

The Helen Keller effect.

Decolonising Indigenous
hearing health.

Give attention to your
hearing during
International Men's
Health Week.



Industrial deafness is a hidden disability.

During International [Men's Health Week](#), June 12–18, let's give some attention to our hearing health.

It's easy to overlook the long-term effects of a noisy work environment.

Industrial deafness is one of the primary causes of hearing damage in men. The effects of excessive noise exposure are often not seen until years later.

Industrial deafness can result from working in a noisy environment for a prolonged period without adequate hearing protection. It can also be caused by a one-time exposure to extremely high levels of noise, leading to acoustic trauma. Loud noise damages the tiny hair cells in the inner ear responsible for hearing and since these cells do not regenerate, permanent hearing loss is a risk.

While industrial deafness is not limited to specific occupations, there are certain professions that carry a higher risk. Factory workers, construction workers, truck drivers, farmers, miners, and airline ground staff are among those most susceptible to industrial deafness. But the risk extends beyond industrial settings to include occupations such as musicians, DJs, club workers and even teachers.

Obviously, any job involving exposure to loud noise poses a risk.

For men whose jobs involve working with loud machinery or tools, wearing appropriate hearing protection like earmuffs and earplugs is crucial. Employers have a legal obligation and duty of care to protect their employees from hearing damage.



If you are concerned about your hearing or are experiencing hearing loss, a test by a hearing care professional can help determine the type of hearing loss and how much it has progressed. Take [this link](#) to learn about the next step to better hearing.

Hearing loss is common among Australians, with 1 in 6 people experiencing some form of difficulty hearing. Left untreated, hearing loss can affect mental and physical health and have a big impact on everyday life.

Helen Keller's legacy.



Helen Keller was born in the USA on 27 June 1880. An illness at the age of 19 months made her deaf and blind. As an adult, her spirit and determination ignited a spark that would illuminate the lives of countless people around the globe.

With the support of her dedicated teacher and life-partner Anne Sullivan, Helen Keller embarked on a journey of learning and self-discovery.

Sullivan's teaching methods enabled Keller to unlock the world of knowledge. Keller became the first deafblind person to earn a Bachelor of Arts degree.

Keller's contributions extended beyond her educational achievements. She authored several books: her writing had themes of overcoming adversity, the power of determination, and the beauty of human connection.

She was an influential advocate for the rights of people with disability. She was an advocate for racial and sexual equality. Her autobiography is among the most beloved of American plays and

inspired a television drama "The Miracle Worker".

Her teacher Anne Sullivan was Keller's interpreter and companion until Anne died in 1936.

Helen died in 1968 at age 87.

Her legacy continues to resonate, reminding us of the strength of the human spirit and the potential within each individual. Her triumph is a source of hope for those people today with their own challenges.



Interesting facts about Helen Keller

- Keller's first word was 'water'. Sullivan taught Keller the word 'water' by putting water on Keller's hand and spelling out w-a-t-e-r on Keller's other hand, and Keller understood and then repeated the word on Sullivan's hand.
- After expressing her socialist views, the "Brooklyn Eagle" news editor wrote that her "mistakes sprung out of the manifest limitations of her development."

Deafblind Awareness Week is observed during the last week of June in honour of Helen Keller.

The term deafblindness refers to a combination of visual and auditory impairments and is much more common than many people realise. It affects more than 15 million people worldwide.

So, besides commemorating Helen Keller's accomplishments, the week is a chance to raise awareness of the condition and make the world a more deafblind-friendly place.

[UsherKids Australia](#), [Deafblind Centre of Excellence](#), and [Deafblind Australia](#) carry forward her mission in Australia.

Help spread awareness and take measures to make the world more deafblind-friendly.

Learn how to interact with a deafblind person. For example, when you first meet a deafblind person, let them know about your presence by them tapping gently on their shoulder or arm.



Anne Sullivan and Helen Keller.

Hearing Australia announces new top team.

New board members have been appointed to Hearing Australia, the Government-owned hearing services provider.

Minister for NDIS and Government Services, Bill Shorten announced the appointment of Professor Sharon Goldfeld, Dr Stephen Parnis and Dr Jim Hungerford, and the reappointment of Yugambeh woman, Jody Currie.



