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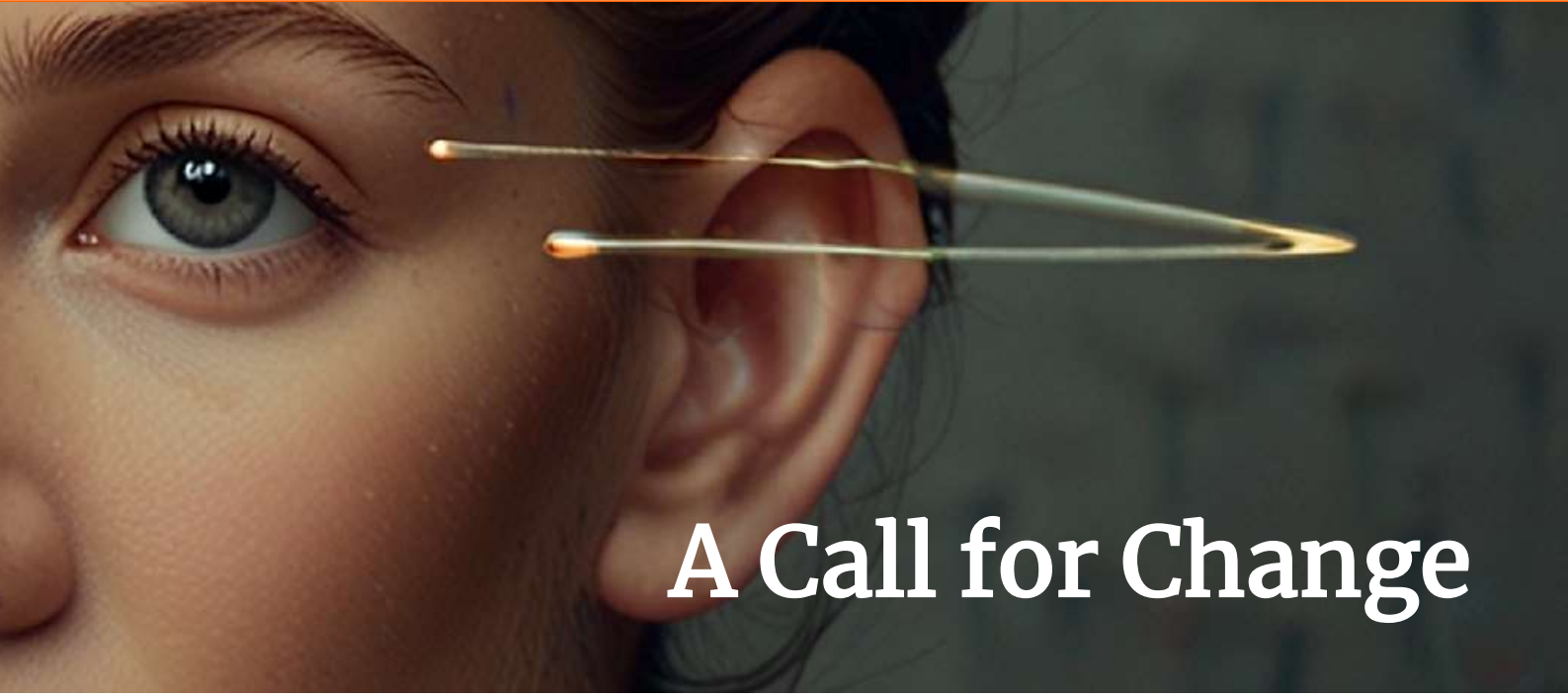
Celebrating Chinese New Year from 29 JAN 2025

Hearing Services in Australia: A Call for Change

An industry grappling with commercialism, confusion, and a lack of standardised practices



A Call for Change

A pressing need for systemic reforms and increased regulation has been revealed in a groundbreaking national survey conducted by Deafness Forum Australia that sheds light on the complex landscape of hearing services in the country.

The survey gathered insights from consumers and providers of hearing services between November 2024 and January 2025.

It paints a picture of an industry grappling with commercialism, confusion, and a lack of standardised practices.

Consumer Perspectives

Deafness Forum Australia chair, Rae Walker said, “The survey uncovered a significant disconnect between consumer expectations and their experiences with hearing services.

“Australians seeking help for hearing issues reported feeling overwhelmed by sales-driven practices, which could potentially prioritise device sales over individualised care,” she said.

Survey respondents wanted expert guidance on managing their hearing loss but instead encountered aggressive sales tactics promoting costly hearing aids.

