

We Don't Want Saving, we want a more inclusive society.

Why are we still
talking about aged
'care'?

Because of the NDIS,
disability is a critical
policy area.





Pygmy Blue Whales Caught in the Crossfire: Woodside's Seismic Blasting Threatens Their Hearing and Survival.

On a secluded beach in Western Australia, a marine scientist discovers a small satellite tracker, its tadpole-shaped form washed ashore after months at sea. But this unassuming device holds critical information: the movements of a pygmy blue whale.

Pygmy blue whales, once nearly driven to extinction by historical whaling, now cling to survival along the West Australian coastline. These majestic marine mammals, their haunting songs echoing through the ocean depths, face new threats in the 21st century.

Woodside's Ambitious Project and Environmental Impact.

Enter Woodside, an oil and gas company with ambitious plans. Their Scarborough project, the largest Australian oil and gas venture in a decade, aims to extract resources from deep beneath the ocean floor. But this endeavour

requires seismic surveying – a process akin to detonating underwater bombs to map the seabed.

Seismic testing produces noise that is especially loud in the lower frequencies that many large baleen whales use to hear and communicate.

The tests use a grid of underwater guns – powered by compressed air – to pulse powerful noise signals through the water. The sound that is reflected off the sea floor and the layers below is captured by an array of hydrophones – underwater audio receivers. Variations in the sound are used to develop a 3D model of sedimentary rock, water, oil and gas beneath the seabed. The blasts of sound are fired at two- to 10-second intervals, up to 12 hours at a time, for weeks or months on end.

The Deafening Impact of Seismic Blasting.

Seismic blasts reverberate through the water, disrupting the tranquil world of marine life. For pygmy blue whales, these blasts pose a grave danger. Their sensitive hearing, essential for communication, navigation, and finding prey, is at risk. Imagine standing next to a bomb

explosion – that’s the intensity of sound these whales endure.

Testing the effects of seismic surveying on marine life is expensive, difficult and often provides results that aren’t comparable between species.

For instance, results from studies of lobster cannot be applied to understand giant crab.

Marine biologist Ryan Day says the limited species studied tend to be invertebrates valued by fisheries, such as lobster and scallops.

“They get the most attention because there’s money involved and if they’re getting harmed, that’s dollars lost. We have no idea about the broader suite of animals out there.”

The Mystery Whale.

Blue whales are some of the world’s most mysterious mammals.

The average person will never see a blue whale in their lifetime, given they disperse widely and far offshore.

Pygmy blue whales are a smaller subspecies but they can still reach up to 24 metres long.

Woodside’s Research Partnership.

Ironically, Woodside also funds research into these very whales. Using cutting-edge satellite tracking technology, they monitor pygmy blue whale movements. This data informs models predicting how the whales will react to underwater noise emissions. But here lies the paradox: Woodside’s seismic blasting threatens the very creatures they study.

Legal Battles and Fresh Approvals.

Woodside’s seismic surveying plans faced legal hurdles. The Federal Court halted their initial environmental plan, citing inadequate consultation with traditional owners. After resubmitting, Woodside received the green light from NOPSEMA (the offshore oil and gas regulator). The survey commenced, and the whales’ fate hung in the balance.

Raelene Cooper’s Heartbreak.

Raelene Cooper, a Mardudhunera woman and traditional owner, expressed her anguish. Woodside’s approach felt “disrespectful” and “arrogant.” The company’s lack of meaningful consultation left her heartbroken, devastated, and furious. For Raelene, the pygmy blue whales symbolise cultural heritage and ecological interconnectedness.

Protesters Rally Against Deafening Silence.

Outside Woodside’s Perth headquarters, protesters raise their voices. Greenpeace activists brandish placards: “A deaf whale is a dead whale.” Their message reverberates beyond the picket lines. It’s a plea for empathy, a call to protect these gentle giants from the cacophony of progress.



Balancing Industry and Ecology.

As Woodside’s seismic blasts echo across the ocean, we grapple with a delicate balance. Can resources be extracted without silencing the songs of the deep? Can we safeguard the environment while advancing industry? A deaf whale is more than a statistic; it’s a symphony silenced.

This article draws from Woodside’s own research and the voices of those who advocate for the whales. [1](#) [2](#) [3](#) [4](#)

Future Directions.



In the United States, over-the-counter hearing aids are emerging as a significant opportunity to broaden access to hearing support for adults experiencing mild-to-moderate hearing loss. But this trend hasn't taken off in Australia.

Research highlights that consumers gravitate towards products and services that resonate with their personal values. Findings suggest that over-the-counter hearing aids presents an alternative to traditional audiology that could align more closely with individual preferences and values.

Despite the widespread occurrence of hearing loss and its significant impacts, fewer than 30% of adults who could gain from using amplification devices actually seek them. The decision to adopt hearing aids is influenced by multiple personal factors, including how individuals perceive their own hearing loss, their engagement with technology, their economic background, their psychomotor abilities, and their overall health as they perceive it.

The high cost of devices is generally accepted as among the most significant barriers to adopting hearing aids. To overcome issues related to access and affordability, the U.S. Food and Drug Administration (FDA) introduced a new class of hearing aids that can legally be sold direct to the public, aka over-the-counter. From 2022, adults over the age of 18 years with perceived mild-to-moderate hearing loss could independently purchase hearing aids without consulting a hearing health care professional.

