



In this final One in Six for 2019:

NRS in disarray

The rapid deterioration in the National Relay Service is truly shocking. There are grave concerns for the safety of deaf people if emergency calls need to be made.

Reducing transport barriers in remote WA

Through a partnership between Australia Post and Telethon Speech and Hearing, more than 150 at-risk Aboriginal families from remote Pilbara communities in WA will be able to access help for their hearing, ensuring distance is no longer a barrier.

Tinnitus

Tinnitus is a sign of damage to the ear. It signals a disruption in how sound is transmitted and processed in the brain. These annoying sounds can get in the way of every day life, making it difficult to hear or allow the person to focus, but they can also cause more severe health issues if left untreated.

With my new bionic hearing I had a fighting chance

I used to pretend that I could hear, smiling at jokes for which I did not catch the punch line. And then, I would feel guilty at the wasted good will of the person patiently repeating what was said. I hid my disability rather than shared it.

Audiology at the Cutting Edge

The Audiology Australia 2020 Conference will share and expand current knowledge, skills and expertise to meet the clinical and operational demands facing audiology.



Learning not to hide a disability was the best lesson of all

By [Beverly Biderman](#)

My hearing loss had been a millstone that I carried alone. Once technology allowed me to hear more, I could share my burden.

There is a hard lesson I have learned: trying to hide a disability comes with a painfully high cost.

I grew up with a serious hearing loss, bluffing and pretending to hear. Then, as now, there was a stigma attached to my deafness: it implied that you were not too bright, doddering if aged, not worth talking to, someone to avoid. Because it is an invisible disability, those with a hearing loss often try to hide it. But my lesson applies to those with more visible disabilities as well.

“Then, as now, there was a stigma attached to my deafness: it implied that you were not too bright, doddering if aged, not worth talking to, someone to avoid.”

After I started wearing a hearing aid at the age of 11, I self-consciously hid it under long thick hair. I did not discuss my disability; I did not ask for accommodations, even when I went to York University in Toronto, for there were none. I did not advocate on my own behalf and didn't even know how to. Instead, I kept my head down. I over-compensated. I faked it.

This all changed when I learned to hear with cochlear implants, surgically implanted devices that stimulate my hearing nerves directly. It was then that I slowly became aware of the cost of trying to hide my disability. People were interested in my new bionic hearing in a way that they had never been interested in my boring old hearing aids.

Colleagues at work (I was a computer analyst) wondered what kind of digital processing chip my device had. "Is it a pentium chip?" one asked. Instead of something to hide and be ashamed of, my hearing loss and my admittedly imperfect – but improving – ability to understand speech, birdsong, even symphonies with my new technology became a point of pride.

In the early days after receiving my implants, I was constantly recruiting hearing people to help explain the strange noises I heard with my cochlear implants. The buzzing noise I heard at work? The fluorescent lights. The whooshing sound outside? The wind in the trees.

Whereas my hearing loss had been a disability that I carried on my own shoulders, alone, ironically once I could hear more, I could share its burden.

Friends, family and acquaintances were willing to share the load; they were curious about this loss, this technology, this ability to hear with mere electrodes zapping the nerves of my inner ear. They were prepared to help me interpret the strange sounds I heard, prepared to believe that someone deaf was worth talking to.

I used to pretend that I could hear, smiling at jokes for which I did not catch the punch line – because to stop the conversation and say, "pardon," aside from ruining a good joke, was often of no avail because I would still not understand. And then, I would feel guilty at the wasted good will of the person patiently repeating what was said. I hid my disability rather than shared it.

But now, with my new bionic hearing, I had a fighting chance! I could ask for a repeat and hear it. And the repeats were not needed as often. I have so much more sound information to work with than I had when I used my old hearing aids.

Now, there is no need to fake it because I am open about my hearing loss (although I confess that sometimes I take a holiday from listening and just tune out). I am unashamed.

Ironically, when my hearing improved, I understood better how to live with a disability. I understood that there is no need to hide it — for it was the hiding of my disability and not my disability itself that made me appear foolish and not too bright.

