

Navigating My Aged Care with a Hearing Challenge

Submission to the Review of My Aged Care

7 March 2025

SUMMARY

This policy position paper examines the accessibility of My Aged Care for older Australians with hearing challenges and people who communicate in Auslan, highlighting recent advancements and ongoing challenges. The paper was written in response to the Office of the Inspector-General of Aged Care's current review into the administration of My Aged Care. Deafness Forum was invited to make a submission on the challenges and barriers to access for older people in Australia who are Deaf or who live with hearing challenges, with particular interest in specific access issues for navigating the My Aged Care process to the point of booking and receiving an aged care assessment.

Navigating My Aged Care can be challenging for older Australians who are Deaf or hard of hearing, with barriers present from initial contact to final communications.

Deafness and hearing loss are significant issues for a considerable proportion of the Australian elderly. According to the National Health Survey conducted in Australia in 2021, 33.2 per cent of the population aged 65 years and older had complete or partial deafness.

It is important to understand deafness and hearing loss as a condition of ageing as distinct from being an older person who has lived with deafness or hearing loss either since birth or across a significant proportion of their life. It can be difficult for an older person who is losing their hearing due to ageing to recognise this decline or accept that they have reached a point where assistive technology supports like hearing aids may be necessary.

Many older Australians who lose their hearing because of age do not define themselves as 'disabled', which can be a barrier to seeking information and support to explore alternative communication options. Many may never adopt alternative communication methods like Auslan and prefer to appoint a carer to speak on their behalf. Intersectional challenges may also exist, such as cultural and linguistic background, coexisting disabilities or level of literacy, which can also impact how an older Australian may access the scheme.

Managing the support needs of senior Australians who are Deaf or have hearing loss in My Aged Care requires a sophisticated approach, customised to an individual's preferences, needs, and capabilities.

While the National Relay Service, Auslan interpreters, better-informed staff, and advocacy assistance have contributed to improvements in the accessibility of the scheme for those with hearing impairments, continuous improvements are necessary to ensure My Aged Care is user-friendly for seniors. This includes increasing communication options, improving the accessibility of existing contact methods, providing greater flexibility for elders to appoint a representative to communicate on their behalf, offering alternative assessment pathways, and providing information in accessible formats.

When information and support are provided in appropriate formats, such as Auslan and face-to-face interactions, seniors who are Deaf or have hearing loss are more likely to engage actively in their care planning. These adaptations are essential to prevent older people with hearing impairments from being overlooked in a complex system.

Ultimately, this paper underscores the ongoing need for My Aged Care to adapt and improve its services, ensuring that senior Australians with hearing challenges and those who communicate in Auslan can navigate the system effectively and receive the support they require. This aligns with the current review being conducted by the Acting Inspector-General of Aged Care, which aims to assess whether My Aged Care enables older persons in Australia to navigate to and initiate the assessment process required for entry to the aged care system in a timely manner, regardless of their location, health requirements, cultural background, identity or prior knowledge of the system.

1. Introduction

Effective communication is fundamental at every step of the aged care journey. For older Australians who are Deaf or hard of hearing, barriers can arise right from the initial contact with My Aged Care. This government gateway is typically accessed via a website or national phone line, which can pose obvious challenges if you have difficulty hearing. My Aged Care does offer aids like the National Relay Service (NRS) and sign language interpreting, but consumer feedback suggests these supports, while helpful, don't always eliminate the obstacles in practice.

2. Contacting My Aged Care: Relay and Interpreting Services

Reaching My Aged Care usually involves a phone call – something many Deaf or hard of hearing seniors cannot do directly. Some individuals rely on lip reading to supplement spoken language, which means that even if they can communicate in spoken language, they need to also have a clear visual of the person they are speaking with to understand what they are saying. People who are hard of hearing may also struggle to understand accents over the phone or may be misunderstood by call centre staff if they have a 'Deaf accent', leading to embarrassment and frustration.

[My Aged Care](#) officially encourages using the NRS or a free sign language service via a contracted private provider, Deaf Connect.

In practice, however, senior Deaf Australians have reported limited direct contact with My Aged Care because of these hurdles. As one [community organisation](#) noted, many signing Deaf seniors can't use the standard phone or even the website on their own – some cannot easily read written English, making printed information or online registration inaccessible

If they can't register online, they *must* use the phone (with relay services or someone's help), which immediately puts them at one remove from the process.

