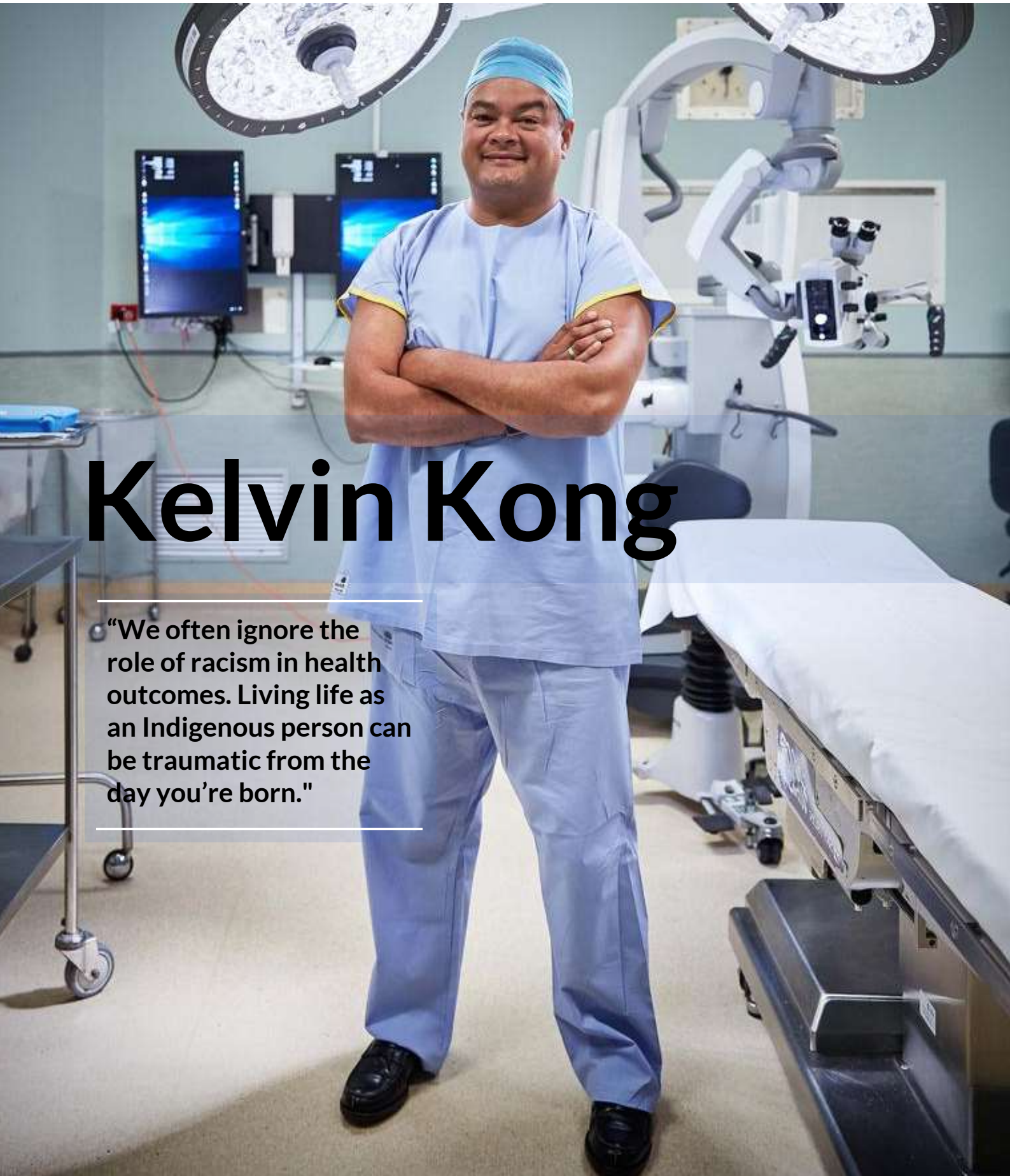
DEAFNESS FORUM AUSTRALIA

oneinsix

4 OCT 2023



Kelvin Kong

“We often ignore the role of racism in health outcomes. Living life as an Indigenous person can be traumatic from the day you’re born."

Medical community has role to play in the Voice to Parliament.

Professor Kelvin Kong, a prominent otolaryngology, head and neck surgeon, believes the majority of Australians would vote Yes to the Voice to Parliament if given the right information, and that the medical community has a role to play.

