



No Research About Us, Without Us.

Independent
Registration
Matters

2024 King's Birthday
Honours



Independent Registration Matters.

Australia's State and Territory Health Ministers are now considering options for regulating the audiology profession.

Occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists and podiatrists are among the 16 professions regulated by an independent regulatory body. Yet, audiologists regulate themselves.

The group of Health Ministers commissioned a consultation on the topic and we await the outcome of its considerations.

Deafness Forum Australia supports the registration of the audiology profession under the National Registration and Accreditation Scheme.

We recommend that it cover national registration of both audiologists and audiometrists.

We wish to make it clear that we have great respect for the audiology profession and know that most practitioners work to high levels of professionalism and expertise.

In our experience, audiologists and audiometrists would value registration, affirming their deserved professional status. Being registered would provide a formal acknowledgment of an audiology practitioner's qualifications and competence, facilitating professional credibility and recognition both within Australia and internationally.

Registration would bring the status of the audiology profession as an industry up to the same level as physiotherapy, optometry, nursing, and pharmacy, and would provide the public and employers with a much-needed demarcation between audiology and audiometry as two distinct professions.

Better Hearing Australia Central Coast (NSW) supports mandatory professional registration of audiologists and audiometrists by an external practitioner professional body.

"If regulation was introduced, it would ensure all audiologists and audiometrists are appropriately trained, competent, and qualified to practise. As a result, the public could more confidently expect quality audiometrical service delivery and patient safety through adherence to professional standards and codes of practice.

"While Audiology Australia points out that regulation may not address all the issues that contributed to the serious audiology incidents in Townsville and Adelaide children's hospitals, it would certainly reassure the public to know there was a clear pathway to address any concerns about audiology practice."

16 health professions are already regulated under the National Registration and Accreditation Scheme, with negligible adverse impacts to either practitioners or the public as consumers of these health services. As a citizen representative peak, we think the case for regulation is clear and urgent.

Independent registration facilitates effective monitoring and enforcement of standards through thorough audits, investigations, and penalties such as suspension or deregistration, mechanisms often weak under industry self-regulation. This structure not only boosts public confidence that professionals are held to high standards by a neutral entity, but also ensures more reliable compliance with best practices that safeguard consumers.

An independent body provides impartial oversight and is free from commercial conflicts of interest, ensuring it can objectively establish and uphold standards that protect the public and maintain professional integrity. Such bodies are better equipped to implement stringent registration criteria, ethical codes, and disciplinary processes without succumbing to industry pressures to dilute these standards, providing a robust and reliable framework.

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It effectively reduces conflicts of interest, prevents the erosion of standards for commercial gains, and reinforces enforcement integrity, enhancing public trust in the profession.

The hearing services industry is highly commercialised with a handful of large retail chains commanding most of the Australian market. The range of different schemes supports and sources of information for people to access hearing aids and hearing health services can make navigation of this market very difficult for people with hearing loss and their families.

There are significant gaps in public knowledge about the differences between audiologists and audiometrists, as distinct practitioner

subcategories within the audiology profession, which is not helped by businesses routinely describing audiology professionals as '*clinicians*' or '*hearing care experts*', or '*audiology professionals*'. People seeking hearing care often don't know what type of professional they are seeing, or what types of services the practitioner treating them is trained to provide. This is a major cause for concern and complaint among our constituents.

Everyone is concerned about the commercialisation of the hearing health industry, its focus on selling devices and the pressures audiologists can experience through commercial partnerships between hearing care services and hearing aid manufacturers. There are inadequate consumer protections in place to ensure that audiologists are not compromised by these commercial partnerships – as can be seen through publicly reported instances where hearing device companies have offered commissions to audiologists for hearing aid fittings, or audiologists have had to work under sales targets and key performance indicators based on numbers of hearing aids sold.

These issues exist on top of more general questionable business practices which can occur in any commercial setting such as overpricing, overservicing, and false and misleading advertising.