Consumers expressed a strong desire for:

- Ethical, comprehensive services
- Simplified access to care
- Increased provider awareness of cultural and community-specific needs

Most tellingly, consumers have a widespread perception that those providing hearing services are primarily salespeople. This view starkly contrasts with how these professionals see themselves.

Provider Insights

On the other hand, providers of hearing services voiced their own frustrations with the current system. They reported feeling caught between their professional ethics and commercial pressures.

"We entered this field to help people, not to meet sales targets," one audiologist commented anonymously.

Providers overwhelmingly called for:

- Reduced commercialism in the industry
- Increased regulation to standardise practices
- Greater transparency in professional qualifications and roles

The Regulation Debate

A key survey finding was the strong support for regulating audiologists to align with other

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healthcare professionals. Both consumers and providers see formal regulation as crucial for:

- Defining explicit scopes of practice
- Ensuring accurate use of professional titles
- Enhancing professional recognition and accountability

However, the survey also revealed that regulation alone may not address all the issues plaguing the industry, particularly those related to commercialism.

The Current Landscape

To understand the significance of these findings, it's important to consider the current state of hearing services in Australia. As of January 2025, the industry operates under a patchwork of partial regulations and self-governing bodies. Hearing services are overseen by:

- Government funding bodies like the Hearing Services Program, NDIS, and Medicare
- Self-regulating professional associations
- Healthcare commissioners in each state or territory

There is no national board under the Australian Health Practitioner Regulation Agency (AHPRA) for hearing service providers. This fragmented system has confused consumers about the qualifications and roles of different providers. Many struggle to differentiate between audiologists, who hold master's degrees, and audiometrists, who typically have diplomas or certificates.

Adding to the complexity, many hearing-related businesses are owned by companies associated with hearing device manufacturers, raising questions about potential conflicts of interest.

The Push for Change

The Deafness Forum Australia survey comes at a critical time, as several investigations and reviews related to hearing services are currently underway. These include:

- A review of the Hearing Services Program by the Department of Health and Aged Care
- An independent review of the National Registration and Accreditation Scheme
- The Strengthening Medicare review and subsequent Scope of Practice Review
- An Audiometry Qualification Review by the Department of Employment and Workplace Relations
- Ongoing NDIS reforms
- A Regulatory Impact Statement on the Regulation of Audiology, led by Queensland Health

These concurrent investigations highlight the growing recognition of the need for change in the hearing services sector. However, they also underscore the issue's complexity, with multiple stakeholders and overlapping jurisdictions involved.

The Road Ahead

Based on the survey findings, Deafness Forum Australia has outlined several recommendations for systemic reforms:

1. **Mandatory Regulation**: Implement comprehensive regulation for both audiologists and audiometrists under a national framework.
2. **Patient-Centred Care**: Shift the focus of hearing services from device sales to holistic, individualised care.
3. **Reduced Commercial Pressure**: Develop strategies to mitigate the influence of commercial interests on clinical decision-making.
4. **Public Education**: Launch initiatives to educate the public on the different roles of audiometrists and audiologists (Ed. more about this in the next edition of this newsletter) and the range of services available.

5. **Professional Development**: Support career stability and growth opportunities for hearing professionals to maintain the sector's integrity.
6. **Simplified Access**: Streamline the process for consumers to access hearing services and navigate the system.
7. **Cultural Competence**: Enhance provider training to better meet the needs of diverse communities, including Indigenous Australians and the Deaf community.

Challenges and Opportunities

Implementing these reforms will not be without challenges. The hearing services industry in Australia is a complex ecosystem involving multiple stakeholders, each with their own interests and perspectives. One significant hurdle is the potential resistance from those benefiting from the current system.

As one survey respondent noted, "There's a lot of money in hearing aids, and some players in the industry might not want to see that change."

However, the overwhelming support for reform from consumers and ethical providers presents a unique opportunity for positive change. By aligning the interests of those seeking and delivering care, there's potential to create a more transparent, effective, and trusted hearing services sector.

Threshold of Meaningful Change

The current self-regulation system for audiologists and audiometrists in Australia reveals a complex and potentially problematic landscape of professional oversight.

For example, in response to concerns, the ethics review committees run by the two professional bodies (Audiology Australia and Australian College of Audiology) were recently replaced by the Hearing Professional Conduct and Complaints Body. However, this new body is funded by the professional associations themselves. It is essentially an extension of the existing self-regulatory framework.

