



CALD Communities' Journey in Accessing Hearing Services.

Safeguarding Audiology.

**To Find Out How Wildlife is
Doing, Scientists Try Listening**

**Celebrating sporting life of
Deaf community.**



Safeguarding Audiology Practices in Australia.

Registration of Audiologists Urgently Needed.

Independent Audiologists Australia urges all state health ministers to recognise the importance of external regulation of audiology as a profession to safeguard against risks to the public.

Independent Audiologists Australia welcomed the report released by the Townsville Hospital and Health Services following the investigation of the Townsville University Hospital's Audiology department.

The investigation conducted by the Queensland Government found that Townsville University Hospital incorrectly programmed cochlear implants in some children and misdiagnosed others. The audiology clinic was poorly organised, staff were overworked, and key protocols did not appear to be followed. [Read more of the background.](#)

In a media release, an [Independent Audiologists Australia](#) (IAA) spokesperson said, “We raise concerns that audits are not routinely performed in all states and recommend that this be considered with urgency.”

“The reviews ... highlight the challenges encountered by audiology departments in hospitals: over-scheduling, understaffing, and audiologists often working in isolation.”

IAA recommends that where possible patients should be informed of community-based, private, and not-for-profit cochlear implant and audiology services. Patient choice of service allows an opportunity for second opinions and collegial case management, increasing the standard of care for patients, and reducing economic and social burden for families.

Hub and spoke models of care are utilised successfully across government services and should be implemented in order to preserve and spread State Hospital funding, while increasing convenience and care for families.

Cochlear implant mapping for children and adults is already successfully delivered in private audiological practices and community based not-for-profit centres and is easily accessible with Medicare funding.

“IAA urges all state health ministers to recognise the importance of external regulation of audiology as a profession to safeguard against risks to the public.

“Audiologists in both the public and private sectors provide care to individuals with high care and support needs, including children, the elderly, and those with one or more disabilities.

“Membership of a professional body is voluntary for audiologists in Australia, and there is no requirement to show membership in order to provide hearing services to the public. As such, there is no pathway for permanent disciplinary action should there be a complaint against a non-member.”

“Greater protections to the public via more stringent regulation of hearing health professionals are necessary, for a return of the audiology profession to the realm of ‘health care’.”

Audiology Australia responded.

Audiology Australia also welcomed the release of the report by the Townsville Hospital and Health Service.

“The issues identified in the report parallel those identified in the governance review of the Women and Children’s Health Network (WCHN) in SA in many areas.

Aside from identifying organisational and outcome review issues, the reports highlighted a clear need to look at both the training and qualifications of audiologists providing advanced services, and the systems that support those clinicians to provide high quality care for children.

Audiology Australia supports the recommendations from both reports and hopes to see a quick implementation of all recommendations. As the professional association for audiologists, we are currently

reviewing the findings and recommendations in more detail to understand how these may be reflected across our own policies and process to strengthen the audiology profession and protect the community. We look forward to the release of the findings of the pending clinical review of the WCHN in SA. We are also working with our membership and government to support the profession and to provide assistance and advice as reforms are undertaken.

Audiology Australia welcomes any consideration by Government to include audiology as a registered profession and join the 16 health professions currently regulated under the National Registration and Accreditation Scheme (NRAS) and administered by the Australian Health Practitioner Regulation Agency (AHPRA). Whether a health profession joins the NRAS is a collective decision of the State and Territory Health Ministers. We have been actively engaging with government on this issue since 1999 and will continue to do so.

In the meantime, Audiology Australia will continue to strive for the highest standards of self-regulation. Our membership of the National Alliance of Self Regulating Health Professions ensures that our profession must meet equivalent standards to those of AHPRA registered health professionals. All Audiology Australia Accredited Audiologists must maintain high standards of quality control and care and are certified on an annual basis, including recency of practice and continuing professional development. Audiology Australia is also committed to maintaining and expanding credentialing of advanced paediatric practice, recognising that additional skills and expertise are required to provide those services.

All audiologists – whether members of a professional body or not – are subject to the legislative National Code of Conduct for Healthcare Workers. Government also requires audiologists to be accredited by a professional body in order to deliver hearing services such as through the Department of Health’s Hearing Services Program and Medicare.”