We support action to ensure that the scope of service delivery performed by audiologists is aligned to nationally prescribed levels of knowledge, skills, and experience, and that professional qualifications mechanisms exist to manage underperforming audiologists, as well as those who engage in unethical business practices.

Deafness Forum Australia considers having a single organisation, independent of the profession, that has oversight or authority to investigate and consistently manage complaints and apply sanctions across the audiology profession to be essential to protect the community and enhance the reputation of the audiology profession.

Vaccine Reduces Hearing Loss in First Nations Children



Vaccines trialled on First Nations children in the Northern Territory to combat high rates of hearing loss are showing significant promise, according to the research team involved.

Australian First Nations children experience the highest reported rates of otitis media (middle ear infection) globally.

“All young children should be able to hear, listen, speak and learn to communicate during their early years,” says Amanda Leach, who heads the Ear Health Research Program at the Menzies School of Health Research.

“However, due to the devastating impacts of chronic otitis media, First Nations children experience life-long disadvantage.

“Almost every Australian First Nations child living in remote regions of the Northern Territory experiences chronic otitis media in

their early years of life. It is crucial that this illness is prevented or treated early to reduce hearing loss and subsequent impacts on learning and development.”

Prof Leach is the lead author of a [new paper](#) exploring how two vaccines can prevent hearing loss caused by otitis media. Trials were conducted from 2013 to 2018 on 261 infants who received six-monthly hearing assessments from age 12 to 36 months.

The trials indicated that of the two vaccines, +P PCV13 and +S PHiD-CV10, the former provided more effective protection against hearing loss.

Senior author of the study and hospital clinician Peter Morris found the study results particularly valuable.

“Many people thought that the +S vaccine would be better, but the prevalence of moderate hearing loss halved, and normal hearing doubled in those who received the +P vaccine (PCV13) compared to the +S group.

“This trend continued at each six-month follow-up until the child reached three years of age, albeit with a smaller difference.”

Currently, PCV13 is freely available through the Northern Territory childhood vaccination schedule.

“We welcome the opportunity to evaluate the impact of these vaccines further. Clinical trials are the best way to understand their effectiveness and to help stop this preventable disease in its tracks.”

Originally published by [Cosmos](#) as [Vaccine provided to NT First Nations children effective in reducing hearing loss](#)



2024 King's Birthday Honours



One of Australia's first audiologists was recognised with a Medal of the Order of Australia "for service to people who are deaf or hard of hearing".

Dr Laurence "Laurie" John Upfold helped shape audiology from its early days. He took charge at the Commonwealth Acoustic Laboratories during the rubella outbreak in 1963.

He was instrumental in promoting professional education and research in audiology. He played a crucial role in encouraging Australian universities to offer postgraduate studies in audiology and was a founding member of The Audiological Society of Australia in 1968. His efforts ensured the growth of a well-trained audiology workforce across the country.

Dr Upfold's commitment to fostering new talent is evident in the establishment of The Laurie Upfold Young Presenters Award at Audiology Australia Conferences. This accolade continues to inspire new research in the field. His seminal book, "A History of Australian Audiology," remains an important resource, encapsulating the profession's development in Australia.

Lionheart

Garry Irvine dedicated 50 years to serving in leadership roles at all levels of Lions International.

Mr Irvine served as chair of the Lions Help To Hear Foundation. He also initiated the participation of Deaf and hard of hearing children in the Auskick games, carried out during the half time break at AFL games, where we had over 60 players participating, supported by Auslan interpreters.

He was appointed a Member of the Order of Australia in the 2024 King's Birthday Honours "for service to Lions International, and to the community."

Proud West Australian




Alexander Clark was awarded a Medal of the Order of Australia "for service to people who are deaf or hard of hearing, and to the community."

Mr Clark is a Council Member and former vice president of the Deafness Council of Western Australia.

He has had a hearing impairment from an early age and has worked tirelessly in the community for people with disabilities. He has a keen interest in senior's welfare and is a life member of Dianella/Yokine Retirees. Alex is also a councillor on the Osborne Park Advisory Board.

