



NDIS may follow the same disastrous path as aged care

A failure to properly centre the aged care system on individual rights, even with a substantial increase in funding, would perpetuate existing problems and the historical approach of recent decades: seeing quality aged care as a service to be rationed out with an eye to balancing fiscal restraint with political imperatives, rather than a basic right to which seniors are entitled. There is a warning in this for people who rely on the NDIS.

Helping families make the best choices for their child's hearing future

Choices is a free resource 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 make the right choices for their child throughout their hearing journey.

Falling far short of what it was set up to do

People have told the Disability Royal Commission about their unhappiness with the Government's Disability Employment Services program.

How the brain processes sign language

A new study created an overall picture of the neural basis of sign language. For the first time, researchers were able to identify the brain regions that were involved in sign language processing.

Few people in China use hearing aids

A challenge in China is access to hearing care services. But are there cultural issues also at play? It cannot be said that the same low use of hearing aids exists among people of Chinese descent living in Australia, but research into the topic could be valuable.

Aged care mess illustrates what faces the NDIS if cost overruns are key to reform

There has to be a radical change in thinking to address failures in aged care. Moreover, the same failures must not be allowed to befall disability services.

[Bernard Keane](#) writes for [CRIKEY](#)

The government's anticipated spending announcement about aged care in next month's budget looks to be well short of what is needed to deliver the changes identified as necessary by the aged care royal commission.

In what looked like an actual scoop rather than a traditional budget drop, Nine's James Massola reported at the weekend a plan to increase aged care funding by [\\$10 billion over four years](#). But how small \$2.5 billion a year is in the face of the sector's problems was demonstrated by a report from the [Grattan Institute](#).



Stephen Duckett and his colleagues accepted the figure put forward by the royal commissioners that aged care was \$9.8 billion a year worse off than it should have been because of funding cuts by successive governments, and argued for that funding to be restored.

That would allow the home care package backlog to be cleared, home care services to keep people out of residential care as long as possible to be upgraded, the workforce to be increased by 70,000 people to establish minimum levels of care in residential facilities, and a network of "care finders" to be established to help seniors navigate the system.

That reflects the report's emphasis on delivering on the royal commissioners' goal of a rights-based system and commissioner Lynelle Briggs' recommendation for "care finders", which Duckett and co say "is absolutely fundamental in ensuring a rights-based system".

Care finders should provide face-to-face help to older Australians as they try to navigate the aged care system. They should be agents or independent advocates for older people, not for government. They should train older Australians and their families in what human rights means for their care ... [They] should be qualified, independent from service providers, and locally based in a regional organisation rather than operating out of a distant centralised body ... [They] must have some level of independence, employed by independent regional organisations.

The report also urges that aged care workforce training includes a substantial component of competencies in human rights. This re-foundation of aged care on a rights-based philosophy is the crucial test of the government's response since so much else in the royal commission report flows from that.

A failure to properly centre the system on individual rights, even with a substantial increase in funding, would perpetuate existing problems and the historical approach of recent decades: seeing quality aged care as a service to be rationed out with an eye to balancing fiscal restraint with political imperatives, rather than a basic right to which seniors are entitled.

Such fundamental changes, and such massive funding increases, are required because aged care is a policy tragedy created by successive governments and generations of policymakers at the political and bureaucratic level — all reflecting an indifference to senior's needs.

It should demonstrate to both decision makers and voters what can happen to the National Disability Insurance Scheme (NDIS) if the same mentality of cost minimisation is allowed to dictate the fundamentals of the system.

If the NDIS is being run [with an emphasis on avoiding cost overruns](#) — with a unit within the National Disability Insurance Agency operating under a former McKinsey consultant to slash costs, prevent growth in participant numbers and impose "sustainability" rather than being founded on the rights of disabled Australians to receive quality care — it means disability services will track the same institutional path that aged care has over recent decades.

That means underfunding, poor governance and, inevitably, occasional political firestorms prompting short-term fixes, along with the rights of clients and carers being sidelined.

These will inevitably end up being addressed in the disability care royal commission of 2034, with similar recommendations to similar problems that the government must deal with in aged care in 2021.

The government has an opportunity for a fundamental overhaul of aged care. Prime Minister Scott Morrison isn't responsible for what's happened to aged care, but he has a blueprint to address it if he's willing not merely to throw more money at the sector but to re-base the entire system — its funding, workforce planning and governance — around the rights of senior Australians.

