

Good hearing health
helps overcome
loneliness.



On 31 July 2024, we published an article in One in Six newsletter titled “Health Ministers Evaluate Regulation Options for Audiology Sector.” This stated that professional associations within the audiology field have financial relationships with large multinational companies through sponsorships and advertising, that their reliance on that source of income creates an apparent conflict of interest, and that their financial dependency on that income can unconsciously align their interests more closely with those of commercial entities.

It has been brought to our attention that the article may have been interpreted as suggesting that the two professional associations in the audiology industry in Australia, Australian College of Audiology, and Audiology Australia, are financially reliant on financial support from manufacturers or other commercial interests, and that their decision-making is compromised by private funding.

It was not our intention to convey this. Deafness Forum acknowledges and accepts that the Australian College of Audiology and Audiology Australia are financially self-reliant organisations that are not compromised by private funding, and apologises for any suggestion to the contrary. We therefore retract the following statements:

- a. “professional associations within the audiology field have financial relationships with [large multinational companies who have a vested interest in shaping regulation that favour existing business models] through sponsorships and advertising”;
- b. “reliance on that source of income, and, in the case of one professional body, a service model predicated on the exclusive right to self-regulate creates an apparent conflict of interest”;
- c. “[f]inancial dependency can unconsciously align [these professional associations’] interests more closely with those of the commercial entities than with the end users”;
- d. “[t]he introduction of full independent regulation is likely to be a step towards more sustainable and ethical practices...”;
- e. “partial additional regulation or maintaining the current self-regulated framework benefits the few at the expense of the many”;
- f. “[f]ull independent registration would dismantle conflicts of interest, removing or minimising the commercial leverage over

regulatory processes and ensuring that the focus remains squarely on quality care and patient safety”.

Our article also included a comparison of audiologists and audiometrists to Doctors and Nurses. This was not intended to diminish, in any way, the important work done by audiometrists, who provide professional hearing care to a large percentage of the population.



In the United States, Uber will soon give its riders new self-identification options to improve communications.

The company said that riders with hearing or vision issues often worry about potential misunderstandings that could cause them to miss their ride. If they choose to self-identify on the app, their driver will be notified beforehand and could work with them on their needs, such as making sure they're picked up exactly where they're located instead of having them look for their ride. If the customer indicate that they only want to communicate via in-app chat, for instance, their driver wouldn't be able to call them.

The company will also start testing another self-identification option for riders with service animals in the US and Canada over the next few weeks.

Even with its promise to foster inclusion and be more accessible, whether or not a passenger gets a ride may still depend on the driver.

From [Uber will let riders disclose whether they're hard of hearing or have low vision](#).



An Important Victory for the Deaf and Hearing Loss Community!

It's time for an update on the Government's progress in Getting the NDIS Back on Track.



By Hayley Stone, Director of National Policy and Advocacy for Deafness

The National Disability Insurance Agency introduced new rules on 3 October around the types of supports participants can and cannot access using their NDIS funding.

The new rules provide prescription on the specific types of supports participants can claim using NDIS funding, in the form of three lists:

- a list of approved NDIS supports
- a list of supports that are not NDIS supports
- a replacement supports list

The lists were developed after consultation with the disability community and Disability Representative Organisations during a whirlwind couple of months.

Originally, the NDIA only proposed the first two lists. Smartphones and smart watches were on the 'list of supports that are not NDIS supports', together with any form of mainstream smart appliances.

Auslan interpreting could be funded by the NDIS, but only if there was no other way of accessing interpreting on the basis that the NDIS would only fund translation for 'essential' communications.



Deafness Forum Australia, together with Deaf Australia, Deafblind Australia, and Deaf Connect lobbied hard to demonstrate why these supports should be available to participants who are deaf and hard of hearing, highlighting the critical function that Smartphones and smartwatches have in modern society in supporting the communication needs of our communities.

We argued that limiting access to these devices would detrimentally affect NDIS participants' abilities to communicate at school, work, and in the broader community and were critical, in many cases, to realising the full functionality of many newer models of cochlear and hearing aid technology. We also challenged the limits on Auslan interpreting, questioning how the NDIA intended to define essential and then realistically enforce this limitation.



While we were not able to get smartphones and smart-watches onto the approved supports list, which was our original goal, we were able to reach a compromise with the NDIA which resulted in the development of the third list of supports – the so-called 'replacement supports list'.