Photo: Minister Bill Shorten and Chair Elizabeth Crouch (centre) with the Hearing Australia leadership team.

Chair Elizabeth Crouch AM said: “...their direction and leadership will ensure Hearing Australia continues to deliver client-focused, high-quality, life-changing hearing services for all Australians.”

Deafness Forum Australia congratulates the new board members. In the future, we hope to see the board's capacity enhanced by the addition of people with lived experience.

We put this challenge to the new board in the form of a question:

What will Hearing Australia do to maintain, improve and expand the crucial Community Service Obligation program that serves disadvantaged and vulnerable Australians?

National Disability Insurance Scheme.

By George Taleporos, Independent Chair of [Every Australian Counts](#), the grassroots community of people with disabilities, families and allies fighting for the NDIS.

NDIS Minister Bill Shorten said that the NDIS remains uncapped and that the 8% growth target is just that, a target, not a cap.

He stressed that the NDIS remains an uncapped and demand-driven Scheme, but they will be trying to achieve some big changes. The government will spend \$720 million to make changes that it believes will result in \$74 billion worth of savings – enough to get the growth target to under 8% by 2026.

Changes in planning – the government is promising better and clearer decision-making processes, more training for planners and less frequent plan reviews when they are not needed. Planners will be more specialised and some planners will focus on working with specific groups such as people with disabilities stuck in the hospital or in nursing homes.

More support to use your funding – we are told that we will get more support when we get our funding to make sure that we understand our plans and our budgets. The government believes that this will reduce the amount of overspending.

Prove it works or it won't get funded – the government does not want to pay for things that have not been scientifically proven to be effective, so they will set up expert panels to decide what gets funded. This may affect accessing less traditional supports.

Payment for outcomes – there will be a trial of "blended payments". This means that providers will get paid bonuses for achieving a predetermined goal like finding someone a job or getting someone out of hospital.

Help to access mainstream housing – more support will be available from the NDIS to look for housing in the mainstream market. This might include help filling out applications and finding affordable and accessible housing.

"Preferred provider" arrangements – the government will do deals with providers of commonly purchased products so they can help participants find the cheapest providers and push the prices down.

A commitment to codesign – the government has promised to work with people with disabilities to implement these changes. This is important if the government is going to deliver on its commitment to ensure people with disabilities are at the centre of the NDIS.

First Nations pilot – the current way of providing support often doesn't meet the needs of people living in aboriginal communities, so the government will work with communities to find better ways of delivering support.

A new First Nations Strategy.

The NDIA is co-designing a new [First Nations Strategy](#) and action plan.

The approach is to ensure their voices, and those of their families and communities are heard and reflected in processes, goals and actions.

The strategy is to be aligned with the objectives and key priority reforms under the National Agreement on Closing the Gap.

NDIS participants with hearing impairment as their main disability.

The last time it was measured, in December, 25,603 people with hearing impairment as their primary disability had NDIS plans.

This represents 5% of total NDIS participants.



Decolonising Indigenous hearing health.

Providing culturally appropriate health care is crucial for improving the wellbeing of Indigenous communities.

However, a recent review highlighted a significant lack of involvement of Indigenous health workers in the development of ear health screening programs across multiple countries.

This underscores the urgent need for culturally responsive health care that is designed and delivered in collaboration with Indigenous communities.

Aboriginal and Torres Strait Islander communities in Australia continue to face persistent health disparities. To address this, it is crucial to prioritise decolonisation in health care, embracing Indigenous knowledge systems and approaches.

Decolonisation involves challenging dominant biomedical paradigms and valuing marginalised knowledge. By expanding our understanding of health and wellbeing, we can work towards dismantling the power structures that perpetuate inequities.

Organisations like the National Aboriginal Community Controlled Health Organisation, Indigenous Allied Health Australia, the National Association of Aboriginal and Torres Strait

Islander Health Workers and Practitioners, and the Australian Indigenous Doctors' Association provide essential leadership and guidance to both Indigenous and non-Indigenous health professionals working with Aboriginal and Torres Strait Islander communities.

