



Funding boost for hearing health

\$21.2 million over five years will be invested by the Federal Government in hearing health and ear care in Australia. It is a positive first step in implementing a national strategy to address the high economic and social costs of hearing loss.

World-first solution: facemasks & communication

The National Acoustics Laboratories has developed a solution to a challenge faced by hearing aid users worldwide in 2020 - the impact of face mask use on their understanding of speech.

Sign language tens of thousands of years old

Unlike most sign languages which were developed primarily for those with hearing loss, Australia's indigenous sign languages were created as part of the "unique and ancient relationship between hearing people and the land". That made them vulnerable and highly perishable when people were displaced.

Make sure the hiring process works for all candidates

Despite growing awareness around the benefits of a diverse workforce, the representation of people with disability in the workforce remains disproportionately low. How can business remove or avoid inherent biases?

First person in NSW to get a cochlear implant

Sue Walters' original cochlear implant has been switched on for 36 years. "I estimate it has put in about 196,695 'hearing' or listening' hours at a minimum. I'm really happy about that. I think it's probably a world record," she said.

Federal Government funding boost for hearing health and ear care

The Government announced in this month's federal budget that it would spend \$21million in the next 5 years to implement some of the key actions listed in the national [Roadmap for Hearing Health in Australia](#).

Funded activities include education and awareness-raising, support for aged and indigenous hearing care, more hearing screening, targeted research, developing teleaudiology standards and a hearing health workforce audit.



The Minister responsible for Hearing Health, Mark Coulton (pictured above) said that funding would be made available in five important areas:

- \$5million for a public hearing health awareness and prevention campaign
- \$7million for research into interventions to support vulnerable people
- \$5million for early identification of hearing and speech difficulties in Aboriginal and Torres Strait Islander communities
- \$2million for improving the workforce in Aged Care settings to support people with hearing loss
- \$600thousand to be shared by developing tele-audiology standards and studies into improving the hearing health workforce, particularly outside metropolitan centres

It's a significant achievement for the Hearing Health Sector Alliance, of which Deafness Forum is a foundation member. The Alliance was formed a year ago to liaise with the Government to implement the Roadmap for Hearing Health. The Alliance is a group of [national representative organisations](#) including consumer groups, health professionals, industry associations, as well as research organisations. Its vision is for all Australians who are deaf or hard of hearing to live well in the community and for all Australians to value their hearing.

Hearing loss is the most common disability of adulthood. The Government's announcement is a positive first step in implementing a national strategy to address the high economic and social costs of hearing loss.

One of the last Indigenous languages lives to sign another day



By [Julie Power](#)

Like all hearing people in North-East Arnhem land, the head of the local school at Yirrkala grew up using sign language as much as she spoke – in the same way hearing and non-hearing Indigenous people in northern Australia had communicated for 60,000 years.

"It was an everyday thing," said co-principal of Yirrkala School, Merrikiyawuy Ganambarr-Stubb. Today the local sign language is alive, but not many use it.



Milingimbi Students read the new illustrated handbook of North East Arnhem Land. *Credit: M Manno*

Thanks to a donation by Emma Watkins, of the Wiggles, a new handbook will help keep Yolngu Sign Language (YSL) "alive for the next generations", said Ms Ganambarr-Stubbs.

YSL is one of about a dozen Indigenous sign languages left in the world. Before colonisation there were around 500 Indigenous languages in Australia, most with an alternative and distinct sign language closely tied to the local ecology and environment, said anthropologist and linguist Dr Bentley James.

For 30 years Dr James has worked with elders in North East Arnhem land including 2012 senior Australian of the Year Laurie Baymarrwangga - the traditional owner of the lands who died at 98 in 2014 - to preserve these extremely rare spoken and signed languages.

Unlike most sign languages which were developed primarily for those with hearing loss, Dr James said Australia's sign languages were created as part of the "unique and ancient relationship between hearing people and the land". That made them vulnerable and highly perishable when people were displaced.

Dr James was struggling last year to raise enough money to produce an illustrated handbook of Yolngu Sign Language (YSL) when Watkins donated \$20,000 out of a total of \$53,000.

To Emma Watkins, the new handbook was amazing and special. "We should be celebrating. How amazing is it that we have a signed language that is tens of thousands of years old? We have a lot to learn."