Smartphones, iPads, smartwatches, and smart home appliances (for instance, home security systems) still won't be assumed to be approved as NDIS-funded supports but participants who are Deaf or have hearing loss can make a separate application for these supports to be funded, subject to meeting certain criteria.

We also managed to get the NDIS to scrap the limits on Auslan interpreting, meaning that participants will be able to claim Auslan interpreting fees under the NDIS in any circumstance where they cannot otherwise access free interpreting.

These are collective wins, which came about as a direct result of the strong advocacy efforts of the hearing loss and Deaf communities, family, friends, advocacy organisations, and supporters.

Deafness Forum Australia would like to give special thanks to our brilliant NDIS Citizen Advisory Committee, who provided us with the vital information we needed to put a strong case to the NDIA on why these supports are critical and necessary.

We also thank the NDIA for listening to our concerns and taking steps to ensure that Australians with hearing loss on the NDIS will continue to have access to the supports they need, including agreeing to meet with us at the eleventh hour, as we fought against the clock to push for the necessary revisions.

Key things to know - NDIS supports changes

There are now three lists that prescribe what is, and isn't an NDIS funded support. These lists are available on the NDIS website

Participants may get a debt if they spend NDIS funds inappropriately. Smartphones, iPads, smartwatches and mainstream appliances are now in a category called 'replacement supports'. You will need to apply for these supports separately.

Information on replacement supports and the form to complete to apply for replacement supports can be found on the NDIS 'What does the NDIS fund?' webpage.





Paul Simon has hinted at a return to live performance, despite quitting touring in 2018 and losing the hearing in his left ear during the recording of 2023 album *Seven Psalms*.

Speaking to the Guardian in a new interview, the 82-year-old singer-songwriter said: “I’m hoping to eventually be able to do a full-length concert. I’m optimistic. Six months ago I was pessimistic.”

Announcing his final tour in 2018, Simon called it an act of courage to let go.

“I’ve often wondered what it would feel like to reach the point where I’d consider bringing my performing career to a natural end.

“Now I know: it feels a little unsettling, a touch exhilarating and something of a relief.”

As he recorded *Seven Psalms*, an album partly informed by a series of dreams, he began experiencing hearing loss.

“It was scary, frustrating,” Simon says in his Guardian interview.

“You’re in denial and then you’re overwhelmed by this change in your life because you now have a disability.”

In July, he told *Mojo* magazine: “I haven’t figured out how to perform with the hearing loss. I’ve tried to rehearse with the guys in my touring band, to see if I could manage it. I can’t so far.”

But he made a tentative return to live performance in September, performing seven acoustic songs at an invite-only charity fundraiser.

By Ben Beaumont-Thomas [for The Guardian](#).

Interesting Fact: Paul Simon was married to the late and loved Carrie Fisher between August 1983 and July 1984.



'Traffic Signs' campaign celebrates deaf culture.

by [Matthew Leong](#)

Deaf Connect raised awareness of sign language with its 'Traffic Signs' campaign. The campaign coincided with last month's National Week of Deaf People.

"The month-long campaign was a first for Australia and is a step towards fostering a more connected and Deaf-aware nation," said Deaf Connect's chief executive officer, Brett Casey.

"Traffic Signs is a national campaign, headlined in Brisbane by our collaboration with goa.

"We are excited to integrate Auslan learning into the daily commute of people across Australia.

The campaign showed a variety of easy-to-learn Auslan signs, designed to spark conversations, challenge stereotypes, and encourage Australians to embrace Deaf culture and community.

More information on Deaf Connect's events can be [found here](#).



Audiology for Life! – A Fresh Take on Audiology.

Last week, Melbourne hosted the "Audiology for Life!" conference. Organised by [Independent Audiologists Australia](#), the event reinvigorated audiologists' passion for their field.

Julie Watts, the Executive Officer for Independent Audiologists Australia, emphasised the importance of audiology professionals in helping individuals lead full lives.

"Audiologists assist people to live their lives to the fullest," she said, highlighting the role of audiologists as lifelong health professionals dedicated to continuous growth and development.

The event featured a keynote address by Dr. Norman Swan, a renowned health journalist and the producer and presenter of the ABC's Health Report.

Jane Lee, the National Manager of Health Programs at Deafness Forum Australia, also took the stage, adding to the depth of the discussions. Jane Lee is pictured with Dr. Swan.

Telethon Speech & Hearing to benefit from Dame Wendy's Memoir.