The cost of not advocating for my needs and trying to hide my disability had been my authenticity.

Where previously I had been bluffing, inauthentic and closeted, now I have come out of the closet of deafness and become more authentic. I have slowly learned to ask for the accommodations that I need.

This is part of the lesson that all persons with a disability, young and old, with visible and invisible disabilities, need to learn. No matter what the disability or its extent, it is neither something to hide, nor yours alone to bear.

The author of this article, Beverly Biderman is a writer living in Toronto. She is a past chair of the Board for the [Canadian Hearing Society](#), and the author of [Wired for Sound: A Journey into Hearing](#) (rev. 2016).

From <https://ottawacitizen.com/opinion/columnists/biderman-learning-not-to-hide-a-disability-was-the-best-lesson-of-all>

Crisis? What crisis?



National Relay Service (NRS) users are being blocked from making calls with internet relay because their ISPs are treated as 'foreign'. Others are waiting 15-30 minutes to be connected.

The deterioration in the NRS service in recent weeks is truly shocking.

There is serious concern for the safety of deaf people if emergency calls need to be made.

On 30 November, Deafness Forum requested an emergency intervention by the Minister for Communications: we explained that lives were potentially at risk. In addition to everyday dangers, disastrous bushfires were sweeping eastern states. The NRS is a lifeline for people in danger. There has been no response from the minister or the ill-named Department of Communications. Neither was there interest expressed by the Shadow Minister for Communications.

Minister Fletcher published a [letter](#) blaming the troubles besieging the NRS on the CEO of the company that until recently had the contract to deliver it (the NRS contract has since been awarded to an American outfit). It's the latest episode in a public spat that offers no solutions to users of the NRS.

Comments on Facebook

- Everyone MUST keep on writing to your Ministers even more than twice! This is not good for emergency calls as even a few seconds delay is a matter of life or death!
- I had the "sorry Melbourne is in another country" experience. They unblocked my address, but it shouldn't have been blocked to begin with. Grrr.
- Royal Commission into the mishandling by government of our community. Hmm, sounds about right. Breaching every single thing that we stand for.
- All options to replace Captel rely on people being internet savvy and many, many of our older folk are not. Arthritic hands also make using smart phones very difficult to impossible. The stress levels that some are experiencing is cruel.

Image: Cover artwork from Supertramp's 1977 album *Crisis? What Crisis?*

Representing Australia at World Hearing Forum

The inaugural meeting of the World Hearing Forum was held this month in Geneva.

It brought together 200 partners from throughout the world. Deafness Forum of Australia, CICADA Australia and Aussie Deaf Kids represented consumers. Australian organisations included Hearing Australia, Telethon Kids, Audiology Australia, Ear Science Institute Australia, Centre of Research Excellence in Ear & Hearing Health of Indigenous Children, and Macquarie University.

Deafness Forum wishes to acknowledge financial support from Hearing Australia that allowed it to participate in the Forum.

The goal of the Forum is to facilitate the implementation of the [WHO Resolution on the Prevention of Deafness and Hearing Loss](#) and support advocacy actions in the field of hearing.



Deafness Forum chair David Brady with Shelly Chadha, who leads the global hearing health program for the World Health Organization.

Hearing is an international priority

In 2017, the World Health Assembly adopted a resolution on prevention of deafness and hearing loss. This resolution calls on all countries and partners to take steps to address hearing loss.

The World Health Organization (WHO) launched the World Hearing Forum in 2019 as a global advocacy alliance to promote action for hearing through multi-stakeholder engagement. The Forum will provide a platform where all stakeholders within this field can work together in a cohesive manner to achieve the goal of accessible ear and hearing care for all.



Photo at left: Ann Porter, Aussie Deaf Kids and Nicole Schilling from European Federation of Hearing Impaired Children. Together, they represent Global Coalition of Parents of Children who are Deaf or Hard of Hearing. *At right:* Sue Walters, National President CICADA and David Brady.



Photo at left: Steve Williamson and David Brady from Deafness Forum flank Tony Coles from Audiology Australia. *At right:* Hasantha Gunasekera and Sandra Nelson, Centre of Research Excellence in Ear & Hearing Health of Indigenous Children.