He dedicated 4 years to the Ministerial Advisory Board for Disabilities WA and represented Australia at the worldwide Deaf and Blind conference in 2007.



Study Reveals the Art of Ageing Well.

The benefits of participating in art is the subject of [research](#) by the University of Western Australia and Busselton Health Study. Findings link better physical health and mental wellbeing in older Australians with taking part in the arts.

Lead researcher Dr Christina Davies said the study found older adults who engaged in any recreational arts activities during the 12-month study experienced significantly better mental and physical health outcomes than those who didn't participate.

“Whether you like listening to music, reading, colouring, singing, dancing or attending concerts, the arts can provide a range of health enhancing opportunities,” Dr Davies said.

“People don't need to be good at art for the arts to be good for them. It's about having a go and taking part in the arts activities and events that make you feel good.”

Busselton Health Study Centre Director, Dr Michael Hunter said about 85 per cent of the study cohort took part in the arts during the past 12 months including attending events, making art, learning about art, or spending time as a member or volunteer at an arts organisation.

“Like the positive health benefits derived from physical activity, our study suggests that programs that encourage participation in recreational arts activities may be a useful population-based approach to healthy aging,” Dr Hunter said.

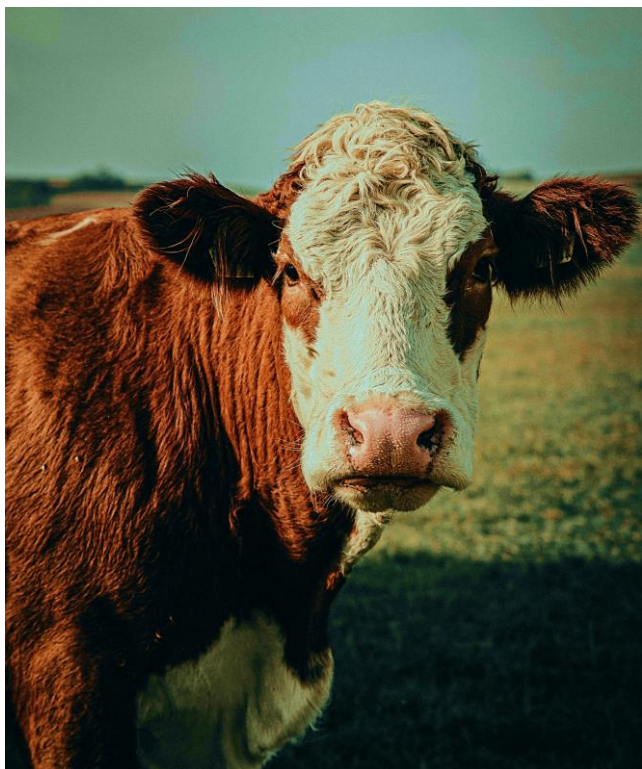
Further research plans to look at the “arts dose” – the optimal length of time older adults should engage in the arts to see a positive impact on physical and mental health. The arts dose for mental wellbeing has been calculated as two hours a week for the general population.



U3A (University of the Third Age) provides educational courses and activities, including art classes, for older adults. Each U3A is independently managed, so art offerings would vary by location.

Local councils and community centres can offer low-cost art classes or creative programs targeted towards seniors and retirees.

Concerns over New Health Insurance Extras



The National Rural Health Alliance is voicing concern over new extras offered by some of Australia's biggest health insurers.

A major private health insurer is now trialling a new scheme offering three free virtual General Practitioner (GP) visits each year with extras cover. Other health insurance companies are exploring similar “perks”. Such new offers need special approval from the Department of Health and Aged Care, as private insurers are currently prohibited from out-of-hospital medical services like GP visits and certain diagnostic testing.

“While this might appear beneficial for consumers in reducing the cost-of-living crisis, a reduction in private health premiums and increased support on out-of-pocket costs is much more meaningful.