It is important to develop workforce strategies that prepare health care professionals to effectively collaborate with Indigenous communities and professionals. The Australian Medical Council is actively updating its accreditation standards to incorporate Aboriginal and Torres Strait Islander health and cultural safety curricula.

Despite acknowledging the crucial role of Indigenous health workers, many published articles on ear health programs fail to involve them in their design and implementation.

Practitioners and researchers should foster meaningful partnerships with Indigenous communities, ensuring Indigenous governance processes are embedded in health programs, including those focused on ear and hearing health.

It is also essential to invest in the capacity of the future Aboriginal and Torres Strait Islander health workforce and provide appropriate training for non-Indigenous specialists working in Indigenous health contexts.

Australian doctors play a vital role in addressing health inequities by acknowledging and partnering with Aboriginal health workers in delivering culturally appropriate care.

By prioritising Indigenous leadership and adopting culturally responsive approaches, we can take significant strides toward achieving equitable health outcomes for Aboriginal and Torres Strait Islander communities.

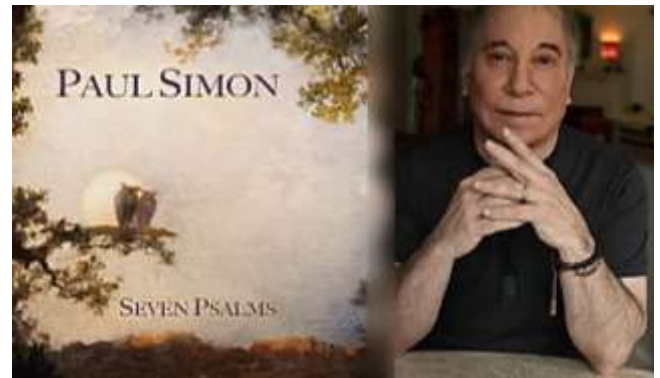
- From an article by Jacqueline Stephens Courtney Ryder, published on [Insight](#).

In 2018–19, more than 2 in 5 (43%) Indigenous Australians aged 7 and over presented with hearing loss

In 2018–20, there were 9,400 ear or hearing-related emergency presentations by Indigenous children aged 0–14

Indigenous Australians experience excessive rates of ear and hearing problems which can have profound impacts on overall health and quality of life. These problems limit opportunities for education, work, personal relationships and wider community engagement. Problems affecting children can have ongoing impacts, affecting speech, language, cognitive and behavioural development. Importantly, ear and hearing problems affect the passing of Indigenous cultural knowledge and immersion in culture. Much of it is preventable.

The inaugural [Australian Institute of Health and Welfare national report on the ear and hearing health of Aboriginal and Torres Strait Islander children and adults](#) brings together information on the prevalence of ear and hearing problems among Indigenous Australians along with insights on key protective and risk factors.



Stellar singer-songwriter Paul Simon cancels concerts due to significant loss of hearing.

In an interview with The Sunday Times, the former member of Simon and Garfunkel expressed his frustration and annoyance at the “unexplained condition”, which has persisted. He admitted that he is not entirely disappointed to leave behind live performances, tired of performing many of his songs on stage.

Paul Simon gained fame in the 1960s as part of a folk duo with Art Garfunkel. On 19 September 1981, Simon and Garfunkel performed a benefit concert in New York City. The [Concert in Central Park](#) drew a crowd of half a million people.



Every day's an endless stream of cigarettes and magazines
And each town looks the same to me
The movies and the factories
And every stranger's face I see reminds me that I long to be... (a lolly if you can complete the verse).

From an article by [Louis Chilton](#).



Effective use of spoken language interpreters is key to quality early interventions services.

As the number of Australians who use spoken languages other than English increases, there is a growing need for interpreters to join families and professionals supporting children with hearing loss.

In past research, early intervention professionals have reported significant challenges working with spoken language interpreters – the interpreters who work between two spoken languages such as Cantonese-English.

Kathryn Crowe PhD, Adjunct Associate Research Professor at Charles Sturt University is conducting a research project to reduce these challenges and to better support early intervention professionals and interpreters working with the families of children with hearing loss.