Professor Kelvin Kong is a Worimi man, working on Awabakal and Worimi Country at Newcastle's John Hunter Hospital and John Hunter Children's Hospital. Professor Kong is an otolaryngology, head and neck surgeon and a Fellow of the Royal Australasian College of Surgeons.

Earlier this year, Professor Kong was named NAIDOC Person of the Year for his work with Indigenous children at risk of hearing loss due to otitis media.

"Unfortunately, Australia still has the worst ear disease rates in the world," Professor Kong said. "Chronic suppurative otitis media affects from 40% to 85% of children in Indigenous communities. It is disheartening discussing my mob on an international scale because of the dichotomy that exists with ear disease here.

"Every kid endures otitis media at some point in their life. Most get it at around two years of age. In our population, we've seen it occur in under-12-months. The big difference is whether you identify the issue early and whether you get access to the help required."

Creating equitable access

"How do we make sure that a child can navigate the health system in a safe and timely way?" Professor Kong asked.

"It's often related to both social and cultural determinants of health. The issues are around access, and there are multiple phases.

"Firstly, we need to increase the awareness for parents, that there's something here that is easily fixed."

The stripping away of resources in primary health care and Indigenous Health Practitioners must also be stopped, Professor Kong said.

"And we really need to look after our GP specialists.

"They [all] play such an important role, yet by eroding the resources available for primary health care we devalue their role in our health paradigm.

"We should also acknowledge the significant contributions made by Aboriginal Community Controlled health organisations, and private primary health care providers, in improving accessibility and enhancing health care."

The third aspect pertains to the presence of racism or explicit barriers that hinder individuals from accessing these services, Professor Kong said, who added that these issues are not always easy to understand for a non-Indigenous perspective.

"We often ignore the role of racism in health outcomes. Living life as an Indigenous person can be traumatic from the day you're born.

"From the events which you see and the way in which your family are treated.

"Eliminating racism in health is paramount because [it] leads to reduced trust in health care systems in vulnerable communities, which perpetuates health disparities."

Equity and equality.

Professor Kong also highlighted the difference between equity and equality.

"The nuance is important," he said.

"You can't say to everyone, 'Here's a hospital — come to the hospital'. We need to make sure we're running different programs to make sure that the right people are getting care.

"When we visit hospitals, we're treated differently. People look at and think about us differently. Even when we're doing positive things.

"For example, the lateral violence I have experienced as a surgeon is quite confronting. But I'm Professor of Surgery, I'm able to confront that, whereas a lot of the community wouldn't have that ability. And so, they regress and absorb more anguish."

He also highlighted the importance of creating a culturally safe space.

"A simple example is one of my clinics. At the hospital, we had a huge DNA/FTA (did/fail not attend) rate. We moved the [ear, nose and throat] clinic to the local Aboriginal Medical Services, and rather than report on DNA rate, we had 150% turn up rate.

It wasn't about geographic distance.

"It was purely about having a culturally safe space, where families and communities feel safe."

"And so, by trying to change a paradigm and try and break down some of those barriers, we can open the doors and support the practitioners and primary health care physicians in this space."

The Royal Australian College of Surgeons and advocacy for patient safety.

Professor Kong says the Royal Australian College of Surgeons has had a significant role in promoting social health, and its role in promoting the Voice to Parliament is no different.

"The College of Surgeons were the forebears of the seatbelt wearing era," he said.

"At the time people were saying, 'If people are silly enough to have a crash, it's their own fault'. It was legislated, and it saved so many lives.

"As a medical organisation, and through the Australian Medical Association as well, it is within our remit and mandate to make sure we make the community safe for our patients."

"We can bring along a whole segment of society that we've excluded; that's exciting for us as a country," Professor Kong said.

From MJA Insight+

DEAFNESS FORUM AUSTRALIA oneinsix

Occupational noise-induced hearing loss.

Farmer, builder, muso, miner, even teacher: these are among some of the noisiest jobs.

And if you're a younger man with trade qualifications and live in rural or remote Australia, you could be at even greater risk of hazardous noise exposure[1].

This is why, this National Safe Work Month, Hearing Australia is urging people in all occupations to be aware of occupational noise and the risks it can pose.

Occupational noise-induced hearing loss is one of the most common yet preventable occupational diseases, with an estimated more than 1.1 million Australians exposed to hazardous noise in their workplace.

"National Safe Work Month is the perfect time to commit to building safe and healthy workplaces for all Australians," says Hearing Australia Principal Audiologist, Karen Hirschausen.

"This year's National Safe Work Month theme is 'For everyone's safety, work safely', which reinforces the importance for individuals and workplaces to take a preventative approach to hazardous noise exposure.