“Primary care is not the core business of private health insurers. Entering the primary care part of the health system without collaboration or being part of the existing primary care team can exacerbate the healthcare accessibility challenges already prevalent in rural, regional and remote communities,” said National Rural Health Alliance Chief Executive Susi Tegen.

“Expansion into primary care could also detract from vital government support for local services in rural and remote areas that need continuous funding. While virtual GP consultations may partly suffice for certain health issues, they cannot replace face-to-face health care. It can also potentially impact the continuity of care.

“Rates of private health insurance coverage reduce with remoteness. So, it would be much more helpful if the private health insurance industry provided more support and equity to those who are covered under private health insurance, but are not able to access the full complement of services and rebates purely, due to their postcode.”

Deafness Forum Australia supports the National Rural Health Alliance in urging the Government to reassess these developments concerning primary healthcare funding of services and ensure that rural communities and their clinicians are supported to provide services and are not left out in the healthcare equation.

“It's imperative that we safeguard the foundational elements of our healthcare system, particularly in rural and remote areas where resources are already stretched thin,” Deafness Forum chair David Brady said.

“The greatest impact will be on people with disability and others who are vulnerable.

“Expanding private insurance into primary care could undermine the fabric of community-based health services that are crucial for these communities.”

“Healthcare equity is not just about access. It's about ensuring consistent and comprehensive support across the board. Our rural communities must not be left at a disadvantage due to policy shifts that prioritise profit over patient care.”

Gene Therapy Restores Hearing in Deaf Children.



A groundbreaking gene therapy trial at Fudan University in Shanghai has given five deaf children, aged between one and 11, the ability to hear in both ears. Before the treatment, these children could not hear due to genetic mutations that prevent the production of a crucial protein needed for hearing.

The trial, involving an inactive virus delivering copies of the gene *Otof*, showed remarkable results. Within weeks of treatment, the children were able to locate sound sources, understand speech in noisy environments, and even respond to music.

The therapy, described as "astounding" by Dr Zheng-Yi Chen of Massachusetts Eye and Ear, involves a minimally invasive procedure where the gene is delivered directly into the inner ear, allowing it to produce the necessary protein, *otoferrin*.

Children responded positively and very quickly; a two-year-old boy could react to his name and dance to music within three months of treatment.

This trial is significant as it demonstrates the potential for gene therapy to treat bilateral hearing loss, enabling children to hear and precisely locate where sounds are coming from, an essential ability for daily activities like crossing the street or participating in conversations—the successful bilateral treatment followed earlier positive outcomes from unilateral treatment, reinforcing the potential of this approach.

Globally, 430 million people have disabling hearing loss, with a significant portion being congenital due to genetic factors.

The DFNB9 condition, caused by mutations in the *Otof* gene, represents a substantial percentage of congenital hearing losses. This trial's success opens doors to potentially treating various genetic and even non-genetic hearing loss types.

Further research and more extensive trials are necessary to understand this therapy's benefits and risks fully. The team aims to explore this treatment for other forms of deafness and refine the approach to ensure safety, particularly concerning immune reactions to the viral delivery system.

This development marks a promising new era in treating deafness, offering hope that future advancements may allow even more individuals to regain hearing.

By [Ian Sample](#), science editor for [The Guardian](#).

CMV is a Leading Cause of Hearing Loss at Birth.



Every year in Australia, 400 children will be born with life-long disability caused by a common virus called cytomegalovirus (CMV).

CMV is spread from person-to-person through contact with saliva, urine, tears, nasal mucus and intimate contact. Infected infants and young children, who may otherwise remain well, can easily pass this virus on to others. This means that people who work with or care for young children are at increased risk of infection.

If a pregnant woman is infected with CMV, there is a risk that her unborn baby will also become infected. This is called congenital CMV (cCMV).

Most babies born with congenital CMV will remain well, but some will go on to experience life-long disability.