Kate and her Honours student Cassie Hooper want to draw on the experiences of these health and education professionals. The research team wants to hear about their experiences, the challenges they have faced, and the solutions to challenges that they have found to make collaborations with spoken language interpreters successful. Their learnings will be used to develop free multilingual resources that professionals can share with interpreters to improve communication with families.

If you live and work in Australia and belong to one or more of the following groups, consider participating in the study.

- Health and education professionals who work with the families of children with hearing loss aged 0-6 years and have used a spoken language interpreter in an appointment with a family. Eligible professionals include (but are not limited to) teachers of the deaf, speech-language pathologists, audiologists, psychologists, early intervention specialists, paediatricians, and ENT specialists.
- Qualified/professional interpreters who work between spoken languages, such as English/Cantonese. This does not include sign language interpreters who work between signed languages (eg Auslan) or between spoken and signed languages (eg Auslan/English).
- People who are not qualified/professional interpreters but have experience interpreting between spoken languages for the families of children with hearing loss aged 0-6 years.

You can find more information about the study and the research survey [here](#).

Deafness Forum visits Perth's Shenton College Deaf Education Centre.

[Shenton College Deaf Education Centre](#) is a specialist facility for Deaf and hard of hearing students. It nurtures relationships with the Deaf and wider communities, so students can develop socially, emotionally and academically.



Members of the Deafness Forum Australia board of directors visited the College during a recent round of community consultations and meetings in the WA capital.

In the photo, School Principal Phillip Parkes is on the left, with native Deaf mentors Rory Spare and Patricia Levitzke Gray at the far right. Between them are Deafness Forum's Catherine Morgan, Rhonda Locke, Dwin Tucker AO and Rae Walker.

What did we learn from our conversations in Perth?

We learned that citizen advocacy is as important now as it was at any time in the past. The NDIS has been life-changing for some but most people who need supports are not eligible – “not deaf enough” was a phrase we heard often.

WA is strong in its citizen advocacy, perhaps moreso than in other states and territories at present. These are determined people who know the value of collaboration. They have friends in high places: the WA Parliament, local philanthropists and a rich mining sector.

There is a view among some in the West that the Closing The Gap initiative is failing: systemic problems holding back First Nation peoples are too stubbornly entrenched. Deafness Forum has had much to say about the profound effects of high rates of ear and hearing problems in indigenous communities. But if it is to be an agent of change, it must embed indigenous representation in its leadership and policy.

We thought that The Voice referendum would be a big topic of conversation. It depended on who we spoke to. We were told that the Auslan signing Deaf community had little awareness of the topic. It's not their fault that they've been excluded from the national conversation.

We were asked if Deafness Forum had a position on The Voice. The board of directors had talked about whether it would be right for Deafness Forum to say something – anything – about The Voice, given the diverse opinions within its membership and broader network. Does Deafness Forum have a role to play in the national conversation? And if so, what is that role, what would it say? Or is it a matter best left to the individual? We will be led by you. In coming weeks, we will contact members & friends to learn about your opinions.



Congratulations to Deafness Forum director and treasurer Dwin Tucker AO who received an award in the General Division of the Order of Australia in The King's Birthday 2023 Honours List for his significant service to community health, and to the technology sector.

West Australian of the Year Community Award to Ear Science Institute founder.



Professor Marcus Atlas AM is a pioneering surgeon scientist, and healthcare visionary, who has achieved global recognition in the field of ear and hearing health. He was recently announced as the winner of the 2023 West Australian of the Year Alcoa Community Award.

Prof Atlas is the Founding Director of [Ear Science Institute Australia](#). Headquartered in Perth, Ear Science Institute is dedicated to helping people with ear and hearing disorders through research, education and bringing the latest innovations in audiology and audiometry.

"I am proud of what we have done for medical research and clinical care of those with ear and hearing disorders at Ear Science Institute Australia."

"WA is well-known for being one of the most generous states in Australia, especially in the spirit of helping others, and this is truly evident in the calibre of my fellow finalists and those doing so much to help others within the community," he said.

Prof Atlas has attracted global interest in WA, advancing his vision for the state to be the global leader in ear and hearing health. Leading by example, his philanthropic work has built a following of donors to support early-career scientists and innovative research projects.

