



Australians with Good Hearing Health are Better Able to Lead Fulfilling and Productive Lives.

Harrowing Reading:
Report on Cochlear
Implant Bungle in South
Australian Hospital.

"Sport is a great leveller
in terms of opening
conversations with
people about deafness."

Education Supports for Thousands of Kids with Disability Saved from the Axe.



Education Minister Natalie Hutchins said the government had listened to families, carers, teachers and advocates.

Victoria's Education Minister has overturned a decision by her bureaucrats that would have caused the extinction of the state's Visiting Teachers program.

The more than 80 visiting teachers provide students with disability with one-on-one support in state schools in Victoria.

Education Minister Natalie Hutchins told parents the government had listened to families, carers, teachers and advocates.

The proposed cuts were the subject of an intense advocacy campaign led by the Association for Children with a Disability, UsherKids Australia, National Teachers of the Deaf, other members of Deafness Forum Australia and others.

The issue received extraordinary coverage in the national media.

Emily Shepard, who heads an UsherKids Australia said, "The schools don't have the capacity or the expertise to understand the unique needs of children with either deafness or vision loss or a combination of both. To take funding away from such a vulnerable group of children who are already struggling, it's just heartbreaking and it screamed inequality to me," she said.

Karen Dimmock, CEO of the Association for Children with a Disability, was one of 27 organisation heads (Deafness Forum included) that wrote an open letter to the Minister asking her to oppose the proposed staff cuts. The letter said they were in stark contrast to the government's public commitments to better support students with disability.

"I've spoken to dozens and dozens of parents and some students, and they're just desperately worried about their child's education," Karen Dimmock said. "Children with disability absolutely deserve the same participation as other children."

Encouraged by this victory for common sense, advocates such as Deaf Victoria's Philip Waters will now be pursuing an agenda of reforming how deaf education is approached in Victoria.

"The lack of consultation of deaf and hard of hearing people about the proposed cuts demonstrates the gap between policy and inclusion of our experiences."

Suzie Robertson, President of Parents of Deaf Children said the glaring shortage of Auslan-proficient Visiting Teachers and Auslan interpreters had to be addressed.

"It has restricted families' ability to make communication choices on behalf of their children, often channelling them into auditory-oral educational pathways. Deaf-centred organisations are left to pick up the pieces when these students transition out of the school system," Suzie Robertson said.

Harrowing Reading: Report on Cochlear Implant Bungle in South Australian Hospital.

From an article by [Rebecca Opie](#) for [ABC News](#) with additional material from other sources.



Premier Peter Malinauskas said the review report was "harrowing reading".

The families of more than 200 children caught up in a cochlear implant bungle at Adelaide's Women's and Children's Hospital will be offered financial compensation.

The hospital and state health regulators were alerted in 2022 after a problem was noticed in young patients. Initial testing showed that children hadn't received the important access to all of the sounds that they needed to learn to listen or speak. The critical period is up to age 3

to learn and develop spoken language. Many of these children have missed this opportunity.

Among Deafness Forum Australia's recommendations to the SA Government, Deafness Forum asked that compensation be provided to families and supports offered to parents in the form of expert, independent advice, counselling and services. The offer of financial compensation will be welcomed but the children affected will need intensive supports if they are to make up at least some of the lost ground in their development.

Damning investigation findings.

To its credit, the South Australian Government commissioned an independent investigation that found problems in the system dating back to 2006.

The review found significant gaps including inadequate processes, policies, competency frameworks for staff and a lack of appropriate clinical training in the program.

"We know that not less than 30 of those 208 children have had an adverse outcome as a result of the mapping services associated with cochlear implants not being administered the way they should have been," South Australian Premier Peter Malinauskas said.

"It is truly heartbreaking to contemplate a young person in this circumstance."

The state government said it will offer the families of children who were "under-mapped" at the Adelaide hospital an initial payment of \$50,000, which does not replace a family's full compensation rights. It said families of children who have not been under-mapped will be entitled to \$5,000 to recognise the stress and impact the bungle has had on families.

Premier Malinauskas described the report as "harrowing reading" and said he was committed to making sure such mistakes did not happen again.

"What makes me particularly frustrated about reading elements of this report is that there are

parents who have had their concerns go unheard in the past," he said.