The handbook includes photos of North-East Arnhem Land people illustrating more than 500 signs ranging from nouns and verbs to more abstract concepts and euphemisms. The book includes signs for "wake-up", "exist", "internet", "surprise" and "remember an unkindness" and "go around secretly to find a toilet", which is useful if you don't want to alert everyone to a pressing problem.

We should be celebrating. How amazing is it that we have a signed language that is tens of thousands of years old?



Emma Watkins signing in Auslan.

"People don't realise this language is part of the rich identity of this country," said Watkins. "The language is so ingrained in the land and the culture. It is so important, but we don't recognise it as important yet," she said.

When Watkins is not performing and filming with the Wiggles, she has been completing a doctorate in integration of dance, film editing and sign language at Macquarie University. She is also undertaking a diploma in Auslan at the Deaf Society of NSW so she can communicate fluently.

Last week some of the first handbooks were distributed to schools in the Northern Territory including Milingimbi and Elcho Island School in North-East Arnhem Land. The Yirrkala school already uses YSL to teach students. Co-principal Ms Ganambarr-Stubbs said when she was a child, it was used in every day life, if you had to be quiet in the bush, or were in danger and in ceremonies, such as where women weren't allowed to talk in front of brothers.

At Yirrkala school, they use both Auslan and YSL, but the latter is easier because most children have seen it in use.

Around the world spoken Indigenous languages are threatened or dying. Indigenous sign languages are fading even faster. Of the remaining dozen, almost all are Australian, with one native American Plains Indian variety known, said Dr James. Without further action, they will be gone in a generation, he said.

From [The Sydney Morning Herald](#)

World-first solution for face masks effects on speech

The National Acoustics Laboratories (NAL) has developed a solution to a challenge faced by hearing aid users worldwide in 2020 - the impact of face mask use on their understanding of speech.

NAL, the research division of Hearing Australia, has issued recommendations for audiologists across the world on how best to adjust hearing aids to counter the effect of face masks for people who use hearing aids.

“Face masks are a powerful tool against the spread of COVID-19 but they also soften speech sounds,” says Dr Brent Edwards, NAL Director. “NAL’s recommendations are designed to help hearing aid users worldwide communicate with people wearing masks. Now that we can share our evidence-based solution, we anticipate it will have implications nationally and internationally, which is most exciting.”

Evaluation, involving computational models of speech and hearing as well as laboratory speech tests, has proven that the adjustments help hearing aid users understand speech just as well as when the speaker is wearing a mask as when they are not. NAL’s solution details specific adjustments that can be made to any type of hearing aid to counter the effect of different types of face masks on speech sounds. It follows extensive research into the effect of face mask use on speech understanding and how best to counter it.

Hearing Australia has already started implementing the solution in its centres across Australia and this is proving popular among its clients.

“Restoring the ability to understand speech takes the stress out of everyday tasks like shopping and attending health appointments; so we’re keen to spread the word about our solution.”

NAL’s recommendations have been released to audiologists worldwide and detail how they can implement the adjustments to their patients’ hearing aids to allow them to better understand people wearing masks.



NAL Director Brent Edwards

National Disability Information Gateway

The Department of Social Services would like you to know that the new National Disability Information Gateway [pilot website](#) is online.

The Disability Gateway will eventually include a website and 1800-phone number, to assist all people with disability and their families to locate and access information and services in their communities.

People with disability and their families and carers are encouraged to visit the [pilot website](#) and provide their feedback prior to the fully operational Disability Gateway website and supporting 1800-phone line service launching in January 2021.



How to make hiring inclusive of candidates with disability

Despite growing awareness around the benefits of a diverse workforce, the representation of people with disability in the workforce remains disproportionately low.

So, how can your business remove or avoid inherent biases to ensure more people with disabilities are supported through the application process, and welcomed to the workplace?

Assess the challenges

Susan Scott-Parker, CEO of Business Disability Forum says some hiring practices create obstacles for people with disability. She cites examples of job advertisements only providing a phone number for enquiries, which excludes deaf people or people with a speech impediment; providing application forms in non-accessible PDF form instead of Word, which impacts people with visual impairments; and application forms that time out, which may restrict people using voice-activated software.

Scott-Parker says the growing use of tech tools in recruitment could lead to challenges in ensuring diversity, and advises caution in using these tools in isolation. These include video interviews that, for example, allow only 30 seconds to prepare for a question and three minutes to answer.

“I completely understand the craving for these tools,” Scott-Parker says. “But millions and millions of people around the world won’t make it through a video interview.”