The main areas in which the Forum is working include:

- Raising awareness on hearing loss through the World Hearing Day (3 March each year)
- Disseminating and promoting implementation of the recommendations made by the resolution and the World Report on Hearing (to be launched in May 2020)
 - Deafness Forum is a member of working groups on the two above-mentioned topics
- Preventing hearing loss through the [Make Listening Safe](#) initiative
- Seeking and promoting 'Champions for hearing' to reduce stigma



Breaking Down Barriers: For the deaf, a doctor who can communicate

By Tina Calabro writing for the Pittsburgh Post-Gazette, USA

Deborah Gilboa had an unconventional path not only to becoming a family practice physician but also to becoming one of the few doctors in the nation who is fluent in American Sign Language.

After completing a bachelor's degree in theatre she took a job as stage manager with Deaf West Theater in Los Angeles. It was a transformational experience. Immersed in deaf culture, she was surprised at how frequently her colleagues spoke about their difficulties communicating with doctors. As someone considering medicine as a career, she paid close attention.

She became a certified ASL interpreter. Throughout medical school she gained valuable experience by interpreting in emergency rooms and other health care settings. When she finished her medical degree, she joined the staff of the Squirrel Hill Health Center, a federally funded agency whose mission is to remove barriers to high quality health care, including communication barriers. Patients who use the center, including many immigrants and refugees, speak numerous languages, all of which are accommodated by bilingual staff or interpreters.

People who are deaf or hard-of-hearing are said to be one of most underserved disability populations in terms of health care. Lack of sign language interpretation is the most frequent subject of Department of Justice cases regarding compliance with the Americans with Disabilities Act in health care settings, according to the website ada.gov.

People who are deaf or hard of hearing are estimated to be about 10 percent of the population, said Amy Hart, CEO of the Center for Hearing and Deaf Services, the largest regional provider of interpreters and related services. Of that 10 percent, about 6 percent are "culturally deaf," meaning they use sign language as their first language.

Over the past year, the center has fulfilled 6,000 requests for interpreters in health care settings in 22 counties. Two-thirds of the requests came from hospitals; one-third from private practices.

According to Ms. Hart, the main barriers that keep health care providers from using interpreters seem to be not understanding the obligation to do so under the law and resistance to the cost of interpreters, which typically range from \$40 to \$60 per hour.

The center receives calls weekly from patients who complain about difficulty in obtaining interpretation in health care. Some report that they are asked to bring their own interpreters, use family or friends as interpreters, or choose other facilities that provide ASL. In many cases, the patient acquiesces in order to maintain the relationship with the doctor. But sign language interpretation is "not just a convenience," said Ms. Hart. "It's a critical part of health care."

Dr. Gilboa sees more than 100 patients who are deaf and speaks nationally to physicians about understanding this population. She says that using handwritten notes is not sufficient. "We need to communicate in a way that is best for the patient, not for us."

At the same time, she says, hiring sign language interpreters can be "a huge burden" on physicians. "Many have to pay out of pocket. Insurance doesn't help. There's a huge disincentive. It's not as simple as saying 'those poor people and those mean doctors.' There's a real tension."

But the real bottom line is that effective care is not possible without adequate communication, she says. "When I see a new patient who is deaf, often the patient will express health problems to me that they have never expressed before because of the difficulty of communicating with doctors in the past. For example, they might not know the results of tests."

Chris Noschese, a patient of Dr. Gilboa and a leader in the deaf community, said that before choosing Dr. Gilboa as his physician a few years ago, he frequently wrote notes back and forth with his doctor during appointments. "It took so much time, and doctors are short on time. With someone who knows ASL, I can express myself freely. I can ask a question. We can really communicate."

Michelle Ruotolo, 33, of Penn Hills, who delivered her first child a year ago at Magee-Womens Hospital of UPMC, said it was an outstanding experience because she was provided with a sign language interpreter at every prenatal visit and during the delivery. "When you're giving birth, nurses and other people are coming and going all the time. How would I know what was going on without an interpreter?"