"It's crucial to identify occupational noise-induced hearing loss as soon as possible and then take steps to reduce your noise exposure and prevent it from worsening.

"Hearing loss can have devastating effects on a person's wellbeing, contributing to mental health issues. It also has significant financial costs, with one study suggesting the total loss due to occupational noise-induced hearing loss was estimated at AUD$29.7 billion", Karen said.

Rural, remote Australians at higher risk.

According to the Making a Noise About Hearing report 2020 produced by National Acoustic Laboratories, Hearing Australia's research division, those living in rural and regional Australia are more likely to have hearing problems compared with those living in cities, with occupational noise exposure one of the biggest contributors.

"Young farmers are around seven times more likely to have hearing loss than the general population of the same age. Almost 50 per cent of farmers report tinnitus."

To help raise awareness of occupational noise-induced hearing loss, Hearing Australia has released a suite of resources called 'The Prevention Toolkit'. The Toolkit includes factsheets, posters, infographics, and social media content.

DEAFNESS FORUM AUSTRALIA oneinsix

Focus on noise in National Safe Work Month.

National Safe Work Month focuses on some common health and safety risks and how to control these to keep workers safe.

Noise can damage your hearing if it's too loud. Sudden, loud noises like an explosion, and constant, loud noise like working near industrial machinery, can damage your hearing.

Whether you work in construction, agriculture, manufacturing or an office, all workplaces have hazards that need to be identified and risks managed to keep workers safe. A person conducting a business must reduce workers exposure to noise as much as is possible.

Everyone deserves a safe workplace.

Visit our website for infographics and fact sheets to help you manage health and safety risks and promote a safer and healthier workplace.

Hearing Australia has a webpage dedicated to protecting your hearing, with useful information on noise-induced hearing loss.

Prestigious Prize for Pilbara Program.

Earbus Foundation Earbus Foundation, a WA-based children's charity won 'Most Outstanding Large Organisation' at the Pilbara For Purpose Awards for its work to reduce middle ear disease in Aboriginal and at-risk children.

Earbus has three programs in the Pilbara region of Western Australia, servicing communities around Newman, Tom Price, Paraburdoo and Port Hedland.

Pic: Earbus ear health screener Symone Ishak, audiologist Edwin Chung, director of clinical services Catherine Zeevaarder, & audiologist Stephen Wong.

CEO & co-founder Dr Lara Shur said it was important to bring support to remote areas who would normally have to travel significant distances for ear health services.

"Our clinics are based around the premise of bringing services to children. The team consists of a nurse, a GP or nurse practitioner who prescribes medication, and an audiologist who tests hearing. We visit schools, kindergartens, playgroups and early learning centres. We go where the kids are."

Earbus was supported by its partners Wirraka Maya Health Service Aboriginal Corporation, Puntukurnu Aboriginal Medical Service, Nintirri Centre, Gumala Aboriginal Corporation and Royal Flying Doctor Service.

The rich diversity of sign languages explained.

To mark 2023 International Day of Sign Languages last month, a Charles Sturt University speech and language acquisition expert highlights the rich diversity of sign languages used around the world.

By Adjunct Associate Research Professor Kate Crowe in the speech pathology discipline in the Charles Sturt School of Allied Health, Exercise and Sports Sciences.

Did you know that there are approximately 300 sign languages in the world?

Many people assume that there is only one sign language, and express disbelief when told otherwise.

"Why? Wouldn't it be more sensible if there was just one signed language? Then Deaf people could communicate with each other?"

I note that 'Deaf' with a capital 'D' is used to refer to a person with lived experience who identifies as being culturally deaf and a member of the Deaf community.

Undoubtedly, this is true, but could the same not be said for spoken languages?

So why is there such a rich diversity in sign languages? The answer is, for the same reason that there is in spoken languages. Sign languages emerge from a community of people with a need to communicate with each other.

As different sign languages were born, there was very little contact between the communities who used each language.

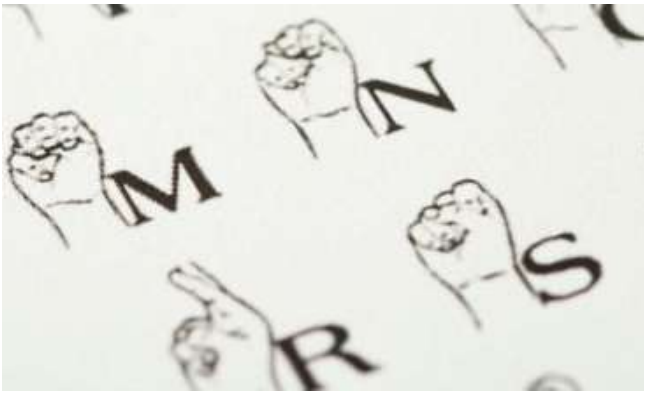
How and why would Deaf people in Australia and in Ghana be in contact for a common sign language to evolve?