The Deafness Forum Australia survey has highlighted the urgent need for reform in the country's hearing services. As the population ages and the prevalence of hearing issues increases, addressing these systemic problems becomes more critical.

Deafness Forum Australia's Rae Walker said the path forward will require collaboration between government bodies, industry stakeholders, and consumer advocates.

"With a clear action plan provided by the findings from this comprehensive survey, there's hope that Australians with hearing challenges will soon have access to the consistently ethical, high-quality care they deserve," she said.

As we await the outcomes of ongoing investigations and reviews, one thing is clear: the time for change in Australia's hearing services has arrived. The voices of consumers and ethical providers have been heard – it's time for action to ensure that every Australian can access the hearing care they need, free from confusion, pressure, or compromise.

Rediscovering the Sounds of Nature

For many people with hearing loss, the challenge of understanding speech in noisy environments is well known.

However, another equally important but often overlooked issue is the difficulty in perceiving environmental sounds.

Non-speech sounds, such as bird calls, rustling leaves, or flowing water, are essential for connecting with the world around us. Recent studies highlight the impact of hearing loss on the perception of these natural sounds and the potential for hearing aids (hearing aids) to help restore them.

The Importance of Natural Sounds

Natural sounds play a vital role in our well-being. Research shows that listening to nature can reduce stress, improve mood, enhance cognitive performance, and even alleviate pain. Sounds of biodiversity, such as birdsong and water flowing, are particularly beneficial. Yet, for people with hearing loss, these sounds may fade into the background, unnoticed and unappreciated.

What Research Reveals

Studies have found that individuals with hearing loss struggle to identify and differentiate natural sounds. For instance, participants in one study had difficulty distinguishing soundscapes from different natural environments, such as bushland, wetlands, and savannas at various times of day and seasons. This highlights the broad impact of hearing loss on the ability to experience the richness of nature.

People with hearing loss often report diminished emotional responses to environmental sounds, even when using hearing aids or cochlear

implants. This suggests that while these devices provide some support, they may not fully restore the ability to perceive and enjoy natural sounds.

Rediscovering Nature Through Hearing Aids

Interestingly, many first-time hearing aid users report a rediscovery of natural sounds they hadn't realised they were missing. In a study where participants recorded positive listening experiences after being fitted with hearing aids, 18% of the reports focused on natural sounds. These included birdsong, the rustling of leaves, and the sound of waves. Users described these experiences as vivid and emotionally uplifting, revealing how much they had lost touch with these sounds before receiving their hearing aids.

Challenges and Opportunities

While hearing aids help users regain some natural sounds, there is room for improvement. Not all users experience these sounds with the same clarity or intensity as those with normal hearing. Some users also find certain natural sounds, like wind noise, bothersome. This raises the need for advanced hearing aid features specifically designed to optimise the perception of natural sounds.

Calls to Action

To address these gaps, we need to:

Increase Awareness: Help people with hearing loss recognise that they may be missing out on natural sounds and the associated benefits for wellbeing. Audiologists should discuss the importance of natural sounds during consultations.

Encourage Nature-Based Activities: Promote spending time in biodiverse environments, such as parks or nature reserves, particularly after being fitted with hearing aids. These activities can enhance the restorative effects of nature and improve device useage.

Improve Hearing Aid Technology: Develop 'nature programs' within hearing aids that optimise the perception of natural sounds. Allow users to customise their devices for better clarity and intensity of environmental sounds.

Develop Assessment Tools: Create simple tests and questionnaires to measure how well people with hearing loss perceive natural sounds and how this impacts their quality of life. These tools can help audiologists provide more comprehensive care.

Encourage Research: Support studies that explore how hearing aids and cochlear implants can better restore natural sounds. Research should focus on real-world listening experiences rather than controlled laboratory settings.

Why This Matters

Hearing loss is often associated with difficulties in speech comprehension, but the loss of connection to the natural world can be just as significant. Rediscovering natural sounds through hearing aids can bring joy, reduce stress, and improve overall wellbeing. By expanding the focus of hearing care to include environmental sounds, we can enhance the quality of life for millions of people.

By taking these steps, we can ensure that hearing rehabilitation goes beyond speech and reconnects individuals with the full richness of their surroundings. Whether it's the sound of birds at dawn or the rustle of leaves, these experiences are worth restoring.

From the Journal of the American Auditory Society.

The Cochlear Question

As the hearing parent of a deaf baby, I'm confronted with an agonising decision: should I give her an implant to help her hear?