The use of video remote interpreting, which involves video conferencing with a sign language interpreter during a medical visit, is growing rapidly. "It's immediately available and for quick procedures, like blood draws, it can be cheaper than an interpreter," said Ms. Hart. "It can also work well as a bridge to a live interpreter."

She noted, however, that many in the deaf community oppose its use in medical settings. "It doesn't give nearly the information that a live interpreter can."

"The deaf community puts up with uncertainty about their health care that leaves them poorer for it, and I don't mean financially," she said. "As doctors, we want to know what's really going on. The deaf community's expectations of doctors are very low. We need to raise those expectations."

<https://www.post-gazette.com/news/health/2013/11/25/For-the-deaf-a-doctor-who-can-communicate/stories/201311250021>

Pick-up program is music to ears

Shannon Beattie writing for the Pilbara News



Mary Mowarin, Myra Hubert, 1, Seth Gregory, client liaison officer Sandra Wood, Miyah-Rose Gregory, ear health coordinator Tracey Green and Kaysahne Cribb. Credit: Shannon Beattie/Shannon Beattie

A new four-wheel-drive vehicle which will allow for easier patient pick-ups is in store for Telethon Speech and Hearing's Pilbara program in WA.

The Chevron Ear Health Program, runs from Wickham to Onslow and ensures access to ear health services for Aboriginal children and their families in the Pilbara.

The new vehicle has been made possible thanks to a \$10,000 donation as part of Australia Post's 2019 Community Grants scheme.

The project aims to reduce transportation barriers through the purchase of a family vehicle to transport families to and from medical appointments, reducing their risk of hearing loss and/or speech delays and disorders.

Telethon Speech and Hearing chief executive Mark Fitzpatrick said Aboriginal children in the Pilbara were 10 times more likely to develop chronic middle ear conditions than non-Aboriginal children. "Many families are not able to access quality hearing supports due to the remote nature of many communities," he said.

"Through the partnership between Australia Post and Telethon Speech and Hearing, more than 150 at-risk Aboriginal families from remote Pilbara communities will be able to access surgical interventions for their hearing, ensuring distance is no longer a barrier."

<https://thewest.com.au/news/pilbara-news/patient-pick-up-music-to-ears-ng-b881373575z>

Tinnitus



Do you think you hear sound when none is present? Does it sound like there's a constant buzzing, hissing, whistling, swooshing or clicking noise in your ears?

If so, you might be experiencing tinnitus, or "ringing in the ears."

What is Tinnitus?

Tinnitus is an audiological and neurological condition that affects nearly 15 percent of people, according to the U.S. Centers for Disease Control.

Simply put, tinnitus is a sign of damage to the ear. It signals a disruption in how sound is transmitted and processed in the brain.

These annoying sounds can get in the way of everyday life, making it difficult to hear or allow the person to focus, but they can also cause more severe health issues if left untreated.

Tinnitus Symptoms

In most cases only the person who has tinnitus is the only one who can hear the noise.

These so-called "phantom noises" can vary in pitch and can be heard in one or both ears. People with tinnitus might hear a variety of sounds, including humming, roaring or even music. Some people may even hear multiple sounds.

Measuring Tinnitus

Even though tinnitus is generally subjective, there are ways to diagnose and measure it. For example, audiologists can perform a hearing tests to determine the specific gaps in hearing. This hearing loss often correlates to the nature and quality of that patient's tinnitus.

An audiologist will likely use a supplemental set of tests to measure the patient's perception of tinnitus sound, pitch and volume. There are also tests to gauge the impact of tinnitus on one's daily life.

How long does tinnitus last?

Tinnitus can be a constant presence or intermittent.

Pay attention to your ears after you attend a loud concert, listen to loud music too long, or if you experience other loud sounds. If you experience ringing in the ears for even a small amount of time, it could be a warning sign of hearing damage.

It's important always wear hearing protection when you're around loud noises and give your ears a rest if you experience loud noises for prolonged periods of time.



Types of Tinnitus

Tinnitus is usually classified as either subjective or objective.