Looking ahead, there is potential for traditional audiology and over-the-counter hearing aids to complement each other, making hearing care more accessible. Audiologists could enhance their practice by incorporating over-the-counter hearing aids, offering an affordable and straightforward entry point for individuals with mild-to-moderate hearing concerns. We note that in Australia, people have been able to purchase hearing aids on the internet from overseas suppliers, but find it very difficult to get support from traditional audiology clinics to adjust and repair their devices.

This study tested the hypothesis that introducing over-the-counter hearing aids challenges the established values of traditional audiology. The research confirmed that the over-the-counter model prioritises accessibility and affordability of self-managed hearing care, a contrast to the traditionally low emphasis placed on these aspects by conventional audiology. Elevating these values aligns with the broader objective of making hearing aids more accessible.

However, while the over-the-counter model has shifted priorities to better serve those previously underserved, it's vital to continue expanding beyond traditional audiology to overcome remaining access and affordability barriers. Ongoing research is essential to develop solutions that resonate with the values of all patients.

From [Over-the-Counter Hearing Aids Challenge the Core Values of Traditional Audiology](#).



We don't want saving – we want a more inclusive society.

Disability is a big part of our lives as Australians. And with the advent of the NDIS, disability is a critical policy area too.

Yet, of the 4.4 million Australians with disability, only about 14 percent or roughly 630,000 people are on the NDIS. So most Australians with disability do not get support from the NDIS. Those who are in the NDIS can get great support, although clearly that's not a universal experience.

Hannah Orban interviewed **Micheline Lee** in a podcast by the [Grattan Institute](#). In this transcript, they discuss Micheline's *Quarterly Essay* for the [Grattan Institute](#), *Lifeboat: Disability, humanity and the NDIS*.

Hannah Orban: It's an essay we recommend everyone reads, especially Australia's leaders. In it, Micheline Lee discusses what it's like to live with disability in Australia, the big improvements that the National Disability Insurance Scheme, or the NDIS, brought, and yet the challenges that remain in accessing and using this scheme.

Micheline, you're a writer, a rights lawyer, a mother and a person with a disability. How does having a disability affect all the other strands of your identity?

Micheline Lee: I'd have to admit, that I wasn't always the disability rights activist that I am now.

And if you'd asked me this question when I was in my early twenties, I might have defensively said, I've never let my disability hold me back. I rise above my disability and overcome it. And I'm just as good a lawyer or mother as anyone else. That's because I had been affected by society's stigmatisation of disability, and also responding to my own upbringing, where my parents, who became fundamentalists when we came to Australia, believed my disability was the work of the devil and I needed to be healed.

So when I was younger, I saw my disability as a defect, and something I had to deny and minimise in order to fit in. When I started as work as a lawyer I lost almost two hours every day just going to the toilet because my workplace didn't have an accessible toilet and I had to go to the shopping centre where they did have one so I'd have to work extra at night at home after work.

To be accepted to adopt my son I had to minimise my disability. But through learning and living, I discovered the lies in the prejudices I had absorbed. Disability is not an individual defect. Disability, vulnerability is part of being human. Part of normal human variation. The problem is society that is built only for a very narrow conception of able bodied and autonomous being.

In fact, no one is autonomous, we're interdependent. Living with a disability has helped me become very aware of how discrimination and exclusion works. It's made me a better human rights lawyer. It's also made me question things more and embrace diverse views. I think it's made me a better mother too.

My son says he likes hanging around with me for the disabled parking. Well, but more seriously, he says that seeing that everyone has struggles has made him more accepting of himself and others. And as a writer, without the lived experience of disability, I wouldn't have been able to write *Lifeboat*. I've told other people's stories and my own in as real a way as I could.

People don't like to talk about their own vulnerability and I'm no exception to that. And that's what made it so difficult writing the essay. However, I knew it was important to open up because so much is written in a very academic and abstract way and we need to see, you know, the flesh and blood in all of this.

Hannah Orban: The NDIS is a remarkable disability policy, both in Australia and globally. And yet, throughout your essay, you describe so poignantly the difficulty people face in accessing and using the NDIS. Can you tell us about what your life was like before the NDIS and how it's changed with the NDIS?

Micheline Lee: I couldn't walk from an early age and my disability is a progressive one. and all my life I've remembered this fear of becoming more and more dependent, and as I grew older I, I feared having to go into a home at the stage where, I needed. you know, around the clock care. in the last 20 years I've needed more daily care and that has increased with time.

Before the NDS, there was state based disability supports. There was no entitlement to have the disability supports you needed. I was on a waiting list for supports because budgets, during that time weren't allocated to need. They were just arbitrarily set. when I was finally assessed as needing a certain number of hours, only half of, those hours could actually be, be funded, and I

struggled to get to work and to be showered and to have my daily needs met, and I also struggled to afford the very expensive disability equipment I need and I had to apply to a charity, for instance, to pay for the hoist I needed, to transfer me from my wheelchair. But now the NDIS is based on need. there isn't this arbitrarily set, it, there's an assessment and, there's supposed to be choice and control, and, all reasonable and necessary needs, are supposed to be met. So choice and control is a really big thing with, um, the NDIS, goal.