How the brain processes sign language

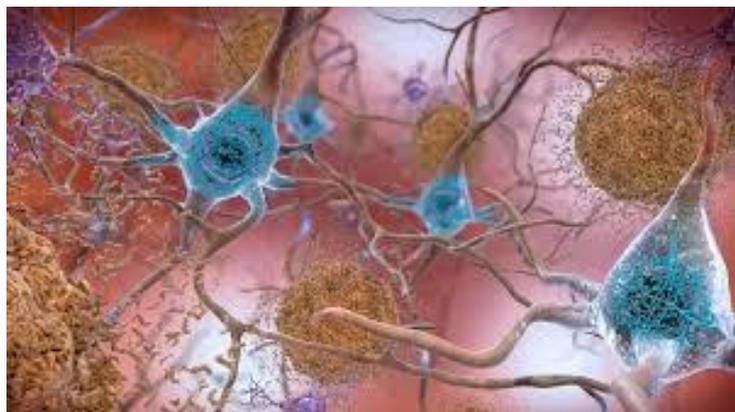
The ability to speak is one of the essential characteristics that distinguishes humans from other animals.

Many people would probably intuitively equate speech and language. However, cognitive science research on sign languages since the 1960s paints a different picture: Today it is clear, sign languages are fully autonomous languages and have a complex organisation on several linguistic levels such as grammar and meaning.

Previous studies on the processing of sign language in the human brain had already found some similarities and also differences between sign languages and spoken languages. Until now, however, it has been difficult to derive a consistent picture of how both forms of language are processed in the brain.

Researchers wanted to know which brain regions are actually involved in the processing of sign language across different studies -- and how large the overlap is with brain regions that hearing people use for spoken language processing. In a meta-study published in the journal *Human Brain Mapping*, they pooled data from sign language processing experiments conducted around the world.

"A meta-study gives us the opportunity to get an overall picture of the neural basis of sign language. So, for the first time, we were able to statistically and robustly identify the brain regions that were involved in sign language processing across all studies," explains Emiliano Zaccarella, last author of the paper and group leader in the Department of Neuropsychology at the MPI CBS.



The researchers found that especially the so-called Broca's area in the frontal brain of the left hemisphere is one of the regions that was involved in the processing of sign language in almost every study evaluated. This brain region has long been known to play a central role in spoken language, where it is used for grammar and meaning.

The researchers were indeed able to confirm that there is an overlap between spoken and signed language in Broca's area. They also succeeded in showing the role played by the right frontal brain -- the counterpart to Broca's area on the left side of the brain. This also appeared repeatedly in many of the sign language studies evaluated, because it processes non-linguistic aspects such as spatial or social information of its counterpart. This means that movements of the hands, face and body -- of which signs consist -- are in principle perceived similarly by deaf and hearing people.

Only in the case of deaf people, however, do they additionally activate the language network in the left hemisphere of the brain, including Broca's area. They therefore perceive the gestures as gestures with linguistic content -- instead of as pure movement sequences, as would be the case with hearing people.

The results demonstrate that Broca's area in the left hemisphere is a central node in the language network of the human brain. Depending on whether people use language in the form of signs, sounds or writing, it works together with other networks. Broca's area thus processes not only spoken and written language, as has been known up to now, but also abstract linguistic information in any form of language in general.

In a follow-up study, the research team now aims to find out whether the different parts of Broca's area are also specialised in either the meaning or the grammar of sign language in deaf people, similar to hearing people.

From [Science Daily](#)

Few people in China with hearing loss use hearing aids

Only 1 out of 16 Chinese people who could benefit from hearing aids actually use hearing aids, a Chinese study finds.

In the study, 34% of the participants were in need of hearing aids. However, only 6.5% of those who could benefit from them actually used hearing aids.



The study consisted of 4,421 participants aged 65 years and older of which 2,969 had a hearing loss greater than 25 dB with some degree of hearing loss. 1,503 were identified as in need of hearing aids by audiologists. This is 34% of all participants in the study. Those in the need of hearing aids had a significant hearing loss and needed amplification for day to day communication based on the WHO Ear and Hearing Disorder Survey Protocol E.11-2.

92% of the 1,503 persons who were in the need of hearing aids identified themselves as having a hearing loss.

Only 97 of those in the study used hearing aids, which is only 6.5% of those who were identified as in need of hearing aids.