Dame Wendy Pye will donate the proceeds from the Australian sales of her memoir to Telethon Speech & Hearing.

The not-for-profit organisation supports children throughout Western Australia with hearing loss, speech and language difficulties.

Dame Wendy and her sisters grew up in the South West WA town of Cookernup. Her memoir explains how she left the family farm and eventually went on to publish numerous household magazine titles in the 1980, including the New Zealand Women's Weekly.

When she first went to New Zealand she had intended to stay only a few months but ended up staying for more than 50 years. Over the past 35 years she has become one of the world's leading advocates for children's literacy as the founder of Sunshine Book Publishing and Sunshine Multimedia (Aust).

In one chapter of her memoir, Teaching the World to Read: My multi-million dollar story,

she tells how her success had given her the money to do anything she wanted to do with her life.

"I needed to turn this into something worthwhile that would help children succeed in learning to read."

In 2013 she was made a dame by the New Zealand Government for services to business and education in the Land of the Long White Cloud.

He's Not Wrong.



"I wish for a restaurant in which you can hear yourself think.

"Only the other day, I went to a lunch with a friend who's just become President of Tanzania. Or maybe he's become a resident of Tasmania. Who can be sure? If only I could have heard what he said.

"Would it kill the restaurateur to add a tablecloth and a bit of carpeting? What about some curtaining and the occasional wall hanging?

"And here's an observation: the more concrete and glass, the more likely the staff will consist of young hipster men. Suddenly, those voluminous beards make perfect sense. They're the one available audio baffle. Why not request a group of them to hover around the table as you chat?"

From Richard Glover's new book, [Best Wishes: Making the world a better, less annoying place one wish at a time.](#)



Good hearing health helps overcome loneliness.

Australia's National Acoustic Laboratories, part of Hearing Australia, is sharing its research insights into the relationship of hearing loss with loneliness, social isolation, and psychosocial functioning in older people.

According to Pdraig Kitterick, NAL's Head of Audiological Sciences, NAL's recent study conducted in partnership with the University of New South Wales and using data from the Sydney Memory and Ageing Study found elderly adults with a diagnosed hearing loss were twice as likely to have higher levels of loneliness compared to those who had not.

Pdraig says, "We also found the risk of loneliness increases if their hearing problems affect their ability to communicate with people and take part in everyday activities with others. It really highlights the importance of diagnosing hearing loss early and supporting older adults to take action to address concerns they have with their hearing."

Interestingly, a clinical measure of how severe their hearing loss was, did not relate to their level of loneliness. Rather, loneliness was best predicted by the individual's perception of how hearing impacts their everyday ability to connect with people.

A positive finding was that elderly adults who reported regularly using hearing aids were two times more likely to have lower levels of loneliness than those who didn't. In fact, older adults with hearing difficulties that regularly used hearing aids had a similar loneliness profile as older adults without any hearing problems.

Pdraig adds, "It shows that supporting people in accessing regular hearing checks, finding the right hearing solution when appropriate, and experiencing good hearing health is critical."

Emma Scanlan, Hearing Australia Principal Audiologist, says having a strong hearing health program in residential aged care facilities is key to lifting the low rates of hearing loss diagnosis and intervention.

"Robust hearing health programs, starting from a resident's intake, ensuring they have a hearing test at the outset followed by annual hearing checks, is essential," says Emma. "It's important to remember that hearing is the basis of good communication and quality of life."

Hearing Australia currently works with aged care facilities Australia-wide to provide hearing assessments, hearing aid fittings and rehabilitation appointments. Emma adds, "We also offer free staff training focusing on caring for residents' hearing needs in aged care, in addition to providing helpful information about enhancing their environments, such as reducing noise and troubleshooting for devices like hearing aids."

“Staff play a vital role in assisting residents to navigate and access hearing services, find out what funding is available, maintain devices such as hearing aids, and support them in their communication goals. Keeping elderly Australians connected to the people they love and the things they like to do is critical for their health and wellbeing.”

[Read more here.](#)



Our Epidemic of Loneliness and Isolation.

Human interactions positively impact both our mental and physical health. Cultivating strong relationships and sustaining social connections significantly contribute to our overall wellbeing.

These connections provide us with a sense of belonging and support, enhancing our happiness and reducing stress. Being socially

connected can even extend our lifespan. Research has found that individuals with robust social relationships face a reduced risk of developing certain health issues.