The effectiveness of the NRS and Deaf Connect services can vary and require an extra layer of coordination and planning on behalf of the user. The NRS enables phone conversations via text or an operator but using it can be cumbersome and time-consuming – long wait times on hold (often 30+ minutes) are frustrating for anyone, and especially so through an intermediary. Likewise, the Auslan video interpreting service requires booking an interpreter in advance for a three-way video call. While this free Auslan service is a great improvement, it's not an instant, on-demand solution – Deaf users must plan ahead, which may not be practical for quick questions or urgent needs. Often assumed but not always so, users also need the appropriate technology, reliable internet and the technical skills to use video interpreting effectively.

On a positive note, since mid-2020 the government's National Sign Language Program (NSLP) has funded Auslan interpreting for aged care interactions. This means My Aged Care contact, assessment visits, and service discussions can include a qualified interpreter at no cost to the consumer. The Minister for Aged Care highlighted that this should allow Deaf seniors to fully participate in their care planning – *“something which may have been more difficult in the past”*. Indeed, before NSLP, older Deaf people often struggled to get interpreters (unlike younger people on NDIS, who had interpreting funded in their plans). The new program offers both face-to-face and video remote interpreting nationwide, even after hours. The challenge now is awareness – both seniors and My Aged Care staff need to know these services exist and how to use them.

3. Appointing a Representative: Help or Hindrance?

Many older Australians choose to have a family member or friend deal with My Aged Care on their behalf. For someone with a hearing impairment, appointing a **representative** can indeed bridge the communication gap – but setting up that representation can be tricky. My Aged Care requires the older person's consent (usually given verbally during a joint phone call or via a form) to register someone as their representative. If you are Deaf and can't easily use the phone, *giving* that consent may itself require an interpreter or relay call. It can feel like a Catch-22: you need communication support in order to authorise someone for communication support! Deaf seniors sometimes must have a friend or advocate with them to call My Aged Care together the first time, just so they can say “yes, I allow this person to speak for me.” As a result, some hesitate to even start the process, especially if they don't fully understand what they're consenting to (information about the representative's role isn't always provided in Auslan or plain terms beforehand).

Individuals may not understand what appointing a representative means for them, which may provide opportunities for abuse and exploitation of the older person. These seniors must have equitable access to the information they need to make an informed decision on appointing a representative if this is how they want to engage with My Aged Care.

When a representative is in place, it can certainly make interactions smoother – the representative can talk to My Aged Care, fill out forms, and receive letters on the older person's behalf. However, the effectiveness of this system for hearing-impaired individuals depends on the situation. If the representative knows sign language or can communicate well with the older person, it works fairly well. But not all Deaf seniors have family who sign or understand their needs. There is a risk that the older person becomes a bit “out of the loop” in their own aged care journey. For example, Deaf seniors in one group didn't even realise they had been registered with My Aged Care or what services they were eligible for until an advocate explained it in Auslan later. This shows that handing off communication to a third party can leave the person less informed, unless extra care is taken to keep them engaged in their preferred communication mode.

Advocacy organisations have stepped in to help here. Programs like COTA's Aged Care Navigators held information sessions in Auslan, allowing Deaf seniors to ask questions directly. They discovered many participants had My Aged Care accounts made by well-meaning family or providers, but didn't know what was happening with their assessments or services. With face-to-face support (and interpreters), those seniors could finally understand and take charge. This underscores that representatives are useful, but not a complete substitute for accessible communication *with* the person with hearing loss. Ideally, My Aged Care staff should still involve the older person as much as possible – using interpreters or written communication – rather than only ever talking to the representative.

4. The Eligibility Assessment Process: Phone, Online, or...?

Getting started with My Aged Care involves an initial eligibility screening, which is typically a 20–30 minute questionnaire about your needs and living situation. This is most often done over the *phone*. For someone with significant hearing loss, a phone interview is inherently challenging. Some hard-of-hearing older people attempt it but may miss key questions or answers, leading to inaccurate assessments of their needs. Others will avoid the phone screening altogether. My Aged Care does offer an online screening request as an alternative – you (or a referrer) can fill in your details on the website to request an assessment, assuming you have reliable internet access, necessary technology and are computer-savvy. But the online form is mainly a referral; the actual questions still end up asked by an assessor later, and many older adults find the online system confusing or inaccessible without help.