The proportion of those with mild, moderate and severe hearing loss were 22.6%, 52.3% and 25.2% respectively.

92% of the 1,503 who were in need of hearing aids had not had a hearing test carried out within the past 12 months of the survey.

The study used data from a population-based survey on ear and hearing disorders which was conducted in 4 provinces of China in 2014 and 2015. Trained examiners conducted pure tone audiometry and audiologists further ascertained for hearing loss.

The study "[Hearing Aids Acquisition in Chinese Older Adults With Hearing Loss](#)" was published in American Journal of Public Health Research (AJPH Research)

Deafness Forum comments

This study was conducted in China. One of the challenges in China is access to services - the number of hearing care professionals per capita is significantly lower than in Australia. But are there cultural issues also at play? While it cannot be said that the same low use of hearing aids exists among people of Chinese descent living in Australia, research into the topic could be valuable.



Helping families make the best choices for their child's hearing future

Choices is a free resource 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 make the right choices for their child throughout their hearing journey.

Alison King, Hearing Australia's Principal Audiologist, Paediatric Services said, "We've created Choices to acknowledge that parents and families may be going through a difficult time and to reassure them that their child's hearing loss is manageable and there is plenty of professional support available."

Through Choices, Hearing Australia makes it easier for families to understand and find information about the range of hearing technology, communication and support services that are available to help them.

[download Choices](#)

Advertisement

Message from University of Sydney

We would like to invite adults with a hearing loss to complete a 20-minute survey.

We are interested in your views about how easy it is to communicate with staff at your audiology clinic. Are adaptations and strategies for communication used? Are these adaptations or strategies helpful? This information will guide us on the type of support that could improve these services.

Follow this link for more information [[Online survey: communication accessibility](#)]. After you have read the information on the first page, you can choose to click on the tab to complete the survey, or, if you prefer, choose not to complete it.

If you prefer, you can also complete a printable survey, which you can download here [[Printable survey: communication accessibility](#)].

Please let the researchers know if you would like more information about this survey in a video with Auslan interpretation. (isabelle.boisvert@sydney.edu.au).

Human Research Ethics Committee project no. 2021/041.

Ida Institute introduces pioneering report on future of hearing care



Over the past year, the Ida Institute conducted 60 interviews, six focus groups, two workshops, one global survey with almost 1,500 responses, and months of research and analysis in a bid to understand the future landscape of hearing care. The Future Hearing Journeys report shares the insights gathered from people with hearing loss, hearing care professionals, academics, and the industry.

Among the key findings, professional guidance during in-person appointments was identified as the most important aspect of care for people with hearing loss. Around 87% of people with hearing loss reported that they prefer purchasing hearing devices from an audiologist to online or in-store purchases. Academics pointed to person-centered care as the second most important opportunity for hearing care professionals in the coming years, trumped only by telehealth.

The report shows that in the future, telehealth will allow hearing care professionals to extend care to their clients' homes. In many cases, care will be delivered as a hybrid of face-to-face and remote. Increasing commercialisation and competition will likely lead to new technologies and access to cheaper technology. At the same time, wellness trends will lead consumers to think more holistically, seeing hearing as part of their overall health and focusing more on experiences (e.g., the care they receive) than possessions (e.g., hearing care devices).

"While we can't plan the future, we can prepare for it," says Bundesen. "Armed with these new insights, we will all be better able to navigate an evolving landscape of new technologies, consumer demands, and business models."

To help other organisations explore the future of audiology in their local contexts, the Ida Institute has created a new resource, Explore the Future of Hearing Care, which comprises a series of free, downloadable materials. Groups can choose to run five half-hour 'Lunch and Chat' sessions or one three-hour strategic discussion. The materials include PowerPoints and facilitator guides.

Visit the [Ida Institute](https://www.idainstitute.org) to learn more.



Ida Institute is a non-profit organisation based in Denmark working to build a community that embraces person-centred care. Deafness Forum is a member of Ida Institute and distributes its information and resources freely in Australasia to consumers and hearing care professionals.

What's a little hearing loss between you & your dentist?



Gael Hannan writes,

Today, I had a minor thing done to my two front teeth which had chipped, and from start to finish it was an accessible and pain-free experience. That made it an unusual experience.