To address issues like this, she suggests employers should try to be flexible and make adjustments at each stage of the hiring process, as required under the Disability Discrimination Act 1992.

“It’s about fair treatment, not special treatment. A standardised approach is a rigid process, which is, by definition, discriminatory against huge numbers of people,” says Scott-Parker.

Review and refine

“Australia is hugely fortunate to have probably the world’s most rigorous recruitment audit tool called the [Disability Confident Recruiter](#). It looks at every step of your process and identifies any obstacles for you to remove,” Scott-Parker says.

Samantha McKenzie, Head of Operations at insurer EML says developing and then regularly evaluating an Accessibility and Inclusion (A&I) plan is also a way to maintain good hiring practices.

“We revisit our A&I plan regularly and we also get a lot of feedback through surveys - that drives a lot of our change and keeps us up to date with how inclusive we may or may not be. We do this with both successful candidates and those who weren’t successful,” McKenzie says.

Be flexible

Jo Edwards, Head of International Financial Services, Risk Management at Commonwealth Bank of Australia (CBA) says there are simple ways to make sure the hiring process works for all candidates.

“We’ve introduced a recruitability process that guarantees at least one interview for someone who identifies as having a disability, and meets the inherent requirements of the role,” Edwards says.

“We want to give people the opportunity to share more information about themselves and their suitability for the role at the first interview stage, rather than excluding them at the start because another applicant appears to have more closely aligned experience.”

McKenzie’s advice to employers is to be open to hearing from people about their needs. “I suggest making it very clear that, as an employer, you are open to having a conversation about any adjustments that need to be made in the hiring process. If you have a really rigid process you may be cutting yourself off. Letting people know they can contact you by phone or email can make a big difference for someone.”

Edwards also advises being flexible. “We are driven by what each applicant needs. Our psychometric testing tools can be adapted for people with certain disabilities to make things easier. Another change is that we may do one-on-one interviews instead of a group-based assessment centre.”

Empower your team

Katrina Jackson, Senior Executive, Healthcare and Strategy at Medibank says putting policies into practice is important.

“You can have all the processes and documentation in place, but unless you really empower the frontline leaders and recruiters to be agile and flexible, they won’t have licence to make the changes for applicants who need adjustments,” Jackson says.

“Getting consistency right across the hiring process can be difficult sometimes, so we need to make sure there is appropriate training in place for all relevant people. That includes your recruitment team because they will be the ones communicating with people who need any adjustments.”

Promote accessibility and inclusion

Jackson says the key to attracting a diverse team starts with the job ad and all advertising should let people with a disability see they’re already reflected in the workplace.

“My advice is to make sure your company’s Access & Inclusion statement is a part of the job ad,” she says. “We’ve found this is a better approach than asking people to disclose a disability. In our experience that can often put people off applying. So we changed tack and made it clear we are an A&I friendly employer,” Jackson says.

“The reality is everyone brings something unique to the workplace, and this is why diversity matters,” Jackson says. “If you are acknowledging that, and you have flexibility in that approach, then you can ask the questions that will help people be their best in the interview process.”

From [SEEK](#)

USHER IN FOCUS

Webinar Series



All recordings from our USHER IN FOCUS Webinar Series are now available online!

The UsherKids Australia USHER IN FOCUS Webinar Series aims to:

- increase knowledge of the genetics of Usher syndrome
- explore the three Usher subtypes and the different intervention required for each
- identify the clinical pathway for the disease
- discuss the benefits for early diagnosis
- update on Australian and International clinical research efforts
- provide links to relevant service providers and peer support organisations.

“

Everything about what everyone has done has been great and **amazing!!** ... the clarity, pace, tone, calmness. It is obvious that an enormous amount of preparation has already been done, and you are all continuing to move through this venture in such a **supportive and caring way!** This is a very **moving experience** - in addition to learning more 'facts'. Thank you all!

Parents of a child with Usher syndrome can carry a significant additional burden of care due to the limited and insufficient knowledge among clinicians, often leaving them feeling isolated and unsupported. The USHER IN FOCUS Webinar Series is directed at clinicians, educators, extended family and support providers involved in caring for children with Usher syndrome as a way to reduce the burden on parents caring for the child, and prepare health professionals for the complexity of care required by children with Usher syndrome.

The content of these webinars has been developed in conjunction with a variety of Continuing Professional Development (CPD) programs. Be part of this unique online learning experience and register now at www.usherkidsaustralia.com.