But we often overlook the importance of prioritising our social connections. We must remind ourselves all to allocate time for meaningful interactions. If you find it difficult to form connections, remember that many people experience such emotions from time to time.

- Join a club, group, or activity aligned with your interests. This enables you to meet like-minded individuals and foster new friendships.
- Volunteer your time for a cause close to your heart. Not only will you be making a positive impact on others' lives, but you might also encounter individuals who share your passions.
- Leverage technology to your advantage. Utilise social media or online platforms to connect with individuals who share similar hobbies or interests.

While social connection is often considered an individual challenge, the U.S. Surgeon General's Advisory on the [Epidemic of Loneliness and Isolation](#) explains the cultural, community, and societal dynamics that drive connection and disconnection. It also offers recommendations for increasing and strengthening social connection through a whole-of-society approach.

The advisory presents a framework for a national strategy with specific recommendations for the institutions that shape our day-to-day lives: governments, health care systems and insurers, public health departments, research institutions, philanthropy, schools, workplaces, community-based organisations, technology companies, and the media.

Read more in the U.S. Surgeon General's Advisory on the [Epidemic of Loneliness and Isolation](#). A Surgeon General's Advisory is a public statement reserved for significant public health challenges that require the nation's immediate awareness and action.

Sensory loss and communication.

A Charles Sturt University academic has created a unique book for health and education students and professionals that explores communication differences in individuals with sensory impairment or loss.



Prof Crowe is based in Reykjavik, Iceland, and is also a member of the Charles Sturt Speech-Language-Multilingualism Team.

Prof Crowe said the book is unique because it combines a strength-based approach within the framework of the World Health Organization's [International Classification of Functioning, Disability, and Health](#).

“This book goes beyond describing sensory loss to encourage readers to think about sensory loss and communication as part of a biopsychosocial view of health and the intersecting identities of the clients and families that they service.”

“This is an important resource for professionals because it aims to provide any professional who may work with an individual with sensory loss with a perspective on how to think about and adapt their communication to make the interaction as positive and fruitful as possible.”

“Every chapter is co-authored by a person with experience living and/or working in low-resource contexts (Global South/low-income countries) and high-resources contexts (Global North/high income countries),” she said.

“And many of our authors bring their own lived experience of hearing loss/deafness, vision impairment/blindness or deafblindness.”

[Communication and Sensory Loss: Global Perspectives](#) is published by Routledge (2024).



COMMUNICATION AND SENSORY LOSS

GLOBAL PERSPECTIVES

Edited by
Kathryn Crowe



Thirty experts from numerous universities and institutions around the world co-authored chapters in the new book [Communication and Sensory Loss: Global Perspectives](#) which was initiated and edited by [Adjunct Associate Professor Kathryn \(Kate\) Crowe](#) (pictured) in the Charles Sturt [Faculty of Arts and Education](#) Early Childhood Interdisciplinary Research Group.

Lifetime Achievement.



Hearing Australia has awarded Ann Porter a Lifetime Achievement Award for her significant contributions to hearing health and support of the deaf community.

She has received other notable recognitions for her commitment to supporting children and their families, including an Honorary Life Membership of Deafness Forum Australia.

Bill Shorten, the Minister for the NDIS and Government Services (pic.), presented Ann with the Award at the Hearing Australia Leadership Conference Dinner in Sydney last week.

Hearing Australia Managing Director Kim Terrell said, “Ann has made a significant contribution to improving the lives of children who are deaf or hard of hearing and their families and has actively worked with us over many years to help improve service delivery. Congratulations, Ann!”

Her journey began when her daughter was diagnosed with hearing loss, which inspired her to establish Aussie Deaf Kids in 2001. What started as an online support group has become a vital resource for thousands of families nationwide.

Feeling the beat.

An exhibition at the State Library of Queensland about the Deaf Indigenous Dance Group has the power to radically reorientate public perceptions of communication.



Deaf Indigenous Dance Group dancers Nathaniel Murray, Paul Norman, Jack Zitha and Aviu Ware. Credit: Sean Davey

“Many people think Deaf mob cannot dance, cannot hear the didgeridoo and clapping sticks,” says Aviu Ware, a member of the Deaf Indigenous Dance Group.

“I feel it in my heart, in my body, in my legs, and the rhythm, the feeling of the didgeridoo and the clapping stick on the didgeridoo is how we feel our heartbeat as well.”

By Fiona Murphy for [The Saturday Paper](#).