"There has been 17 years of poor management of the way mapping services operate around cochlear implants that we are now only learning about as a consequence of this review."

Audiology industry must be regulated as a healthcare profession that requires mandatory registration.

When news of the South Australian bungle became public knowledge in March, professional body Independent Audiologists Australia said in a statement:

"Independent Audiologists Australia has been advocating for many years to have the audiology industry regulated as a healthcare profession that requires mandatory registration under the Australian Health Practitioner Regulation Agency. Change is needed.

"We are calling on State, Territory and Federal governments to recognise that insufficient safeguards against harm are given to vulnerable Australians living with hearing loss, due to an ineffectively self-regulated industry.

"Independent Audiologists Australia strongly believes that families need choice and control when managing the hearing care of their children, to ensure quality of care and opportunity for second opinions where needed. Registration of Audiologists under the Australian Health Practitioner Regulation Agency is an important part of this picture.

[Independent Audiologists Australia](#) is a national association of Audiologists who own and operate their own practices from more than 400 clinics sites across Australia.

Advanced Paediatric Certification falls short of the mark.

The peak body commented this week that the SA Government review's recommendation that

audiologists employed by the Adelaide's Women's and Children's Hospital be required to join Audiology Australia and obtain its recently-launched 'Advanced Paediatric Certification' falls short of providing the necessary safeguards to children and families.

"In its current form, the voluntary Paediatric Certification is based on hours of work rather than additional training or skills verification; this measure is not a true indicator of competence or depth of practice in this very important speciality area.

"It is likely that the hospital Audiologists involved in the management of these children would have qualified for the hours-based certification, were it in place at the time, and their certification would not have prevented the devastating outcomes now playing out.

"We are disappointed that the reviewers appear to consider self-regulation through Audiology Australia (the current status quo in Audiology) to be equivalent to the rigorous registration conditions other allied health professions adhere to via Australian Health Practitioner Regulation Agency.

"We again call on State, Territory and Federal governments to urgently look to mandatory registration of Audiologists when considering the outcomes of this review."

Job Opportunity.

Audiology Australia is seeking a Chief Executive Officer.

The organisation provides professional development, sets ethical standards of practice and advocates for Audiologists.

Your leadership prowess in association management is based on outstanding stakeholder and commercial skills.

Sound like you? [Apply here.](#)



Deaf rappers who lay down rhymes in sign languages are changing what it means for music to be heard

Artists, activists and entrepreneurs have contributed to an ever-growing hip-hop scene in the Deaf community, which includes a subgenre of rap known as dip hop.

Dip hop stands apart from other subgenres because rappers lay down rhymes in sign languages and craft music informed by their cultural experiences in the Deaf community.

While artists of this style identify their music in different ways – some use labels like “deaf rap,” “deaf hip-hop” and “sign rap” – the designation “dip hop” goes beyond adding a qualifier to the broader musical genre of rap. Instead, it signals an independent style grounded in both hip-hop and Deaf culture.

While the incorporation of sign language is a fundamental element of dip hop – and remains at the forefront of defining this style – dip hop extends far beyond crafting original rap songs in sign language. It involves musical expression that’s shaped through a Deaf cultural lens – songs that reorient mainstream notions of what can be considered music. At the same time, every artist has their own rapping style. Some dip hop artists work with both oral and manual languages to make their music accessible to hearing people. There are those who perform in

both languages simultaneously, and others who prerecord their vocal track, which plays in the background as they rap in sign language. Some artists collaborate with interpreters or with hearing or deaf DJs and musical instruments. There are rappers who rap only in sign languages for Deaf audiences.

Dip hop, like many styles of music, comes to life through live performance. Artists move across the stage with their hands flying through the air as audiences pulse to the rhythm of the blasting bass beat.

Some artists further immerse their audiences in the musical experience by using specialised instruments and equipment such as subwoofers, or new forms of haptic technology, which refers to wearables, such as vests, that channel sound vibrations. Some artists also incorporate visuals into their performances through the use of video screens and sound-activated lights.

As dip hop evolves, it continues to push the boundaries of convention. In the spirit of hip-hop, dip hop rebels both musically and socially against cultural norms, breaking the mold and expanding possibilities for musical artistry.