Before agencies were provided with the funding and they decided what care you need. I remember applying for funding to go to the pool with a carer and I only needed one carer, but the agency told me I needed to have two carers to operate the hoist that helps me into the pool. but since we can't afford to give you two carers, you can't go to the pool.

For others it's had a much larger impact. Young people have had to live in nursing homes because the care hasn't been available for them in their own home or elsewhere. And now we have individual funding so that individuals can go out and buy their own services. And for those who can navigate the scheme and the market, the NDIS has given more choice and control.

The NDIS has been life changing for many and for me I have been better off. Overall, I don't fear now being put in a group home if my disability progresses to the point where I need round the clock care. And I can choose my support workers.

Choice and control are still limited because of the way the NDIS has been designed, so for instance, because I need a lot of customisation, for my electric wheelchair, it's been very difficult for me to find a provider who will actually do this work because there's not enough profit in it.

In fact, I've been searching for the last two years and still not found a provider. For me a scheme is not effective if it doesn't reach those who are more difficult to reach and the NDIS hasn't delivered and in some cases, it's been detrimental for those most marginalised.

The review (ED: an independent review of the NDIS commissioned by the Government in 2023 – it's recommendations are currently being considered by the Government) has acknowledged these things. The scheme is inequitable, very complex and difficult to access. People are at the mercy of the market to buy the supports and services you need, We depend on a market driven scheme where services flow where profits are to be found, and where an individual's needs are seen as too complex, difficult, or they live in remote areas, even when they have the funds, they can't convert those funds to actual services and supports.

And there are few safeguards and supports to make sure people are actually receiving good and safe disability supports.

As a result of governments putting money into the NDIS, they've neglected people with disabilities not eligible for the NDIS. NDIS and community and mainstream services have been neglected, people not eligible for the NDIS have had services that were formerly in the community, discontinued,

Hannah Orban: it's telling that, there is still so much to fix in the NDIS. You know, we've come a long way since the state funded system, um, where, you know, as you say, half of what you needed was approved. And now, you know, you're meant to have choice and control within the market, but the market isn't really delivering enough options for people.

And so, you know, there are thin markets everywhere, particularly in rural areas, but even in the cities, and for certain types of services. There's still a long way to go in, in getting that market stewardship right.

And foundational supports, which they announced in the NDIS review as being sort of a solution for, people with disability who are not in the NDIS, foundational supports are meant to be a solution for, many millions of Australians with disability, but we don't really have a sense at this stage of how they'll run and what they'll cover, and when they'll be available.

Micheline, you spoke really eloquently about the ways that the NDIS has changed your life in comparison to the state run system and, and some of the issues that remain, you know, what are the kind of best and worst things about the NDIS.

Micheline Lee: The best thing is that for the first time, we have an entitlement to reasonable and necessary supports, and the size and scale of the NDIS, is a testament to the commitment of Australians to, more equity, it's also a testament to, or an acknowledgement that segregation is a serious problem in Australia and that we need these goals of inclusion.

The worst aspects of the NDIS for me, is that, as I was saying, it's inequitable and the broader changes to society have been neglected. We're disabled by our bodies and by the barriers and the inaccessibility of society, and you don't increase inclusion, just by focusing on the individual.

You need these broader changes made, and as you were saying, that's something that's been, acknowledged by the review, which is great. We've seen an NDIS that had the goal of participation but it hasn't actually increased participation, and many people with disabilities still live very segregated and isolated lives and I understand that, that the number of group homes, segregated group homes haven't decreased, and there are many people with disabilities who live their lives, with really only their paid support workers, in their, in their social circle.

Bill Shorten coined the word lifeboat. The NDIS has been treated like a lifeboat where you either get on this lifeboat or you're not going to be saved and we don't want saving, we want a more, inclusive society.

This is a small part of an eloquent, gracious and fascinating essay, and we reckon everyone should read it. From the [Grattan Institute](#).



Did you know the Federal Government is considering some major changes to the NDIS and disability support more broadly?

Deafness Forum is keen to know your comments, questions, or concerns so we can know what issues to focus on in our advocacy work as the NDIS review progresses.

To share your thoughts, please do our [short survey here](#).

Real Carers, Real Stories.

“Keeping a good work, life, care balance is essential if I am to continue providing proper care and support, and Carer Gateway was able to help me do this.”

Aakriti is one of ten carers who have shared their story about caring through [Real Carers, Real Stories – In Their Own Words](#), a digital photographic exhibition. The exhibition features photographs, videos and stories available in a selection of languages.

Visit the [online exhibition](#). Visit [Carer Gateway](#) to discover resources in 30 languages.

Are you a cochlear implant recipient or candidate?

Researchers from Curtin University School of Allied Health and Cochlear want to know about the things that can influence how or if you choose to use a cochlear implant.

Who can participate? Adult cochlear implant users and cochlear implant candidates over 18 and living in Australia with fluent written and verbal English skills and internet access.

