

Helping people doing it tough.

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choices for their children.

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marriage occurs in 20% to
over 50% of the population.



Helping People Doing It Tough.

Minister for the NDIS Bill Shorten has launched a new partnership between the Commonwealth Government, Hearing Australia and the Salvation Army.

Hearing Australia will provide hearing services to people who may be homeless, or have drug and alcohol addiction, or mental health and general health issues. This new service is based at the Magpie Nest Café in the Melbourne cbd.

Major Brendan Nottle from the Salvation Army said the work Hearing Australia has been doing in the Café has been transformative for some of the most vulnerable people in the community.

“The Magpie Nest Cafe sees 500 people a day. We are extremely grateful to NDIS and Government Services Minister Bill Shorten for connecting us with Hearing Australia.”

The Café provides free meals, crisis intervention and support, general and ongoing support to people in need, including people experiencing homelessness, people living in boarding houses and rooming houses, asylum seekers and international students.

Now, it will also provide regular support services for listening and communication. Hearing Australia is helping to provide the support people need to become reconnected with the community

with reviews of hearing and communication needs, selecting, fitting and helping people make good use of hearing devices, and ongoing clinical care and device repairs.

NDIS Minister Bill Shorten said people who are facing hardship don't need another layer of social isolation caused by hearing loss.

“By providing hearing supports through Magpie Nest, Hearing Australia is helping some of Australia's most vulnerable.”

Hearing Australia Managing Director, Kim Terrell said his organisation collaborates with vital organisations like the Salvos, working with the government and partnering with communities to prevent and treat hearing loss. Hearing Australia is a government funded organisation that provides hearing services for children, young adults up to the age of 26, eligible Aboriginal and Torres Strait Islander people, pensioners and veterans.

“Just like the Salvation Army, we're committed to improving the lives of others, regardless of their age, location or background.”

Deafness Forum Australia chairman David Brady applauds the new program.

"This remarkable initiative by Hearing Australia demonstrates why Australia needs a strong government-funded hearing health organisation dedicated to prioritising people over profit."

Griffith University launches the Deaf Space.



Celebrating the new Deaf Space are Cathy Easte, Bobbie Blackson, Dr. Breda Carty, Tracey Wardrop, Riona Tindal, Julie Lyons, Jessica Sellars.

The Griffith University Deaf Space has launched with a dedicated, deaf-friendly, safe study and interpreting space, to support an increasing community of Deaf students.

Centrally located at the Mt Gravatt campus, the Deaf Space is fitted to suit the needs of Deaf and hard-of-hearing people with requirements such as visual smoke alarms and door-bell lights.

The new space includes a community group meeting room, resources room, a one-on-one tutoring space, and private study areas providing a safe environment for students to gather as a community, study or watch online sessions with interpreters.

The space will also act as a base for the Deaf Student Support Program (DSSP) to interact with the Deaf students on a personal level. Griffith DSSP provides a range of services such as professional support, Auslan interpreters,

captioning services, access to assistive listening devices and transcription services.

The late Griffith Special Education Professor Emeritus Des Power AO, who advocated for the admission of Deaf students into the Mt Gravatt College of Advanced Education Teacher Training Program in 1985, originally laid the foundation for the DSSP.

Student Disability and Accessibility Manager Cathy Easte was one of the first graduates to benefit from the DSSP program in 1987.

“I am so pleased to be able to launch this Deaf Space, back where it all started in 1985, at the Mt Gravatt campus which always felt like a community space to me,” Ms Easte said.

“Griffith was the first to incorporate the provision of Auslan interpreters in university education.

“The Deaf Space is a remarkable initiative which played a significant role in promoting accessibility and inclusivity for Deaf students in Australia for more than 38 years.

“The DSSP has been instrumental in enhancing the academic, personal, and social lives of Deaf students.

Former head of DSSP Bobbie Blackson and current student Julie Lyons celebrating the new space.

“Many in the cohort plan to teach Auslan as a second language in our Queensland schools which will help to meet society’s ever-increasing demand for interpreters.

“To see so many Deaf students taking up further education, some for the first time and some returning for postgraduate study, is something close to my own heart and I know these students will be future leaders in their communities.

“Griffith has produced many Deaf leaders and there’s no reason to stop now!

Article by for [Griffith University](https://www.griffith.edu.au) QLD.