Through their performances, dip hop artists not only subvert preconceived notions of music but also of Deaf culture and deafness, changing what it means for music to be heard.

From [The Conversation](#).

Matildas' Mackenzie Arnold highlighted hearing loss for rising athletes.

By [Elizabeth Wright](#) for [ABC Sport](#).



Mackenzie Arnold won millions of fans across the country as the Matildas goalkeeper at the Women's World Cup. But what many fans have since learnt is that Mackenzie was fitted with her first hearing aids in April.

Since then she has become a high profile role model for many.

She doesn't wear the hearing aids when she is playing football but wearing them off the pitch has helped her feel more confident in herself.

"I'm a lot more aware and connected," Mackenzie said.

This is something 21-year-old Breanna Doncovski can relate to.

"I find if my hearing aid dies, my balance, my mind game, everything is thrown off immediately," Breanna said.

Breanna qualified for the Australian Women's Deaf Football team and has lived with severe hearing loss since birth.

The team was due to fly to Kuala Lumpur in September for their equivalent of the World Cup, but due to a lack of funding, the opportunity has fallen through.

But Breanna (pictured below) became hopeful for the future of Deaf football in Australia after Arnold announced her hearing loss to the world via social media earlier this year.

"It could absolutely turn tables for us and make everything possible."



Breanna Doncovski said Mackenzie Arnold sharing her journey has helped increase awareness of hearing loss for athletes.

Mackenzie Arnold is certainly raising the profile of athletes with hearing loss, but she isn't the only one to compete in mainstream sport.

Melinda Vernon has been deaf since birth and has medalled multiple times at the Deaflympics

in athletics and competed in Sydney's City to Surf and mainstream World Cross Country Championships.

Melinda said that Mackenzie talking about her journey may help other people feel not so alone.



"Obviously we all have different journeys. Hopefully it starts getting the hearing community thinking and asking questions of deaf people, so they can learn more."

David Brady, who is the chair of Deafness Forum Australia, agrees.

"Australia is behind the world in having a conversation about hearing loss," he said.

He also has competed in Deaf and mainstream sport. He reckons that Mackenzie Arnold playing at the World Cup shows pathways to the top of mainstream sport are possible.

"Sport is a great leveller in terms of opening conversations with people about deafness," he said. "You don't have to let your hearing loss hold you back."

For many women athletes, it is actually a lack of funding in Deaf sport that is holding them back.

Chris Golding from Deaf Football Australia said it was a hard decision to pull the Australian Women's Deaf Football team out of the world championships in Malaysia next month.

"Our fundraising effort was not fast enough to support the girls going over."

Golding said the team is growing and he hopes Arnold's success will create more support for Deaf football.

Grant Opportunities.

Two new Australian Government grant opportunities will soon become available.

[Individual Capacity Building grant](#)

This grant will assist providers and community groups to deliver tailored information, resources and supports, addressing the needs of all people with disability, their family and carers. Eligible activities may include:

- peer-led support groups for people with disability
- activities assisting people with disability to build their ability to self-advocate
- skill building activities relevant to the disability environment.

[Social and Community Participation grant](#)