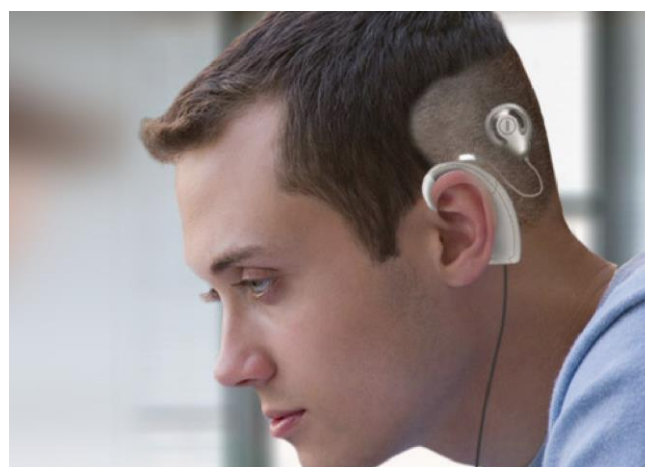
You will be asked to complete an online survey that takes about 15–25 minutes to complete.

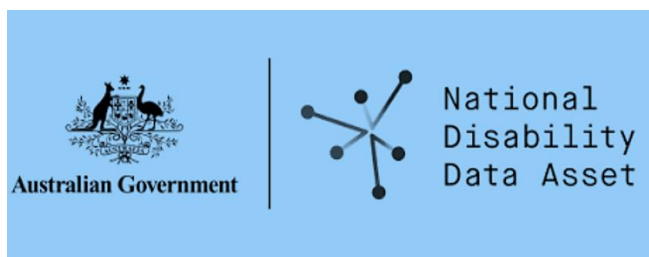
Need more information? Email Catherine at catherine.sucher@curtin.edu.au

Please use the QR code below or [take this link](#) to get more information form.



This study has been approved by the Curtin University Human Research Ethics Committee, study number: HRE2023-0597





Expressions of interest to join panels for the National Disability Data Asset are open.

The Department of Social Services is seeking expressions of interest for people wanting to join two panels for the National Disability Data Asset.

These panels will provide support to the National Disability Data Asset Council on priority areas for the disability data asset. This includes the ethical use of data and future improvements.

If you are passionate about improving life for people with disability and interested in helping make invisible needs visible through data, this opportunity is for you.

Non-government panel members will be paid for their time as guided by [Remuneration Tribunal \(Remuneration and Allowances for Holders of Part-time Public Office\) Determination \(No. 2\) 2023](#).

The Department of Social Services is looking for people that are members of the disability community, experts in disability research, have knowledge in human rights and those with experience in ethical use of data for research to join these panels. Priority will be given to people with disability.

To find out more about this opportunity and to express an interest in joining the panels, please visit DSS Engage at <https://engage.dss.gov.au/national-disability-data-asset-planned-panels-expressions-of-interest>.

Expressions of interest close on 29 February 2024.



A free way to upgrade your professional skill set?

Fee-Free TAFE is a government-led initiative that offers Australians access to tuition-free diplomas, certificates and short courses. These courses are offered in a range of industry sectors with high demand and plenty of growth opportunities. Don't miss out on this unique opportunity to upskill and achieve career progression. [Find out more](#).

Survey: Emergency Preparedness.

Are you deaf or hard of hearing?

We invite you to complete a survey to help us with our work to support preparedness for bushfires, floods, cyclones and other emergencies.

[Go to survey](#)  redcap.sydney.edu.au/surveys
enter code: RCHT4FYNA

If you would like to know more about the study, please contact: Brigit.Maguire@sydney.edu.au

This study has been approved by the Human Research Ethics Committee (HREC) of The University of Sydney (protocol no. 2023/629).

 THE UNIVERSITY OF SYDNEY

Researchers at the University of Sydney invite you to complete a [survey](#) to contribute to work informing emergency preparedness for people who have hearing challenges and those who communicate in Auslan.



Why are we still talking about aged ‘care’?



By Hayley Stone, Director of National Disability Policy and Advocacy for Deafness Forum Australia.

The new Aged Care Act, which will come into effect later this year, states that one of its objectives is to assist individuals accessing funded aged care services to live active, self-determined, and meaningful lives. But how are we going to achieve this, while we still medicalise age-related disability and persist in defining support for older people as ‘care’?

Over the past few years, we’ve had the opportunity to spotlight the multitude of problems in our disability and aged care sectors. Older Australians, those with disabilities, and their supporters have shared harrowing stories – of abuse, exploitation, violence, and neglect, forcing governments to address the dysfunctionality of the support structures that should provide people with additional support needs decent quality of life.

We’ve also seen the full implementation of the National Disability Insurance Scheme (NDIS), as a world-first, comprehensive support system for people with permanent and significant disability

under the age of 65, which has, for the first time, guaranteed people with disability choice and control about the supports and services they need to live their best lives.

For those in policy, comparing the approaches in addressing, what are in many ways, very similar problems, across the aging and disability sectors, is both fascinating and frustrating.

We have different government departments, and different ministers, and the way we draw an arbitrary line in the sand at age 65 around support says much about how as a society, we think about older people and the aging process.

Australia’s Aged Care Scheme is managed by the Department of Health and Aged Care, under the authority of a Minister with the same name. The name of the scheme to my mind is critically important – since it frames the support that it provides in a particular way.