When Children Can't Stand the Sounds of School.

With guidance from paediatric audiologists, in collaboration with school-based professionals, children with sound sensitivity can resume productive lives, uninterrupted.

By [Karen Lincoln Wilber](#)

By the time parents of children with a decreased sound tolerance disorder reach a paediatric audiologist, they may be at their wits' end. Their child goes to the nurse's office several times a day because the classroom noise hurts their ears. Or their child hides in the bathroom during classes to escape sounds that may seem innocuous to peers, but trigger discomfort and negative emotions in their child.

Alternatively, their child fears that they *might* hear certain sounds, so they bolt from the classroom, even though they tolerate other loud sounds without difficulty.

A child's sound tolerance problem is stressful for the whole family. Attending a sports event or a parade, or even just going to the grocery store, can be wildly unsuccessful, with public meltdowns and parental anxiety about the child's discomfort.

When decreased sound tolerance disorder issues emerge, families are likely to seek help first from the child's paediatrician or their physician. If the

sensitivity issue occurs mostly at school, the child's teachers may flag it and involve the child's family. Either way, a child's abnormal responses to sound usually prompt a referral to audiology. However, audiologists who receive these complex cases may have limited time for taking an extensive case history and evaluating these children. Audiologists may not necessarily feel equipped to diagnose them and make recommendations for management.

How can we help these children succeed after a diagnosis?

Prepping the audiologist

Faced with these challenges, in 2020 our audiology program at Boston Children's Hospital developed a program for tinnitus and decreased sound tolerance disorder issues. First, we coordinated specialised training for a subset of the audiology staff, including a tinnitus retraining therapy course and a tinnitus management course. We created a new 90-minute visit type called 'TinnEval', short for 'Tinnitus Evaluation'. It was used for any presenting complaint of tinnitus or decreased sound tolerance disorder; and a decision tree for our schedulers to book these patients for the correct type of visit and provider.

Putting a TinnEval appointment in the schedule prompts our system to send an electronic questionnaire to the family to fill out before the appointment. Once complete, it is uploaded to

the patient's medical record. This way, information about which sounds create a problem, the child's reaction to those sounds, related health history, education setting, and, if applicable, education plan are available for the audiologist's pre-appointment review. This reduces time typically spent taking an extensive case history, giving the audiologist a head start on planning diagnostic tests and developing recommendations for management.

Distinct, yet overlapping

Our audiologists typically identify three types of decreased sound tolerance disorders. Each has unique characteristics and requires a different management approach. At the same time, these disorders activate similar parts of the brain when the child reacts to sound.

Hyperacusis is a condition in which, across many settings, multiple commonplace sounds of low or moderate intensity are perceived as excessively and uncomfortably loud, or cause pain.

Hyperacusis may not be worrisome in a 3- or 4-year-old who blocks their ears in a crowd, for example, as they will likely grow out of this reaction. But when these behaviours continue or present at older ages, or when they persist into kindergarten, the child and family will need help with management.

Phonophobia is a condition best addressed with cognitive behavioural therapy intervention in which problem sounds provoke an immediate reaction of fear and anxiety. Children with phonophobia actively avoid the feared sounds, and even stay away from situations in which those sounds *might* occur. The fear and anxiety the child experiences are not proportional to the actual danger posed, and their reaction is more than would be expected for the child's developmental levels.

Misophonia is a neurobehavioral disorder that causes nervous system arousal (fight-or-flight response) and negative emotional reactions when the person hears certain sounds. Reactions often involve annoyance or irritation, verbal aggression, and avoidance behaviour.

Misophonia is a spectrum disorder that can be mildly or severely disruptive to the child. The severity level may be related to other factors such as anxiety conditions, depression, or neurodevelopmental disorders.

Most commonly, trigger sounds are associated with noises made by other people when eating and breathing, including chomping, crunching, slurping, bubble gum chewing, lip smacking, sniffing, throat clearing, and snoring. Another problem source is repetitive mechanical noises, such as keyboard tapping, clock ticking, foot tapping, and tap dripping, among others.

As evidence-based treatments for misophonia do not yet exist, management centres on developing coping skills. Recommendations for the child include educational accommodations to reduce disruption of the child's school day, behavioural health therapy to develop skills to improve response patterns to triggers and layering of sound through ear-level sound generators or other sources to reduce the audibility of trigger sounds.