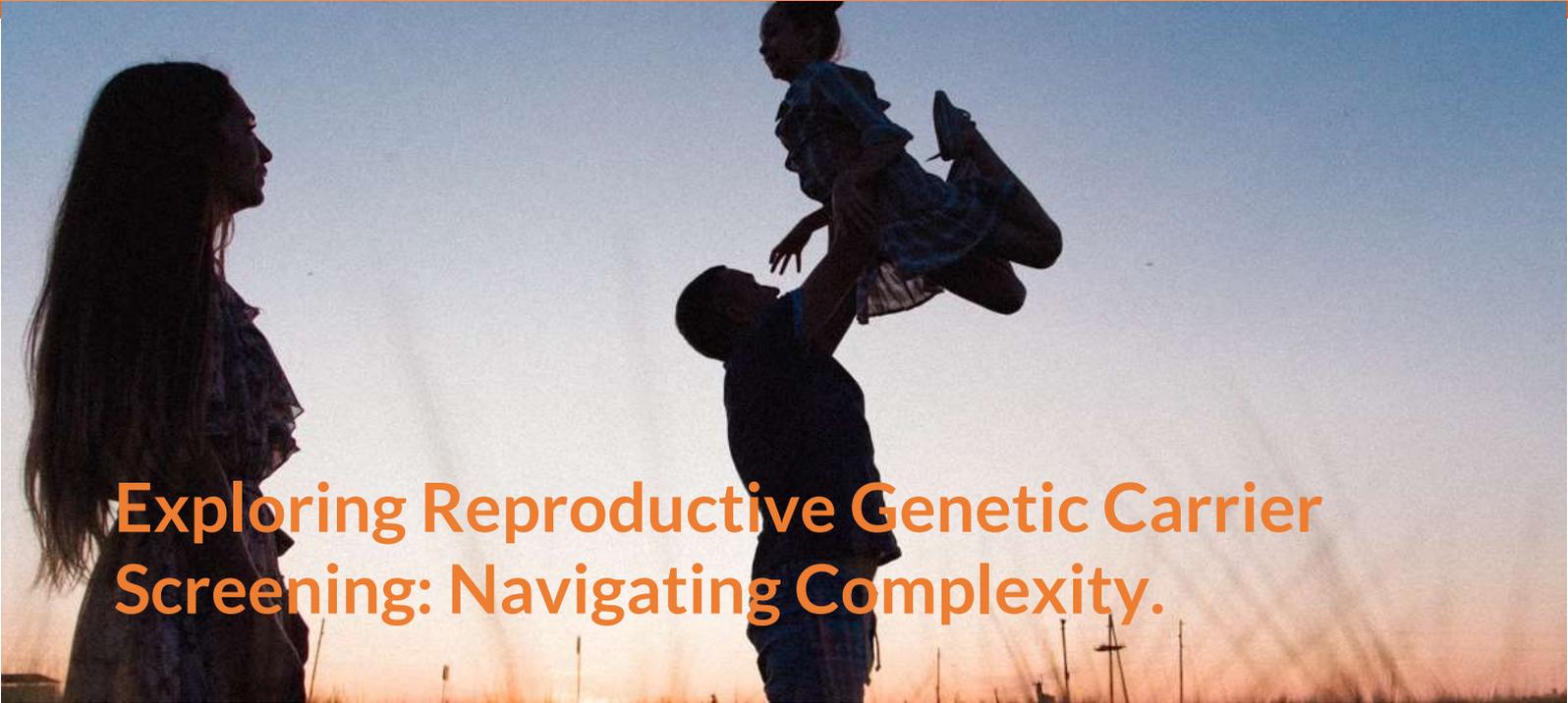
This grant will assist providers and community groups to deliver tailored information, resources and supports, addressing the needs of all people with disability, their family and carers across Australia. Eligible activities may include:

- support for community organisations to become more inclusive of people with disability, their families and carers
- projects that improve or reshape community services and activities to meet the needs of people with disability.



If you know someone who may be experiencing hearing loss, encourage them to get a hearing check. Find out more at health.gov.au/hearing

Get Help With Your Hearing is a public campaign by the Australian Government Department of Health and Aged Care.



Exploring Reproductive Genetic Carrier Screening: Navigating Complexity.

Reproductive Genetic Carrier Screening is a significant method for informing prospective parents about potential genetic conditions before conception or early pregnancy.

This approach aims to guide reproductive decision-making by providing insights into the likelihood of having a child with certain genetic conditions.

Reproductive genetic carrier screening (RGCS) is available to all couples, irrespective of their prior genetic risk, which means many couples make decisions about conditions they have no personal experience with. Commercial testing companies offer RGCS globally, while some countries are testing pilot programs without government funding.

The use of RGCS has solid scientific backing, advocating for informed decision-making for prospective parents. However, there's no consensus on which specific conditions should be included in RGCS tests, who should decide, or how these decisions should be made. This uncertainty leads to a situation where commercial providers determine the conditions to be screened. While the notion of universal RGCS can empower prospective parents, it also brings ethical, societal, and psychological

concerns to the forefront, particularly for those living with the genetic conditions included in the screening process.

Terms like "severe" and "serious" frequently enter discussions about genetic conditions, yet their definitions are hazy and hard to pin down. Medical professionals often classify conditions based on criteria like age of onset, lifespan, symptom variability, and available treatments, leaving personal experiences on the sidelines.