Prof Atlas has been instrumental in providing high-quality surgery and hearing rehabilitation for the community, with Ear Science serving over 44,000 people annually through the Lions Hearing Clinics and Ear Science Implant Clinics. Under his directorship, the Lions Healthy Hearing Outback program is supporting indigenous ear health in some of the most remote communities in the Pilbara region of Western Australia.

As a surgeon scientist, he is also leading a team working towards commercialising the world's first bioengineered eardrum, which has the potential to create new investment and job opportunities in Australia.

Professor Atlas' impact will be felt for generations to come.

Read Our Lips Australia



You can access a free preview of our Read Our Lips Australia online lipreading course to see what it's all about.

[Visit our website](#) and register your details to access Lesson 1 and decide if it is right for you.

Read Our Lips Australia is self-paced learning that is dedicated to supporting those with hearing loss and their families, by improving their quality of life through increased communication skills.

**Start Lipreading Now.
8 Lessons. 6 Months Unlimited Access.**

Contact us at support@readourlips.com.au or visit www.readourlips.com.au

For NDIS participants

You can claim the cost through from your National Disability Insurance Scheme plan. How you claim the course fee will depend on your individual goals and how your plan is managed. The fee may be claimed under Capacity Building for improved social & community participation; or alternatively under Core Supports for individual capacity building training.

Read Our Lips Australia was created with funding from the Commonwealth Department of Social Security and NDIS.



Better hearing, better living.

Do you have questions about hearing loss?

We know that it can sometimes be hard to access independent, unbiased information and get answers to your questions about hearing loss. That's why we have been working hard on our new [Online Hearing Help Desk](#), which helps people find the hearing loss information they need.

If you have a question about hearing loss, access our [Online Hearing Help Desk](#) to find a real response written by real people including our independent audiologist and team members with lived experience.

This is a free resource, and the more people use it, and the more questions are asked, the more valuable it will become to Queenslanders living with hearing loss. Feel free to share the [Online Hearing Help Desk](#) with anyone you think would benefit.

Hearing & Tinnitus Advice Line

For West Australians looking for answers, seeking support or simply needing to talk to someone who understands the [impact of hearing loss](#) – give the Lions Hearing Clinic Hearing & Tinnitus Advice Line a call.

Advice Line staff have professional experience of hearing loss and they are ready to offer information, guidance, and support to help you take your next step – whether you have hearing loss yourself or wish to support someone else.

The advice line is open Monday-Friday, 8:30am-4:30pm. Call 1300 847 395.



“I want to assure families whose children have been fitted with cochlear implants that the health service is prioritising this investigation.”

– Queensland’s Minister for Health.

The Townsville Hospital and Health Service (HHS) is expected to conclude an investigation this month into paediatric audiology services delivered by Townsville University Hospital.

In April, Townsville HHS was alerted to a pattern of ‘unexpected findings’ in the assessment of babies referred for hearing testing after their screening at birth.

As a result, an audit of test results has been done on babies who were born after 1 January 2020. Townsville HHS contacted affected families in parallel with the audit.

Queensland’s Minister for Health and Ambulance Services, Yvette D’Ath said, “I want to assure families whose children have been fitted with cochlear implants that the health service is prioritising this investigation. The health service has also taken steps to ensure that the ongoing delivery of paediatric audiology services for North Queensland children has the highest levels of scrutiny and governance.”

Adelaide’s Women’s and Children’s Hospital admitted to wrongly programming the cochlear implants of one in four children in its program, causing what are expected to be lifelong development problems.

One month earlier in March, it was announced that 30 children at the Women’s and Children’s Hospital had their cochlear implants programmed incorrectly.

Audiologist Nicole Eglinton alerted the hospital and health regulators after seeing the same problem in nine of her patients.

“The first child that came through, we thought that might be an anomaly,” she said.

“This is not something we see often and we were alarmed and really in disbelief.”

“Our initial testing has shown that they didn’t have the important access to all of the sounds that they needed to learn to listen or speak.

“Critical periods are between zero and three years to learn and develop spoken language. Many of these children have missed this opportunity.”

Nicole Eglinton said she had to “battle” to get the hospital to investigate her and the affected families’ concerns.

The hospital said it was “a very complex” investigation and could not discuss whether compensation would be paid to the affected families.