Consanguinity and hearing.



Consanguineous marriage – marriage between individuals who are closely related – is a strongly favoured tradition practised in some communities whether they are living in their own countries or settled overseas in countries such as Australia.

It is particularly prevalent in parts of the Middle East, Asia, Africa and Latin American communities. In south Asia, consanguineous marriage accounts for 20% to over 50% of the general population. Research suggests that one half of sensory neural hearing loss in children can be attributed to hereditary causes.

These communities, in addition to their custom of interrelated marriage, have large families and are a rapidly growing population. The siblings of consanguineous marriages have a significantly higher incidence of autosomal recessive diseases including hearing impairment.

Two similar surveys were carried out 10 years apart. There were 6,421 subjects from Riyadh City and 9,000 from all other parts of the Kingdom of Saudi Arabia. Consanguinity was found among 22 per cent as first cousins, and 23 per cent as second cousins in the first survey. In the second survey, 19 per cent were first cousins

and 28 per cent second cousins. The rate of consanguinity was 45 per cent in the first survey and 47 per cent in the second. The prevalence of hereditary sensorineural hearing loss (caused by damage to the inner ear or the nerve from the ear to the brain – it is the most common type of permanent hearing loss) was 66.07 per cent and 36.6 per cent in the first and second survey respectively.

The incidence of hereditary hearing loss is very high in developing countries compared to developed countries. Prevention is essential to reduce the incidence of genetic hearing loss.

The risks from blood marriage and the mechanisms that contribute to it must be explained to families. Genetic counselling does provide those seeking information a true picture of the situation with its associated risks, so the family can take the appropriate decisions about marriage.

Genetic counselling, premarital and antenatal screening are to be applied whenever possible, at least for those at risk of developing genetic diseases including hearing impairment.

By Siraj Zakzouk for [Cambridge University Press](#).

From The Journal of Laryngology & Otology, Volume 116 Issue 10, Consanguinity and hearing impairment in developing...





Noise pollution isn't going away.

Ever since Banjo Patterson complained of the fiendish rattle of tramways and buses “making hurry down the street,” noise pollution in Australasian cities has exacted a worsening price on our life expectancy and health.

By [Boon Edam Australia](#) for [The National Tribune](#).

Patterson's lament – in [Clancy of the Overflow](#) in 1889 – was years before the first petrol-driven cars and trucks on Australian and New Zealand roads, which now number more than 20 million and 4.4 million respectively, honking, roaring and fuming their way through our city streets.

Environmental protection agencies recognise that not only are the exhaust fumes dangerous, but so are noises emanating from them and from other expanding urban hazards.

The European Environment Agency estimates that noise is responsible for 72,000 hospital admissions and 16,600 premature deaths every year in Europe alone.

“Cities have become the epicentre of noise pollution, but this issue can often take a back seat to other prominent environmental threats, such as fossil fuel pollution and energy wastage

that produces it. But these noise threats in our cities are from the same basket of airborne ills, which constantly challenge architects and builders to give buildings further attention,” says Boon Edam Australia Managing Director, Michael Fisher.

“Electric cars give us hope for reduced noise and other pollution in the future, but it will be a long time before they are the dominant form of transport. By then we will need a lot more infrastructure to accommodate them, so the challenge isn't going away.”

“If anything, it is increasing, with drivers honking and jostling, groups of workers drilling the road surface, plus, continual construction work on our roads and infrastructure and aircraft flying over us producing noise, noise, and more noise. This isn't going to change. Expanding a city makes a lot of noise and that isn't going to stop. It's up to us to find intelligent solutions to keep excessive noise out of internal areas.”

The World Health Organization (WHO) defines noise above 65 decibels (dB) as noise pollution – ie, a level above normal conversation and laughter. Noise becomes harmful when it exceeds 75 decibels (dB) and is painful above 120 dB. They note that a car horn, for example, produces 90 dB, and a bus produces 100 dB.



Libby Harricks

MEMORIAL ORATION

Since the first presentation in 1999, the Libby Harricks Memorial Oration series has featured distinguished speakers from around the world and gained international recognition for its exceptional presentations.

In partnership with Cochlear, Deafness Forum Australia is honoured that the 2023 Oration will be presented by **Professor Jim Patrick AO**, Chief Scientist, Professor Emeritus, Cochlear.