Hearing loss, with genetics at its core, affects roughly half of children with hearing impairments. Genetic mutations can lead to hearing loss, and it can manifest as non-syndromic or syndromic cases. Non-syndromic hearing loss is purely auditory without other associated symptoms and constitutes around 70% of genetic hearing loss cases. Its intensity and progression can vary greatly, even among family members.

Many commercial RGCS panels incorporate genes linked to non-syndromic hearing loss, but there's limited understanding about the general acceptance of such inclusions.

While some couples might want to avoid having a child with hearing loss, interventions and support systems exist for managing deafness. However, there's no consensus on whether it's appropriate to include non-syndromic hearing loss genes in reproductive screening.

In a recent study, both deaf individuals and hearing parents of deaf children were interviewed. Some participants swung between advocating for prospective parents' autonomy and concerns about potential negative impacts, such as sending unfavourable messages about deafness and potential social exclusion. Although some participants saw screening as a way for parents to prepare for a deaf child, there was limited support for using screening results to make reproductive decisions. The majority felt that deafness isn't as severe as other conditions typically included in RGCS and didn't view it as a disability. Personal experiences shaped diverse attitudes toward RGCS for deafness, and many participants raised concerns about how such screening should be integrated into a broader program.

What is known about this topic:

- Lack of consensus on conditions for RGCS and decision-makers.
- Personal experiences crucial for shaping RGCS inclusions.
- Worries about negative effects of RGCS on people with screened conditions.

What this paper adds to the topic:

- Individuals with personal/family deafness experience hold diverse views on RGCS.
- Including non-syndromic hearing loss genes might negatively affect acceptance of disability and devalue the deaf.

The research findings show that views about reproductive choices around deafness are intertwined with the identity of being profoundly deaf and part of a Deaf community.

The findings underline the growing complexity of arguments about the inclusion of deafness, and similar conditions, in RGCS.

From [Wiley Online Library](#).

Have Your Say on the National Disability Insurance Scheme.

The Australian Government is reviewing the NDIS to put people with disability back at the centre of the Scheme and to help restore trust, confidence and pride in the Scheme.

Through an anonymous survey, Deafness Forum Australia is offering NDIS participants, partners and family members an opportunity to tell the Australian Government's review of the NDIS what they think about the NDIS and how it can be improved.



Only 5 percent of people with hearing challenges are currently eligible.

Jane from Tasmania said, "When it comes to hearing loss the bar for access appears far too high. People with a "moderate" hearing loss are extremely impacted by their hearing loss and unable to participate in the community without hearing assistance yet the severity of their disability goes without support as it is described as only a moderate disability."

Deafness Forum created a short, anonymous survey so you can have your say.

[You can complete the survey here.](#)

Culturally Safe.



The Australian Government is investing \$100 million over four years in programs to improve the ear and hearing health outcomes for First Nations children.

Part of this funding goes to the successful HAPEE Program managed by Hearing Australia and available to Aboriginal and Torres Strait Islander children who are not yet attending full time school.

The HAPEE program provided over 14,000 First Nations children with free clinical assessments of their ear and hearing health last financial year. Half the children were found to have undiagnosed ear disease and a quarter had undiagnosed hearing loss. Many required referral to medical practitioners and specialists for follow-up care.

Minister for the National Disability Insurance Scheme and also for Government Services Bill Shorten said HAPEE is making a real difference in the early identification of ear disease and hearing loss.

"More than 60 per cent of children seen for a follow-up appointment now have better ear health and hearing. This is just wonderful because not only is access to sound important for early language development, but it is also integral to Aboriginal and Torres Strait Islander people's connection to culture, family, community, and history."

"These results would not be possible without the strong support of local community-controlled health services."

Minister for Health and Aged Care Mark Butler said, "The early identification of otitis media and hearing loss and referral to specialist treatment and support services is crucial to closing the gap in hearing health."

"Unfortunately, the number of First Nations children being identified with ear disease, preventable ear disease and hearing loss is not reducing.

"This is why the Government is partnering with the First Nations community-controlled sector, Hearing Australia and hearing health experts to streamline program funding and transition service delivery to the community-controlled sector, in line with the National Agreement on Closing the Gap.

"It is critical that we continue to build the capacity and capability of Aboriginal community-controlled health services to ensure they are able to deliver the culturally safe and effective services needed to improve the hearing health of their communities."