Subjective Tinnitus

More than 99 percent of all reported tinnitus cases are subjective, which means the noises are only perceived by the patient. The person might hear a continuous or overlapping sound with different frequencies and volume.

Objective Tinnitus

Objective tinnitus is when the noises are heard by other people in addition to the patient. These sounds are usually produced internally due to the body's blood flow and musculoskeletal movement systems.

What does tinnitus sound like?

The sound of tinnitus is most commonly described as "ringing in the ears." However, it can also be perceived as a buzzing, hissing, whistling, swooshing or clicking sound.

To better understand what tinnitus sounds like, the American Tinnitus Association has compiled a [playlist](#) of the most common sounds.

Technically, there are three ways to describe how patients experience these sounds:

Tonal Tinnitus

Near-continuous sound or overlapping sounds with well-defined frequencies. The volume often fluctuates. This is generally associated with subjective tinnitus.

Pulsatile Tinnitus

Pulsing sounds, often in sync with the patient's heartbeat.

Musical Tinnitus

Music or singing, sometimes the same tune on a constant loop. This is also known as "Musical Ear Syndrome" and is very rare.



Causes of Tinnitus

Tinnitus is often caused by noise-induced hearing loss but there are other common causes:

- Earwax blocking the ear canal
- Age-related hearing loss
- Acoustic trauma, which means sudden exposure to loud noises (firecrackers, gunshot, emergency alarm, loudspeakers at a concert)
- Ototoxic drugs that damage the ear
- Head injury
- Stress

Certain demographic groups appear to be more susceptible to tinnitus. This includes males, older populations and Caucasians. High-risk groups include senior citizens, with about 30 percent experiencing symptoms. The age groups at risk for tinnitus peaks at 60-69, likely due to age-related hearing loss as well as accumulative noise-induced hearing loss. After age 69, incidents of tinnitus appear to decrease.

Other high-risk groups include active military personnel and veterans because of their exposure to loud noises. Hearing loss is the leading service-related disability among U.S. veterans.

People employed in loud workplace environments, musicians and music lovers, motorsports and hunting enthusiasts are also at risk. This is yet another reason to beware of loud noises and protect your hearing as much as possible.

One last high-risk category involves people with a prior behavioral health issue. People with a history of depression, anxiety, and obsessive-compulsive disorder may be prone to tinnitus, and these health issues tend to exacerbate symptoms.

Tinnitus in Pop Culture

Recently, there have been more discussions about tinnitus in pop culture. In 2018's "A Star is Born," starring Lady Gaga and Bradley Cooper, Cooper's character Jackson Maine has tinnitus from his career as a musician. Throughout the film his tinnitus gets worse, and he fails to manage it appropriately, which directly affects his mental health.

The dangers of tinnitus

As portrayed in this film, the experience of ringing in your ear can be more than a burden.

An estimated 48-78 percent of people with severe tinnitus also have depression, anxiety, or other behavioral disorders. In severe cases, this can lead to suicide, according to the [Hearing Health Foundation](#).

Tinnitus Diagnosis and Treatment

If you think you have tinnitus, the first step is to see an otolaryngologist (ear, nose, and throat doctor) to rule out other medical issues. Your physician might advise you to see an audiologist to have your hearing checked. Ideally, visit an audiologist who has been trained in tinnitus management.

Because most people with tinnitus have some hearing loss, determining your baseline hearing is important. Unfortunately, there isn't a proven cure for most cases of tinnitus. The good news is there are a lot of tools to help manage the condition. It's important to remember that every case is different. One option might be more successful for you than for someone else or vice versa.

Natural Treatments

Diet

Improving your general well-being may help alleviate your symptoms. A healthy diet is an example. If you have tinnitus and Meniere's Disease, a low-salt diet may be worth exploring. It might also be worth taking a look at how much caffeine you consume. If certain foods and drinks make your symptoms worse, you can consider changing the amount you consume.

Talk to your doctor about your diet and the foods that affect hearing.

Exercise

Exercising regularly reduces stress, which is known to exacerbate tinnitus. Some recreational activities and hobbies may actually help distract from the tinnitus.

