availability of all relevant evidence.”

s22(1)(a)(ii) - irrelevant material

[Redacted]

s22(1)(a)(ii) - irrelevant material

[Redacted]

An Additional Section entitled ‘Additional guidance for hearing impairments’ will be added at 8.3.3:

“8.3.3. Additional guidance for hearing impairments

Hearing impairments may result in reduced functional capacity to undertake communication, social interaction, learning and self-management activities. Generally, the NDIA will be satisfied that hearing impairments of ≥ 65 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) result in substantially reduced functional capacity to perform one or more activities. This audiometric criterion reflects the lower limit of what is likely to constitute a substantially reduced functional capacity to undertake relevant activities.

Hearing impairments < 65 dB decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) in conjunction with other permanent impairments (for example vision or cognitive impairments), or where there is evidence of significantly poorer than expected speech detection and discrimination outcomes, may also be considered to result in substantially reduced functional capacity to undertake relevant activities.”

Attachment B**POTENTIAL IMPACT OF AAT DECISION EVANS VS NDIA – (ACCESS FOR PERSON WITH HEARING LOSS)****Summary of Case**

On 24th April, 2019, the AAT heard the case Evans vs NDIA and determined that Ms Evan's hearing loss resulted in a substantially reduced functional capacity to communicate and therefore should be granted access to the NDIS.

Ms Evan is a 47-year-old woman seeking access into the NDIS for hearing impairment. She is a single mother of two teenage daughters with ASD and received carer payment for her daughters. She is also employed in two part-time jobs in an administrative capacity. The issues in dispute were whether the applicant satisfies s.24(1)(c) and (e) of the NDIS Act.

Ms Evans measured 38.75 dB in the left (or better) ear and 41.25 dB in the right ear as a pure tone average or four-frequency average.

Audiologists Ben Featherston (expert for the applicant) and Eugene Mougernan (expert for the respondent) provided evidence. More weight was given to Mr Featherston's evidence.

Evidence in support of Ms Evans included:

- significant amplification is required to hear sounds between 1kHz and 8kHz
- approximately 50% of speech sounds are missed
- capacity to discriminate speech sounds decreased
- speech discrimination negatively impacted by background noise

Evidence provided by Ms Evans include:

- difficulty understanding speech other than in quiet room
- ability to lip-read but this is ineffective in a conversation with more than one other person or she cannot see a person's lip.
- her impairment impacts upon 95 percent of her daily interactions eg: work, community and home environments.
- her evidence was described by the Tribunal as 'clear and unequivocal evidence'.

The Agency's argument

The Agency argued that Ms Evans did not meet the '65 decibel impairment in her better ear' Operational Guideline and that Ms Evans needing to perform tasks differently (for example, lip reading or asking a person to repeat themselves) did not mean she cannot communicate or interact effectively or completely.

The Tribunal's findings

The Tribunal found there is evidence of significantly poorer than expected speech detection and discrimination outcomes and that having to constantly modify her behaviour in attempts to communicate demonstrates the applicant's functional capacity in life is substantially reduced by her hearing loss. The Tribunal accepted Ms Evans has greater capacity to communicate in a quiet room but considered much of daily spoken communication does not occur one on one in a quiet environment where one is facing the speaker. Therefore, the test for substantially reduced functional capacity cannot be one that does not reflect the reality of community life.

To the extent that the Operational Guidelines dictates a 'threshold', the Tribunal agreed with the applicant that the Operational Guidelines would be inconsistent with the statutory question under s.24(1)(c) and should be disregarded.

The Tribunal also agreed with the applicant that the principles of the NDIS Act do not support an interpretation that a person who was unable to understand a significant amount of what is said to them on a daily basis is communicating 'differently'. The Tribunal considered it would be erroneous to require the Applicant to be completely unable to undertake communication when the NDIS Rules elaborate that an impairment will result in a substantially reduced functional capacity where a person is unable to participate effectively or completely in the activity.

The Tribunal was satisfied the applicant is likely to require support under the NDIS for her lifetime as her hearing impairment will not recover. There did not appear to be evidence of any alternative source of support for the applicant and the Tribunal did not discuss this issue further.