From the moment of discovery of their child's hearing loss, a parent finds themselves not only unmoored by circumstance, but adrift in a tempestuous cultural debate.

While not exactly a global topic of dinner-table conversation, the battle for the identities and futures of deaf children is fiercely fought.

Arguments drift down from academic journals to social media, where many new parents are washed ashore in the absence of a definitive source of information about their child's future.

Trying to reconcile the contradictory advice given by a new cast of characters – GPs, paediatricians, ENTs, audiologists, speech therapists, disability insurance advisers, interested observers – I took to Instagram to find some clarity in authentic, lived experience.

Why is the case of cochlear implantation so different from other parallel medical situations that a parent has to navigate?

Why is it controversial in the way that an artificial limb or cornea transplant is not?

Unlike the parent of a child with vision loss who pursues laser surgery in an uncomplicated way, the parent of a deaf child is implicated in a much larger politico-cultural struggle.

In an upcoming special edition of the One In Six newsletter, we delve into "The Cochlear Question" - a complex and poignant theme that touches many in our community. This edition will feature a focus on the multifaceted aspects of cochlear implants and the profound cultural, personal, and medical considerations they entail.

We invite our members and friends to contribute to this special edition. Your voice is valuable whether you have personal experiences, professional insights, or academic perspectives. It is an opportunity to explore the controversies, the stories of adaptation, and the journeys of acceptance that define the cochlear implant debate.

If you are interested in contributing, please get in touch with the Deafness Forum. We are looking for a range of contributions that reflect our community's diverse experiences and opinions. Join us in shaping a conversation that promises to be enlightening, challenging, and enriching.

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Ballerina Deals With Hearing Loss

Sara Mearns stepped onto the stage as the Sugarplum Fairy wearing something more precious than a jewel-encrusted tiara. In her ears were hearing aids.

"I heard every single noise possible," she said. "Backstage, onstage. The shoes on the stage sounded like cymbals in my ears. The music was so loud. The audience was ridiculously loud. Everything was magnified. It almost sounds artificial. I'm like, is it really like this? Is this *real*?"

It's been only three weeks since Mearns, 38, was fitted with semi-permanent hearing aids and one week since she stepped back into the role of Sugarplum in "George Balanchine's The Nutcracker" for the first time since 2020. Her first performance, on Dec. 30, was shaky, she said.

But she was able to hear things she hadn't heard in years. Chirping birds. Wind. Clicking shoes.

"I was a little dramatic and crying," she said, "but I just wanted to capture the first moments within that first hour of hearing again."

And she wasn't sad. "It was, like, excitement of, OK, I can have a new life with this," she said. "I don't have to be in pain anymore. I don't have to be embarrassed anymore. I don't have to hide."

Mearns, who dances with startling presence and in-the-moment authority, has been open about her struggles with mental health, but her public posts about her hearing — and how long it has been an issue — were a surprise, though, she said, many of her colleagues have known about it, including her dance partners and Marquerite Mehler, the company's director of production.

Even so, Mearns wasn't entirely transparent about her hearing loss to many; she would make light of it or laugh it off. "I didn't want people to feel awkward about it," she said. "So it's like hiding yourself. You're hiding your actual issues. And then when that happens, it just becomes a bigger mental problem for you."

And the isolation it brought on was crushing. "It's not like I want to, like, go party now," she said. "I mean, those days are over. But I don't

want to feel like I can't go to dinner, or I can't go to a loud restaurant, or I can't go to a concert, or I can't sit and enjoy something in the theatre."

Basically, she added, "I just want to hear people talk, and I want to hear the music that I'm dancing to."

Tyler Angle, her frequent partner at City Ballet who paired with her for her "Nutcracker" return, knew that it was something she'd been dealing with for a long time. But even he learned of her new hearing aids through Instagram. He said her hearing loss was "not something that was brought up or shared or discussed, unless we were talking about the monitors being too low or not hearing."

He remembers that when they walked out onstage for their first pas de deux in Jerome Robbins's "Goldberg Variations," he would "squeeze her hand so she would know when it would start," he said. "And then we'd get the rhythm of it."

It helped, Angle said, that he and Mearns are able to hear music in a similar way, their responses fuelled by the same impulses. Because of that, he said, "she would have my body and my cuing and my breath to also help tell her what the meter was and what the tempo was."

Mearns has been shocked, she said, by how many dancers she's heard from who have hearing loss. "I hope that I can inspire them to maybe do something about it," she said. "I'm not saying that everybody needs hearing aids. Everybody's different. That's why you have to do all the tests."