When we think about caring for older people, we think of things like help with showering, home modifications, or support to perform basic daily tasks like cooking or cleaning. We might think about assistive technology, wheelchairs, walkers, and hearing aids. But there’s no association with independence or autonomy.

This view reflects the medicalised model of disability, which links a disability diagnosis to an individual’s physical or cognitive condition. It focuses on the diagnosis, cure, or management of a person’s limitations. Under the medicalised model, a person can be fixed, or at least supported

to manage more effectively in society, through targeted support.

Unfortunately, what so often happens is that the individual is lost in the focus on their physical or cognitive limitations. There is little to no scope for the individual to have any choice and control – because they can either do something, or they can't – with an emphasis on the can't. As a person's physical or cognitive limitations increase, so do their supports.

It's a model that focuses on the reduction of the individual into various deficits to be assessed, and then responded to, through some type of intervention.

It's not unusual for people with disability who are over 65 years of age to tell me that they wish they could access the National Disability Insurance Scheme instead of the Aged Care Scheme, and I've come to understand that a great part of what they are comparing between the two schemes, either consciously or not, is how disability is firstly conceptualised and then addressed in a practical sense to funding and supports.

What makes the National Disability Insurance Scheme so unique in an Australian context – indeed, worldwide, is that the NDIS is a social support scheme founded on a social model of disability. This contemporary approach rejects the idea that the person is the 'problem'. It recognises that disability is an inherent part of the human condition and that the person with disability is limited not by their characteristics, but instead by external factors that we all have a responsibility to address. These external factors can be physical, attitudinal, or legal.

In recognising the equal value of the individual with disability, the social model acknowledges that that person should have access to the same rights as anyone else, including freedom of expression, self-determination, and decision-making – as seen in the phrase that has become synonymous with the promotion of the NDIS '*choice and control*' and this is why a participant

on the NDIS can, in theory, make decisions about the individual supports they want to align with their personal goals.



The Royal Commission into Aged Care Quality and Safety was established in October 2018 to inquire into the quality of aged care services in Australia, including whether these services met the needs of older people and their families.

The Commission presented its final report in 2021, giving 148 recommendations on improving aged care services. The commission's first recommendation was that the Government review the Aged Care Act and create a new Act to provide for a system of aged care that allows older Australians to live active, self-determined, and meaningful lives.

The Commission emphasised that the Act should give older Australians the same rights of social participation as other members of society, allow them to make decisions about their care, pursue physical, social, emotional, and intellectual development opportunities and be active and engaged members of their communities, irrespective of age, or level of physical or cognitive capacity – in essence, to bring the Act in line with the social model of disability.

And to the Federal Government's credit, the draft of the new act does include provisions that should strengthen the rights of older Australians, including a clear statement that the Act is intended to give effect to Australia's obligations under the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of Persons with Disabilities.

But I have doubts that the Act will fully comply with the Commission's aspirations, so long as we continue to conceptualize our support for older Australians as 'care'.

To be clear, we certainly *do* need to provide basic care for any older Australians who require it. All older Australians should have access to basic home and care supports, but what about supports that facilitate aging well, or that support older people to realise personal goals around community participation, capacity building, or learning?

Should older Australians be able to access exercise classes and physiotherapy under the Aged Care Scheme as preventative measures to age better? Should they be supported to participate in community activities that we know will keep them psychologically and cognitively fit and active longer? Paid employment or volunteer work?

What about support and funding to do courses and training if this would support them to live happy, socially connected lives? I believe all these activities should be accessible under our Aged Care Scheme, simply based on common sense – because we know that happy, engaged individuals live healthier.

But there is no way these activities would be defined as 'care', and that's the limitation of our current Aged Care Scheme. The scheme's basic framing doesn't facilitate a holistic view of support for older Australians that includes the right to realise their rights as citizens and members of the community in the same way that their NDIS counterparts do, and while this remains the case, it will continue to minimise the Act's capacity as an instrument to realise the rights of older people in line with our domestic and international obligations.

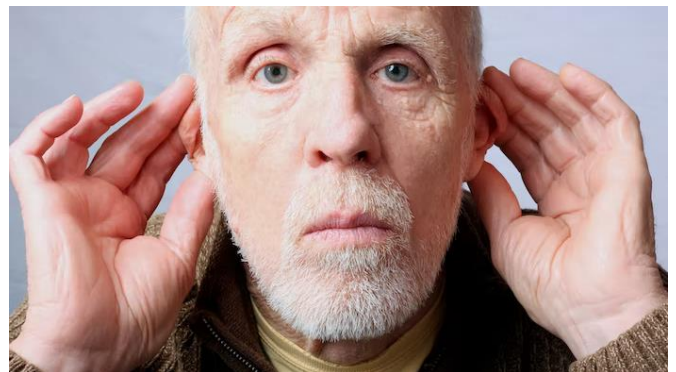
So, how would we go about addressing this? For a start, we need to go back to basics and reconceptualize the whole scheme to broaden the scope of supports and services available to support older Australians. We'd need to revisit

the types of support available to individuals dependent on their individual needs.

It is also important to redefine the portfolio to support the needs – not just care- of older Australians and separate it from the health portfolio to ensure the distinction between the two portfolios doesn't become blurred.