Outcome

The Tribunal set aside the NDIA's decision and decided the applicant satisfied the access criteria into the NDIS for hearing impairment. While the assessment of an access request considers the level of functional impact a person's disability has on their day to day life, in the case of Ms Evans, the NDIA did not consider that the evidence regarding the impact of her hearing loss resulted in substantially reduced function.

Current NDIA Operational Guidelines

Currently, the NDIA will be satisfied that hearing impairments of ≥ 65 decibels in the better ear may result in substantially reduced functional capacity to perform one or more activities. This audiometric criteria reflects the lower limit of what is likely to constitute a substantially reduced functional capacity to undertake relevant activities.

Hearing impairments < 65 dB decibels in the better ear in conjunction with other permanent impairments, or where there is evidence of significantly poorer than expected speech detection and discrimination outcomes, may also be considered to result in substantially reduced functional capacity to undertake relevant activities.

In contrast, the World Health Organisation (WHO) consider a hearing loss of 40dB to be a disabling hearing loss. See Attachment A for further details.

The Hearing Service Program (HSP) funded by Department of Health is currently transitioning in part to the NDIS. Original estimates of clients that would meet NDIS access requirements as per current Operational Guidelines was approximately 45,000.

Risks

Using the Evans vs NDIS AAT decision reasoning and applying this to future access decisions, the number of HSP clients that may meet NDIS Disability access requirements would increase by at least 22,000. This number does not include Australians with a hearing loss greater than 40dB that do not currently meet the eligibility requirements for the HSP.

As a result, the NDIA may see an increased number of requests for access, and consequently, an increased number of internal review requests for those individuals where access was not met.

Up to 50% of Australians over the age of 60 have an aged related mild hearing loss (21-40dB) that may result in meeting the NDIS disability access requirements therefore the scheme could be faced with an increased number of people over 65 remaining in the scheme.

The consequence of an increase volume of participants with hearing loss is an increase in funded supports, ie: hearing devices. Under the HSP Hearing devices are usually replaced every three years.

It is unlikely that the fully subsidised hearing devices available under the HSP will address the functional impact detailed in the Evans vs NDIS case which is likely to result in an increase of requests for premium level hearing aids.

While the premium level hearing aids are not likely to meet reasonable and necessary criteria, the increase volume of requests, TAT advice requests, internal reviews and AAT matters are likely to increase.

As the HSP will continue beyond the transition period, it is important to ensure that Health continue to be responsible for supporting people with a mild hearing loss and that NDIS participants with mild hearing loss continue to be able to access this mainstream service.

Considerations

Operational Guidelines to be amended to emphasise the requirements to demonstrate substantially reduced function and remove reference to 65dB as a threshold for eligibility under the disability criteria.

Operational Guidelines – Early Intervention to be amended to emphasis that a person will benefit from early intervention and removal of reference to 25bB as a threshold for eligibility under the early intervention criteria.

The full transcript of the case can be found on the AAT website [here](http://www8.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/AATA/2019/754.html?context=1;query=Evans;mask_path=au/cases/cth/AATA):

(http://www8.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/AATA/2019/754.html?context=1;query=Evans;mask_path=au/cases/cth/AATA)