During the pandemic, Mearns said, she recognised: "I have a problem because I can't hear people talk with masks on. And I then realised, Wait, I can't see their mouth. Which then was like, I have been watching people talk instead of listening to them. I have been reading their lips."

She was nervous to do interviews. She was mortified to ask pianists to play louder.

Mearns underwent a series of tests to pinpoint the problem, which is nerve hearing loss. In October, she worked to find the best option for her hearing aids with her audiologist, who put them in place. She can't feel them, but they make her hyper aware of the vibrations in her body, the air when she is spinning, the reverberation of landings from jumps and the sound of her pointe shoes.

It's still early days, and she's getting used to hearing more than she would like, including conversations that are happening some distance away. "I'm like, I don't need to be hearing that," she said. "Why can I hear that?"

But dealing with her hearing has been healing in a way that goes beyond dance. "This whole hearing aid thing was part of me reclaiming my value and confidence as a person again and as a dancer," she said. "As a woman."

The post A Ballerina Prized for Her Musicality Deals With Hearing Loss appeared first in New York Times.

Global Hearing Health Conference Highlights Urgent Need for Action

The 14th Annual Coalition for Global Hearing Health Conference, held from January 16-18, 2025, in Wellington, New Zealand, underscored the pressing need for global action on hearing health.

Over three days, the conference highlighted the need for improved ear and hearing care, featuring key topics and actionable steps. Experts, advocates, and professionals gathered to share insights and push for better hearing care worldwide. The message was clear: hearing health must become a global priority.

Key Highlights

- **A Wealth of Knowledge**: Experts led discussions on newborn screening, ear health epidemiology, and practitioner training, addressing global challenges.
- **Consumer Engagement:** Engaging people with hearing loss and their families was emphasised as vital to shaping effective policies and practices.

Deafness Forum Australia: Championing the Cause

Jane Lee, Deafness Forum Australia's National Manager of Health Programs presented our Safe Listening Week campaign, showcasing how social marketing can transform public health change. Through evidence-based strategies, we aim to inspire long-term shifts in hearing health behaviour. Our goal is not just awareness but real, sustainable change.

Deafness Forum Australia's commitment extends beyond participation; we are advocates for better hearing health outcomes, both in Australia and globally. Our involvement in conferences like this strengthens our role in advancing hearing health as a key policy priority.

Pictured: Ann Porter, CEO, Aussie Deaf Kids & Jane Lee, National Manager, Health Programs, Deafness Forum Australia

The Urgency to Act

With one in four Australians projected to experience hearing loss by 2050, and 50% of cases preventable, urgent action is needed. Hearing loss is linked to serious health conditions and carries an economic burden.

Key strategies to improve hearing health include:

- **Boosting Vaccine Uptake:** Increasing vaccination rates to prevent hearing loss caused by diseases like rubella.
- **Genomic Testing:** Advancing genetic research to detect hearing loss earlier and enable personalised treatments.
- **Promoting Hygiene Practices:** Simple actions, like handwashing, can prevent childhood hearing loss by reducing infections like cytomegalovirus (CMV).

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- **Exploring Allergy Links:** Addressing middle ear infections caused by allergies, including food sensitivities. Addressing middle ear infections caused by allergies, including food sensitivities.
- **Leveraging Technology for Screenings:** Accessible tools, such as free screening apps, can make early detection of hearing loss easier for everyone.
- **Reducing Noise Exposure:** Removing noise at the source, such as improving acoustics in schools and workplaces to prevent noise-related hearing damage.
- **Changing Perceptions:** Shifting the view that hearing loss is inevitable with aging to understanding it as a consequence of life experiences.
- **Increasing Advocacy:** More voices are needed to prioritise hearing loss prevention with proper funding and support.

Pictured: Jane Lee with James Saunders, Co-Chair Coalition for Global Hearing Health

The 14th Annual Coalition for Global Hearing Health Conference has shown us the collective power we hold to drive change in hearing health. At Deafness Forum Australia, we are more committed than ever to ensuring hearing health is a global priority - and we call on others to join us. The time to act is now, and together, we can create a future where hearing health is accessible to all. Let's not wait for tomorrow - let's make the change today.

Let's Talk About the Ringing in Our Ears

From February 3 to 9, the global community comes together for **Tinnitus Week 2025**, a vital opportunity to shine a light on an invisible yet profoundly life-altering condition.