In cases where a phone screening just isn't possible, My Aged Care can make accommodations. They may conduct the screening via a relay call or arrange for an assessor to do it in person. In fact, some advocates report that if an older person is unable to communicate over the phone due to hearing impairment, they often seek an aged care advocate or care finder to liaise with My Aged Care for them. The advocate can either use the relay service or bypass the usual call centre process by contacting assessment teams directly. However, without an advocate, those with hearing loss might face delays in even getting into the system. It's been noted that older people with vision or hearing impairments find it *"more difficult to access aged care information"* and start the process, often requiring extra support to progress.

It would be helpful to have the option to request a hard copy form as an alternative to completing the initial eligibility screening by phone or online and to be able to return the form under a postage-paid arrangement.

Once the initial screening is done (one way or another) and the person is deemed eligible for further assessment, My Aged Care arranges a face-to-face home assessment. This is the comprehensive assessment by either the Regional Assessment Service (for basic home support) or the Aged Care Assessment Team (ACAT, for higher care). The good news is that by this stage, in-person communication is possible – and the person has the *right* to an Auslan interpreter or other communication support for the assessment. My Aged Care's policy is to provide an interpreter at the assessment if needed, and clients are encouraged to request one when the appointment is being scheduled. So, a Deaf signer can have an Auslan interpreter come along, and someone who is hard of hearing can likewise ask for communication accommodations (like the assessor speaking clearly, or perhaps using assistive listening devices if available).

The barriers at the assessment stage tend to be logistical. There have been instances where an interpreter wasn't arranged due to miscommunication, or none was available at the scheduled time, forcing a delay. Rural and remote areas, in particular, will struggle to get qualified interpreters on the exact day of the visit – though video remote interpreting could fill that gap. If no interpreter is present and the assessor doesn't know sign language, the assessment simply cannot effectively proceed for a Deaf client. For hard-of-hearing clients who don't sign, the challenge is ensuring they understand all the questions. If the home environment is noisy or the person's hearing aids aren't functioning well, important information might be missed. Assessors are trained (per the My Aged Care Assessment Manual) to be mindful of special needs like hearing impairment and to adjust their communication accordingly. In practice, the quality of communication can vary with each assessor – some are excellent at speaking slowly, facing the person, and checking understanding, while others might not realise the person didn't catch something.

Overall, consumer feedback suggests that once the face-to-face assessment happens *with proper supports*, hearing-impaired individuals can convey their needs about as well as anyone. The critical point is that an Auslan interpreter or other aid must be provided to make it a fair experience. It is encouraging that Australia now has a free interpreting service specifically for aged care assessments and services. Both the assessors and the clients just need to utilise it. As one report put it, this service “*supports older Australians who communicate in Auslan to participate in the assessment, planning, and review of their care*”, which removes a huge barrier that existed before.

5. Communication During the Assessment: Auslan and More

Face-to-face assessments usually involve an hour or more of detailed conversation about the person’s daily life, health, and what help they need. For a Deaf person whose primary language is Auslan (Australian Sign Language), having an Auslan interpreter present is essential for quality communication. When provided, interpreters generally enable the person to express themselves fully and understand the assessor’s questions. Many Deaf and Deafblind seniors have reported that with a skilled interpreter, the assessment experience is positive – they finally feel “heard” (figuratively speaking) regarding their support needs, rather than being spoken about or misunderstood. The interpreter can also translate any paperwork or written information during the visit into sign language on the spot, which helps if the assessor hands over brochures or forms.

However, if an interpreter is *not* provided, the outcome is poor. There are stories (shared anecdotally via advocacy groups) of Deaf individuals trying to lip-read through an assessment or using family members as ad-hoc interpreters, leading to miscommunication. Family may not know all the person’s issues or may answer for them, and lip-reading is notoriously unreliable (only a fraction of spoken English is visible on the lips). Thus, the provision of Auslan interpreters at assessments is a make-or-break factor for Deaf consumers. With interpreters now funded through the NSLP program, there’s less excuse for going without one. A challenge that remains is scheduling and awareness – the onus is often on the client to *tell* My Aged Care they need an interpreter. If the call centre booking the assessment doesn’t ask or the client doesn’t know they can request it, an interpreter might not be arranged. Ongoing training for My Aged Care staff to always inquire about communication needs can address this gap.