Attachment C

Background

- [World Health Organisation \(WHO\)](#) “Disabling hearing loss refers to hearing loss greater than 40 decibels (dB) in the better hearing ear in adults and a hearing loss greater than 30 dB in the better hearing ear in children. The majority of people with disabling hearing loss live in low- and middle-income countries.”
- **Australian Hearing’s classification of hearing loss:**
 - Normal 0-20dBHL
 - Mild 21-40dBHL
 - Moderate 41-60dBHL
 - Severe 61-80dBHL
 - Severe to Profound 81-90dBHL
 - Profound >91 dBHL
- **Incidence of Hearing loss** as per [Hearing Australia](#) website: “In Australia, between nine and 12 children per 10,000 live births will be born with a moderate or greater hearing loss in both ears. Around another 23 children per 10,000 will acquire a hearing impairment that requires hearing aids by the age of 17 – through accident, illness or other causes. Hearing loss can affect a child’s learning, language development and behaviour. It is significantly higher among Aboriginal and Torres Strait Islander children, for whom it represents a serious health and educational problem.
The incidence of hearing loss increases as we get older. **Over half the population aged between 60 and 70 have a hearing loss.** This increases to more than 70 per cent of those over the age of 70, and 80 per cent of those over the age of 80.”. Another reference from the HCIA report [The social and economic cost of Hearing loss in Australia 2017](#)
- Functional impact of hearing loss- how do the decibels relate to real life conversational sounds. Reference [Australian Hearing](#) website.
 - “The softest sounds that young people with normal hearing can detect in ideal listening conditions, is between zero and 20 (0 – 20) dB HL, across the frequency range.
 - Conversational speech measured from one metre away is around 50 dB HL, though some of the speech sounds will be around 35 to 40 dB HL.
 - Conversational speech measured from four metres away will be quieter, about 35 dB HL, with the softer speech sounds only measuring around 20 dB HL.”
 - A functional descriptor of hearing loss - A person with a bilateral **MILD** hearing loss 21-40dB - may have difficulties hearing soft speech and conversations. People may sound as though they are mumbling. A person with a mild hearing loss can often manage in quiet settings with clear voices, however faces more difficulties hearing in settings with background noise and may rely on visual cues. Hearing aids may be recommended depending on the configuration of the hearing loss and may be beneficial depending on individual circumstances (e.g. acknowledgement of hearing loss, motivation to wear a hearing device, communication goals, how the hearing loss was acquired (sudden /gradual), their use of communication strategies and lip reading etc etc.
 - A person with a bilateral **MODERATE** hearing loss 41-60dBHL would have difficulty understanding conversational speech (they would have less access to the speech spectrum) particularly in the presence of background noise. The TV and radio would have to be turned up to be heard. Hearing aids will be recommended and are likely to be beneficial, depending on individual (e.g. acknowledgement of hearing loss, motivation to wear a hearing device, communication goals, how the hearing loss was acquired (sudden /gradual), their use of communication strategies and lip reading etc.
 - In comparison a person with a bilateral **SEVERE** hearing loss 61-80 (four freq average >65dB) cannot hear normal conversational speech without visual cues. Unaided the person is likely to have significant difficulties communicating in quiet and in background noise, and also difficulties hearing environmental sounds (possibly safety issues). Hearing aids would be recommended and are likely to be necessary and very beneficial.

HSP/NDIS Eligibility Interface Workshop

Date	Monday 2 July 2019, 2:30pm – 4:30pm AEST
Venue	s22(1)(a)(ii) - irrelevant material
ATTENDEES:	<p>Department of Health</p> <ul style="list-style-type: none"> • Trish ^{s47F - personal priva} Acting First Assistant Secretary, Cancer, Hearing and Program Support Division • Chris ^{s47F - personal p} Assistant Secretary, Hearing and Disability Interface Branch • Tony ^{s47F - personal} Acting Director, Hearing Policy Section • Karel ^{s47F - personal priva}, Departmental Officer, Hearing Policy Section • Delfina ^{s47F - personal privacy} Assistant Director, Inter government Strategies Section • Ben ^{s47F - personal privacy} Departmental Officer, Inter government Strategies Section <p>Department of Social Services</p> <ul style="list-style-type: none"> • Andrew ^{s47F - personal privacy} Group Manager, National Disability Insurance Scheme (NDIS) Market Reform • Eliza ^{s47F - personal pr} Assistant Secretary, Program Transition Branch <p>Department of Human Services</p> <ul style="list-style-type: none"> • Paul ^{s47F - personal prv} Acting Deputy Secretary, Health and Aged Care Group • Danielle ^{s47F - personal privacy} First Assistant Secretary, Health and Aged Care Group • Steve ^{s47F - personal pr} National Manager, Population Health Branch, Health and Aged Care Programmes Division • Scott ^{s47F - personal privacy} Director, Australian Hearing and Health Industry Payments Section, Industry Programmes Branch <p>National Disability Insurance Agency</p> <ul style="list-style-type: none"> • Jacinta ^{s47F - personal p} Branch Manager, Communities of Practice Branch • Deb ^{s47F - personal} Branch Manager, Technical Advisory Team, Advisory Services • Louise ^{s47F - personal} Director, Hearing, Communities of Practice Branch • Ingrid ^{s47F - personal privacy} Advisor SME (Audiology), Technical Advisory Branch • Tori ^{s47F - personal privacy} Branch Manager, Access and Workload Management Branch
APOLOGIES:	<p>Peter ^{s47F - personal privacy} (NDIA) Ron ^{s47F - personal p} (DSS) Sarah ^{s47F - personal} (Health) Jessica ^{s47F - personal} (Health)</p>