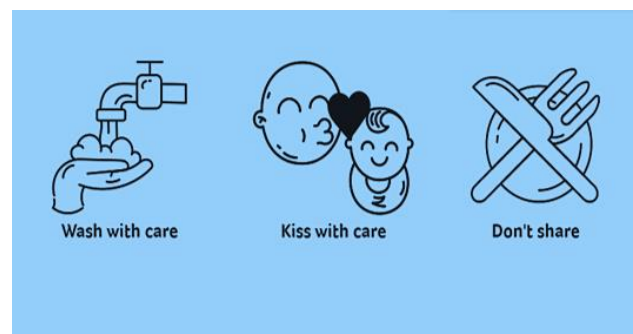
Congenital CMV is the leading infectious cause of disabilities in newborns, including progressive sensorineural hearing loss, cerebral palsy and epilepsy.

Most pregnant women are not aware that simple hygiene strategies like avoiding contact with the saliva and urine of young children can

substantially reduce their risk of infection in pregnancy.

Pam's son Christopher was born with CMV resulting in long-term disability including cerebral palsy, hearing loss and epilepsy.

“While we wouldn't change our boy for anything, we want people to be aware of CMV. Reducing the risk to mums-to-be and unborn babies is as easy as communicating a simple message – wash your hands, don't share utensils, food or drink with toddlers and avoid contact with bodily fluids such as mucus and dribble. If this simple message can prevent future families from having the heartbreaking conversations my husband and I have been forced to endure, then let's spread the word.”



In CMV Awareness Month, this June, Deafness Forum Australia is partnering with Cerebral Palsy Alliance and leading health, disability and government organisations to promote awareness of CMV and the simple strategies women can take to reduce their risk of infection in pregnancy.

Help raise awareness for CMV Awareness Month

- Talk with your friends, family and colleagues about CMV and the simple ways to reduce the risk of infection in pregnancy
- Share CMV prevention messaging on [social media](#)
- Order some [free patient information pamphlets or posters](#) to share with people you know.



Towards a “Good Life”: No Research About Us, Without Us.

What does it mean to live a “good life?” This timeless question is at the heart of health and wellbeing. Health and medical research are at its best when it includes the voices of those it aims to help. By getting the research right, individuals and communities receive the right benefits, empowering them to lead “good” lives.

By Jane Lee, Deafness Forum Australia’s Manager of Health Programs.

At Deafness Forum Australia, we believe everyone deserves a “good life.” So, we are staunch advocates for citizen involvement in research as it is crucial to transform research practices and outcomes for healthier, stronger communities.

Towards achieving this, we have provided a submission to the [review](#) of the [2016 Statement on Consumer and Community Involvement in Health and Medical Research](#) led by the [National Health and Medical Research Council](#) and the [Consumers Health Forum of Australia Ltd.](#)

There are numerous reasons why citizens should be involved in health and medical research. We’ve outlined them in detail in our submission.

From an ethical perspective, [bioethics principles](#) such as autonomy, beneficence, non-maleficence, and justice guide our understanding of a "good life." Autonomy emphasises the importance of individual choice and control, while beneficence and non-maleficence focus on doing good and avoiding harm. Justice ensures fairness and equity in healthcare.

From a [social determinants of health](#) perspective, whole health and wellbeing involves more than just physical health. It encompasses mental and social dimensions, reflecting the interplay between individual and societal factors.

From a citizen advocacy standpoint, we champion the phrase 'no research about us, without us'. This principle emphasises that people with health conditions or disability, including those with deafness and hearing loss, should be leading research that impacts them. Their expertise and lived experiences are critical to creating research that is meaningful and beneficial.

Yet, evidence indicates that there is too often an absence of a citizen voice in all aspects of the research process from design to involvement to dissemination. For instance, a recent [systematic review](#) to understand mental health consumer perspectives on their physical health revealed a notable gap in the lived perspective in comparison to the clinical perspective, along with a scarcity of genuinely codesigned and

coproduced studies. This represents a serious gap and a significant barrier to developing effective health and medical care.