Australian College of Audiology said.

“We feel for the children and families affected by this breakdown in the provision of cochlear services within the Queensland and South Australian state healthcare systems.

The priority for these Australians, and those who come into the system after them, is a better multidisciplinary healthcare experience, and improved patient advocacy.

Recognising that there are still ongoing investigations in place, ACAud supports the relevant recommendations for Audiologists included within both recent hospital reviews.

ACAud is committed to contributing to the development of improved clinical pathways for children and adults with cochlear implants. We recognise and endorse the need for specialist training, better support and joined up systems for clinicians working in this area.

Australia has very good public and private hearing care services. It is important that people experiencing hearing difficulties have confidence in their local health services. Anyone with concerns about their treatment or progress should consult their doctor or hearing health practitioner.

All healthcare workers must abide by the National Code of Conduct for Healthcare Workers.

All Audiologists who deliver services under the national Hearing Services Program and Medicare are required to be a member of a professional body.

There are two professional membership bodies for Audiologists in Australia. Our members share a sector-wide Code of Conduct, Scope of Practice and Ethical Review framework. All members work to the National Competency Standards, and must make mandatory declarations annually as

to their fitness to practice, formal qualifications, recency of practice and ongoing professional development.

Audiology is one of the smaller medical professions and is self-regulated. National practitioner regulation is a complex and lengthy process involving the agreement of all states and territories. It takes many years to set up and implement. It would provide no immediate effect for the children and adults in the various current state cochlear programs and their families. ACAud’s priority remains supporting improved clinician education, training and multidisciplinary collaboration.”

Life-long Impact on Children.

If cochlear implants are not properly mapped (programmed and adjusted), it can result in reduced or distorted perception of sounds, including speech sounds, which can negatively impact speech acquisition.

Approximately 40 families of children who experienced the most significant impacts have been offered \$50,000 while an additional 57 children recalled for additional testing will be offered \$5,000 by the state government.

The Queensland health minister, Shannon Fentiman, said it was time for better regulation of audiologists by the federal government.

“The South Australian health minister and I will be raising this ... at the health ministers meeting”, she said.

“And we will be advocating for audiologists to be the next profession registered by the Australian Health Practitioner Regulation Agency.”

Celebrating sporting life of Deaf community.



Dual Commonwealth Games swimmer Cindy-Lu Bailey OAM.

Experiencing what it's like for an athlete to watch lights instead of listening for the starter's gun is just one of the features of Australia's first major exhibition to explore the importance of sport in deaf culture.

More Than Sport – History, Culture and Connection in Deaf and Hard of Hearing Communities has officially opened at Newcastle City Library (NSW) ahead of the 60th anniversary of the Australian Deaf Games, which will see more than 1000 athletes, officials and visitors converge on Newcastle and Lake Macquarie for the week-long event in January.

Curated by Deaf Sports Australia, which is also celebrating its 70th anniversary in 2024, the accessible exhibition at the Library's Lovett Gallery will showcase stories from across Australia and around the world through a series of videos, photographs and memorabilia.

Archival footage of deaf sports, legendary Australian Deaf and Hard of Hearing athletes and major tournaments such as the 2005 Melbourne Deaflympics and Australian Deaf Games will be displayed without any accompanying sound to help create a “deaf” atmosphere, with videos featuring people signing in Auslan. Text-based stories will have QR codes to access an Auslan translation.

Deaf Sports Australia general manager Phil Harper said competitions in Australia could be traced back to 1895, when the Victorian deaf cricket team faced South Australia. The first deaf sports club, the Melbourne Deaf Cricket Club, was established in 1881.

“Sport has been a key motivator for people who are Deaf to connect with one another for more than 140 years,” he said.

“The curatorial team that put this exhibition together is comprised of several people from the deaf community.

“They've developed the content to celebrate our history, our pioneers and champions, as well as the role technology has played in improving our access to sport.”

Visitors can view memorabilia from different eras, as well as the John Lovett trophy, which is awarded to the winning state or territory at the Australian Deaf Games.

Lord Mayor Nuatali Nelmes said City of Newcastle is proud to help the Deaf community mark a new milestone.