A few years ago, I wrote an article in the form of a letter to a different dentist, who had given me a root canal, a process that seemed to go on for weeks. In this article of advocacy, I provided pertinent suggestions in a friendly, slightly humorous manner which I thought would alert dentists to the needs of their patients with hearing loss. When asked my dentist if he'd read the article (which I'd sent him), he said he hadn't had time, and the topic never came up again.

I've excerpted the letter – do you think I was overly critical? Keep in mind that this was seven years B.C. (Before Covid).

A Letter To My Dentist,

Having just escaped from your dentist chair for the second time in a week, I am writing while the experience is still painfully fresh in my mind. Actually, the pain wasn't nearly as bad as I expected – the drugs helped a lot.

As you know, Doc, I have hearing loss, and you've always been good about removing your mask when asked to repeat something. But I'm wondering if I might suggest a few other areas of your clinical service that could use some accessibility upgrades? And this isn't just about me – you probably have many other hard of hearing clients, although not all would have disclosed this choice bit of personal info.

If you're interested, keep reading. If not, please recycle the paper.

Your waiting room has a lovely new 'high-def' TV which, unfortunately, is not accessible to your 'low-deaf' clients (bad pun). While waiting for my root canal last week, I asked for the closed captioning (CC) to be turned on, so I could understand the TV and focus on something to calm my nerves. You should keep the CC on permanently for all of your patients!

May I suggest sensitivity awareness and communication training for your staff? Your receptionist is lovely but tends to talk to her computer rather than looking directly at me. This is important because when hard of hearing people are stressed – due to nerves before the appointment or from pain after it – our hearing tends to be at low ebb. We appreciate service providers who communicate well with us. You might also consider a counter loop that would enable your receptionist and hearing aid-users to communicate directly and clearly. Some clients with hearing loss don't do well on the phone, so may I suggest email communication? (Note: I would be happy to provide this training in exchange for a free tooth-whitening treatment.)

Written follow-up information would make sure I don't miss anything important. Spoken instructions can be misunderstood or misinterpreted, whereas a comprehensive info sheet ensures I don't miss a thing and can be digested better when I'm at home. For example, I asked you about pain and you said my mouth might be a little tender afterwards and, if so, to take a pain reliever. Well, there was a LOT of pain and face swelling. Now, Doc, if you did tell me this, I didn't hear it; perhaps I was too focused on trying to bring both halves of my frozen jaw together. In fact, full written information on all your procedures would be helpful, like an info sheet such as 'Your Root Canal: Neat Stuff to Know'.

Now, here's the biggie communication challenge – understanding you during the procedure. My speechreading ability is limited during dental work, because your masked face is not in my line of sight. A clear mask would allow speechreading and relieve anxiety with patients. I understand when you throw me a "you OK?" and I respond with a thumbs up. But today, we did have a slight communication issue. As you turned away for a moment, you pulled down your mask and said, "Would you care to apologise?"

Me: Why?

You: Because it's the next step.

Me: The next step in my root canal is that I have to apologise?!

You: Huh?

Me: Can you repeat what you said?

You: I said, now we're going to do a polish.

Me: Oh, I thought you said I had to apologise. Sorry.

So, Dentist, My Dentist – you do take good care of my teeth and I thank you. With just a bit of improved communication in the clinic, I would nominate you for Dentist of the Year Award.

Sincerely yours, blah blah

So! What do you think? I was polite and helpful, wasn't I?

My dentist today passed with flying colours, although my tinnitus always flares higher after a session of drilling. That aside, our communication was more or less perfect.

One demerit point: he doesn't have a TV in the waiting room, probably because no one arriving for their appointment has to wait more than a minute or two before the tortur..uh..treatment starts.

By Gael Hannan for [Hearing Health Matters](#)

Deafness Forum website: a source of information and inspiration



- Home
- Our organisation
- Topics A-Z
- Events
- News and issues
- Resources
- Facebook
- Contact us



Despite harsh, discriminatory conditions, low pay and lack of recognition, countless deaf women have fought with brilliance and dedication for personal and professional recognition, including for the right to vote. They contributed to women's emancipation in the...



Australia's first Indigenous surgeon says identifying hearing loss would change lives. Identifying hearing loss and treating middle-ear infections in Indigenous children in their first four years would change lives forever, says Australia's first Indigenous surgeon,...

The experiences of linguistically diverse people with disability

The Disability Royal Commission wants to hear about challenges, barriers and ways to better prevent and reduce violence against, and abuse, neglect and exploitation of, culturally and linguistically diverse people with disability. The Royal Commission says it...