Sophia's sound sensitivity

To illustrate the kind of sound sensitivity case we typically see in our clinic, we share the hypothetical case of 9-year-old Sophia*, who attended a private school in the Boston area.

Confident and relaxed, Sophia knew all her classmates and found comfort in her daily routine at home and at school.

With her older siblings off at college, her home environment was mostly quiet, except for when she practiced cello or her dance routines to music.

However, as Sophia and her parents walked the hallways on back-to-school day, a rambunctious new student crept up behind her and screamed suddenly and loudly. The piercing noise out of nowhere startled and frightened Sophia.

Visibly wary of this student, she became hypervigilant. She tensed up when she heard the student speaking in an adjacent classroom and was unable to focus on classroom instruction or her schoolwork.

Even outside of school, sounds that previously weren't bothersome now seemed painfully loud. The leaf blower in her neighbourhood made her run into the house. The bus's squeaking brakes made her cry. She tried to practice cello, but the high notes caused her pain. She could not listen to her dance music. Her alarmed parents tried to help by giving her a set of ear-defenders to wear when she went outside the house. But Sophia had become so noise-averse that she refused to attend school. Her parents had no choice but to keep her home for several weeks as they searched for solutions.

Diagnosis and treatment

Sophia and her family contacted our program after consulting with an otolaryngologist and receiving a referral. Her audiological results, including distortion product otoacoustic emissions, were normal bilaterally. However, due to Sophia's discomfort, we did not attempt middle ear muscle reflexes and loudness discomfort levels. She would not allow word-recognition testing at any intensity above 35 dB HL. Sophia showed discomfort and pain associated with everyday sounds of low or moderate intensity that would not bother others. This history and her behaviour during audiological testing were consistent with a diagnosis of hyperacusis. We also diagnosed phonophobia because she became stressed when she thought about the other student and the sounds they might make; hearing any sounds from that student caused immediate fear.

We started our audiology intervention, administered across four total appointments with counselling on hyperacusis and phonophobia. We next moved to accessible tinnitus retraining therapy-based counselling for Sophia and her parents. We also recommended sound therapy for Sophia, consisting of pleasant, steady, non-intrusive neutral sound played at school and at home, including at bedtime and through the night. Although we fit some children with ear-level sound-generator devices, a tabletop sound source was appropriate for Sophia.

We rounded out her treatment with interdisciplinary support, referring her to a psychologist for cognitive-behavioural therapy. A referral to an occupational therapist to give her tools for physiological self-regulation.

We advised the family to reduce Sophia's avoidance of sounds via earmuffs or staying home, and to provide her with a sound-enriched environment (such as constant sound therapy, opening windows for environmental sounds, music, avoiding quiet). Sophia is showing steadily increasing tolerance for her auditory environment at school and outside of school.

School collaboration

Other children we work with need us to provide more direct liaising with their school for an accommodations-based approach. We consult with the child's educational team to explain the child's decreased sound tolerance disorder and suggest ways to minimise its impact on their school day. We can attend an Individualised Education Program meeting by Zoom, providing a letter requesting a school accommodation plan, talking to school-based professionals, and sometimes supporting a student via our Sound Outreach to Schools program, which delivers a full spectrum of local educational audiology services to children with auditory disorders.

With appropriate accommodations and guidance from paediatric audiologists, in collaboration with other professionals and school personnel, a decreased sound tolerance disorder doesn't have to compromise a child's academic success, social activities, or family life.

**Patient names have been changed to protect their privacy.*

The author, Karen Lincoln Wilber, is a specialty audiologist in tinnitus and decreased sound tolerance disorders in the Department of Otolaryngology and Communication Enhancement at Boston Children's Hospital. karen.wilber@childrens.harvard.edu.

From [When Children Can't Stand the Sounds of School](#)

New Insights into Brain Plasticity from Deafness Research.



Recent studies reveal fascinating insights into how the human brain adapts to sensory loss, such as deafness.

Brain plasticity, also known as neuroplasticity or neural plasticity, refers to the brain's remarkable ability to change and reorganise itself throughout a person's lifetime. This fundamental property allows the brain to adapt, learn, and recover from injuries.

Researchers have discovered that when people lose their hearing, the brain's auditory cortices - typically devoted to sound processing - begin to aid in other non-auditory functions. This includes improving peripheral vision and enhancing the ability to discern motion and manage spatial and temporal sequencing. These changes illustrate the brain's ability to reorganise by repurposing areas for new tasks.