The assessment still requires adjustments for those with hearing loss who do not use sign language. There is no ‘one size fits all’ when it comes to hearing loss, and it is vital that an assessor makes relevant inquiries before the meeting to learn the specific communication needs and preferences of any older person who identifies as Deaf or has hearing loss so that appropriate planning can be done to respond to these needs on the day.

There are many ways an assessor can support accessible communication, which should be employed at every assessment, irrespective of whether the older person has a known hearing loss. Assessors should ensure they face the person they are talking to, speak clearly (but not shout), and provide the older person with key points in writing where possible.

6. After the Assessment: Reports and Service Information

Once the assessment is completed, the older person (and/or their representative) receives an assessment report and information on any approved services. These post-assessment materials are usually sent by mail or email in written English. And here lies another often overlooked barrier: many Deaf individuals have low English literacy, especially older people who grew up when education for the Deaf was not delivered in Auslan. A dense multi-page report can be as indecipherable to a Deaf senior as it would be to someone who doesn’t read English at all. Advocates note cases where people with vision impairment were mailed lengthy letters they couldn’t read – similarly, Deaf clients might get

letters they can technically see, but not fully comprehend. If the letter says, for example, “You have been approved for a Level 2 Home Care Package” along with a lot of instructions, a Deaf person might not grasp what that means for them without someone translating or explaining it in Auslan or plain language.

Accessibility of post-assessment information is therefore a concern. My Aged Care does provide Easy Read brochures and booklets with simpler language and pictures, but the personalised assessment summary itself is not routinely offered in alternate formats or translations. My Aged Care can offer easy-read versions across all materials, including assessment reports, if requested. (According to the Department of Health, individualised My Aged Care documents aren’t eligible for free translation under the usual translating services – presumably, this includes translating into Auslan video format as well). This means the onus falls on the individual’s representative or an advocate to go through the report with them. Deaf services organisations like Deaf Connect and Expression Australia have stepped up to assist clients in understanding their My Aged Care results, essentially by interpreting the written reports into Auslan in person or via video. Without such help, a Deaf person might be left not knowing which services they’ve been approved to receive, or what steps to take next (such as using referral codes to contact service providers).

Another aspect is the information on approved services and how to actually get those services started. My Aged Care may provide a list of local providers or a referral code system that the client needs to use. For someone with hearing impairment, calling around to multiple service providers to arrange help can be daunting or impossible. For instance, if a hard-of-hearing elder is approved for meals on wheels and home cleaning, they might be given numbers to call to set it up – again requiring use of the phone or relay, which can become a barrier all over again. Comparing this experience to someone without hearing issues: the latter could simply ring up each provider and sort it out relatively independently, whereas the Deaf person might have to involve a third party for every call. Online directories and email contact options do exist for some providers, which can help bypass phone use. Still, navigating the system after assessment often assumes a level of communicative ability (hearing/speaking or high literacy) that not all users have.

In summary, the post-assessment stage can leave these older adults at a disadvantage unless they have support. The system is heavily document-based at that point – letters, forms, agreements – which are not in the preferred modality for many Deaf individuals. Advocacy groups have recommended that aged care information be made available in more accessible formats, noting that lack of accessible info can “*effectively exclude*” those with sensory impairments from understanding their own care. This could include providing key outcome summaries in Auslan video or having My Aged Care follow up with a relay call to verbally explain the letter’s contents in simpler terms. Some improvements are happening: for example, care finders or navigators can be present when the letter arrives and explain “you got approved for X and Y, here’s what to do next.” But such help is not yet guaranteed for everyone who might need it.