For this reason, sign languages, just like spoken languages, are parts of different families which describes the relative distance between languages. And the families are not what you would expect.

Auslan (Australian Sign Language) is a member of the BANZSL family (British, Australian and New Zealand Sign Language). Sign languages in this family all evolved from Old British Sign

Language and retain some level of mutual intelligibility today.

Along with Auslan, members of this family include British, Maritime, New Zealand, Northern Ireland, Papua New Guinea, and South African Sign Languages.



People are often surprised that Auslan and American Sign Language (ASL) have very little in common, not even having the same alphabet. This is because while Auslan belongs to the BANZSL family, ASL belongs to the family which originates from Old French Sign Language. This Francosign family includes ASL and Dutch, French, Flemish, French-Belgian, and Italian Sign Language.

There is also an international sign language used by Deaf people for cross-linguistic communication in settings such as in international conferences and meetings. But it is not a natural or complete signed language. It is considered a pidgin form as it has been created, lacks the complexity of natural sign languages, and has a limited lexicon.

As part of the International Decade of Indigenous Languages, it is especially important to recognise the importance of Indigenous sign languages.

In Australia, there are multiple Indigenous sign languages that have been preserved, revitalised, and/or created. These include Takataka (Gurindji Sign Language) and Yolŋu (Yolngu) Sign Language. More information on Indigenous Sign Languages can be found here.

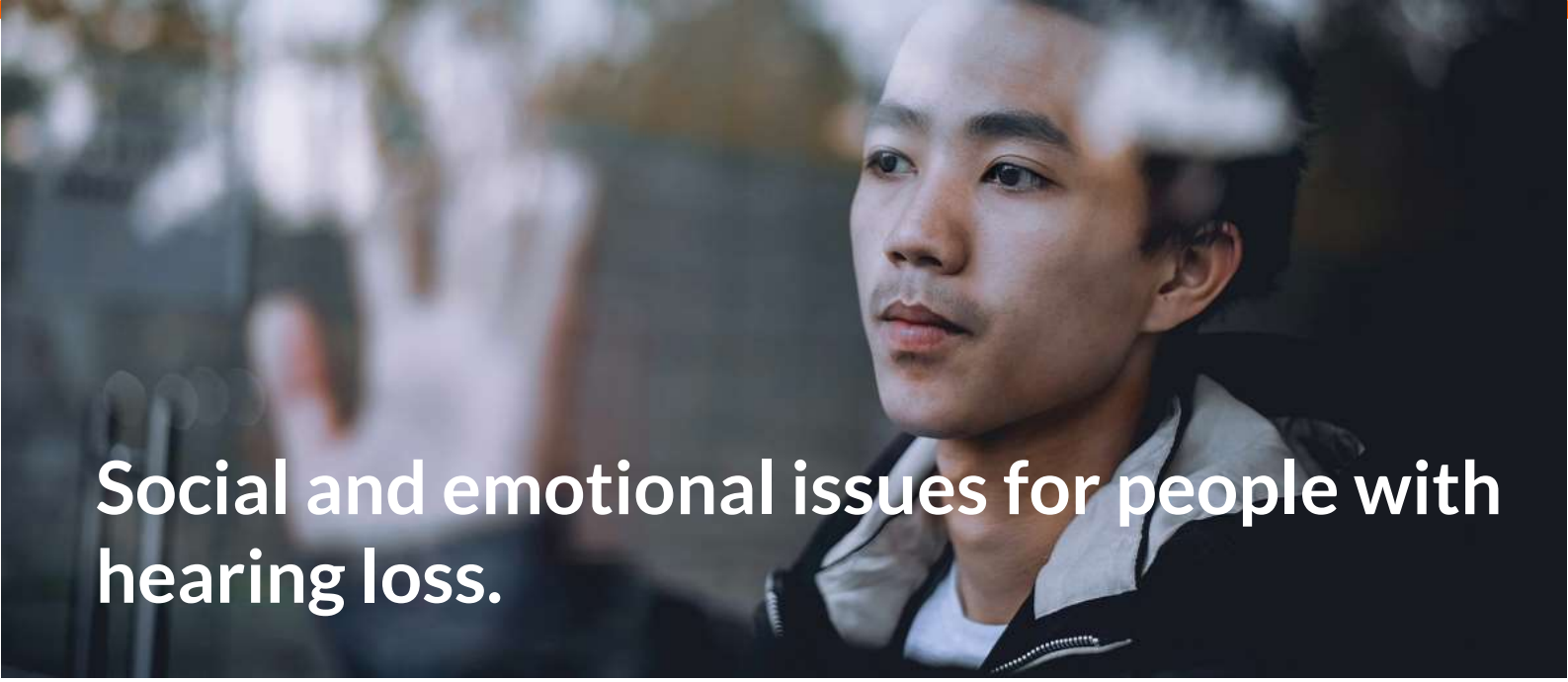
Article from Charles Sturt University.