Relaxation

Other relaxation techniques sometimes referred to as cognitive behavioral therapy could help. Hypnotherapy may be another option.



"The ringing in your ears—I think I can help."

Sound Therapies

There are several therapies to mask tinnitus, which include:

Masker - a masker uses external noise to cover the sound of tinnitus. Try any sound producing device. Think personal media players, computers, radio, TV, or electric fans.

Distraction - diverting attention from the sound by distraction can help people forget about their tinnitus. Something as simple as going for a walk-in nature, meditating or spending quite time reading a book might help distract people from their tinnitus.

Habituation is the process to help the patient's brain reclassify tinnitus as an unimportant sound that can be ignored. Work with a health care professional to receive this therapy.

Neuromodulation is the act of using specialised sound to minimise the neural hyperactivity thought to be the underlying cause of tinnitus. Some of these are also fall in the category of tinnitus retraining therapy.

Tinnitus and Hearing Loss

Hearing aids help with tinnitus because they can be programmed to help mask the sound of tinnitus. Furthermore, they can increase the external volume to better hear over the sound of tinnitus. Read more: [How my hearing aids helped my tinnitus](#)

This article is at <https://www.hearinglikeme.com/tinnitus/>



The **Disability Royal Commission** wants to hear about the experiences of students with disability:

- Experiences of violence, abuse, neglect or exclusion of students with disability (including early childhood, schools and tertiary education)
- Suggestions to prevent violence, abuse, neglect or exclusion of students with disability
- What stops the reporting or investigating of violence, abuse, neglect or exclusion of students with disability
- Examples of good practice that encourage reporting and effective investigation
- What needs to change to make schools inclusive of students with disability

Read the Disability Royal Commission Education Issues Paper at https://disability.royalcommission.gov.au/publications/Pages/default.aspx?utm_source=ACD%27s+Network&utm_campaign=28566b378a-EMAIL_CAMPAIGN_2019_11_12_05_52&utm_medium=email&utm_term=0_28d85706e2-28566b378a-582624113&mc_cid=28566b378a&mc_eid=3d03f035ff

Students and families can make a submission. A submission can be just a description of your or your child's experiences. Submissions can be made in different ways. You can:

- Use the [Submission form](#) on the Disability Royal Commission website.
- Email your submission to DRCenquiries@royalcommission.gov.au

It can be deeply distressing to hear stories of abuse, restraint, exclusion and bullying. There is a phone counselling service for people affected by the Royal Commission. You can call the National Counselling and Referral Service on 1800 421 468 or via email helpline@blueknot.org.au

Our thanks to the Association for Children with a Disability for supplying this article.



The 23rd International Congress on the Education of the Deaf 2020 (ICED 2020) will take place in Brisbane in July 2020.

This not-to-be-missed Congress provides a collaborative learning environment and networking opportunities.

<https://iced2020.com/>

The Congress Theme, *Power of Connection*, will see this 4-day program centered on the following topics

- Hearing and deafness – audiological/neurological perspectives on development and functioning
- Language and communication development and skills – spoken, sign and written language
- Technology – new developments for identification, access and education
- Education in classrooms, schools and systems
- Early childhood, primary, secondary and post-school education
- Curriculum, instruction, assessment and achievement
- Families, peers and friendship groups
- Parent advocacy, associations and support
- Resilience, wellbeing, self-advocacy and mental health
- Communication access through technology, interpreting, environment and media
- Deafness, disability and diversity in society, law and politics (national and international)
- Specialist teachers – their role, training, continuing education and professional associations

Interested in interpreting for ICED 2020? Expressions of interest are open for Auslan and International Sign interpreters: visit www.iced2020.com/access

Want to be kept up to date with all things ICED 2020? Join the mailing list today by visiting www.iced2020.com.au or [click here](#)

Ireland: schools may be banned from asking about special needs during enrolment

By Carl O'Brien, Education Editor for The Irish Times



Parents of children with special needs have held a protest to highlight the difficulty in getting primary school places for children with special needs.

Schools should be prohibited from asking parents whether their child has special needs prior to enrolment, according to official advice to be given to the Minister for Education (in Ireland).