Discussion Items

Temporary conductive hearing loss

s22(1)(a)(ii) - irrelevant material

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AAT decision and implications (Evans vs NDIS)

NDIA’s position is that a precedent has not been set however the Tribunal’s decision has demonstrated that the current Access operational guidelines for hearing impairment may not be appropriate. Focus needs to be placed on substantially reduced function OR benefit from early intervention DSS /DoH are pushing for diagnostic threshold – NDIA remained firm not to be prescriptive Criteria for identifying position HSP clients to transition remains at the current 65dB threshold for adults

s22(1)(a)(ii) - irrelevant material

NDIA committed to having some changes complete in OGs by Sept – Jacinta agreed to confirm the timeframe

Further development of Operational Guidelines to move toward language that is more functional

NDIA pointed out that the population of people with hearing loss is greater than the number of HSP clients

NDIA Proposal:

OG – Disability – Hearing loss of >60dB in the better ear should not require further information to demonstrated substantially reduced function to make access decision demonstration of substantially reduced function necessary to inform Access decision. It is expected that a person with 60dB hearing loss in the better ear has no access to conversational speech therefore will demonstrate substantially reduced function in communication and social participation. For hearing loss <60dB, supporting information is required to demonstrate substantially reduced function (to be considered) ie: Speech discrimination test performed by audiologists to confirm audiograms.

A word recognition test (also called speech discrimination test) assesses a person's ability to understand speech from background noise. If your speech discrimination is poor, speech may sound garbled. Word recognition scores can also be helpful in predicting the usefulness of a hearing aid.

s22(1)(a)(ii) - irrelevant material

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s22(1)(a)(ii) - irrelevant material

Referral Pathway involving Australian Hearing

NDIA do not wish to disrupt the diagnostic pathway for newly diagnosed children with a hearing loss. NDIA suggests that the initial assessment and first fitting of hearing aid be funded by health before become NDIS participant.

<p>s22(1)(a)(ii) - irrelevant material</p> <p>[Redacted]</p>
<p>Next steps and close.</p>

Summary of actions

Ref.	Action	Responsible	Due	Comment
	<p>s22(1)(a)(ii) - irrelevant material</p> <p>[Redacted]</p>	[Redacted]	[Redacted]	<p>Operational Guidelines will need to be updated to ensure that eligibility is focussed more on 'substantially reduced function'.</p> <p>There is currently no criteria/examples in the Guidelines for assessing individuals with less than 65db 4FAHL.</p>
2.	<p>s22(1)(a)(ii) - irrelevant material</p> <p>[Redacted]</p>	[Redacted]	[Redacted]	[Redacted]
3.	<p>s22(1)(a)(ii) - irrelevant material</p> <p>[Redacted]</p>	[Redacted]	[Redacted]	[Redacted]
	<p>[Redacted]</p>	[Redacted]	[Redacted]	[Redacted]

Ref.	Action	Responsible	Due	Comment
5.	s22(1)(a)(ii) - irrelevant material [Redacted]	[Redacted]	[Redacted]	[Redacted] [Redacted] [Redacted]



Approved: 27th June, 2019

Owner: National Access & Workload Management Branch

NDIS HSP Transition Workshop

Notes

Tuesday 2nd July 2019

Attendees

- Dept Health, DSS, DHS, NDIS

Meeting Purpose

- Develop a strategic brief on arrangements for transition of eligible HSP clients to the NDIS by 1 July 2020.
- Develop the policy parameters for hearing services in the NDIS, particularly eligibility.