Did you know you can access a free preview of our Read Our Lips Australia online lipreading course to see what it is all about?

Read Our Lips Australia is a self-paced online learning platform that is dedicated to supporting those with hearing loss and their families, by improving their quality of life through increased communication skills.

For more information visit www.readourlips.com.au or contact us at support@readourlips.com.au

DEAFNESS FORUM AUSTRALIA oneinsix



Social and emotional issues for people with hearing loss.

Bec Bennett, PhD, is a senior research audiologist at the National Acoustic Laboratories, part of Hearing Australia. She has a special interest in the social and emotional impacts of hearing loss and the role of the audiologist in supporting the social and emotional wellbeing needs of adults with hearing loss, and has published extensively in this area.

"As part of one of our research projects, we interviewed adults with hearing loss to explore the social and emotional impacts they experience. The findings revealed a wide range of experiences.

Participants described emotional distress related to their hearing loss across various categories. The most commonly reported experiences were social overwhelm, frustration, fatigue, loss, exclusion, conflict with significant others, sadness, and disappointment.

I want to say a bit more about some of these. The first one I mentioned was social overwhelm. This is where individuals feel that things are too much to handle, they lack the power to change their circumstances, and they become passively disengaged. Many of the people we interviewed reported this.

Fatigue was also commonly reported and encompassed both listening fatigue and the exhaustion of having to take responsibility for organising events and controlling situations to ensure equitable access to conversations. Feeling of loss was another cognitive representation of their experiences, capturing the realisation that they were missing out on parts of conversations, experiences, connections, and life itself.

Exclusion was an emotional consequence of being left out of events and conversations, while frustration manifested as feelings of grumpiness, annoyance, or irritability towards themselves and others. Grief emerged as a response to missing out on things and a shift in identity due to the loss of aspects of oneself. Anxiety also arose from the stress caused by

communication challenges associated with hearing loss.

Loneliness was a significant emotional consequence, reflecting the inability to socially and emotionally connect with loved ones. Lastly, burdensomeness was described as an overwhelming sense that their hearing loss placed unnecessary negative pressure on their loved ones.

Our research findings highlighted the profound social and emotional impacts faced by individuals with hearing loss. It underscores the importance of addressing not only the physical aspects but also the psychological and emotional wellbeing of individuals with hearing loss.

While some research participants described how their coping strategies assisted them in managing specific situations, there were negative consequences associated with certain coping strategies. It's important to note that these consequences were not directly caused by the hearing loss itself but rather by the emotional distress experienced as a result of the hearing loss.

For instance, avoidance strategies had detrimental effects on employment and overall enjoyment in the workplace. One participant shared her experience of giving up work due to her hearing loss. She described how her hearing loss made it challenging for her to participate in meetings, leading to feelings of unprofessionalism and a significant blow to her self-esteem. She described her decision to retire early as "life-shattering."

Interestingly, in some cases, the emotional distress spurred individuals to adopt solution-focused behaviours related to managing their hearing loss. For example, one participant who was a teacher gave up teaching because of the difficulties she faced in hearing the students in her class. However, this experience motivated her to seek help and find out what was wrong with her hearing. She recognised the negative impact on the classroom dynamic and her own frustration when constantly asking students to repeat themselves, leading to their own embarrassment and decreased engagement. This spurred her to acquire hearing aids, use them, and find a new role within the school that was better suited to her needs.