However, many questions remain about this plasticity's extent and specific nature. It's not entirely clear how different parts of the auditory network are repurposed for various cognitive functions in those who are deaf compared to those who can hear. The brain shows a well-organised hierarchy in typical auditory processing, where primary auditory areas deal

with basic sounds. More complex, multimodal processes occur in higher auditory regions.

Researchers are now employing innovative methods, such as data-driven analysis of responses to naturalistic stimuli - such as movies - to gain a deeper understanding.

This approach allows them to observe how different brain areas react to various cognitive demands. For instance, some areas may maintain their function despite disruptions in the movie's narrative or visual integrity, suggesting they handle more foundational sensory processing. In contrast, regions that lose synchrony when the narrative is scrambled are likely involved in higher-level processing.

Furthermore, techniques like [Hidden Markov Models](#) examine how these brain areas process information over time. This method shows how specific brain regions may engage longer during meaningful storytelling, indicative of complex cognitive processing.

These advanced research techniques offer potential pathways for developing targeted therapies and educational strategies to support the deaf community better.

From [Auditory areas are recruited for naturalistic visual meaning in early deaf people](#).

Advertisement.



Amplio is a project to improve the quality of music access for Deaf and hard of hearing people.

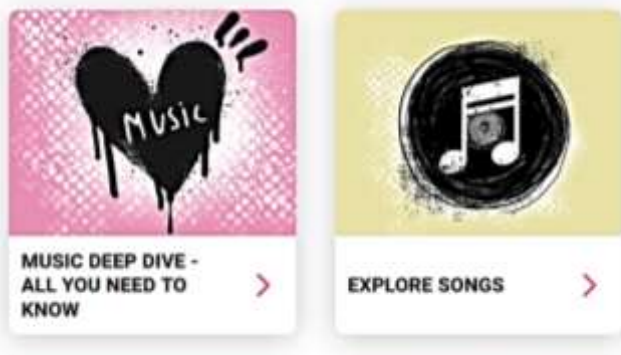
Sign up for the Music Deep Dive to get the most out of music. Check out our music player app with a library of songs.

With the Amplio app, see every note on every instrument, hear sounds designed for hearing aids, cochlear implants and those who don't wear either, feel powerful vibrations and customise to your hearing range.

Created by a Deaf person, Asphyxia, for all levels of Deafness - from mild to total.

The Amplio app works on desktop computers but not yet on mobile devices.

Visit [Amplio](#).



Be an Informed User of Hearing Services.

Here are the tests and services you should expect from a top-notch audiologist or hearing aid specialist who observes best practices.



Imagine walking into a hearing clinic and feeling confident you're in good hands. Hearing healthcare providers who use best practices rely on the latest science to offer the highest quality care that results in the best outcomes.

This article – follow the link below – provides a checklist of best practices to help you know if a hearing care office is taking the proper steps to ensure you are receiving top-notch care. By understanding these critical steps in your hearing journey, you can make better decisions to improve your hearing and communication, ensuring your hearing and hearing devices perform at their best.

From [What to Expect from a High-Quality Hearing Aid Fitting: Best Practices in Hearing Care](#).

Terms like 'hearing health professional' do not reflect professional qualifications.

Deaf Sport history goes back to the 1880s in Australia.



Melbourne Deaf Cricket club was formed in 1881 and since then sport has been a significant part of many Deaf and hard of hearing Australian's lives ever since.

One early interstate event with Deaf people was a cricket match in Adelaide in 1919.

Now, Deaf and hard of hearing Australians participate in sport at local, state, national, and international levels.

The World Deaf Golf Championships were recently held on the Gold Coast, QLD, and the Asia Pacific Deaf Basketball Championships will be held in Melbourne from 21 September. In November 2025, we will be sending an Australian

team to compete at the Deaflympic Games in Japan.

Deaf Sports Australia with the help of the community, created our first major Deaf History exhibition at the Newcastle Library in Newcastle, NSW which started in October 2023, as part of the [2024 Australian Deaf Games](#) program, until the end of March 2024. More than 800 visitors attended this exhibition, and there was an amazing response to seeing history celebrated and shared.

Deaf Sports Australia wanted its history to continue to evolve and be available to share online. They have finally achieved it.

You can view all the stories, photos and videos at <https://deafsports.org.au/deaf-sport-history/>

Know someone who deserves their own copy of **One in Six**?

Let us know at hello@deafnessforum.org.au

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