7. Overall Navigation Challenges vs. Hearing People’s Experience

Even for older people *without* impairments, My Aged Care is often described as complex and hard to navigate. There are multiple steps (registration, screening, assessment, service selection) and a lot of new terminology. So how does the experience of a hearing-impaired person stack up against someone with no hearing issues? In general, all the common frustrations – long call wait times, confusing letters, having to repeat information – are magnified if you have a hearing loss. For example, if a hearing person calls the contact centre and is on hold for 30 minutes, it’s annoying but they can manage; a Deaf person trying to do the same via NRS might struggle to keep up with relay operators or risk the call dropping

entirely. In fact, advocates have observed that older people with hearing loss *cannot communicate with My Aged Care over the phone at all* without support, leading many to seek an advocate's help just to get started. By contrast, an older person without hearing issues might at least get through after some hold time and talk to the staff directly.

Another difference is in information access. A lot of outreach about aged care services happens through mainstream channels – radio ads, seniors' groups, community talks, etc. If you have a hearing impairment, you might miss out on hearing a radio announcement or have trouble participating in a group seminar without interpreters or hearing loops. Thus, hearing-impaired seniors often have lower awareness of what help is available. The OPAN (Older Persons Advocacy Network) reports that many older people (in general) had no prior knowledge of My Aged Care or available programs. For Deaf community members, awareness can be even lower until targeted efforts are made (like Deaf-specific info sessions). The COTA Victoria initiative with the John Pierce Centre is a great example – they found Deaf seniors who *didn't even know* how to register or that they were already registered. After engagement in Auslan, those seniors felt much more confident navigating the system. Meanwhile, hearing seniors might pick up bits and pieces from TV news or chatting with friends about getting a package, information channels that aren't as accessible to Deaf seniors.

Navigating the My Aged Care website is another area to compare. The site is designed to meet accessibility standards (WCAG) and has features like an Easy Read section and an Auslan introduction video. A person without hearing issues and with decent English literacy can read through the site and learn the steps. A Deaf person with limited English might find the text hard going and the structure confusing. In plain terms, they might not get as much benefit from the self-service information online. Instead, they rely on one-on-one guidance. Again, programs now exist (like the care finders program launched in 2023) to give face-to-face navigation help to people who have barriers such as communication difficulties. Deaf and hard-of-hearing seniors are exactly the kind of group these programs aim to help. A hearing person might not need a care finder; a Deaf person very likely would, just to level the playing field.

It's worth noting that hearing impairment often intersects with other challenges like memory issues or cognitive decline in older age. For a hearing person with mild dementia, the My Aged Care process is already complicated; if that same person also cannot hear well, the risk of dropping out of the process is higher. Comparatively, a cognitively sharp Deaf person might handle it better than a cognitively impaired hearing person – so impairment is a multifaceted thing. But focusing on hearing alone, there's consensus that extra steps and support are required for equitable access. What might be a quick phone call for one person becomes a series of arranged calls or meetings for someone who is Deaf, involving interpreters and advocates. Thus, hearing-impaired individuals often experience the aged care journey as more time-consuming and sometimes more disempowering (if they have to rely on others), unless accommodations are proactively provided at each stage.

8. Staff Knowledge, Attitudes, and Support for Hearing Impairments

The role of My Aged Care staff – whether call centre operators, assessors, or aged care providers – is critical in how smoothly things go for someone with a hearing impairment. Knowledge and attitudes among staff can greatly influence the experience. Ideally, staff are trained to recognise when a caller or client has trouble hearing and to offer solutions (like speaking clearly or suggesting relay service) rather than rushing or showing frustration. Similarly, assessors and providers should be aware that hearing loss is extremely common in older people and can mimic cognitive issues. For instance, if an older person seems confused or unresponsive on the phone, a knowledgeable staff member might think

“could this person be hard of hearing?” rather than immediately assuming dementia. If they do suspect hearing loss, they might switch tactics – speaking louder or following up in writing.

My Aged Care staff, including assessors, can play a key role in normalising hearing loss as a common and usually manageable condition in old age and validating the isolation and loneliness often experienced by older people with hearing loss who do not have appropriate support.

From consumer and advocacy feedback, it appears staff awareness is improving but not uniform. Some My Aged Care contact agents will immediately adjust when a relay operator comes on the line, patiently conducting the call. Others may not be familiar with how the NRS works and inadvertently hang up or treat it as a nuisance. There have been reports of older people with hearing loss being told incorrect or insufficient information simply because the communication was strained and the staff didn’t check for understanding. Communication processes need to be improved for people with disabilities including hearing loss, noting that currently information is often “not clearly discerned” and leads to stress. In other words, My Aged Care communications can be too complex and not senior-friendly, and this is doubly true if hearing issues are in play.