We also need to change community attitudes around aging. People are living and working longer. They're working into their 60s or 70s, participating in the volunteer workforce, and often balancing informal caring commitments to older or younger relatives, but as a society, we've been slow to adjust our attitudes and expectations around what aging now looks like, and what we should be able to expect in terms of support as we age. The Hon. Bill Shorten, once said to me (and I paraphrase) that the Aged Care Act was great for its time – until we had the NDIS. The reform of the Aged Care Act is a once-in-a-lifetime chance to redefine how we, as a society, support our Elders, both now and into the future.

By acting on the lessons learned from the National Disability Insurance Scheme and integrating a social model of disability, we can reimagine ageing not as a decline to be managed but as a phase of life rich with potential. The reform of the Aged Care Act offers hope for a future where aging is celebrated as a vibrant part of the human experience, ensuring that our elders are respected, valued, and empowered to live good lives. We can take this opportunity to redefine the narrative of ageing in Australia to one of dignity and respect. For everyone of us, no matter their age, it's personal.



ERAS TOUR



Many Australian Swifties are making an effort to protect their hearing at the pop star's long-awaited *Eras Tour* this month by wearing earplugs.

- From a story by Hannah Kennelly for the [Sydney Morning Herald](#).

The three-hour concert is definitely going to exceed 110 decibels and that could cause damage to unprotected ears.

“Everyone online was saying how loud the crowds and music were during the United States leg of *The Eras Tour* and that earplugs were an absolute must,” *Swiftie* Rebecca Plumridge said.

The 29-year-old already has existing hearing damage from previous Taylor Swift and One Direction stadium tours.

“I sometimes get really loud buzzing noises in my ears and I often have to ask people to repeat their questions,” she said. “This will be my third Taylor concert, so I really wanted to protect my ears.”

Rebecca is not alone. Earplug-related posts and videos have saturated social media platforms over the past six months, with music fans, festival attendees and influencers sharing their reviews and recommendations for different hearing protection brands.

Kayla Ferguson decided to purchase a pair of earplugs for Swift’s concert after reading reviews online. The 22-year-old Melbournian has been attending live shows for nearly a decade and loves standing in the front row or mosh pit during weekend gigs. However, she had started to notice a pattern of painful ringing and popping sounds in her ears post-concerts.

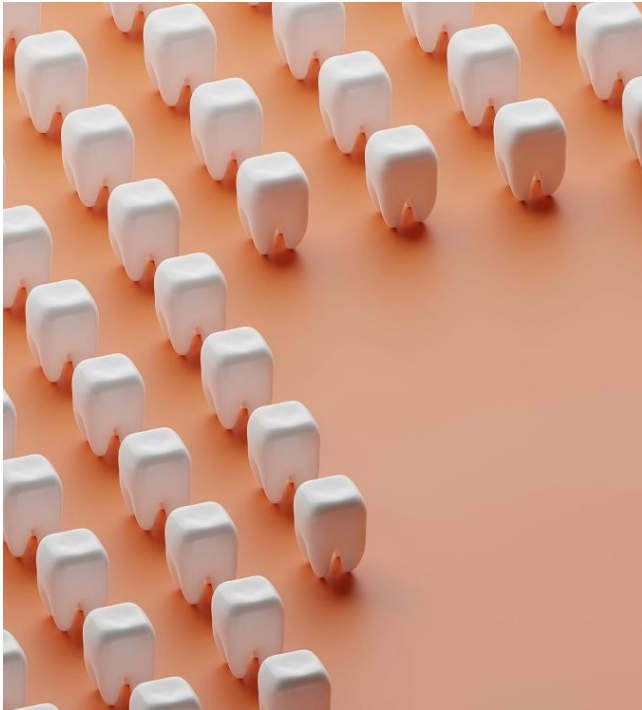
“I’ve never worn any kind of ear protection before, but I know the crowds at Taylor’s shows will be insane and loud, so I’ve invested in some good earplugs,” she said.

Despite their recent surge in popularity, earplugs and headphones are regularly used by the neurodivergent community to reduce sensory overload during concerts.

“Not everyone can afford custom \$300 earplugs, but general foam earplugs work well enough and will protect your ears,” she explained.

A spokesperson from Accor Stadium in Sydney confirmed the venue will offer free earplugs for Swift’s shows and encouraged fans to approach customer service staff during the night.

However, a Melbourne Cricket Ground spokesperson said the venue will not sell any headphones and will only have a limited supply for loan as part of their sensory kits – they encouraged fans to bring their own headphones or earplugs.



Dental Assistants should know about Hearing Loss.

Dental assistants know all too well that a dental office can get noisy. They have probably learned to live with the various sounds of humming, drilling, and screeching from dental equipment, and perhaps you've become so accustomed to these sounds they tune them out. Still, you might wonder if this constant noise can be harmful to your hearing after a while.

With March 3 designated as [World Hearing Day](#) by the World Health Organization, let's take a closer look at the research and how to protect hearing in the dental office.

Can hearing damage occur in the dental office?