Whether you've experienced a fleeting ring in your ears after a concert or live with persistent noise that never fades, tinnitus is a condition that touches millions worldwide.

What Is Tinnitus?

Tinnitus isn't a condition in itself but a symptom—usually described as a ringing, buzzing, hissing, or humming in the ears that has no external source. It can vary from mildly distracting to completely debilitating, affecting concentration, sleep, and mental health. For some, tinnitus comes and goes. For others, it's a constant companion.

T Events: Raise Funding

Victoria's SoundFair is asking people to sign up and host a T-themed event to raise funds, awareness and support for people who suffer from the mental health impacts of tinnitus. People can sign up solo or create a team with friends or workmates too.

Host a T-themed event or activity such as a Tea party, TV Marathon, Treasure Hunt, Table Tennis, Taco Tuesday, Take the Train, or anything else starting with the letter T! Spread the word about your event and ask family, friends and colleagues to donate to you. Sign up here

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Join the Conversation with Victoria Didenko During Tinnitus Awareness Week!

We're excited to welcome *Victoria Didenko* for a special conversation to mark Tinnitus Awareness Week!

For 11 years, Victoria has lived with tinnitus and turned her personal journey into a powerful mission to raise awareness and advocate for those affected by this condition.

Along with being a proud mother of two adult sons, she is an actress, voice-over artist, passionate swimmer and hiker, and has recently ventured into writing short stories and singing in a local choir.

Victoria played a key role in establishing **Tinnitus Awareness** and has launched several impactful campaigns to spotlight the challenges faced by those living with tinnitus.

This is your chance to hear firsthand from an inspiring advocate about tinnitus, resilience, and the importance of community support.

Join Deafness Forum Australia for this informative, **free** discussion.

Date: Thursday, 6th February
Time: 1:00pm – 2:30pm (AEDT)
Location: Online

Register here. We hope to see you there.

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Australians benefit from freeze to maximum cost of PBS medicines

Government Announcement.

The Australian Government has introduced a freeze on the maximum patient cost for all PBS medicines.

This is a freeze on the co-payment you pay for PBS medicines. This means the maximum cost of your PBS medicines is the same as it was in 2024 and will not increase with indexation in 2025.

Since 1 January 2025, the freeze applies to all Medicare cardholders for one year and extends to 5 years for pensioners and concession card holders.

This measure aims to ease cost-of-living pressures and help patients to not delay filling their prescriptions due to cost.

In addition to the freeze on the maximum patient cost for PBS medicines, you may also get access to cheaper medicines through a 60-day prescription.

Almost 300 medicines are available for 60-day prescriptions, meaning many people can now get twice the medication on a single prescription.

The freeze to the maximum cost of PBS medicines will not change your eligibility for a 60-day prescription. Both changes are helping Australians save time and money.

What is the PBS?

The Pharmaceutical Benefits Scheme (PBS) is a lifeline for many Australians, ensuring that essential prescription medications are within everyone's reach. This Australian Government program subsidises the cost of medicines for citizens, permanent residents, and eligible international visitors, making healthcare more affordable and accessible.

The PBS ensures that all Australians with a Medicare card can afford essential medicines, offering access to over 5,200 subsidised medications. For those with concession cards, the savings are even greater. Plus, the PBS has safety nets in place to cap annual out-of-pocket expenses, ensuring that no one is overwhelmed by healthcare costs.

By subsidising prescription medications, the PBS plays a pivotal role in Australia's healthcare system. It not only improves health outcomes but also alleviates the financial burden of medical treatment, making a healthier life possible for everyone.

Australian Government

Advocating for Better Mental Health Support in the Deafblind Community

Vanessa Vlajkovic navigates life with Deafblindness and Borderline Personality Disorder.

When I was around 13, my mum took me to our family GP for an appointment. The doctor diagnosed me with depression, after conducting a common questionnaire to determine if I met the criteria.

It wouldn't be for over a decade, when I was 24, that I received the correct diagnosis — Borderline Personality Disorder (BPD.) This is an incurable mental disorder characterised by unstable moods, behaviour and relationships.

Multiple psychologists over that period had failed to put the puzzle pieces together, resulting in me not getting the appropriate treatment until 2021. By then, I needed medication and specialised therapy, known as Dialectical Behaviour Therapy (DBT).

Now that it's been three years since learning I have BPD, I'm trying to raise awareness of the condition to help reduce the stigma associated with it.