“

So glad that my professional association - **Audiology Australia** - endorsed and promoted this event. A good example of the **collaborative** approach of **shared learning** and professional expertise to achieve **optimal** person centred outcomes for our clients.

“

I am just feeling overwhelmed by all of your **preparation** for this, and the way you have been presenting everything, as well as the information and **support** you continually offer in such **caring** ways. I'm sure there is no way to measure all of the positive 'inputs' and outcomes of your **commitment** and manner. Thank you!

“

Ladies take a very deep bow - your audience is giving you a **standing ovation** for your **efforts**. Very well done!

“

Thank you for organising such great presentations over the week Emily and Hollie. You have done an **outstanding** job. You are both **wonderful ambassadors** for the **UsherKids community**.

“

The variety of relevant topics covered and the **calibre** of the speakers each day has been **outstanding**. Great program. Thanks Emily and Hollie. You have organised a great week of webinars.

Cochlear implant recipient Sue Walters on 36 years of being 'switched on'

[Geraldine Cardozo](#) writing for [The Senior](#)



Sue Walters was NSW's first cochlear implant recipient.

Thirty-six years ago Sue Walters was a social 22 year old, who loved listening to music and hanging out with friends in Sydney.

Then in April 1984, a bout of meningococcal meningitis left Sue completely deaf in both ears.

"I was thrown suddenly into a different world in which I couldn't understand any conversation or hear any music or anything around me at all," said Sue, 58, from Oatley in NSW.

"As a 'hearing' person, that is quite daunting. I was used to conversing freely and easily with my friends, family and workmates and had a very active social life. I was working and studying and getting out and about a lot and then my life as I knew it stopped. I couldn't hear anything at all except headnoise, tinnitus."

Six months later, on September 15, Sue became the first person in NSW to receive a cochlear implant.

Unlike hearing aids, which make sounds louder, cochlear implants do the work of damaged parts of the inner ear to provide sound signals to the brain.

The surgery was performed by ear, nose and throat surgeon Bill Gibson as part of a ground-breaking study by the Royal Prince Alfred Hospital and Sydney University.

"The implant changed my life from one of silence (well, not quite silence, when you have tinnitus ringing in your ears) to one of hearing the world around me, able to participate in conversations again, using the phone again. It opened up my life again to all sorts of opportunities that hearing people take for granted every day."

Her original cochlear implant has now been switched on for 36 years.

"That is, working and in use for 15-18 hours every day. So, I estimate it has put in about 196,695 'hearing' or listening' hours at a minimum. I'm really happy about that. I think it's probably a world record," she said.

Sue said it took a while to adjust to hearing with a cochlear implant.

"It is not exactly like natural hearing and it can be hard to adjust at first, to understand this new sound. I was keen to listen though and with practise, speech and environmental sounds became clearer."

Sue has seen the implant program grow from her very first experience, to see the first child implanted in Sydney in 1987 and more than three decades of improvements to the technology.

"Today, the sound processor is reduced almost to the size of a behind-the-ear hearing aid and has wireless streaming directly to a mobile phone. Over 36 years there have been several great leaps in better sound quality and adaptations to integrate with other technology we use in daily life. It has been fantastic to witness this journey and see many people benefit from hearing again," she said.

In 2005 Sue received a bilateral implant in her other ear and said the second surgery was much quicker and all over in about two hours.

"The surgical technique has been refined a lot since my first implant. I went home with a simple tape dressing behind my ear and had very little pain or discomfort."

And now thanks to bluetooth technology she can even stream phone calls and podcasts directly to her sound processors and get as clear a sound as possible from a device.

"I can even listen in to a Zoom meeting while I'm driving. While I still need to pay attention to hear well, I hear better in noisy places and I hear my own voice."

Now Sue is a Clinical Support Officer for RIDBC Sydney Cochlear Implant Program in Gladesville, which provides Australia's largest cochlear implant service at little or no cost to children and adults with hearing impairment.

She also volunteers with a support group for people with cochlear implants called CICADA Australia and said she still finds it astonishing that some medical professionals are still in the dark about how cochlear implants work.

"The cochlear implant is still a mystery to many," she said.

CICADA Australia holds morning teas and get-togethers for implant recipients and friends or families of those wanting to know about implants.

"Those with severe to profound hearing loss find it very reassuring to meet people with cochlear implants and see how much benefit they get from them," said Sue.

"Hearing loss can be invisible. Most people don't care about the subject of hearing loss until they lose it themselves. I feel we really need to spread the word."