Many participants lacked effective coping strategies and primarily relied on avoidance, which tended to amplify their underlying distress rather than resolve it. Many expressed their desire to have coping strategies to address specific distressing experiences, such as frustration, exclusion, conflict with significant others, sadness, disappointment, and embarrassment. They specifically described wanting strategies to help them cope with missing out on being able to participate in social interactions and specified that they wanted their audiologist to facilitate the development of these skills. They expressed disappointment that these services were not provided within the hearing healthcare services that they received.

It highlights the far-reaching consequences of not having helpful coping strategies for individuals with hearing loss. It not only affects their self-esteem and professional opportunities but also impacts their overall emotional wellbeing and interactions with others. It emphasises the need for effective support and guidance to help individuals develop positive coping strategies and overcome the challenges associated with their hearing loss.

We recently developed a program called the AIMER program, which stands for Asking, Informing, Managing, Encouraging, and Referring. It is designed to empower audiologists to provide comprehensive care for their patients' wellbeing. The research and development of the AIMER program were published here, which includes a link to access and download the resources we have developed."

Read the full interview by Gus Mueller at Audiology Online.

The Inspirational Journey of Deaf Fitness Instructor Craig Farrell.

Craig Farrell is rewriting the narrative of disability in the health and fitness industry. For nearly a decade, he has risen before the sun, coaching the members of a fitness group in Narellan NSW.

Craig Farrell's journey began sweating alongside fellow fitness enthusiasts. Inspired by his passion he decided to pursue a career as a trainer, a decision that would change his life forever. Now, seven years later, the studio simply can't imagine operating without his infectious energy and inspiring spirit.

Farrell is not only a fitness instructor but also a member of the Auslan-signing community. He says that what some people might think of as a disability is his greatest asset.

"It's my superpower, my identity, everything I am."

Farrell's unique approach to training relies on alternative communication strategies, likened to a mime artist without a voice. He reads lips adeptly when face-to-face with clients and deeply values the strong bonds he has formed with the members of F45 Narellan, describing them as "my one big family."

" I'm fluent in body language including facial expressions."

"I definitely like bringing smiles or laughs to their faces and making classes more fun and enjoyable."

Farrell wakes at 4 am, enjoys his essential cup of coffee, and heads to work at 4:45 am. After a full morning, he takes a quick nap before returning to the studio for evening sessions until 7 pm. His rigorous schedule is punctuated with moments of 'me time,' where he indulges in the occasional nanna nap—a well-deserved break for someone with a 4 am wake-up call.

He wants to dispel misconceptions about the deaf community, emphasising the role of modern technology, patience, and community support in overcoming communication barriers. His advice for those with disability aspiring to join the health and fitness industry resonates with anyone pursuing their dreams: "You've got to believe in yourself, what you want to achieve your goal. All you need is to show them what you can do and don't let them stop you!"

In the fitness world where strength and endurance are celebrated, Craig Farrell's zest for life is evidence of the power of determination, inclusivity, and the pursuit of one's passion.

From an article by Mia Erickson for Body and Soul

Gene therapy rescues hearing for the first time.

Of the hundreds of millions of cases of hearing loss worldwide, genetic hearing loss is often the most difficult to treat.

No available treatment can reverse or prevent genetic hearing loss, prompting scientists to evaluate gene therapies for solutions.

Researchers observed hearing rescue in aged mice after injecting them with a healthy gene to replace a defective gene known to cause progressive hearing loss.

"A virally mediated gene therapy, either by itself or in combination with a cochlear implant, could potentially treat genetic hearing loss," said Zheng Yi Chen at Massachusetts Eye and Ear.

"This was the first study that has rescued hearing in aging mice, which points to the feasibility of treating patients even at an advanced age."

From Eureka Alert.

Libby Harricks
MEMORIAL ORATION

Professor Jim Patrick AO will present the 2023 Libby Harricks Memorial Oration in December.

Prof Patrick, Chief Scientist, Professor Emeritus, Cochlear is a world authority on cochlear implants and one of the engineers who pioneered this hearing technology.

Cochlear®
Hear now. And always

DEAFNESS FORUM AUSTRALIA

A premium Deafness Forum Australia event, this year's oration will be presented in partnership with Cochlear Ltd.

Since it began in 1999, the Libby Harricks Memorial Oration series has featured distinguished speakers from around the world and gained international recognition for its exceptional presentations.

The series is an annual event that serves as a tribute to the memory of the first President of Deafness Forum Australia, carrying forward Libby Harrick's commitment to raising awareness of issues related to hearing loss.

DEAFNESS FORUM AUSTRALIA oneinsix

New guidance on Ear Health and Hearing Checks for Aboriginal and Torres Strait Islander children.