From an article by [Claire Campbell](#) for [ABC News](#).

A national system failure?

This is also the time for organisations in all states and territories that provide services to children with cochlear implants to ensure they comply with health care quality and safety policies, procedures and processes.

Reactions from peak audiology and audiometry bodies.

Reactions from the various professional bodies ranged from silence, to thoughts & prayers, and to a call for strong action.

Independent Audiologists Australia

“Independent Audiologists Australia (IAA) supports the call for an extensive and independent review of the Hospital’s cochlear implant mapping program, in addition to the diagnostic Audiology program. The importance of reviewing both areas relates to the overlap of knowledge and skills required to work in both areas of Audiology.

“IAA has been advocating for many years to have the audiology industry regulated as a healthcare profession that requires mandatory registration under the Australian Health Practitioner Regulation Agency (AHPRA). Change is needed.

“We are calling on State, Territory and Federal governments to recognise that insufficient safeguards against harm are given to vulnerable Australians living with hearing loss, due to an ineffectively self-regulated industry.

“IAA member, Nicole Eglinton (Ed: who alerted the hospital to the problem), a paediatric specialist with 20 years’ experience working with cochlear implants, has over the past 12 months identified nine children whose cochlear implant processors were incorrectly programmed.

“It is important to note that children have a critical window for speech and language development between the ages of 0–3 years. This is one of the rationales behind universal neonatal hearing screenings – identifying hearing loss at birth so that children receive intervention in the form of hearing aids or cochlear implants before this critical window closes. If a child is implanted, but the processor is incorrectly managed or programmed, they cannot receive the necessary exposure to speech sounds from an early age to develop listening and speaking skills, leading to challenging lifelong outcomes in a child’s development.

“IAA strongly believes that families need choice and control when managing the hearing care of their children, to ensure quality of care and opportunity for second opinions where needed. Registration of Audiologists under AHPRA is an important part of this picture.”

Australian College of Audiology

“We feel for the children and their families who have experienced problems with these services.

“Australia has excellent hearing services. People can be confident that they can continue to access hearing care and raise hearing issues with their health care provider.

“Modern hearing technology is very safe and can be highly effective when properly fitted and programmed. People who currently have devices should continue to use them as advised by their hearing clinician.

“If you have concerns about your hearing or hearing device, or the hearing or hearing device of your child or someone you care for, please discuss this with your clinician or your GP or specialist.”

Deafness Forum Australia's recommendations.

We contacted the Ministers for Health in the Queensland and South Australian governments.

The **Minister for Health and Wellbeing in the Government of South Australia**, Chris Picton responded to our request for information about the current status of the investigation and next steps. We offered several recommendations to the SA Health Department – this is how Minister Picton responded.

Deafness Forum's recommendation: Open disclosure with all people affected.

"The Women's and Children's Health Network (WCHN) Paediatric Cochlear Program continues to make progress against all aspects of the current review of the service and any impacts of potential under-mapping (Ed: programming) of children's cochlear implants.

"As WCHN has progressed with the review of all patients in the current program, WCHN has completed full open disclosure with all children and their families in the current program. WCHN is currently addressing phase 2 of the review: review of all children under the age of 18 in the program dating back to 2006. WCHN will continue to provide full open disclosure as required and as appropriate."

Recommendation: Immediate interventions initiated to assess the impact on children affected and a program is commenced to address the deficiencies as much as possible.

"Upon notification of the issue, WCHN began an immediate internal review of all children currently active in the program. WCHN identified that of a 117 children currently in the program, approximately 30 had had issues with cochlear implant mapping (Ed: programming). This means that while children were able to hear through the implant, it is possible they might not have been hearing at the optimal level for their specific condition.

"WCHN has since expanded the review to include children who have been a part of the program as far back as 2006, are currently aged under 18, but have since left the program."

Recommendation: Immediate offer of support to parents in the form of expert, independent advice and counselling.

"WCHN has ensured that the MAPs (Ed: programming reports) of all children have been assessed by independent providers Cochlear and MedEl. Going forward WCHN has established a memorandum of agreement with Cochlear and MedEl to independently assess the MAPs of all children in their program into the future.