We need to bridge this gap

Actively involving citizens in research means forming authentic and transparent partnerships where studies are conducted *with* them, and not merely about, for, to, or on them. This inclusive and equitable approach represents a significant shift from clinicians and researchers dominating which services are provided to allowing citizens to lead the way in defining which services are received. This transformation empowers them to co-design and co-produce research, ensuring their voices shape the research agenda and outcomes. Their input is vital for research to address real-world needs ethically and practically. A collaborative model not only respects and honours people's lived experience and knowledge, but also results in more relevant and impactful research that truly meets their needs and preferences.

As we strive to create a world where holistic health and wellbeing are accessible to all, consumer engagement in every facet of research is not just necessary, it's the right thing to do. By actively engaging people with lived experience, we shape research to be more relevant, ethical, and impactful. It is through this collaborative effort that we can truly address the diverse needs of our communities and progress towards a "good life" for all.

Read [No research about us without us](#)



Japan's Push for Open Access in Research

Japan is moving forward with a plan to make all publicly funded research freely accessible. The Government will allocate funds to universities to build the necessary infrastructure. This initiative is expected to improve the long-term traceability of research, facilitate secondary research, and promote collaboration.

Japan's shift to Open Access will standardise institutional repositories hosting scientific papers, data and other materials. Among its 800 universities, more than 750 already have such repositories: each will host its research but the underlying software will be uniform.

Australia has made progress in promoting Open Access to Research but a consistent national approach or mandated policy across the higher education sector is still needed.

The Australian Research Council and National Health and Medical Research Council have Open Access policies that require funded research to be made openly accessible within 12 months of publication, but compliance is not systematically monitored or enforced.

Australian universities have institutional repositories containing over 1 million research outputs, of which around half are freely available but often without clear reuse rights specified. Many universities have Open Access policies or statements, but requirements and compliance vary across institutions.

There have been efforts to establish principles and pathways for improving discoverability and impact of Australian research outputs, such as the [FAIR Policy Statement](#). However, a coordinated national strategy still needs to be developed.

While supporting the concept of Open Access, Universities Australia's target for increasing full-text availability (50% by 2030) is regarded as being conservative.

For more research news, visit

<https://www.deafnessforum.org.au/research/>

Australians on an International Stage



Emily Shepard, CEO and co-founder of UsherKids Australia, presented the findings of her research paper, "Exploring the Support Needs of Australian Parents of Young Children with Usher Syndrome" at the Family-Centred Early Intervention for Children who are Deaf or Hard of Hearing Conference in Austria.

Emily's presentation showcased the collaborative efforts of UsherKids Australia on an international platform, emphasising the importance of addressing the unique challenges faced by parents of children with Usher Syndrome.

Emily also presented her work with Murdoch Children's Research Institute on the establishment of AusChildDeafness-CAG, a platform to exchange advice, guidance and

knowledge between researchers and family members of children who are deaf and hard of hearing in Australia.

Both presentations garnered significant attention and underlined the commitment to advocating for comprehensive support systems for families affected by deafness and Usher syndrome.



Top photo: Emily Shepard and Aussie Deaf Kids founder and CEO, and Global Parents of Deaf Children Co-Chair, Ann Porter during the parent workshop.

Bottom: Emily meeting with Austrian parents of young children with Usher syndrome as they embark on establishing a parent-led support group in Austria.

30 Years of Service to Safe Standards

An Honorary Life Member of Deafness Forum Australia, Andrew Stewart, was recognised for his more than 30 years of voluntary service with Standards Australia.

Standards Australia is the nation's peak non-government standards development body. Its primary purpose is to develop voluntary technical standards for products, services, and systems to ensure they are safe, consistent, and reliable for the benefit of Australia.

Andrew Stewart is the managing director of [Hearing Connections](#), based in Sydney.



Andrew Stewart is with Karen Riley-Takos, Chief Operating Officer of Standards Australia.

Building Professional Competencies in Deafblind Communication



The findings from a global survey of interpreters, support workers and other professionals who provide support services to deafblind people are available in a report.

The reports finds that professionals show a strong appetite for professional development in deafblind communication. But while most expressed strong desire to keep working in the sector, poor remuneration or lack of steady hours were central reasons people named for why they were considering leaving the profession and are undoubtedly contributing to workforce shortages in the sector.