“I want to encourage Novocastrians to visit the exhibition and also attend an event during the Australian Deaf Games in January, where competitors from all over Australia and Pacific Island nations will utilise 12 venues across our city during this major sporting event,” said Councillor Margaret Wood, co-chair of City of Newcastle's Access and Inclusion Advisory Committee.

From [Newcastle Weekly](#).



Libby Harricks

MEMORIAL ORATION



This December, be part of history, science, and innovation at the Libby Harricks Memorial Oration.

Join us at this event to hear directly from Professor Patrick about his journey, the evolution of cochlear implants, and their transformative impact on society.

Since its inception in 1999, this prestigious event has showcased global thought leaders, earning a stellar reputation for its groundbreaking presentations. In its 2023 edition, we are proud to present Professor Jim Patrick AO, a luminary in the field of cochlear implant technology, as our keynote speaker.

Professor Patrick, Chief Scientist Emeritus at Cochlear, stands among the pioneers of the multi-channel cochlear implant, a device that revolutionised the world of auditory science. His collaboration with Professor Graeme Clark led to this groundbreaking innovation, changing the lives of countless people with severe hearing.

The journey of cochlear implants, from conception to a life-changing reality, is a testament to Australian ingenuity. Unlike traditional hearing aids that merely amplify sound, cochlear implants bypass damaged parts of the ear, delivering sound signals directly to the auditory nerve. This technology has enabled people with severe inner-ear damage to perceive sound, greatly enhancing their ability to understand speech and connect with the world around them.

Professor Patrick's contributions to this field are immense. His blend of expertise in physics, communications engineering, and biomedical engineering was crucial in developing key features of the cochlear implant. These innovations laid the groundwork for advanced signal-processing strategies, significantly improving speech understanding for implant users.

His accolades are a testament to his impact. Recognised as one of Australia's most influential engineers, awarded the Order of Australia, and named the NSW Scientist of the Year, Professor Patrick's career is a beacon of inspiration and innovation.

The Libby Harricks Memorial Oration is not just an event; it's a tribute to Libby Harricks, the first President of Deafness Forum Australia, and a celebration of advancements in hearing health.


Tuesday 5 December at Cochlear Headquarters, Macquarie University precinct, Sydney. 6pm for drinks and nibbles.

Free parking - [information here](#).

Captions and Auslan interpreters provided. Admission is free.

[Register here](#).





Hearing Loss Made Me Feel Vulnerable, So I Kept it Private.

Giving my heroine a hearing loss meant a world-class opportunity to vent.

By Lynn Hightower, bestselling author of thriller novels.

I live in the Distillery District of my southern city, and my favourite place to write is a Ukrainian coffee shop in an old bourbon warehouse. It was there I handed off my hereditary hearing loss to the fictitious Junie. Junie and I can hear acutely at the top and bottom frequencies of sound, and have severe to moderate issues with everything in between. Which is most conversations.

Junie Lagarde handles her hearing loss with matter-of-fact confidence and a lot of edge. If she needs help, she asks for it. And it did not occur to me until I wrote it that that I could do the same.

I had reason to worry. Every single person I know with hearing loss gets told with great irritation *they are loud*. And when people said that to me it stirred up memories of old cartoons and sit-coms where people with hearing loss were feeble-minded (*not true*) asked you to repeat things (*true*), wore giant hearing aids (*nope, they're invisible*) said "ehhhhhh" (*never*) and talked really loud (*I've done that since I was born*).

The first time someone told Junie she was too loud, she gave them a menacing look. She asked them if they were the noise police and if so please show her their badge. I laughed out loud while I wrote it. Now I knew what to say.

And so, like most toddlers, I learned to use my words, because nobody can read your mind. I let people know that turning up the volume of my hearing aids was unlikely to solve the problem — it only meant the refrigerator and the washing machine would be amplified for my hearing pleasure. Would they turn off the television or the music if they wanted me to hear what they said?

They did.

Nobody minded. Nobody cared. More than a few told me about their own hearing loss, and I advised them on what to do. I found the younger people were, the kinder they were. My coffee shop is full of college students, immigrants in expat huddles, and me at the wobbly table no one else wants. It is huge with a high ceiling and music playing and I could never hear when they said my order was up. So I told them I had a hearing loss, and *here is the terrible thing that happened* — the staff started bringing me my coffee because they knew there was no chance I'd hear them, and I would be so wrapped up in the writing I was likely to forget I ordered it anyway.