Jim Patrick is recognised as a world authority on cochlear implants. Together with Professor Graeme Clark, he is one of the original team who pioneered the development of the multi-channel cochlear implant. He has received significant recognition and awards during his career:

- Named in the 2007 'Australia's Most Influential Engineers' for Engineering Expertise.
- Named 'Engineering Icon for the Cochlear Implant' by The Warren Centre for Advanced Engineering.
- Won the 2014 David Dewhurst Award for Biomedical Engineering.
- In 2015, received the ATSE Clunies Ross Lifetime Achievement Award for the application of science and technology for the benefit of Australia.
- In 2015, received the Order of Australia for distinguished service to science.
- In 2017, received the Samuel F. Lybarger Award for Achievements in Industry by the American Academy of Audiology.
- In 2021 he was named the NSW Scientist of the Year.



Cochlear®

Hear now. And always



6 pm Tuesday 5 December at Cochlear Headquarters, Macquarie University precinct, Sydney.

If you wear a Cochlear, come and listen to one of the great minds behind this extraordinary engineering achievement. If you work in the technology sector, you won't want to miss it.

Admission is free. Numbers will be limited. If you want to be sure of securing your ticket, you should [register pronto here](#).

Options to address Tinnitus.



Tinnitus is the perception of noise or ringing in the ear and 20 percent of people experience it.

It's not actually a condition, but a symptom of underlying conditions. These can be age-related, related to hearing loss, ear injury, or a circulatory system disorder. The symptoms include ringing, buzzing, clicking, roaring, hissing, or humming in the ear and it varies depending on the person. In many cases, tinnitus goes away on its own. However, that doesn't mean you should wait for weeks, months, or even years for your tinnitus to disappear. If your tinnitus continues for more than a couple of weeks and negatively affects your quality of life, consult an audiologist.

There are several free videos about tinnitus > [Free webinars](#).

There are other videos that can be purchased (the cost is under 3 pounds in English currency) > [Paid webinars](#).

These videos are designed for the individual but are also excellent resources for hearing care professionals.

These resources are provided by Tinnitus U.K., a charitable organisation that offers advice and resources about tinnitus.

Hidden Hearing Loss.

Hidden hearing loss (HHL) is a type of hearing loss that is not easily detectable through traditional hearing tests. It affects individuals who have normal hearing but struggle with understanding speech, particularly in noisy environments.

HHL is different to sensorineural hearing loss - the most common type of hearing loss. In sensorineural hearing loss, the cells responsible for detecting and transmitting sound signals degenerate. In contrast, HHL is associated with difficulties in speech perception and is an auditory processing disorder.

Recent research has shown that HHL can be caused by various factors, including noise, medications, age, and peripheral neuropathy (a medical condition that affects the nerves responsible for transmitting signals between the central nervous system and the rest of the body), and can affect the proper functioning of the auditory nerve without causing damage to the hair cells.

Numerous studies have focused on the impact of noise exposure on HHL. Studies have also indicated that damage to the links between the inner hair cells and the auditory nerve is a significant player in HHL. Certain medications harm the workings of the inner hair cells, contributing to HHL.

Diagnosing HHL can be challenging since it does not show itself as abnormal audiometric testing results. Instead, it is typically identified through tests that assess speech intelligibility in noisy environments. This form of auditory disorder affects individuals with normal hearing thresholds but plays out as communication difficulties in social situations.

From Hidden Hearing Loss by [Alexandra Jalkh, 10.4236/ijohns.2023.123012](#)



If wheelchair ramps help people with mobility challenges, is there an equivalent for people with hearing loss?

Hearing Loops provide hearing access for people with hearing loss. They are the only assistive listening systems that connect directly to telecoils in hearing devices.

Hearing loss is common. For some, their hearing loss is a minor and manageable nuisance. They report hearing “Okay” as long as it’s quiet, or as long as the person they are communicating with faces them. Sometimes they blame others for misunderstanding (“I could hear fine if only so-and-so would stop mumbling.”) For these persons, their mild hearing loss may present challenges when communicating in noisy gatherings, while at a bar, in the theatre, at busy train stations, or airports.

Hearing loss can range from mild (unable to hear whispers), to moderate (difficulty hearing normal conversation), to severe and profound (only able to hear shouted speech with the use of lipreading.)