Minister for Health and Aged Care Mark Butler.

Parents and carers described the HAPEE appointments for their child as being simple, comfortable and culturally safe.

More than 90 per cent of parents and carers indicated high levels of trust and rapport with HAPEE audiologists and an important success factor was the consistency of audiologist they may see on multiple occasions.



Australians with Good Hearing Health are Better Able to Lead Fulfilling and Productive Lives.

Exposure to noise causes a third of hearing loss in adulthood.

It's Safe Listening Week from Sunday. A time to highlight the importance of protecting our hearing by having safe listening habits.

Many people develop hearing loss from prolonged exposure to loud sounds. It can occur in workplace, environmental or recreational settings.

Loud sounds damage ears and can lead to persistent tinnitus and hearing loss. The more exposure to loud noise, the worse it gets. It is mostly irreversible.

This type of hearing loss affects the perception of high-pitched sounds, leading to difficulties in speech discrimination. People with this type of hearing loss often feel they “can hear the sounds, but not understand what is being said”.

What is unsafe listening?

Unsafe listening refers to the common practices of listening to loud sound levels or for prolonged

time periods. Sensory cells in the ears can start to become damaged by prolonged exposure to loud sounds.

A sound at 100 decibels – the level produced by a passing train – can only be listened to safely for less than five minutes a day.

Music at clubs and concerts is often as loud as 110 decibels, and some headphones can play music equally as loud when the volume is close to maximum. Even a short time of exposure to levels of such high decibels can be very harmful.

Loud sounds will harm your hearing.

After a loud concert you may experience muffled hearing or a ringing or buzzing in the ears. This often improves as the sensory cells in the ears recover. But with regular exposure, particularly to loud or prolonged noise, damage of the sensory cells and other structures can be permanent, resulting in irreversible noise-induced hearing loss, tinnitus, or both.

Other causes of noise-induced hearing loss include loud bursts of sound, such as fireworks, or continuous exposure to loud sounds over time, such as working with loud machinery.

Habitual exposure over time almost certainly leads to tinnitus and hearing loss. The more exposure to loud noise, the worse it gets.

The good news is that hearing loss caused by noise can be avoided and prevented.

Safe listening practices go a long way towards protecting your hearing while you are enjoying your activity.

Communication and speech.

Unaddressed hearing loss affects the way people connect and communicate; this can have a profound effect on language development in children and hamper communication among adults.

Cognition.

Language deprivation can lead to delayed cognitive development in children, which can be avoided if suitable intervention is received during the initial years of life. In older adults, unaddressed hearing loss is associated with mental and physical declines and with higher rates of age-related dementia.

Education and employment.

Children with hearing loss may not get the best from their education if they don't receive necessary supports. Adults with hearing loss also have a much higher unemployment rate. Among those with hearing loss who are employed, a higher percentage are in lower grades of employment, earn lower wages, or retire earlier than their hearing peers.

Social and emotional.

Although hearing loss contributes to social isolation and loneliness at all ages, these are experienced more specifically in people of older ages. A reduced ability to understand auditory information and maintain conversations can lead to avoidance of potentially embarrassing

social situations. Lack of social engagement and loneliness, especially in older people, may further contribute to cognitive decline and depression.

Economic.

Along with the distress experienced by individuals with hearing loss and the financial costs faced by families, unaddressed hearing loss results in an annual cost to Australia's economy of \$30 billion dollars. This includes costs for the health sector (which exclude costs of hearing care such as hearing screening, hearing aids, implants or rehabilitation); costs of educational support; and costs resulting from loss of productivity and taxes.



1 billion teenagers and young adults worldwide are at risk of hearing loss due to unsafe listening habits.

Throughout the world, nearly 50% of people aged 12–35 years of age – that's 1.1 billion young people – are at risk of hearing loss due to prolonged exposure to loud sounds, through listening to music on smartphones and audio players, or at music gigs and clubs.

Here in Australia, nearly 50% of young people are exposed to unsafe levels of sound from the use of personal audio devices.

Around 40% of under 35 year-olds are regularly exposed to damaging sound levels at clubs and bars.

Practising safe listening is one of the simplest ways to prevent hearing loss that is caused by recreational exposure to loud sounds.