And I realised that the stigma of hearing loss *came from me*. And once I got over it, so, it seemed, did the rest of the world.

At the end of the day, Junie and I both savour the sudden quiet that settles when we take our hearing aids out, how the world goes peaceful and soft. June has her hearing dog Leo, and I have my hearing dog Leah, to howl sweetly and alert me to the sound of sirens or alarms, people at the door or walking up behind us, packages delivered, strangers lurking around the house, and to guard us fiercely through the night. And now that Junie has brought me out in the open, I have given my Leah her own service dog vest. She is very proud.

Like Junie, the first thing I hear in the morning is birdsong, so loud it wakes me up before the sun. And like Junie, I fall asleep to the sound of trains barrelling along the tracks, and the thrilling forlorn wail of their horns that makes me want to pack a bag and my dog and go with them.

We'll do that in the sequel.



[Lynn Hightower](#) is the bestselling author of thrillers including the Sonora Blair and Lena Padgett detective series, and her latest book is *The Beautiful Risk*.

Online at www.LynnHightower.com

[Facebook](#), [Instagram](#), [Twitter](#)

This article first appeared in CrimeReads.

Windows Pairs with Next Generation Hearing Aids.

Microsoft has announced that Windows 11 will take a significant step forward in accessibility by supporting the use of hearing aids equipped with the latest Bluetooth® Low Energy Audio (LE Audio) technology. New hearing aids with LE Audio will be able to directly pair, stream audio, and take calls.

Microsoft announced [Bluetooth LE Audio support](#) which has a growing number of devices using this technology. The company says it expects to introduce additional capabilities for hearing aids access on Windows, such as controlling audio presets directly within Windows settings.

Bluetooth LE is the next generation of Bluetooth audio technology that will reduce power consumption, minimise time delays in signal transmission, and enhance bandwidth for improved sound quality.

[Auracast](#) is also part of this new Bluetooth Low Energy (LE) standard. Auracast allows for shared audio experiences by turning an Auracast-enabled device (smartphone, iPad, computer) into a transmitter that can then broadcast its audio signals to as many as 1,000 other Auracast-enabled receivers like earbuds, hearing aids, and headphones. Essentially, Auracast provides for many different accessible audio streams from multiple transmitters.

This means you can tune into and receive transmitted audio from a specific TV, airport kiosk, lecturer, arena, or auditorium PA system, etc. You can also use an Auracast transmitter to turn your smartphone or audio device into a broadcast channel so people can listen to your music, podcasts, or other audio files.

By [Karl Strom for Hearing Tracker](#).

Models of inclusive practice in deaf education.



The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability heard evidence about the benefits of Auslan being offered as a language other than English.

A witness at the Disability Royal Commission, Natalie Sandon-Stanhope directly observed hearing children being able to communicate in the playground with her deaf child and being able to make small talk in the classroom. Another witness, Dr Breda Carty said it can be beneficial for deaf and hearing students and help with greater connection between peers and the development of friendships.

Other witnesses at Public hearing 29 also spoke of 'hybrid options' or schools that incorporate strategies to deliver education in both Auslan and English. These settings were also described as 'bilingual schools' or 'co-enrolment programs.' While they look like units within regular schools, they are much more committed to ensuring that there's complete access in the environment for all of the students. Usually the

deaf students are taught in Auslan and Auslan is taught as the LOTE for all students within the school. There are very few schools like that around the country, but they have demonstrated a strong commitment to being very deaf-friendly environments. Examples of these types of settings in Australia are Shenton College in Western Australia and Toowong State School and Miami State High School in Queensland.

Auslan was recognised for the first time in 1991 through its inclusion in the Australian Language and Literacy Policy. Recognition had a flow on effect to other areas - it became easier for deaf people to advocate for interpreters on the same basis as other community languages.

With Auslan being recognised as a language, debates around the method of delivering education to deaf children took on more respect for Auslan. Australia does not have any formally declared national languages. Although English is the de-facto national language. The only national recognition of Auslan remains in the 1991 policy. However, the 1991 policy is not the main mechanism that deaf people use to realise their right to Auslan. Rather, the Disability Discrimination Act (DDA) and its standards, and the United Nations Convention on the Rights of Persons with Disabilities (CRPD) are seen as more modern sources of support for a right to language access.