On the positive side, the Department of Health has initiatives emphasising diversity needs. Aged care providers can be recognised for specialising in care for people with hearing impairment. And the My Aged Care staff training presumably covers using interpreters and relay services. It’s also promising that the aged care system now explicitly acknowledges Auslan as a needed language service. There’s evidence that staff are starting to treat Deaf seniors as a distinct group with specific needs – for example, Deaf Connect has been a registered My Aged Care service provider since 2016, and staff can refer Deaf clients there for more tailored support. Also, knowing that unaddressed hearing loss can worsen cognitive load, some assessors are now more attuned to ensuring a person’s hearing aids or devices are functioning during interactions.

However, there’s room for better specialised support. In an ideal world, My Aged Care would have on-call specialists (like a disability or sensory impairment liaison) who could take over cases involving Deaf or hard-of-hearing clients. Currently, the solution is often to involve an external advocate or the Deaf services organisations. My Aged Care staff attitudes also matter – a respectful, patient approach goes a long way. Most staff do want to help, but under time pressure they might default to quick phone routines that don’t suit everyone. Continued education about the prevalence of hearing loss (again, up to 85% in aged care settings) could foster an attitude that accommodating hearing impairments isn’t an extra, it’s *standard practice*. Simple things like confirming understanding, using visual aids, or knowing basic finger-spelling in Auslan (for face-to-face interactions) could further improve communication quality.

Additionally, understanding cognitive health in tandem with hearing is important. Staff should know that hearing loss can mask as confusion, and conversely that cognitive decline can be exacerbated by poor hearing. Therefore, assessments and service planning should consider hearing aids or audiology referrals as part of the care plan if needed. The Hearing Services Program is separate from My Aged Care, but linking clients to it (for hearing aids) is something aged care assessors can do. An informed assessor or provider will suggest a hearing check or device maintenance if they notice the person struggling to hear – which ultimately makes all subsequent communication easier for everyone.

9. How Does Aged Care Compare to Other Systems?

When examining accessibility practices, it’s useful to compare My Aged Care with other support systems in Australia. One obvious comparison is with the National Disability Insurance Scheme (NDIS). The NDIS, which serves people under 65 with disabilities, generally offers more individualised support for communication needs. Deaf NDIS participants, for example, can have Auslan interpreters funded

for many activities and may have support coordinators who sign. However, once someone is over 65, they transition to the aged care system (or if they weren't on NDIS before 65, they must use aged care services). A common criticism has been that older Deaf people were left worse off than their younger counterparts due to the aged care system not initially covering Auslan interpreters or specialised technology. This gap has started to close with initiatives like the NSLP in aged care, essentially importing a best practice from the disability sector (i.e., providing interpreters as a fundamental support). In that sense, aged care has learned from the NDIS model. But aged care is still not as flexible as NDIS – it doesn't provide funding for, say, alerting devices or videophones specifically (these might be obtained through other programs). The focus is more on general services.

Another point of comparison is healthcare services. Many older people interact with hospitals and clinics. Hospitals in Australia are expected by policy to provide interpreters for Deaf patients under the Disability Discrimination Act. In reality, compliance varies, but the principle is recognised. The aged care system now similarly recognises the right to communication access during assessments and care. Other aged care systems, such as state-run seniors support programs (where they exist), also emphasise accessible contact. For example, the Commonwealth Home Support Programme entry in some states allowed direct contact with local service coordinators, which might have been easier for some Deaf seniors through community centres. The centralisation into My Aged Care initially removed that local touch, but the newer care finder network somewhat restores it by providing local, face-to-face guidance. States like Victoria have specialised agencies (e.g. Expression Australia) working alongside My Aged Care to ensure Deaf seniors get access – essentially a partnership model.