For the vast majority of persons with hearing loss, their loss of hearing is acquired following the acquisition of speech and language, which means they do not benefit from or use sign language; they depend on hearing devices, and visual information to comprehend the spoken word.

Do hearing aids restore hearing, the way eyeglasses improve vision?

Modern hearing aids provide significant benefits to persons dealing with hearing loss. Many people rave about being able to hear the song of birds, footsteps in the woods, the chatter of a child, and voices of loved ones thanks to hearing aids but hearing aids do not restore hearing to normal. While sounds of interest are enjoyed once again, noises – sounds that we don’t want to hear – are back too. And it is not just background noise that frustrates hearing aid users. Hearing over distance (think theatres) or in reverberant places (think large cathedrals), even with hearing aids, is challenging.

The effect of distance from the sound source is intensified for hearing aid users. Think of input to the hearing aid microphone as an ever-expanding funnel. As one moves further and further away from the sound source, the “funnel” in effect, becomes wider and wider and gathers in more and more sounds, wanted and unwanted sounds, and mixes them all together – making understanding increasingly difficult. When coupled with the reduced discrimination capability that frequently accompanies more severe hearing loss, intelligibility and listening enjoyment suffer immensely and communication is challenged.

Most hearing aid users do best where wanted signals originate less than 2-3 meters from their ears and only in places where it is quieter, reverberation is minimal, and the speakers can be easily seen (to aid in lipreading).

But what about the often acoustically unfriendly public environments we all move around in on a daily basis? Places where persons with even normal hearing at times struggle to hear. Think pharmacy counters or banks where tellers are behind glass, boardrooms and large meeting spaces, houses of worship, theatres, airports, or train stations.

Can something be done to improve communication, to ensure hearing loss is no longer a barrier, and people with hearing loss are not left behind? If wheelchair ramps help people with mobility challenges, is there an equivalent for people with hearing loss and hearing aids that can help them hear with greater ease and put them on par with normal hearing folks? The answer is YES! Hearing loops, an assistive technology that some call wheelchair ramps for people with hearing loss, can be of great benefit.

In a hearing loop, when you switch your hearing aid or cochlear implant to the T-coil or telecoil setting, the sound from an audio system is broadcast directly and wirelessly into the hearing aid. With hearing loops, there is no need for users to pick up a generic receiver from a service desk. In a hearing loop, the hearing aid is the receiver.

A 2014 study in the U.S. asked 866 adult users of T-coil-equipped hearing aids and cochlear implants to rate their ability to understand speech in places such as places of worship, theatres and auditoriums, and conference rooms. Less than 14 percent rated their ability to hear without a hearing loop above a seven. However, 86 percent rated their experience between eight and ten while listening in a looped area.

Hearing loop technology was pioneered in Europe where it is widely embraced and highly

successful. When hearing accessibility in the United States was made a requirement of law in 1990 under the Americans with Disabilities Act, (unfortunately) no distinction was made between loop systems and less expensive FM or Infrared (IR) systems (ED: the same goes for Australia). Although the ADA did require that systems provide access to “effective communication,” people with severe to profound hearing loss – for whom FM and IR systems often fall short – were slow to mobilise advocacy for hearing loops.

An update to the ADA Standard for Accessible Design in 2010 required that for renovation and new construction, at least 25% of receivers provided be hearing aid compatible: meaning that users do not have to remove their hearing aids to use the system. This change in the law dramatically raised the interest in and availability of hearing loops because loops are the only assistive listening systems that connect directly to telecoils in hearing devices.

By Juliëtte Sterkens, AuD. Dr. Sterkens is the Hearing Loss Association of America’s professional hearing loop advisor.



Buyer beware: Not all hearing aids are equipped with Bluetooth capabilities, and not all Bluetooth-enabled devices are compatible with all hearing aids. Telecoils and hearing loops, on the other hand, are widely supported in many hearing aids, making them a reliable and consistent option for hearing assistance in various settings. Every major brand of hearing aids has models with the telecoil.

Informed Choices.

Parents must make informed choices for their children about the use of hearing devices when hearing loss has been diagnosed.

If parents choose a listening and spoken language approach for their child, where the development of age appropriate spoken language is the parents' goal, then the early fitting and frequent use of hearing aids is crucial.