There is presently a right to interpreters in limited circumstances, such as in the criminal justice system or where an interpreter is a reasonable adjustment for the purpose of the DDA. Limiting access to Auslan to discrete domains understates the value it brings to the broader community. It creates the perception that it is a tool to fix a problem rather than recognising it as a means of communication and a cultural asset, worthy of promotion and protection.

Pardon?

One of the top activities in the life of a person with hearing loss is asking for something to be repeated. And repeated, repeated.

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

Even when a listening situation is optimal – there's lots of light, no noise, the other person(s) are facing you and speaking clearly – there are bound to be moments where you must ask, "What was that?" "Come again?" "One more time?" "Pardon?" If the person knows you well, you may just have to cock an ear at them, raise your eyebrows with a forward chin-thrust, or frown in a questioning way and they will automatically repeat what they said.

This is the conversation of my life. So I'm used to it. I'm experienced at asking for repeats or for clarification. I explain my hearing loss and my communication needs. I'm skilled at creating an optimal listening situation. But sometimes, you know? I get a little tired of it.

*There are times when I yearn for a free-flowing conversation with friends, one that I don't bring skidding to a halt with a loudly inserted **pardon me** or, even worse, put into reverse.*

Do I wish that I didn't have hearing loss? Oh, that might be nice except that I'd have to find a new career and new hobbies, because hearing loss advocacy, writing and performing have been what I do for the last 30 years. I love it.

Really, I would just like a break, just a short one, from having to say *pardon* or *huh* all the time. We know that hearing people often get frustrated with being asked to repeat themselves, especially repeatedly. What *they* might not realise is that we (the people with hearing loss) can get equally frustrated, not only with having to ask, but with their responses!

Do they think we don't see their hesitation as they swallow a sigh? That we can't see their eye-rolling – because their eyes are, after all, *open*? Do they not realise our infuriated humiliation when they repeat their words slowly and/or exaggeratedly, as if we're not speaking the same language, or as if we are far below them on the IQ scale?

When this happens, I need to swallow my frustration – and to resist the urge to apologise. Sometimes other people just need gentle reminders on the communication rules of engagement. And we ourselves are often guilty of the same crimes – breaking eye contact, speaking too quickly, or interfering in a thousand ways with good speech reading. It is our job to start the process of improving the listening environment and then making allies of our conversation partners.

But I'm not a perfect communicator, probably because I'm human, prone to error and listening fatigue – a hallmark of hearing loss. When I'm tired, I can get a bit cranky when other people are less than perfect in their communication. To avoid asking for repeats all the time, I would require a barrier-free conversation with people (including me) who communicate perfectly 100% of the time.

This is impossible because there are too many variables and too many barriers, again because we are humans and can't always control background noise. And I also can't control a person's manner of speaking, especially if they are chronic mumblers or soft-voiced. My only strategy in this situation is to try my best and then minimise any future interactions. Sad but necessary.

But one thing I know: what is difficult today, such as being tired of having hearing loss, will be easier tomorrow because that's the way I roll. But if I say *pardon* to you, just chill with the eye rolling, *ok*?



Navigating Barriers and Promoting Inclusivity.

CALD Communities' Journey in Accessing Hearing Services in Australia.

A new discussion paper by Deafness Forum Australia highlights the pressing concern of inadequate hearing healthcare access for people from culturally and linguistically diverse (CALD) backgrounds. The paper offers clear recommendations to policymakers, hearing healthcare practitioners, and community program managers.

This article is an excerpt - you can read the [full discussion paper here](#).

Australia is a culturally and linguistically diverse nation with one-third of the population born overseas. Half of the population has at least one parent who was born overseas, and one in five people communicate in languages other than English at home.

CALD individuals and communities represent a wide range of linguistic and cultural backgrounds. With a growing CALD population in Australia, health and disability services must acknowledge and accommodate this diversity and respond to the cultural needs of communities. However, CALD people continue to face distinct challenges, social disadvantage and experience high rates of disparities and inequitable health outcomes compared to other Australians.