Within aged care providers, there are also specialised examples – some residential care homes have clusters for Deaf residents or hire staff who can sign, which is an accessibility practice beyond what My Aged Care as a referral service does. Deaf Australia's advocacy has called for *“culturally and linguistically appropriate aged care”* for Deaf seniors, meaning Deaf-specific environments and guaranteed communication support in care facilities. While this goes beyond the My Aged Care gateway, it's part of the broader system. Comparatively, in mainstream aged care homes, hearing-impaired residents often struggle because staff lack training in communication strategies. Some providers in Australia are now recognised for specialising in hearing care (e.g., using assistive listening devices, regular hearing aid maintenance) – these practices are in line with what advocacy groups like Deafness Forum Australia recommend.

In summary, My Aged Care has been catching up to best practices seen in other sectors by introducing interpreter services and navigation support. It has improved over the last decade – moving from a one-size-fits-all call centre to a more responsive system that acknowledges diverse needs. However, it still relies heavily on proactive requests for accommodation (the person has to ask for an interpreter, or know to use the relay, etc.). Other systems, like the disability sector, proactively embed communication support as a default. The hope is that aged care continues this trajectory, learning from both disability services and international examples, so that older Australians with hearing impairments can access care as easily as anyone else – with autonomy, dignity, and full understanding at every step.

10. Conclusion

For an older Australian who is Deaf or hard of hearing, navigating My Aged Care can feel like running an obstacle course designed for someone else. Barriers emerge from the first phone call to the last written notice. Yet, with the proper supports in place – relay services, Auslan interpreters, informed staff, and advocacy assistance – these obstacles can be overcome so that these senior Australians can engage with My Aged Care in a manner that respects the individual's independence, choice and control.

In recent years, progress has been made to make aged care “accessible for all”, including those who sign or face hearing challenges. The journey described above highlights the importance of continuous improvements: ensuring My Aged Care contact methods are truly user-friendly for people who are hard of hearing, streamlining the representative process, offering alternative assessment pathways, and delivering information in formats people can understand. It is about ensuring older people with hearing challenges don’t fall through the cracks of a complex system. As one program by COTA Victoria aimed at Deaf seniors showed, when information was delivered in Auslan and face-to-face support provided, Deaf elders eagerly engaged and took control of their care. This is the outcome we want for everyone – that no one is left behind due to hearing difficulty. In plain terms, the aged care system works best when it listens to its users, including those who communicate silently.

By continuing to adapt and offer inclusive services developed in codesign with older Australians who are Deaf or have hearing loss and the organisations that represent them, My Aged Care can ensure that these older Australians have an equal chance to access the help they need, with respect and understanding every step of the way.



CONNECT, COLLABORATE, IMPACT.

Deafness Forum Australia is Australia’s Hearing Health peak body for Citizens and a National Disability Advocacy peak organisation | Foundation Member of the WHO World Hearing Forum | Member of the International Federation of Hard of Hearing People | Associate Member of World Federation of the Deaf.

CONTACT US

Hayley Stone
Director, National Disability Policy, and Advocacy
E: hayley.stone@deafnessforum.org.au
P: +61 422855681

CONNECT, COLLABORATE, IMPACT.

In the spirit of reconciliation, we acknowledge the Traditional Custodians of Country throughout Australia and their connections to land, sea, and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Zenadth Kes¹ peoples today.



¹ Torres Strait Islanders may also refer to themselves as Zenadth Kes. This term was created by the late Mr Ephraim Bani, a Torres Strait Elder and linguist who sought to redefine the European name for the region (the Torres Strait) which was named after the Spanish navigator Luis Vaez de Torres who sailed through the area in

SOURCES

- [My Aged Care](#) – *Accessible for all* (Department of Health and Aged Care)
- [COTA Victoria](#) – *Helping the Deaf community navigate aged care*
- [OPAN National Aged Care Advocacy](#) – *Presenting Issues Report 2022-23*
- [Deaf Connect](#) – *My Aged Care Information (Ageing Well)*
- [Deafness Forum Australia](#) – *Free aged care sign language interpreting news release; Good Practice Guide for hearing assistance in aged care*
- [My Aged Care](#) – *Auslan video interpreting service announcement*
- [Department of Health](#) – *Translating and Interpreting FAQ*

1606. The term 'Zenadth Kes' is an amalgamation of Torres Strait language names for the four winds that pass through the region. (source: www.aiatis.gov.au).