"WCHN has sought independent clinical review which will involve the expert assessment and advice of a team of specialists including paediatric cochlear audiologist, developmental paediatrician, speech pathologist and psychologist in order to determine what if any impact may have been caused. This process will commence on all children identified as "of concern".

"SA Health has commissioned a separate independent review to assess the processes and systems that may have led to the current situation. All families are provided with information about the other services available."

Recommendation: Families can contribute to the investigation and are informed of the recommendations arising and actions taken or planned to prevent recurrence and improve the safety and quality of the service.

Families must be satisfied that the hospital has taken the matter seriously, has investigated thoroughly and that steps would be taken to ensure that a similar incident was unlikely to happen again.

"All families will be invited to be a part of the independent review undertaken by SA Health, with an opportunity to contribute open until 30 June 2023.

Recommendation: The hospital learns from the investigation and from the perspective of the families and shares its learnings throughout the health system.

“WCHN has already undertaken to share initial learnings with other local health networks and will contribute learnings to the state and national forums of which it is represented.

“The final external review report will be made publicly available on the SA Health website.

“WCHN will ensure it provides thorough feedback to Deafness Forum at the completion of the review.”

Recommendation: Compensation is provided to families.

“WCHN is engaged in a legal process in relation to current claims.”

Invitation to participate in the SA Government review

The SA Government appointed a panel with all members (sensibly) located in another state. The panel will accept submissions via email from anyone with a comment to offer until 30 June: Health.DHWClinicalGovernanceEnquiries.SA.gov.au

The review will consider the systems and processes in place at the time of the issue, the notification and disclosure process following the discovery of the error, what system changes have been and could be implemented to prevent the issue from occurring again, and any opportunities for further reform.

About cochlear implants

Cochlear implants are designed to provide auditory input to individuals with severe to profound hearing loss, allowing them to perceive sound and develop speech and spoken language skills. Proper mapping – fitting and adjustments – of the cochlear implant is crucial to optimise the delivery of electrical stimulation to the auditory nerve, which then transmits sound information to the brain.

If cochlear implants are not properly mapped, it can result in reduced or distorted perception of sounds, including speech sounds, which can negatively impact speech acquisition. Here are some ways in which poor mapping of cochlear implants can affect speech acquisition:

- **Reduced speech perception:** The individual may have difficulty perceiving speech sounds accurately, reducing the ability to understand spoken language, follow conversations, and acquire speech and language skills.
- **Delayed speech production:** If the individual with a cochlear implant is not able to accurately perceive speech sounds due to poor mapping, it may result in delayed or inaccurate speech production that affects speech production skills, including articulation, pronunciation, and intonation.
- **Language delays:** Spoken language development is closely linked to speech perception and production. If cochlear implants are not properly mapped, individuals may have difficulty understanding spoken language and expressing themselves verbally.
- **Reduced speech clarity:** Improper mapping of cochlear implants can result in degraded sound quality or distorted perception of sounds, including speech sounds. This can lead to reduced speech clarity and intelligibility.





Many Australians with hearing loss do not seek treatment but help is available. Having a hearing test can help to detect the early signs of hearing loss, so you can keep your hearing healthy for longer.

Hearing aids are not the only treatment for hearing loss. Following a hearing check, a range of management options may be discussed including communication strategies, assistive listening devices and phone apps.

If you are concerned about your hearing, or the hearing of someone you love, book a hearing check today. Talk to your health professional or visit health.gov.au/hearing for more information.

Read about

- [Ways to prevent & manage hearing loss](#)
- [Support people with hearing loss](#)

Get help with your hearing*

If you are concerned about your hearing or are experiencing hearing loss, a test by a [hearing care professional](#) can help determine the type of hearing loss and how much it has progressed.

Free resources [here](#)

- Fact sheets, posters, and videos
- Infographics
 - testing pathways for hearing loss
 - ways to manage hearing loss
- Information on managing hearing loss
- Talking to people with hearing loss
- Communicating when you have hearing loss
- Information for health care providers.

*Get Help With Your Hearing is a national campaign by the Australian Government.



Know someone who deserves their own copy of One in Six? Let us know:

hello@deafnessforum.org.au

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