Within the framework of family centred care, parents have the ultimate responsibility for supporting their child's hearing aid use. However, few studies have focused on parents' insights regarding the aspects that shape hearing aid use in the early years.

A study was to explore parents' firsthand experiences with their child's hearing aid use in the first 5 years. Understanding parents' insights will help improve service provision to optimise outcomes for children with hearing loss.

The study explored parents' firsthand experiences with their child's hearing aid use.

Three overarching themes were conceptualised, namely: (a) towards hearing aids - journey into the wilderness; (b) adjusting to hearing aids - it's the journey, not the destination; and (c) support for my child's hearing aid use - it's not where you are going, it's who you have beside you.

The study identified that parents have much to contribute to service providers' understanding regarding the aspects that shape consistent hearing aid use in young children. Parents shared many insights such as the emotionally daunting nature of the first few months post hearing loss confirmation, the influence of family support, and the importance of building connections and understanding about hearing loss and hearing aid use within their social networks.

Based on these insights, the researchers provide recommendations for clinical best practice that draw upon key principles of family centred care.

More at [Ear and Hearing Journal](#).

Services delivered in a person- and family-centred way ensure that individuals and their families can effectively exercise choice and control.

Person and family-centred care is increasingly recognised as being key to ensuring good quality services and ensuring that users and families can get the best outcomes from care.

Person-centred care is respectful and responsive to individual user preferences, needs and personal values ensuring that their needs and values guide all clinical and support decisions. Person-centred care ensures that people are equal partners in the management of their hearing and communication needs, including shared decision-making and goal setting.

Family-centred care ensures health care is planned around the whole family, and all family members are recognised as care recipients and active members.

Related topics:

[Choices is a free resource](#) to download for families of children who are newly diagnosed with hearing loss from birth to twelve years of age. The book provides valuable information to help families confidently made the right choices for their child throughout their hearing journey.

[Aussie Deaf Kids](#), [Parents of Deaf Children](#), [UsherKids Australia](#) and [West Australian Foundation for Deaf Children](#) are excellent sources of unbiased information and supports.

[Hearing Aid Features Explained](#) is a new resource to help hearing aid users and the general public understand the large, and often overwhelming landscape of hearing aid technology available.



Statement on the situation of persons with disabilities in Israel and the occupied Palestinian territory.

“We are deeply saddened and concerned by the tragic and shocking events we are witnessing in Israel and occupied Palestinian territory, and the impact this is having on persons with disabilities, including children.

When hostilities start, people with disabilities are among the first to lose their lives and to be left behind in accountability processes and documentation of international humanitarian law and human rights law violations” said Yannis Vardakastanis, Chair of the International Disability Alliance.

Limited information is available regarding how people with disabilities are impacted by the recent hostilities. However, as documented during past wars and elaborated on by the United Nations Special Rapporteur, persons with disabilities and their families are disproportionately impacted during armed conflicts. In the current situation, they are at greater risk of serious health consequences and even death, due to indiscriminate attacks against populated areas that endanger civilians, unreasonably short evacuation warnings where safe options are very limited and extensively inaccessible, and a denial of access to life-sustaining goods and services such as electricity, water, and food.

In addition, we must underline that taking civilians as hostages, cutting, or restricting access to water, food, fuel and medicine to an entire population, indiscriminate bombing, and attacks on hospitals and medical personnel might be constitutive of war crimes.

We call on Israel to open access for unrestricted and disability-inclusive humanitarian assistance to address the basic needs of the people of Gaza. We call for the immediate and unconditional release of all hostages and individuals arbitrarily detained, particularly persons with disabilities.



We stress that an immediate ceasefire, including cessation of all hostilities by all parties, is the most effective and immediate way to protect and ensure the safety of all civilians including those with disabilities.

We call on all parties to fully respect their obligations under International Humanitarian Law and human rights law, including the United Nations Convention on the Rights of Persons with Disabilities, – in particular Article 11 of that treaty, as well as the United Nations Security Council Resolution 2475 on persons with disabilities during armed conflict. Nothing justifies targeting civilians and denial of their very basic human needs and rights. We specifically call for:

- Adequate and accessible warning messages and ongoing communications, and safe and accessible evacuation routes.