How old should Aboriginal and Torres Strait Islander children be when they start having regular ear health checks in primary health, and how often should they be repeated?

As a hearing-aware audience, you would know it's appropriate to be extra-watchful for ear trouble in young Aboriginal and Torres Strait Islander children(1). But until now, there hasn't been a clear and consistent answer to this question, nor the question of what activities should be part of the check.

Ear infections are common in children, but for Aboriginal and Torres Strait Islander children they typically occur more often, start very early in life and last longer. They are also less likely to feature the kinds of obvious signs that cause parents or caregivers to take their child to the health centre, such as pain and fever(2).

For the child, these features add up to extended periods of auditory deprivation at an age when auditory experiences are crucial to the development of listening and communication skills(3). So, it's important that primary health practitioners are able to assess ear health early, well, and regularly, to identify children with persistent problems, and get the appropriate treatment and supports in place.

The *Otitis Media Guidelines for Aboriginal and Torres Strait Islander Children* (1) have, for some time, recommended that ear health checks happen for Aboriginal and Torres Strait Islander children during every primary healthcare visit. However, parents, caregivers and health practitioners report this hasn't been happening. Instead, checks are most likely to happen when parents or caregivers request them: not an easy ask, when signs aren't obvious(4-6).

Therefore, during 2021 and 2022, researchers at National Acoustic Laboratories, aka NAL worked with Aboriginal and Torres Strait Islander and non-Indigenous key experts to develop guidance for primary health practitioners on the timing and components of ear health and hearing checks for young Aboriginal and Torres Strait Islander children.

The project had oversight from a 22-person expert working group that included members of the Otitis Media Guidelines team, and Aboriginal and Torres Strait Islander and non-Indigenous primary health, ear health and hearing practitioners and researchers.

The process involved, firstly, reviewing and synthesising relevant national and international evidence on similar ear health and hearing checks. From this, a set of recommendations were drafted and presented to a 79-member national expert panel assembled for the consultation via an e-Delphi survey process.

DEAFNESS FORUM AUSTRALIA oneinsix

Members of the expert panel were asked to rate how much they agreed with each recommendation, and the extent to which they felt each was feasible. Results were collated and recommendations were adjusted and re-presented in a second round.

All recommendations reached the 80% consensus agreement level except one, which was modified and resolved through discussion with the working group.

The end product was eight goals and eight recommendations on primary healthcare Ear Health and Hearing Checks for Aboriginal and Torres Strait Islander children aged five years and younger.

A just-published paper on the recommendations (7) is freely available here.

In summary the recommendations are:

- Undertake checks at least 6-monthly, commencing at 6 months until 4 years of age, then at 5 years. Undertake checks more frequently in high risk settings for children under 2 years, when acceptable to families, or in response to parent/carer concerns.
- Ask parents/carers about concerns, signs, and symptoms; check children's listening and communication skills; and assess middle ear appearance and mobility.
- Otoacoustic emissions testing is suggested when equipment is available, primary health practitioners have capability and confidence to use the equipment, and there is local preference for its use.
- Video otoscopy is suggested for health promotion purposes, and/or for sharing images with other health practitioners.
- Audiometry should be done as per existing guidelines: when there are parent/carer concerns, signs of persistent/recurrent otitis media, or when listening and communication development is not yet on track.

These recommendations were developed with strong participation of primary health practitioners and Aboriginal and Torres Strait Islander clinicians and researchers, using appropriate and rigorous processes. They are currently the best available guidance for checking the ear health and hearing of young Aboriginal and Torres Strait Islander children in primary health settings. Even so, translating clinical innovations into routine practice can take up to 20 years (8). Understanding what it would take for these ear checks to reach young Aboriginal and Torres Strait Islander children is the next challenge. At the least, we know that some or all of the following will be needed:

- Change management that assists clinical staff to understand the impacts of persistent OM and that early action will make a difference.
- Involvement of practice staff in planning implementation, including, where possible, Aboriginal and Torres Strait Islander health workers and practitioners, practice nurses, and doctors.
- Practical information on immediate actions that families and educators can take to nurture children's listening and communication skills.
- Clear, timely pathways to referral services.

In the absence of rapid improvement in the social determinants of ear health for Aboriginal

and Torres Strait Islander children, it is imperative that we succeed at identifying persistent ear and hearing problems early in children's lives, and respond to this with effective, holistic care for the child, and clear, practical information for their family.