Many people from CALD communities have poor health literacy and experience difficulties navigating the Australian health system. Coupled with lower awareness of health services compared to other Australians, people from CALD backgrounds face a multitude of barriers to accessing health services.

With the Government's Hearing Services Program and the National Disability Insurance Scheme both reporting significant underutilisation by CALD populations, it is essential to gain a better understanding of the complex and multi-faceted barriers faced by CALD communities to develop strategies for improving and fostering inclusive and equitable hearing healthcare.

Language: One of the most prominent challenges faced by people from CALD communities when accessing hearing services is the language barrier.

Lack of translator and interpreter services: The lack of such services in health service provision for CALD communities can have significant negative consequences for both patients and providers. Without access, patients may not fully understand their management options and potential risks.

Cultural Stigma: In many CALD communities, there exists a cultural stigma attached to disability, including hearing loss. The fear of social isolation or discrimination can deter those

from CALD backgrounds from acknowledging their hearing issues and accessing services.

Absence of Cultural Competence: The limited availability of culturally sensitive healthcare professionals and facilities makes it challenging for CALD individuals to access timely and appropriate care for their hearing needs and leads to the failure to address the impact of systemic discrimination on their health and wellbeing.

Lack of research and engagement with CALD communities: Despite the high rates of health disparities, CALD communities continue to be underrepresented in research.

Recognising the unique challenges faced by CALD communities in accessing hearing services, various initiatives and strategies can be implemented to enhance inclusivity and bridge the gap in equitable health outcomes. Such actions include:

1. Collaboration between audiological services, government programs and CALD community organisations is crucial to designing and delivering culturally appropriate messages and services.
2. Implementing culturally tailored outreach programs that disseminate information about hearing health in multiple languages can bridge the gap between CALD communities and hearing services.
3. Introducing subsidised hearing assessments, financial assistance programs for hearing aids, and related services can alleviate the financial burden faced by CALD community members.
4. Hearing service providers must invest in multilingual resources such as translated materials and interpreting services at healthcare facilities.
5. It is imperative to prioritise research involving CALD communities to create a more equitable and inclusive research landscape and improve the identification of priority areas for further research.
6. Healthcare professionals should be encouraged to undergo cultural competence training. Also, prioritising the recruitment and training of healthcare professionals from diverse backgrounds can enhance the overall quality of care.
7. Make time: providing additional time in healthcare appointments ensures that the information is fully comprehended, leading to a better experience and ultimately, better health outcomes for the individual.



The experiences of CALD communities in accessing hearing services in Australia reveal a pressing need for a comprehensive approach to address the multifaceted barriers hindering equitable healthcare access. As the Australian population continues to grow in its cultural richness, governments and hearing service providers must remain committed to improving access, cultural competence, and awareness. Embracing diversity and promoting equal access to hearing services is not only a matter of social justice but also a crucial step toward fostering a healthier, more inclusive and more resilient society for all.



Captioning on TV.

TV broadcasters have to meet certain standards in providing captions. You can complain if a broadcaster does not show captions or about their quality.

The [Broadcasting Services Act 1992](#) tells broadcasters what they have to do. The Act applies to:

- commercial TV
- national TV services (the ABC and SBS)
- subscription TV.

Common issues you can fix.

Captions and lines of text may not appear as they should. [Diagnose and fix your TV reception](#) to see if this helps. [This video](#), turning on captions and troubleshooting, may also help.

Complain about captioning on commercial and subscription television.

You can complain directly to ACMA, the broadcast watchdog by completing the [broadcasting complaint form](#).

Information about making a complaint about captioning on commercial or subscription television is also available in this [video](#), which includes Auslan translation and captions.

Complain about captioning on ABC or SBS.

If you have a captioning complaint about a program broadcast by the ABC or SBS, you must write directly to the relevant broadcaster within 6 weeks of the broadcast.

If your complaint is about a program broadcast on ABC, you can make your complaint through the [ABC website](#).

If it is about a program broadcast on SBS, send your complaint to comments@sbs.com.au. Further information about captioning complaints is available at the [SBS website](#). There is also a [video](#), which includes Auslan translation and captioning.