Roadmap for Australia's Hearing Health



Hearing assistance in aged care & hospitals



Donations to our work are tax deductible



Indigenous people with hearing loss in custody



Choices Hearing Australia

Options for families of kids with hearing loss



A million Aussies use CAPTIONS every day



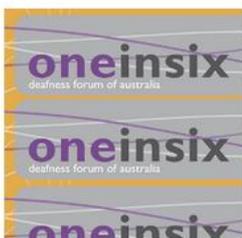
World Hearing Day, Hearing Awareness Wk



Free tools to help you manage hearing loss



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Hearing Loss & Deafness facts & stats



Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Investigation: evil acts uncovered

The [Deafness Forum website](#) has news, issues, views and resources for anyone interested in ear and hearing health.



Concerns about the Government's Disability Employment Services program: Disability Royal Commission news

In a **summary of responses** to the Royal Commission's Employment Issues paper, several responders singled out Disability Employment Services (DES) and raised concerns about their design and implementation.

Some responses said the very service that was established to help people with disability find and keep a job, is falling far short of what it was set up to do. The most commonly mentioned problems relating to the DES were:

- a lack of appropriate support
- poor client outcomes
- clients being placed in jobs that didn't match their skills, interests or abilities.

We were also told DES providers are not achieving long-term outcomes, with some job placements ending abruptly or only lasting as long as government subsidies did. Responders explained some DES providers:

- focus resources on participants more likely to get a job
- provide little assistance to more disadvantaged jobseekers
- cycle participants through activities and providers without achieving long-term results.

We were told these types of practices can place young people with disability at increased risk of violence and abuse. In some cases, we heard they can lead to exploitation, violence and abuse.

Responders described how some DES consultants didn't have specialised disability knowledge or qualifications, and didn't act in their client's best interest.

The sister of a woman with an intellectual disability from a culturally and linguistically diverse background said DES providers didn't communicate important information to her, set up inappropriate placements, and didn't provide support. She said these issues were common across their experience of using five different DES providers.

Read the full overview of responses to the issues paper on our website. Easy Read and Auslan summaries are also available.

Deafness Forum receives funding to promote the work of the Disability Royal Commission.

We are seeking young adults who are

- deaf or hard of hearing, and
- have a bilateral moderate to profound hearing loss, and
- use spoken English as their primary mode of communication, and
- are aged 18-23 years, and
- are attending university in Australia.



Participant Recruitment

Social capital is the benefits derived from networks of relationships between people and groups of people. There are many documented benefits of social capital. Social capital has a potential buffering effect against negative outcomes for young people who are deaf or hard of hearing.

This research will be conducted in two stages through interviews. Stage one of the research aims to investigate how high-achieving young adults who are deaf develop social capital. Stage two of the research aims to create intervention strategies that may assist practitioners in targeting the development of social capital with adolescents who are deaf.

Participants will receive a \$75 Mastercard gift card after each interview in appreciation of the time required in assisting with this research.

If you are interested, please scan this SurveyMonkey QR code for the participant information statement and consent form.



This project has been approved by the University of Newcastle Human Research Ethics Committee, HREC Approval No. H-2021-0024

Libby Harricks Award winner

Tireless advocate named the winner of the 2021 Libby Harricks Award.



Pic: Pat Fulton (centre) with her award presented by Hearing Matters Australia president Christine Hunter and David Harricks

Patricia Fulton has lived with severe hearing loss for most of her life and wears a cochlear implant and a hearing aid.

She has spent more than 15 years running Hearing Awareness Week in the NSW Southern Highlands as well as being heavily involved in advocating for people with hearing loss.

She is passionate about helping people “train their brains” to become accustomed to using their hearing aids to full effect. Pat has been an inspiration to many who are grappling with the effects of hearing loss.

The award honours the memory of the late Libby Harricks for her advocacy work.

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

Drop us a line: hello@deafnessforum.org.au

We acknowledge the traditional owners of country throughout Australia and their continuing connection to land, sea and community: we pay respect to them and their cultures, to elders past, present and future. We want to be part of the effort to overcome the unacceptably high levels of ear health issues among First Nation people; and we understand that it is an essential component of Closing the Gap. We understand the risk of the disappearance of indigenous sign languages and the cultural loss it would cause.

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