For details on CICADA go to cicada.org.au



Tell us about your recent experiences with tele-health

In Australia, some adults with ear and hearing conditions are able to access funding for hearing healthcare services through the Australian Government's Hearing Services Program. These services were traditionally provided as face-to-face appointments; however, since the COVID-19 pandemic many of these funded services can now be delivered remotely, via the phone or video-conferencing software (described as tele-health services).

Ear Science Institute Australia, through the Hearing Health Sector Alliance, have been asked to prepare a report on how tele-health services might be delivered within the Hearing Services Program in the long-term, including how to make sure the quality of hearing care is not compromised.

Share your story

Ear Science Institute Australia would like to ensure that your thoughts, opinions, experiences and concerns are captured in this report and presented to the Government for consideration. You may like to send us:

- A description of how your access to audiology services were affected in the past six months, during the COVID-19 pandemic
- A description of your experiences accessing audiology tele-health services, including what worked well, what didn't work, and what innovations you may wish to see in the future
- General comments on why you may or may not wish to use audiology tele-health services in the future, including any potential barriers or concerns you have with this service delivery model
- Your thoughts and opinions on the Australian Government providing funding for tele-audiological services into the future

If you would like to share your thoughts or stories, please email a paragraph or a whole page response to research@earscience.org.au



Australasian Newborn Hearing Screening Committee

The Australasian Newborn Hearing Screening Committee (ANHSC) is initiating a process to develop a Consensus Statement on hearing screening beyond the newborn period.

To inform this process, the ANHSC is calling for expressions of interest to undertake a systematic review of available evidence for screening to detect hearing loss in young children beyond the newborn period.

Since the introduction of universal newborn hearing screening (UNHS) in Australia in the early 2000s, debate has continued regarding whether, and if so, how best, to systematically detect hearing loss in childhood following the newborn hearing screening period.

Across Australia there is currently no consistent approach to post-UNHS hearing screening. Some states have developed post-UNHS hearing screening programs such as the school-based programs in Western Australia and the Australian Capital Territory. Most states (Queensland, Tasmania, New South Wales, Victoria, Northern Territory) do not have school-based programs. South Australia currently includes hearing screening as part of their 4-5-year-old health screen, but that state is currently reviewing this service and it is likely it will cease.

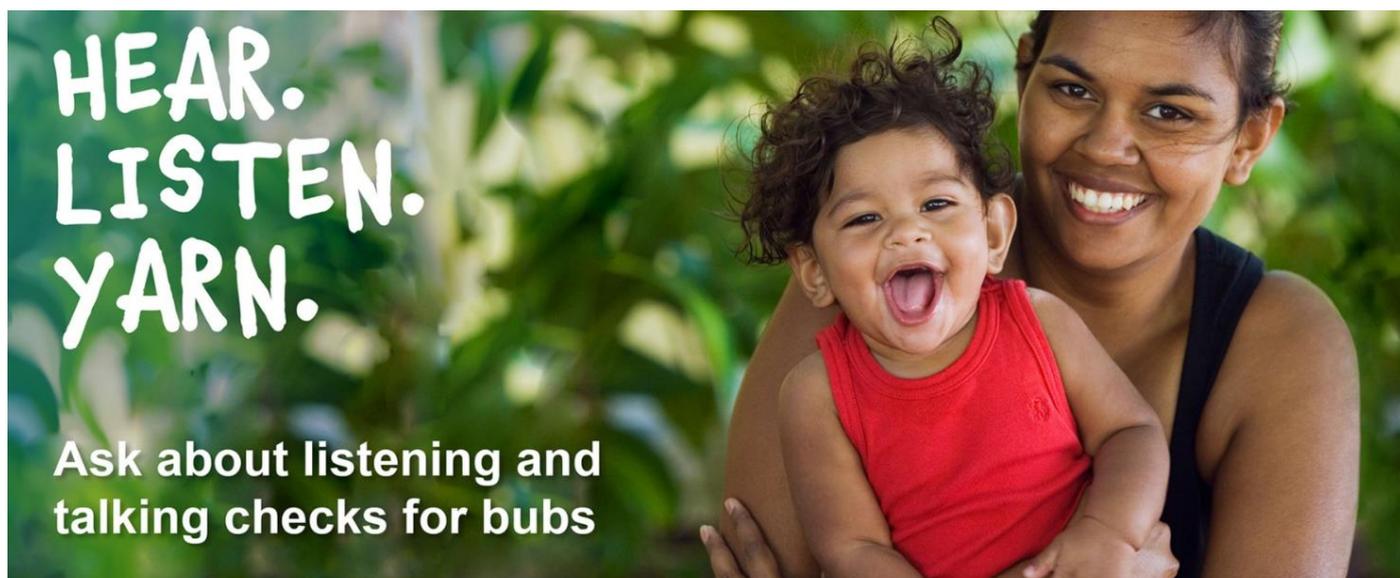
The purpose of the systematic review is not to provide an update on clinical information about hearing and screening tests listed in previous reviews (e.g., Molloy et al., 2014). Rather, it is to address the question of whether there are improved health or developmental outcomes associated with the introduction of population-based second-phase screening programs (i.e., beyond UNHS) and associated interventions. Also to be addressed is the question of whether there are any harms of introducing such programs and associated interventions.