I also live with deafblindness — a combination of vision and hearing loss. I was born with normal hearing and developed mild deafness at the age of six. This was managed with hearing aids for the better part of 10 years, but in my teens things began to go downhill and I switched to Auslan as my main communication method. I had no use for hearing aids anymore, besides from environmental sounds, so I decided to stop wearing them.

Vision-wise, I was diagnosed with Optic Atrophy at nine months old and so I have no recollection of sight; there was no "before and after".

My mental health journey has prompted me to consider how many other deafblind people may be going undiagnosed or misdiagnosed.

It can be extremely challenging for people with dual sensory loss to reach out for support. I rely on an interpreter, so when seeking medical help I needed to factor in that this was very sensitive territory and my greatest vulnerabilities would be exposed. Even knowing there are strict confidentiality expectations, it's still not as simple as just talking to a doctor one-on-one. Having that third presence was definitely something I wasn't thrilled about.

In my experience, medical experts such as GPs, psychiatrists and psychologists typically have little to no understanding of deafblindness. This lack of knowledge is part of what makes people like myself reluctant to seek out assistance.

Deafblind people are more likely to experience anxiety and depression than other members of the community and most psychologists and counsellors don't know about deafblindness.

Consequently, we run the risk of suffering poor mental health for most or all of our life.

In the wider disability community, statistics from the Australian Institute of Health and Welfare show people living with disability are more likely to report moderate, high or very high psychological distress levels compared to those without disability.

By writing this and reflecting on my experiences, I hope to shed some light on this topic and promote discussion in the community.

Talking publicly about mental health, although uncomfortable, is a crucial step towards creating change.

Stereotypically, it's something to be ashamed about. I've learnt that "fake it till you make it" is the socially acceptable approach.

While I don't generally announce to the world that I have BPD, I'm certainly not embarrassed about it. It's not a dirty thing, it's a human thing.

It's perfectly OK to not be OK.

Part of the problem is the gap in the education system. While it's obviously important that I did maths, English and science, I can't help noticing the absence of a focus on mental wellbeing throughout my schooling.

Some of the knowledge gained in those other subjects, I will never use in my life. But mental health is something I have to deal with on a daily basis, so the benefit of incorporating this into my education would have been invaluable.

I can't change the past, but I can try to change the future for incoming generations of students by encouraging the mandatory teaching of psychology or something equivalent in schools.

The NDIS couldn't understand how I was feeling

My BPD is a secondary disability to my deafblindness. But many people would tell you that having a mental illness isn't, in fact, disabling.

It took an expensive report from a psychologist to persuade the NDIA (National Disability Insurance Agency) that I needed funding in my plan to cover BPD-related costs.

In their eyes, they couldn't understand how deafblindness could be linked to BPD. They couldn't comprehend that I might have been grieving the loss of my hearing.

This begs the question: why is the NDIA, which administers the NDIS, primarily run by people who've never lived in my shoes? According to the NDIS's own disability inclusion plan, 17 per cent of staff have a disability. In senior executive roles the figure is 12 per cent.

I'm sharing my story because I want my voice to be heard. I want empathy, not sympathy. I want respect. Above all, I want equality.

Improving attitudes is the best way to achieve these things. Turning a blind eye and a deaf ear (no pun intended) to what's happening is only proving more harmful.

Take a moment to step outside your bubble of privilege and be proactive. Be an advocate.

Just don't be silent.

From I have BPD and being deafblind made it harder to get help Photos by ABC News James Maasdorp.

Chinese New Year is celebrated by more than 20% of the world. It's the most important holiday in China and to Chinese people all over.

In China, you'll hear it being called Chunjie, or the Spring Festival. It's still very wintry, but the holiday marks the end of the coldest days. People welcome spring and what it brings along: planting and harvests, new beginnings and fresh starts.

You can also call it the Lunar New Year, because countries such as North and South Korea and Vietnam celebrate it as well. And because the Spring Festival goes according to the lunar calendar.

The Spring Festival causes the largest human migration in the world

The most important part of Chinese New Year is the family reunion. Everyone should come back home for the New Year's Eve dinner.

But in modern China, most elderly parents live in rural villages while their children work in the cities. The migration back home and to go on vacation during this time is called "chunyun" or Spring Migration.

The Spring Festival was originally a ceremonial day to pray to gods for a good planting and harvest season. As an agrarian society, the harvest was everything. People also prayed to their ancestors as they were treated as gods.

HOW LONG IS CHINESE NEW YEAR?

16 Days

Celebrations last up to 16 days, but only the first 7 days are considered a public holiday (January 29th–February 4th, 2025).