- Recognition of additional barriers faced by persons with disabilities, particularly women and girls with disabilities, and children and older persons with disabilities and giving such barriers due consideration in military planning and humanitarian relief.
- Taking all appropriate measures to ensure full access to all basic needs – including water, shelter, and healthcare – for persons with disabilities on equal basis with others, as well as provision of specific requirements such as assistive devices and personal care.
- Consultation with persons with disabilities and their representative organisations, including informal organisations or self-help groups, where these exist.
- Requirements of persons with disabilities to be at the core of humanitarian assistance as detailed in international standards including the United Nations Inter-Agency Standing Committee’s Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.

The International Disability Alliance is a coalition of global and regional organisations of persons with disabilities.

It advocates at the United Nations for a more inclusive global environment for everyone.

Among its members – relevant to our community sector – are the International Federation of Hard of Hearing People (Deafness Forum is a member of the Federation), World Federation of the Deaf (Deafness Forum is an associate member) and the World Federation of Deafblind.

<https://www.internationaldisabilityalliance.org/>

NDIS Review.

The Federal Government commissioned a review of the National Disability Insurance Scheme.



The NDIS Review examined the design, operations and sustainability of the NDIS. It looked at ways to make the market and workforce more responsive, supportive and sustainable.

An overarching goal of the Review is to put people with disability back at the centre of the NDIS. It aims to help restore trust, confidence and pride in the NDIS.

The report on the Review were expected in October, but Deafness Forum has learned that the report will now be going to the Disability Reform Ministerial Council at a meeting in the first week of November. The Review committee asked for an extension on its deadline so it could consider the recently-released report on the Disability Royal Commission.

After the NDIS Review report goes to the Disability Reform Ministerial Council it will be considered by National Cabinet before its public release.

Reframing the Conversation.

It was great to join a discussion hosted by Macquarie University on reframing the conversation about Hearing Health and Wellbeing.

Prof. Fran Lin from John Hopkins in the U.S. gave a presentation on the results of his recently published 'Ageing and Cognitive Health Evaluation in Elders' (ACHIEVE) study. Its findings have far-reaching implications for hearing care and healthy ageing.

The study addresses critical questions about who benefits from hearing care to reduce dementia risk, what type of care is effective, and when it is most beneficial.



Among the luminaries who attended the workshop were Deafness Forum Australia's Steve Williamson; Bamini Gopinath, the Cochlear Chair in Hearing and Health and Professor at Macquarie University Hearing; Prof. Frank Lin, Johns Hopkins University School of Public Health; and Kylie Miskovski, General Manager of Policy and Advocacy at Dementia Australia.

Get Help with Your Hearing.

The Australian Government's public awareness campaign encourages people with untreated or developing hearing loss (aged 50–70 years) to proactively manage their hearing health.

Hearing loss is common among Australians, with 1 in 6 people experiencing some form of difficulty hearing. That's why it's important to think about hearing in the same way you think about other aspects of your health.

Many Australians with hearing loss do not seek treatment but help is available. Having a hearing test can help to detect the early signs of hearing loss, so you can keep your hearing healthy for longer. Hearing aids are not the only treatment for hearing loss. Following a hearing check, a range of management options may be discussed including communication strategies, assistive listening devices and phone apps.



If you are concerned about your hearing, talk to a health professional or visit health.gov.au/hearing for more information. A test by a hearing care professional can help determine the type of hearing loss and how much it has progressed. [Take this link.](#)

Valuable addition to UsherKids Australia family.