Potentially, yes. Dental equipment such as handpieces and ultrasonic scalers can reach up to 100 decibels. Older or poorly maintained machinery can be even louder. These sounds

may seem like mere annoyances when you experience them, but they can cause issues for your ears over time. Prolonged exposure to noise over 70 decibels can result in hearing damage. To put these numbers in perspective, if you need to raise your voice to speak to someone three feet away due to noise, you might be exposed to decibel levels of 85 or greater.

What does the research say?

One study published in [Oral Health](#) found that dentists experience hearing loss at twice the rate of the general population. Research published by the [Journal of Occupational Health](#) found that dental assistants and technicians are most affected by loud noises in the dental office.

The extent of hearing loss for dental professionals can depend on the frequency and intensity of the noise. The length of exposure is also a significant factor. Those who have worked in the dental field longer are at a greater risk for hearing damage, according to a 2023 article in [Occupational Medicine](#). It can start to become noticeable for dental professionals with 10 or more years of experience.

How can dental professionals avoid hearing damage?

Fortunately, noise-induced hearing damage is preventable. If you're concerned about potential hearing damage from your work, consider wearing earplugs, protective earmuffs, or noise-cancelling headphones while operating loud dental equipment. Over-the-counter earplugs can provide some decibel reduction. You can also get custom earplugs from an audiologist that may offer greater protection. Additionally, an audiologist can advise you on protective devices that still allow you to hear patients and co-workers. You may want to talk to your doctor or office manager about covering the cost of ear protection.

People who are regularly in loud environments may need to have their hearing evaluated once a year.



MAR 25TH

**KELVIN KONG ON
INDIGENOUS HEARING
HEALTH.**

Parliament House Canberra

5:30PM - 8:30PM



Kelvin Kong is Australia's first indigenous surgeon, a Worimi man, and compelling advocate for hearing health.

He was honoured as the NAIDOC Person of the Year in 2023 and received the Medal of the Order of Australia (AM) in 2024 for [his work with Indigenous children at risk of hearing loss.](#)

“It is disheartening discussing my mob on an international scale because of the dichotomy that exists with ear disease here.”

Come to Canberra in March: join us to be part of an enlightening journey led by Professor Kelvin Kong.

The venue will be the Parliament House Canberra, 6pm Monday 25 March 2024. Free entry and all are welcome, but places will be limited.

This event is hosted by Deafness Forum Australia, the national peak body for the 4 million Australians living with hearing loss.

[Register here to attend.](#)



Professor Kong's presentation is the 25th [Libby Harricks Memorial Oration.](#)

Since the first Oration in 1999, the series has featured renowned speakers worldwide and gained international recognition for its exceptional presentations on important hearing health and advocacy issues. The series honours the memory of the late Libby Harricks AM, the first President of Deafness Forum Australia. Libby was made a Member of the Order of Australia in 1990 for her work on behalf of deaf and hard-of-hearing people.

Renewing Our Foundation: Timely Amendments to Strengthen Deafness Forum Australia's Constitution.

Dear Members

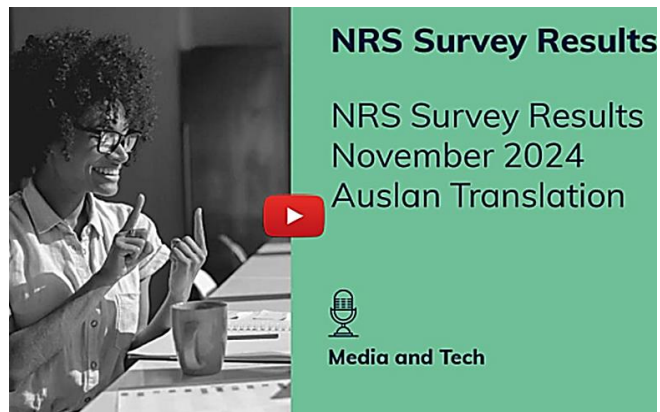
Since March 2023, the Deafness Forum board has been managing a process to update our Constitution to reflect the best practices in governance and structure.

With the invaluable assistance of an independent legal firm, we've drafted a set of proposed changes aimed at refining the Constitution. This initiative isn't just about legal compliance; it's about ensuring the foundation is solid, modern, and capable of supporting our mission and the communities we serve.

On 1 May 2024, we'll hold an online meeting early evening to vote on these proposed changes.

But before we get there, your insights are crucial. During February and March, we're opening the floor for feedback. Whether it's a concern, a suggestion, or a question, we're here to listen. The Board will carefully consider all feedback to ensure the final proposal represents our collective vision.

We have prepared a plain language description of the proposed changes, giving you ample time to review them before we meet on 1 May. Please don't hesitate to contact us to obtain a copy. And we would like to receive your feedback or questions. Email hello@deafnessforum.org.au and ask for Steve.



National Relay Service users have provided feedback on how the service can improve.

The NRS is an Australia-wide phone service for people who are d/Deaf, hard of hearing and/or have speech communication difficulty, as well as for people wanting to communicate with individuals from within that community.

NRS Relay Officers help people keep connected and access the services they need, by:

- changing voice to text or text to voice
- changing Auslan to English or English to Auslan
- staying on the line throughout the call to help, without getting in the way or changing what is said.

You can read the [Survey Results](#) here or you can see the results of the survey in a [video in Auslan](#). This video has no sound.