Workshop goal:

- Clarify NDIS eligibility requirements and process for future refinements to eligibility.

Agenda item 3:

NDIS hearing impairment access guidelines:

- a. Current NDIS eligibility parameters (creation, purpose, legislation)
- b. AAT case for eligibility (implications, risk assessment, common law precedents)
- c. Nature of health hearing impairment and eligibility
- d. Refining NDIS eligibility parameters (NDIA process, NDIS Actuary?)

NDIS Eligibility Requirements

The eligibility requirements ensure access to the NDIS is only granted to those who meet the access criteria in the NDIS Act (2013).

The access criteria are designed to determine whether people with disability have a current need for support under the NDIS, based on one or more permanent impairments that have consequences for their daily living and social and economic participation on an ongoing basis.

Access to the NDIS is determined by three separate and distinct legal requirements: age, residence and disability.

All valid (complete) access requests are considered by NDIS national assessors against these requirements:

- **Age:** be under 65 years of age
- **Residence:** live in Australia and be an Australian citizen, permanent resident or protected special category visa holder
- **Disability:** have a permanent disability that significantly affects the person's ability to take part in everyday activities and is likely to require support under the NDIS for life, or

- s22(1)(a)(ii) - irrelevant material

A person will satisfy the access criteria when they meet:

- **both** the age and residence requirements, and satisfy
- **either** the disability requirements or the early intervention requirements.

Valid Access Requests:

- include either consent to access a Centrelink record to verify age and residency status or documentary evidence of age and residency status
- include supporting evidence of disability
- include a signature or verbal authority to progress the request from the person or their authorised representative

Disability Requirements for Hearing

The [NDIS Operational Guidelines – Access to the NDIS](#) indicate substantially reduced functional capacity to perform one or more activities is likely when a person experiences the following levels of hearing impairment:

- ≥ 65 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz), **or**
- < 65 dB decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) in conjunction with other permanent impairments (for example vision or cognitive impairments), or where there is evidence of significantly poorer than expected speech detection and discrimination outcomes.

Refer to [Additional guidance for hearing impairments](#)

List A – Disability

Where a person has a disability on List A of the [NDIS Operational Guidelines – Access to the NDIS](#), they will meet the disability requirements in Section 24 of the NDIS Act (2013) without providing further evidence of permanency or functional impairment. For people with a hearing impairment, this is listed as:

- Permanent bilateral hearing loss > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz)

List B - Disability

Where a person has a disability on List B of the [Operational Guidelines – Access to the NDIS](#), they will meet the requirement to have a disability attributable to impairment that is permanent. They will need to provide evidence about the impact of their impairment on their functional capacity and social or economic participation, and their need for lifetime support from the NDIS.

The following impairments on List B are considered to result in hearing loss:

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss

- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome

s22(1)(a)(ii) - irrelevant material

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NDIS Access pathways for Hearing

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AAT case: Hearing and NDIS eligibility

Evans and NDIS, 24 April 2019: considered the impact of hearing loss against disability requirements 24(1)(c) – substantially reduced functional impact.

- 47 year old single mother
- Hearing loss less than the minimum 65db
- Access not met based on audiometry result

Findings:

- Actual impact of the applicant’s hearing loss is that she misses approx. 50% speech sounds, resulting in a struggle to understand speech in any situation other than sitting in a quiet room with another person – thus, affecting 95% of her daily interactions.

- In this case, the legislative question – whether the impairment results in a substantially reduced functional capacity to communicate - is not served by the policy of the minimum db and should be disregarded.
- It was established that the applicant was **unable** to effectively communicate in a range of everyday life situations, rather than just needing to perform tasks differently to interact effectively at work.
- The tribunal found that the applicant's life is substantially limited functionally, by her inability to communicate, in all the situations in which other individuals, without hearing loss, can.
- This case highlights the need to consider the db loss rating alongside the functional impacts the person is experiencing.

Refer to [Evans](#) for more information.