Safe listening can go a long way to protecting your hearing while you are enjoying your activity. Love your music but protect your ears.



UNDERSTANDING NOISE-INDUCED HEARING LOSS.

The more often you're exposed to loud noise, the more damage your ears will sustain.

AVOID THE RISK OF NOISE-INDUCED HEARING LOSS AND HELP PRESERVE YOUR HEARING AS YOU AGE.

* Keep the volume down.

Listening to personal audio systems (devices such as smartphones or MP3 players through which music is played, and ear/headphones, as well as headphones with music playing capabilities) at a volume level below 60% of maximum is helpful in reducing the risk of hearing loss and tinnitus. Using carefully fitted, and if possible, noise cancelling headphones is also advisable.

* Limit time spent in noisy activities.

Listening for a prolonged period of time can also damage hearing. When in nightclubs, bars, sporting events and other noisy environments, taking short listening breaks away from loud noise reduces the overall duration of noise exposure.

* Be aware of listening levels.

Many devices, such as smartphone apps or listening software, use built-in safety features, such as volume limiting and sound level monitoring. These indicate precisely the levels of sound and duration of listening and provide an assessment of the potential danger of over-exposure.

* Protect ears from loud sounds.

This can be achieved by wearing earplugs in noisy venues and moving away from sources of sound, such as loudspeakers.

* Heed the warning signs of hearing loss.

It is crucial to not ignore early signs of noise damage.

- ringing in the ears (tinnitus)
- problems in hearing high-pitched sounds such as doorbells, phones or alarm clocks
- difficulty understanding speech especially over the telephone following conversations in noisy environments.

Regular hearing checks are recommended, especially for those listening to music regularly or visiting loud entertainment venues.



PROTECT YOUR HEARING WITH THE RIGHT HABITS.

Our ears are very delicate organs, and we need to take care of them to protect our hearing.

AVOID THE RISK OF NOISE-INDUCED HEARING LOSS AND HELP PRESERVE YOUR HEARING AS YOU AGE.



Deaf Festival Sydney returns in 2023.

Sydney welcomes the return of the biggest Deaf community event in the state. The highly anticipated 2023 Festival will be a celebration of Deaf culture, history, vibrant community spirit and Auslan.

Deaf Festival Sydney is a free event open to the public at Cathy Freeman Park at Sydney Olympic Park on Saturday 26 August.

The event is accessible, welcoming people of all abilities and ages. There will also be plenty of interpreters on the ground to help with communication between Auslan and English. Live captioning will also be available.

The Festival is set to captivate audiences with a stellar lineup of Deaf performers, Deaf artists, and exciting special guest appearances, including spellbinding dance routines from the Deaf Indigenous Dance Group.

Glenn Welldon from the organising committee said, “It is with joy we bring back Deaf Festival Sydney after a hugely successful 2022 Festival, after years of forced break due to COVID-19.

“It’s events like Deaf Festival Sydney that create memories and provide a space where connections are re-established, and our culture thrives.”

In addition to the getting together, marvellous performances, stalls, and load of fun for the kids, the Deaf Festival will also provide a platform for advocacy and awareness.

Stall holders, various organisations and representatives will be present to share resources, information, and support services that empower the Deaf community and promote inclusivity in society.

Sponsor spokesperson Brent Phillips from Deaf Connect said the Deaf Festival is an opportunity to bring the community together, celebrate Deaf culture and Auslan.

“The Deaf Festival Sydney committee has dedicated countless hours to curate an event that celebrates the diversity, creativity, and heritage of our community.

“We look forward to welcoming Deaf, Deafblind and hard of hearing Australians from all over the country to Sydney Olympic Park.”





“We would love you to make videos to reach a hearing loss audience” she suggested.

“Sure, that sounds good” I replied, “assuming the videos would be captioned, of course.” “But wouldn’t you just sign in them?” she asked with some confusion.

I stopped dead in my tracks in surprise. “Most people with hearing loss, myself included, don’t know sign language,” I explained, “particularly if we acquired our hearing issues later in life.”

“I didn’t know that,” she said.

I was disappointed. If an intelligent, educated person working in media doesn’t know this basic fact about people with hearing loss, imagine the ignorance of the general public.