We encourage suitably qualified companies to apply for the National Relay Service contract to continue the delivery of important services to people who have hearing challenges, speech difficulties or who communicate using Auslan.

The new contract will be from 2024 to 2027, with 2 single year extension options, pending performance.

Applications close 4 March 2024.

Here is [more information](#).



Could Hearing Aids Help Stave Off Dementia in Older Adults?

Leading Western Australian Medical Research Institute, Ear Science Institute Australia is well underway with *HearCog*, a ground-breaking, two-year study of hearing loss and dementia.

A landmark report in [The Lancet Commission for Dementia](#) showed that addressing hearing loss was a priority for tackling dementia. However, to date no definitive studies have proven that treating hearing loss will change the trajectory of cognition.

Dr Dona Jayakody, Audiologist and Research Lead for the Cognition and Hearing Loss Project at Ear Science Institute Australia was interested in finding out whether cognitive impairment/dementia could be delayed or arrested by treating hearing loss. Current data suggests hearing loss accounts for 8% of the modifiable risk factors of all cases of dementia.

HearCog is a 24-month clinical trial investigating whether the correction of hearing loss using hearing aids could decrease the 12-month rate of cognitive decline among older adults at risk of dementia. 180 older adults with hearing loss and mild cognitive impairment were recruited to undertake the study.

Although the research results are yet to be finalised, several important issues have

emerged. Participants reported the significant impact that their hearing loss has on loneliness, social isolation, communication challenges and quality of life. Several reported suicidal ideations at the thought of developing dementia.

Many things have emerged from this study that weren't expected, such as participants wanting to improve their hearing health but having no one to go home to hear with or learn from."

The trial also explores the cost-effectiveness of the intervention as well as the impact of hearing aids on anxiety, depression, physical health, and quality of life.

The ***HearCog*** trial has several unique aspects setting it apart from any other previous studies of its kind. Only participants at risk of dementia were selected to be included. Cognitive assessment suitable for the hearing impaired are being used and data logging information is being used to track the number of hours that participants are using their hearing aids.

Hearing loss is the second highest cause of disability in the world, affecting 1.5 billion people with 90% of cases being due to age-related hearing loss. Currently, more than 50 million people are living with dementia, an alarmingly growing figure, which is said to triple by 2050. Projections suggest that the total number of people living with dementia could be reduced by 13% if the onset of symptoms could be delayed by two years or more.

New resources for students with disability and their parents and caregivers



The Australian Government Department of Education has released new resources for students with disability and their parents and caregivers.

[The resources](#) provide practical information about the rights of students with disability and the obligations of education providers under the *Disability Standards for Education 2005*.

Australian Government Hearing Services Program.

The Department of Health and Aged Care has created a new fact sheet that collates common questions and answers about various aspects of service delivery that have been asked by Hearing Services Program providers.

You can [download the fact sheet here](#). Here is a summary of some of the questions & answers in the new fact sheet.

Charging fees

Can providers charge clients for failing to attend an appointment? Can providers charge a client a fee for a loan aid set up?

Evidence Requirements

Can clients trial several devices and sign a quote at the time of fitting of the chosen device? Can a program client trial another provider's product privately without needing to relocate?

Refittings

What statutory declaration is required? Does data logging need to be printed or can it just be documented? What supporting evidence is required for a remote control to be fit? Etc.

Revalidations

If a client's private device is no longer suitable, do they have to recommence using a program-funded device if it is suitable? Etc.

Telehealth

If a client uses telehealth for a follow up, is it acceptable to record data logging as "client reported"? Can aided speech testing be done over the phone for follow up appointments via telehealth? Can a provider do a telehealth follow up if the client can't come in due to illness or other reasons? Etc.

The Hearing Services Program funds certain hearing aid clinics in 3,000 locations to provide hearing services – including assessments, rehabilitation and devices – to eligible Australians with hearing loss.

To be eligible for the program's Voucher scheme a person must be an Australian citizen or permanent resident over the age of 21 years and are:

- a Pensioner Concession Card holder
- DVA Gold Card holder
- DVA White Card (for hearing-specific conditions)
- spouse of a person in one of the above categories
- member of the ADF
- referred by the Disability Employment Service.

You can [check your eligibility online](#).

Sydney Family Day.

Prepare for an enriching experience at UsherKids Australia's Family Day in Sydney.



From engaging activities to informative sessions, the day is designed to foster connections and share experiences with the [UsherKids Australia](#) family.

Sunday 24 March, 10am-3pm at the Shepherd Centre in Newtown. [Send Tracey an email.](#)



Sydney Gay and Lesbian Mardi Gras welcomes visitors from around Australia and across the globe. Mardi Gras was founded on the values of acceptance and inclusion.

Check out the website for a listing of the [accessibility options](#) provided at various events.



The NDIS is changing!

Do our short survey to learn more about these changes and let us know any questions or concerns you have.

<https://www.surveymonkey.com/r/3MM3K22>

Changes are coming to the NDIS and disability support more broadly.

Do you have questions or thoughts about what these changes might mean for you?

To share your thoughts, please do our short survey via the QR code or go to <https://www.surveymonkey.com/r/3MM3K22>

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

Let us know at hello@deafnessforum.org.au

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