The National Council for Special Education (NCSE) says such a step is needed to help remove “soft barriers” which parents of special-needs pupils face when trying to find school places for their children.

The move would represent a major change in enrolment policy for most schools who routinely ask parents for details of any special or additional needs.

Schools argue that this information is crucial in determining whether they have the expertise or capacity to cater to the needs of children.

In addition, the council has warned that Ireland may be in breach of a UN convention by “segregating” up to 16,000 special pupils into special schools and special classes.

The council says the State should consider moving to a “total inclusion” model, where all children are placed in mainstream schools, regardless of their level of disability.

It says all children should be educated together, with the right supports in place, unless there is strong evidence to support a different approach.

It is to engage in further discussion and consultation before finalising policy advice for the Minister in June 2020.

The proposals will spark controversy within education circles over whether the mainstream school system will be able to cope with such changes. Many campaigners and teachers worry that children with complex needs could end up worse off, while it could have a negative impact on the education of mainstream children.

Minister for Education Joe McHugh is to be warned that Ireland may be in breach of a UN convention by “segregating” up to 16,000 special pupils into special schools and special classes.

Some have speculated that any such changes would be a way of containing the rising cost of the special-needs sector, which now accounts for almost a fifth of the entire education budget.

However, these claims have been rejected by the NCSE, which says the best interests of children are “fundamental and first”.

It has acknowledged that such a move would require very significant changes and may cause worry among parents and teachers.

“We are aware that if this policy advice recommends a move towards greater inclusion, this could potentially bring about significant changes in the education of students with the most complex needs,” the progress report states.

“Such a recommendation also has the potential to engender considerable anxiety among parents who may fear that the mainstream system will be unable to cope or meet the needs of all students. The phasing of implementation will be key from a societal, cultural and economic perspective.”

It says parents, teachers and principals will need to have a clear understanding of any changes being proposed and to be consulted about those changes. Teaching training will need to be a key consideration, as will the supports required by schools to include students in mainstream classes.

The NCSE says such an approach has been taken in New Brunswick in Canada, while Portugal is also phasing in this approach. However, it notes that most Europe jurisdictions which responded to a survey are maintaining specialist schools and classes and, in the case of the UK, expanding it.

The NCSE’s progress report includes a review of whether outcomes for special-needs pupils are better in special classes and special schools or in mainstream settings.

The report find that a lack of good-quality research means it is not possible to draw definitive conclusions over whether one type of placement is better than another.

The NCSE’s progress report also notes there are mixed views on whether full inclusion of special-needs student in mainstream is desirable.

Some said it was extremely difficult to imagine how such reforms could be in the best interests of children with complex needs who require specialist input and therapy.

However, others were concerned that educating children in separate settings can have life-long consequences for children and that such children should not have to travel long distances to special schools and classes.

<https://www.irishtimes.com/news/education/schools-may-be-banned-from-asking-about-special-needs-during-enrolment-1.4087153>

Libby Harricks Memorial Oration



The annual Libby Harricks Memorial Oration series raises awareness of issues of hearing health, deafness and ear and balance disorders. The reputation of the series is due to the great contributions of its outstanding Orators who have presented on a wide range of important topics.

Date: Sunday 3 May 2020

Time: 4.30 – 5.45pm

Venue: Crown Ballroom, Crown Towers Perth WA.

Entry to the 2020 Libby Harricks Memorial Oration is **free**. [Register here](#)

The 2020 Orator will be announced in the new year.



Book your trip early to save on flights and accommodation. <https://auda2020conference.asn.au/>

Know someone who might like to get their own One in Six?

Drop us a line: hello@deafnessforum.org.au

We acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay respect to them and their cultures, and to elders past, present and future. We acknowledge the challenge of overcoming high levels of ear health issues among First Nation people and the part it must play in Closing the Gap. We acknowledge the risk to indigenous sign languages.

People with disability have and continue to be subjected to isolation, exploitation, violence and abuse in institutions. We thank the Australian Parliament for its bipartisan support of a Royal Commission into the evil committed on people with disability.

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