Read [Deafblind Professionals Report July 2023](#)



My son didn't say his first words till 2.

Lenny, our third child, wasn't much of a babbler, but amid the chaos of parenting two others and my husband working interstate every week, I'm ashamed to say, I barely noticed.

By Celia Harding writing for [News.com.au](https://www.news.com.au)

Concerns only started at 18 months when he still hadn't spoken a word despite understanding simple commands. By this point, the other two children had lots of words under their belt.

I voiced my concerns to a few pals, my mum, and anyone else with a vague interest. They all said, they are all different.

"You didn't speak until you were potty trained," mum said.

But to not even say cat or mumma seemed off.

The mum guilt crept in. I thought my divided attention had impacted his development. Maybe it was because I'd not read as many books to him as the other two? I thought that talking endlessly and reading books to him repeatedly would make a difference. It didn't.

His daycare wasn't worried, but after a few more fruitless weeks, I discussed the fact he wasn't

meeting his speech milestones with our GP during a delayed vaccination appointment. The GP ordered a hearing test. We went, and it was immediately clear there was a problem.

Sounds that I could clearly hear, he couldn't. His ears had become blocked at some point and hadn't cleared naturally. The ENT said that it was longstanding, and that no normal speech development would be possible until it was fixed. How could I have not known and left it for so long?!

They asked if he'd had any ear infections. Zero.

I was told it could have been a cold that had caused it or that the tubes in his ears were on the smaller side, meaning they were more prone to blockages until they grew bigger - common in kids, apparently.

I asked the doctor if he would have felt isolated as he couldn't hear. He said most likely, as his hearing ability would have been the equivalent of having hands firmly pressed over his ears at all times. Jesus!

It was decided he should have grommets. We managed to wangle a private appointment the following week (I was told it would take a year in the public system). As I'd had grommets as a kid, I knew it was straightforward and wasn't worried

about the operation. I just wanted him to be able to hear.

He came round in the recovery room and you could see on his little face he could suddenly hear, properly.

With plenty of time and attention over the next few months, he'd started babbling, which he hadn't done until now, so I could see things were moving in the right direction. But given it was four months after the operation now, and as someone who runs their own PR business, where my job is to help people to communicate effectively, I was becoming frustrated that we weren't making much progress.

By two years old, he was lagging further behind his peers, prompting a referral to a speech therapist. A month later, he managed his first words. Despite a slow start, the therapist advised patience, suggesting we monitor his progress and reconvene in the new year.

By then, Lenny only had seven words in his vocabulary - far from the expected fifty. He became withdrawn at daycare, isolating himself during activities and meals.

After a comprehensive assessment, we had regular sessions with a fantastic speech therapist who introduced us to the 'observe, wait, and listen' (OWL) technique. I had to stop talking at him, watch and respond to his gestures with words, to build his communication skills and confidence.

Rather than dragging him to appointments, the speech therapist coached us each week on what to do, and we sent her videos of us putting it into action. The progress over the next few weeks was astounding.

We finished the course after four months, but his pronunciation wasn't improving much. The speech therapist spotted signs of a tongue tie, which was limiting the tongue movement needed to create the right sounds. This hadn't affected him as an infant while breastfeeding, so I hadn't noticed that the tip of his tongue was clearly heart-shaped rather than pointed and was now hindering his speech clarity.



Celia Harding's children.

Lenny is currently on a waiting list to correct this. In the meantime, he's now playing with his friends at nursery and we finally feel like we are getting to know our cheeky son.

We all know kids develop at different speeds but to anyone with an inkling that their child isn't progressing as fast as they should, get it checked. All of the various medical professionals we've seen have said early intervention is best.

Do You Need Help?

If a parent is concerned that their child isn't keeping up with speech milestones, they should seek advice from their GP or child health nurse, who can refer the child for a speech pathology assessment. The speech pathology assessment will provide information on the child's strengths, weaknesses, and whether intervention is recommended.