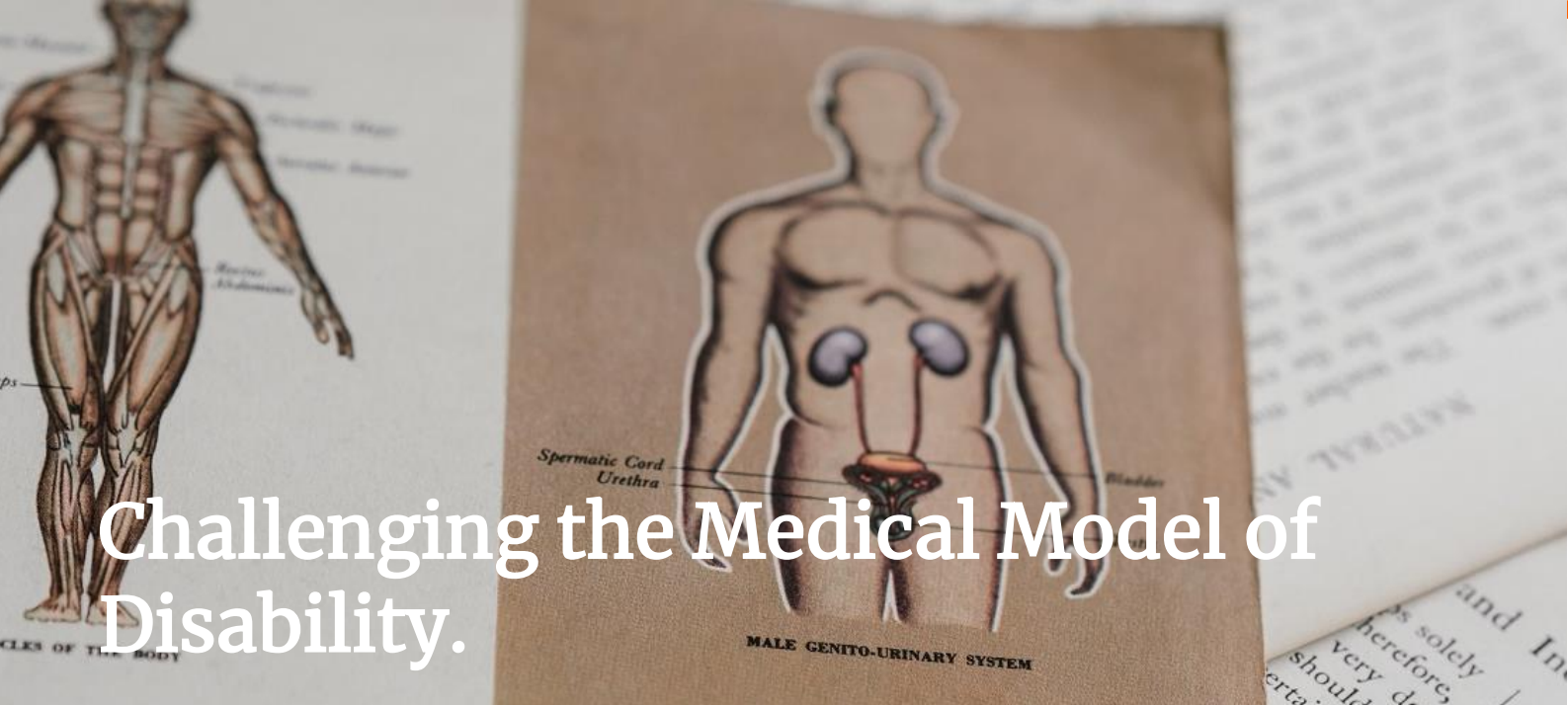
Associate Professor Lauren Ayton has joined the Board of [UsherKids Australia](#).

She is a renowned global leader in the field of low vision and blindness research. In her current role at the University of Melbourne and Centre for Eye Research Australia, Associate Prof. Ayton leads a team investigating inherited retinal diseases including Usher syndrome. Her research includes new methods for assessing eye health and function, evaluation of progression over time and interventions such as gene therapy.

“Prof. Ayton's expertise and dedication align strongly with UsherKids Australia's vision and objectives,” CEO Emily Shapard said.

“Her commitment to finding solutions for those affected by Usher syndrome, coupled with her passion for creating a more inclusive and supportive community, will strengthen our board and the impact of our organisation.”

UsherKids Australia's purpose is to see children and families living with Usher syndrome love their lives. “Our mission is to empower the Usher community through support, connection and knowledge.”



Challenging the Medical Model of Disability.

The cultural shift begins by observing inequality as a societal and attitudinal phenomenon that has nothing to do with how a disabled person's body differs from an abled person's body.

By [Zoe Le Marinel](#) for [Honi Soit](#).

What does disability mean to you? Chances are that you know someone with a disability, even if you're unaware of it. Default perceptions of disability often go unexamined when we aren't confronted with the difficulties facing those communities. These often-unquestioned perceptions tend to be most strongly influenced by the medical model of disability.