For either SBS or ABC, if you don't receive a response within 30 days, or you're not satisfied with the response, you can refer your complaint to the ACMA by completing the [broadcasting complaint form](#).

When you cannot complain.

Some services do not have to show captions:

- community TV
- advertisements
- programs that are not in English
- programs that consist only of music
- catch-up TV programs.



Looking for a particular paper, policy, resource, or guide? There are now more ways to quickly find what you need on the new **Audiology Australia website**.

You can now search position statements and submissions by year or topic category making it even easier to stay in the know about how Audiology Australia is advocating for its members and the audiological profession to improve and shape hearing health.

Find [position statements and submissions](#).

Looking for something else? You can search the full document collection through the new online [resource library](#).



Advertisement.

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MED-EL's ever-popular Ideas for Ears competition is back for its fifth year! Win a trip to Austria!

Draw, Write, Create.

- All creative formats are welcome - videos, drawings, letters or a presentation.
- Every idea is welcome - a new invention, an improvement to something that already exists, anything that helps people with hearing loss.

[Submit your idea](#) before 17 January 2024.

Read [Terms and Conditions](#)



To Find Out How Wildlife is Doing, Scientists Try Listening.

Their symphony is the sound of a forest, and is monitored by scientists to gauge biodiversity. The recording from the forest in Ecuador is part of new research looking at how artificial intelligence could track animal life in recovering habitats.

By Sara Hussein for [Nature Communications](#).

When scientists want to measure reforestation, they can survey large tracts of land with tools like satellite and lidar.

But determining how fast and abundantly wildlife is returning to an area presents a more difficult challenge, sometimes requiring an expert to sift through sound recordings and pick out animal calls.

Jörg Müller, a professor and field ornithologist at University of Würzburg Biocenter, wondered if there was a different way.

"I saw the gap that we need, particularly in the tropics, better methods to quantify the huge diversity to improve conservation actions," he told AFP.

He turned to bioacoustics, which uses sound to learn more about animal life and habitats.

It is a long-standing research tool, but more recently is being paired with computer learning to process large amounts of data more quickly.

Müller and his team recorded audio at sites in Ecuador's Choco region ranging from recently plantations and pastures, to agricultural land recovering from use, to old-growth forests.

They first had experts listen to the recordings and pick out birds, mammals and amphibians.

Then, they carried out an acoustic index analysis, which gives a measure of biodiversity based on broad metrics from a soundscape, like volume and frequency of noises.

Finally, they ran two weeks of recordings through an AI-assisted computer program trained to distinguish 75 bird calls.

The program was able to pick out the calls on which it was trained in a consistent way, but could it correctly identify the relative biodiversity of each location?

To check this, the team used two baselines: one from the experts who listened to the audio recordings, and a second based on insect samples from each location, which offer a proxy for biodiversity.

While the library of available sounds to train the AI model meant it could only identify a quarter of the bird calls the experts could, it was still able to correctly gauge biodiversity levels in each location, the study said.

Results show that soundscape analysis is a powerful tool to monitor the recovery of faunal communities in hyperdiverse tropical forest.

There are still shortcomings, including a paucity of animal sounds on which to train AI models. And the approach can only capture species that announce their presence.

Prof Jörg Müller believes the tool could become increasingly useful given the current push for "biodiversity credits" - a way of monetising the protection of animals in their natural habitat.

"Being able to directly quantify biodiversity, rather than relying on proxies such as growing trees, encourages and allows external assessment of conservation actions, and promotes transparency," he said.

More information: Jörg Müller, Soundscapes and deep learning enable tracking biodiversity recovery in tropical forests, *Nature Communications* (2023). DOI: [10.1038/s41467-023-41693-w](https://doi.org/10.1038/s41467-023-41693-w).

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

Let us know at hello@deafnessforum.org.au

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The Annual General Meeting of the members of Deafness Forum

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

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

Review of the Deafness Forum Constitution.

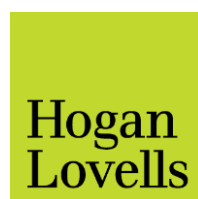
During the AGM, there will be a presentation about proposed changes to the organisation's constitution.

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

These changes will be presented to the members for a vote at a special meeting in mid-2024.

You can now [read the details of these proposed changes here](#).

Acknowledgment.



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