Sign language works well for people in the Deaf community, but as someone who developed hearing loss later in life, it is not a workable option for me, unless I wanted to change almost everything about my life. I prefer to augment my residual hearing with technology to remain firmly in the hearing world.

At first, I shrugged off my experience with the media rep with a roll of my eyes and a chuckle, similar to the times when people have told me that I don’t look deaf. But upon further reflection, this mistake seemed different. The misperception that people with hearing loss

generally know sign language could have serious ramifications for accessibility.

According to Wikipedia, there are 250,000 to 500,000 people using sign language today in the United States, including a number of children of deaf adults – about 1% of the 48 million people in the U.S. with hearing loss, meaning sign language is not the norm for the vast majority of people who have trouble hearing. (The Australian Census report shows slightly more than 16,000 people use Auslan.)

Sometimes, when people with hearing loss ask for an accommodation at a hospital or museum, they are told the only available option is a sign language interpreter. This shouldn’t be the case.

As people with hearing loss outside of the Deaf community, we must continue to raise awareness with legislators, leaders at cultural institutions, medical facilities, and schools as well as with the general public about the accessibility options that work best for us. These include things like assistive listening devices, [captioning](#) of all types, and [hearing loops](#). Even paper and pencil can be helpful when used effectively.

The one accommodation that will not work for most of us is sign language.

Shari Ebert’s article previously appeared in [Psychology Today](#) and [Living with Hearing Loss](#).

The Significance of the Voice in Closing The Gap.

“I am dismayed at how the debate on the Voice has been hijacked by all sorts of nonsense and misinformation.”

Pat Turner, CEO of the National Aboriginal Community Controlled Health Organisation spoke about the Voice in a [speech](#) this month at the University of Canberra.

“We have a simple truth here. Believe it or not, Aboriginal people know what’s best for Aboriginal people.

“All we want is a say in our own affairs, not a veto, not an advantage over others. We want a fair go. And a Voice will help us get it.

“The best way of building social cohesion is to listen to us and then co-design a solution with us, provide meaningful funding and then, as partners, share the decision making. It is a simple solution, and it starts with a Voice.

“When I reflect on the public debate about the Voice, there is no one who is disagreeing that our voices should not be central to the decisions of government that are mostly about us.



“We need to make it clear that our Voice needs to be around for good to really drive the change needed in government to ensure we are properly heard. The best way to do this is to have our Voice enshrined in the Constitution.

The upcoming referendum is the most important vote of our collective lifetimes. Saying yes to this being included in our Constitution is a decision about what kind of Australia we want to live in. A decision on what kind of future we want for all of us, not just for Aboriginal and Torres Strait Islander people. A future where our peoples, as First Peoples of this country, can be heard.”

We all have a part to play in Closing The Gap.

Improving hearing health for Aboriginal and Torres Strait Islander people is a human rights issue. It is linked to broader improvements in health, education, and social and economic outcomes. Action is needed across multiple sectors. This should be led by Aboriginal and Torres Strait Islander people themselves.

In his [2021 Libby Harricks Memorial Oration](#), Western Australia’s Professor Harvey Coates AO spoke about the hearing loss challenges experienced by First Nations children.

Contributing to Closing The Gap is one of Deafness Forum Australia’s four goals. We will actively support programs that are true and effective partnerships between Aboriginal and Torres Strait Islander people and hearing health professionals who have both the skills and the cultural knowledge necessary to make useful and lasting impacts.

In relation to the future referendum on the Voice, Deafness Forum will highlight the fact that middle ear infection creates a greater risk of a range of adult social problems including unemployment and involvement with the criminal justice system.

Deafness Forum will promote and monitor the accessibility of genuine information about the Voice.



The Australian Human Rights Commission created an educational resource kit for the Voice referendum in 2023.

The educational resources seek to **minimise harm**, promote **cultural humility**, and focus the conversation on **human rights** principles as they relate to the proposed Voice to Parliament. Resources include information on the history of First Nations advocacy, the United Nations Declaration on the Rights of Indigenous Peoples, self-determination, harm minimisation, substantive reform, and more.

There are nine sections within the resource kit, [available to download in full on the 'understanding the referendum from a human rights perspective' page](#) of the Commission's website.

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

Let us know via hello@deafnessforum.org.au

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