In her book "The Capacity Contract", philosopher Stacy Clifford Simplican examines the medical model's simple concept of disability — you are disabled if you have a medical problem. You can be diagnosed and treated for the aspect of you that aberrates from the medical norm of health and function. In this way, the medical model maintains a systematic view of normalcy that is defined by and sampled using abled bodies. On a conceptual level, the disability exists within disabled individuals. When discussing disability activism, therefore, there is often an undue focus on treatment or prevention. The assumption is that it would be

better to live in a world without disability, a view which more recent theory has criticised.

Simplican contrasts the philosophical basis of the medical model against the social model of disability. To understand this further, I spoke with Dr Kim Bulkeley, an occupational therapist and Senior Lecturer at USyd. As Dr Bulkeley explained to me, the social model began to emerge during the 1960s in the United Kingdom as part of the broader civil rights movement. It is a rights-based model at its core. The fundamental principle aim is to shift the focus to the attitudes and environmental factors that affect the lives of disabled people. Simplican points out the social model as one that turns the focus of disability to outside of the person's body, and indeed frames the concept of disability to be largely one based in culture and attitude. For instance, a wheelchair user is not disabled because of a physical condition: the source of the problem is that roads, parks, and buildings are not designed to accommodate disability. If buildings were designed by wheelchair users, issues with accessibility would change considerably.

The social model also has the effect of turning the focus on systemic injustice, which Dr Bulkeley frequently encounters in her research into disability and employment. Only 53% of disabled people in Australia are employed compared to 85% of the non-disabled

population — a statistic which remains unchanged in the past 20 years. According to Dr Bulkeley, persisting ideas of disability equalling a reduced capacity to work discourages employers from accepting and making accommodations for disabled candidates. A social model of disability denies that disabled individuals are inherently less capable of any aspect of life, and that what is necessary is a cultural and institutional shift towards giving the disabled population agency in the decisions that affect their rights, treatment, and quality of life. Hence the slogan of the disability rights movement in Australia: Nothing About Us, Without Us. The social model is geared towards seeing disability as a natural aspect of human diversity, with just as much rich culture and community.

Enacting the cultural shift begins by observing disability inequality as a societal and attitudinal phenomenon that has nothing to do with a disabled person's body or how it differs from an abled person's body. If you can, do some reading or find out what disability services are in your area. Take a critical look at how you view disability in your world, and where exactly you place it.

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

Let us know at hello@deafnessforum.org.au

Items in Deafness Forum's various communication channels may include terminology or summarise views, standards or recommendations of third parties, which are assembled in good faith but do not reflect our views or indicate commitment to a particular course of action. Content derived from various sources may contain offensive or ableist terms, and some content may not be accessible to all audiences. We make no representation or warranty about the accuracy, reliability, currency or completeness of any third-party information. We want to be newsworthy, informative and interesting, and our aim is to be balanced and to represent views from throughout our community sector, even views that might be unpopular or spark controversy. We try to be always open to providing an opportunity for expression of different views. This might not be reflected, for example in all editions of this newsletter. We do not enter into discussions about editorial decisions and policy. Articles may be edited for accessibility, style and length. You are most welcome to contact us to suggest article topics, advocacy issues, offer criticism and to receive this newsletter in an alternative file type.



The Annual General Meeting of the members of Deafness Forum

Australia will be held on Thursday 30 November 2023 at 2pm AEDT, 1.30pm ACDT, 11am AWST.

The agenda and meeting papers are [published on our website](#).

If you can't attend, you can still make your vote count by giving it to another person to vote on your behalf.

Review of the Deafness Forum Constitution.

During the AGM, there will be a presentation given on proposed changes to the [constitution](#).

The Deafness Forum board formed a working group in March 2023 to conduct a review with the purpose of modernising the constitution in line with the Australian Charities and Not-for-profits Commission model, and to bring clarity to sections that were unclear or problematic.

It is important to note that these changes, which will be presented to the members for a vote at a special meeting in mid-2024, are not designed to alter the purpose, objectives, membership, or functions of the organisation. These proposed changes will be made available to members as soon as the legal adviser has finalised the document.

Legal Support Acknowledgment.

We wish to express our appreciation to **Hogan Lovells**, the legal firm that has been instrumental in this constitution review. Their insightful, expert advice ensured legal compliance in drafting and amending sections of our constitution. We extend our sincerest thanks to [Hogan Lovells](#) for their exceptional support during this important review.