As an outcome of this review, the ANHSC is seeking recommendations (as to what should and should not be implemented, based on current evidence), which can form the basis for deliberations leading to national consensus on childhood hearing screening beyond newborn hearing screening.

The outcomes of the review will be provided to ANHSC members and key stakeholders across the sector to inform the development of the national consensus statement. It will also be presented (in whole or part) at the ANHS conference in the second half of 2021.

Expressions of interest are due by COB 30 October 2020, with an anticipated project commencement of 1 December 2020. For more information please contact Dr Rachael Beswick, who is chairing the committee to oversee this process: committee@newbornhearingscreening.com.au

NACCHO Aboriginal Health News: New hearing tools designed to help Aboriginal and Torres Strait Islander children



The PLUM and HATS tools have been designed specifically to help detect hearing and speech problems in Aboriginal and Torres Strait Islander children. According to the AIHW Aboriginal children aged between 0 and 18 are five times more likely to be diagnosed with severe middle ear disease than non-Indigenous Australian children. Detecting and treating the problem early is very likely to improve the child's future.

For many children like Tjandamarra, undetected hearing loss leads to delays in listening and communication skills. Parents and children can be frustrated, unable to communicate effectively in everyday life.



Now aged 3, Tjandamarra has already experienced more than his share of hospitals and specialists. He experienced numerous ear infections and a burst ear drum before being diagnosed with chronic hearing issues. Tjandamarra struggled to hear and had difficulty learning to communicate well.

"I knew what to look for because of the experience I had with his older brother Rylan. We had such trouble getting him hearing help in the beginning – it took me years to get grommets for him," said Tjandamarra's Mum, Kaylah.

Kaylah says it was almost by chance that Tjandamurra's hearing journey took a leap. Within the first month of starting at a Mindaribba Local Aboriginal Land Council playgroup there was a pop-up hearing clinic run at the playgroup. "We jumped at the chance to attend the clinic and haven't looked back."

The PLUM assessment indicated a score of 18: well below the acceptable level of listening skill for a 3-year-old. Wasting no time, Kaylah decided to get Tjandamurra fitted with a bone conduction hearing aid to provide immediate assistance. With this hearing technology, the world opened up for the vibrant boy. Tjandamurra is now wearing his hearing device and working with his regular speech therapist to improve on his speech and listening skills.

Within two weeks of getting his bone conduction hearing aid, the PLUM assessment was repeated. Tjandamurra achieved a score of 28, an increase of 10 points! While the score was still a little below his peers, the results showed the positive outcomes that could be achieved within a short time after the intervention and support.

Within a month, Tjandamurra had gone from a toddler with little-to-no speech to being able to say 30 sentences. It's a huge jump in his development. Now that he can hear there is no looking back.

To read the full media release click [here](#)

For more information visit www.plumandhats.nal.gov.au or www.hearing.com.au



From [NACCHO Aboriginal Health News](#)

Know someone who would like to get 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 its role in Closing the Gap. We acknowledge the risk to indigenous sign languages of disappearing and the importance of Auslan.

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.

Items in Deafness Forum communications may incorporate or summarise views, standards or recommendations of third parties, which is assembled in good faith but does not necessarily reflect the considered views of Deafness Forum or indicate commitment to a particular course of action. We make no representation or warranty about the accuracy, reliability, currency or completeness of any third party information. We want to be newsworthy and interesting and our aim is to be balanced and to represent views from throughout our community sector but this might not be reflected in particular editions or in a short time period. Content may be edited for style and length.