People set off firecrackers at midnight on Chinese New Year's Eve to scare off monsters and bad luck. In the morning, firecrackers welcome the new year and good luck. Families burn fake paper money and printed gold bars to bring fortune and good luck to their ancestors in the afterlife.

WHAT'S THE 2025 CHINESE ZODIAC?

Snake

Chinese New Year marks the transition between zodiac signs: 2025 is the Year of the Snake; 2024 the Year of the Dragon.

NSW Surpasses Two Million Newborn Hearing Screens

Two million newborns have been screened for potential hearing loss in NSW since the Australian first Statewide Infant Screening Hearing Program began in 2002.

Approximately 180 of the more than 90,000 newborns screened in NSW each year are detected as having significant hearing loss.

Early diagnosis and referral to specialist treatment are vital for children's overall development, leading to better speech, spoken language and communication outcomes.

Under the program, a trained screener will screen a newborn while asleep or resting. This can occur in public and private birthing facilities, community clinics, or family homes.

The hearing screen takes no more than 20 minutes to complete, and the baby's results are available immediately. The screener can immediately explain the results to the baby's parents and record the results.

Babies who do not pass the initial hearing screen will have a repeat test completed. Newborns requiring comprehensive hearing assessment are referred to one of three paediatric audiology centres in NSW, located at The Children's Hospital Westmead, Sydney Children's Hospital Randwick and John Hunter Children's Hospital Newcastle.

"By the time an infant says their first word, they will have been listening to how we talk for some time, from when they were developing in their mum's womb to their first few months following birth. So, it's important to know early on how well they can hear so their family can get the right advice and support," said Western Sydney Local Health District SWISH Area Coordinator, Judith McCloskey.

"Before the SWISH newborn hearing program, children with a significant hearing loss would not develop language or educational standings on par with their normal hearing peers. Thanks to the SWISH program, these children are now being identified and diagnosed early, enabling them to be on par with their normal hearing peers."

From Australian first Infant Hearing Program helps two million babies

Hot and cold water make different sounds when poured

Researchers have found a small trick our ears can perform: determining the temperature of water.

While they may look identical, hot and cold water make different sounds when poured. With a little help from our brains - which learn to recognise the contrasting tones over a lifetime of repeated exposure - most people can tell the difference between cold water poured from a pitcher or hot water transferred from a kettle, without even seeing the cup being filled.

Without the cues of visible boiling or a collection of ice crystals, liquid water tends to look the same regardless of its temperature. What humans can't see is that temperature actually affects water's viscosity (thickness), which produces different sounds that we *can* hear.

At lower temperatures, water molecules are sluggish and create temporary bonds that thicken the liquid, producing a lower-frequency sound when poured. But heated water molecules are more energetic, making it harder for molecules to join together. Fewer bonds result in thinner water, which produces a noticeably higher-pitched sound when transferred into a cup.

Researchers say bubbling also plays a role in water acoustics. Hot liquids have more bubbles, which contribute to the higher tones we hear while pouring out a cup of coffee or tea.

Humans can't actually feel wetness

And while we are on the topic of water... Feeling wet — from stepping out of the shower, diving into a pool, or getting caught in the rain — seems like a straightforward sensation, though amazingly, humans can't actually feel wetness itself.

While our skin contains thousands of nerve endings that recognise temperature, texture, and pain, there are none for wetness. Instead, scientists believe humans are born without an understanding of wetness, though one slowly develops through a mix of temperature and texture sensations. Over time, experience helps our brains build an understanding of wet and dry. However, even with decades of data, our brains aren't foolproof and can cause occasional confusion. That's why it can be difficult to determine whether something is cold or wet, like a metal park bench on a chilly day.

From Hot and cold water make different sounds

The National Sign Language Program supports the communication needs of people who use Auslan to engage with aged care services and take part in professional and social activities.

People who use Auslan are eligible to access it if they are aged 65 years and older (50 or over for First Nations community members), and not eligible for the National Disability Insurance Scheme.

Previously, the Australian Government Department of Health and Aged Care offered people access to interpreting services for medical appointments through the National Auslan Booking System. But this has now changed. The National Auslan Booking System has been replaced by the National Sign Language Program, which expands the offering services for health and medical appointments to other professional and social settings, including banking and attending weddings, funerals, clubs and cultural activities.

The expanded program will remain free of charge.

For more information about eligibility and making a booking, visit The National Sign Language Program (NSLP) | Australian Government Department of Health and Aged Care

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