Some key points

Early intervention for speech and language delays is crucial for a child's future success in school, work, relationships, and life. Waiting to see if the child grows out of it can make the situation worse.

Speech pathologists are the professionals who work with and advocate for people with communication disabilities. They can provide therapy to help children develop speech, language, and communication skills.

Parents can find a speech pathologist in their area by visiting the [Speech Pathology Australia](#) website and clicking on 'Find a Speech Pathologist'.

Yarning Ear and Hearing Health.



The first Yarning Ear and Hearing Health state-wide gathering was held on Wadawurrung Country in Ballarat, Victoria.

It was a gathering organised by the Victorian Aboriginal Community Controlled Health Organisation and Rural Workforce Agency Victoria. The event brought together Aboriginal Community-Controlled Organisations, health professionals and key stakeholders working in Victoria's Aboriginal Ear and Hearing Health projects, programs and services.

The breadth of Aboriginal knowledge and experience set the scene for the day and highlighted the importance of working with Aboriginal Communities and Organisations. The gathering enabled attendees to connect and explore opportunities to form partnerships, shift disempowering narratives and practices and drive Aboriginal Ear and Hearing Health initiatives.

Participants shared success stories from across the state and learnt about the strengths of local

models of care while exploring ways to strengthen existing models and create new models of care.

They heard how significant health improvements were achieved when partnerships and holistic health were prioritised.

The future of Ear Health services and programs in Victoria looks positive, given the strength of relationships and collaborative mindsets showcased in the gathering. Learn more about [the Victorian Aboriginal Community Controlled Health Organisation](#) and the [Rural Workforce Agency Victoria](#).



Auslan Interpreting & Live Captioning Services for Seniors

The National Auslan Interpreter Booking Service will be closing at the end of June.

If you are over 65 and do not have an NDIS plan, you will now access interpreting and live captioning services through the National Sign Language Program, managed by Deaf Connect. This includes all former NABS services, now enhanced to cover medical interpreting needs.

Clients who previously relied on NABS can now refer to [DeafNav](#) for a list of available services and to choose a provider.

Deaf Connect will host information sessions across all states and territories: visit [NSLP Roadshow](#).

Expanded Services Starting in July

The National Sign Language Program (NSLP) will broaden its offerings to include sign language interpreting and captioning for health and medical appointments eligible for Medicare rebates. This expansion ensures a comprehensive, no-cost service for the community in engaging with aged care and health services. The NSLP also includes free interpreting and captioning for Deaf, deafblind and hard of hearing Australians at a range of appointments, social situations and more. You can find out more at [National Sign Language Program - Deaf Connect](#).

Individuals needing to book services should contact Deaf Connect directly via interpreting@deafconnect.org.au. Service providers must register on Deaf Connect's platform to use their services. Early booking is recommended to ensure availability.

View the detailed Auslan video explanation and visit Deaf Connect's Facebook page [here](#).

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Influence the Future of Hearing Aids.

Are you a hearing aid user? Have your experiences shaped your views on the current technology? The global research community wants to hear from you.

The International Hearing-Aid Research Conference in the U.S. in August will bring together leading researchers and developers worldwide. This conference represents the pinnacle of dialogue and innovation in hearing aid technology, and your input can play a role in shaping the next generation of devices.

Whether you are a current user or have experiences from past use, your insights are invaluable. This is a unique opportunity to directly influence the technologies to improve auditory assistance for millions globally.

By sharing your experiences, you will provide real-world insights that can inform and inspire researchers and developers attending the international conference. Your feedback will help highlight the strengths and pinpoint the areas needing improvement in current hearing aid designs, directly affecting future developments.

Take advantage of this chance to have your voice heard on an international platform and contribute to hearing aid technology advancements. Your story could lead to innovations that make hearing aids more effective and comfortable for users everywhere.

Participate in the online feedback survey and be a voice for citizens. It's at https://surveys.hearing.nottingham.ac.uk/IHCO_N24_PPI1/



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