As we conclude in the paper, there remains an urgent need, including at health system, service, and practitioner levels, for a radical shift in the perception and tolerance of OM prevalence and its impact, to create the expectation that Aboriginal and Torres Strait Islander children can have healthy ears and hearing, and experience rates of persistent OM comparable to non-Indigenous children.

Sources

1. Menzies School of Health Research. Otitis Media Guidelines for Aboriginal and Torres Strait Islander Children Darwin: Menzies School of Health Research; 2020 [cited 2021 June 16]. 3:[Available from: https://www.menzies.edu.au/icms_docs/324012_Otitis_Media_Guidelines_2020.pdf.

2. Kong K, Coates HL. Natural history, definitions, risk factors and burden of otitis media. *Med J Aust*. 2009;191(S9):S39-43.

3. Fox S, Levitt P, Nelson III CA. How the Timing and Quality of Early Experiences Influence the Development of Brain Architecture. *Child Development*. 2010;81(1):28-40.

4. Harkus S, Caso K, Hall S, Kung C, Manton T, Murthy S, et al. 'Sometimes they're gammin, playing tricks, but sometimes it's ears.' The perspectives of urban parents and carers of young Aboriginal and Torres Strait Islander children on their journey to diagnosis of persistent ear health and hearing problems. *Public Health Research & Practice*. 2021;31(5).

5. AMSANT. *Needs Analysis: Key issues impacting primary health care sector capacity to improve ear and hearing health outcomes for Aboriginal and Torres Strait Islander children in the Northern Territory*. Northern Territory: AMSANT; 2021.

6. Office of the Auditor General Western Australia. Improving Aboriginal Childrens Ear Health Western Australia2019 [cited 2021 25 August]. Available from: https://audit.wa.gov.au/wp-content/uploads/2019/06/Improving-Aborignal-Childrens-Ear-Health.pdf.

7. Harkus S, Marnane V, O'Keeffe I, Kung C, Ward M, Orr N, et al. Routine ear health and hearing checks for Aboriginal and Torres Strait Islander children aged under 6 years attending primary care: a national consensus statement. *Med J Aust*. 2023.

8. Bauer MS, Kirchner J. Implementation science: What is it and why should I care? *Psychiatry Res*. 2020;283:112376.

DEAFNESS FORUM AUSTRALIA

Notice of the Annual General Meeting.

The Annual General Meeting of the members of Deafness Forum Australia will be held online on Thursday 30 November 2023 at 2pm AEDT, 1.30pm ACDT, 11am AWST.

At the meeting, members will have an opportunity to find out about Deafness Forum's operations and finances, and speak about any items on the agenda.

Members will be asked to vote to:

- accept the minutes of the last AGM
- accept the annual report
- accept the auditor's report
- accept the annual financial statements
- appoint and pay an auditor
- consider updates to the Constitution
- elect directors.

The agenda and meeting papers will be emailed to members by the end of the month.

There is still time to nominate to join the board of directors. Our chief executive can answer your questions and talk aspiring directors through the role and the process. Nominations must be received by 30 October.

Email us if you want to learn more at info@deafnessforum.org.au.

Michelle spent hours singing to her daughter who couldn't hear.

By Nikolina Koevska Kharoufeh 9Honey.

When Michelle Cook fell pregnant she and her husband Robert would spend hours trying to connect with their growing bub.

"We would have these wonderful intimate moments as a family where we would talk to Riley," she tells 9Honey Parenting.

When Riley was finally born, the family had to face the fact their daughter never heard a word they spoke to her.

"I had to grieve those moments," Michelle says.

At two weeks of age, Riley was diagnosed with bilateral profound hearing loss, effecting both her ears.

"We were surprised when Riley failed the screening test in the hospital, then concerned when she failed the test on the third occasion and we were referred to the Sydney Children's Hospital for a diagnostic test," Michelle recalled.

"We were grateful that Riley was healthy, but being first-time parents, you have emotions and concerns with raising your newborn because you don't really know what you're doing."

In the midst of the worry, Michelle couldn't help but think back on those special moments she shared with her daughter in the womb.

"When you're pregnant, you're told to sing and speak to your unborn baby as much as possible. I was sad when we learned she did not hear those conversations."

However, the new parents stayed strong, and with the help of the The Shepherd Centre at the hospital they were supported through the daunting journey.

"The speed at which we connected with them was remarkable. Riley wasn't even a month old."

Now as Riley turns one, Michelle and Robert could not be more proud of their thriving daughter.

"She enjoys the park, spending time with grandparents and cousins, she attends swimming lessons and she recently started going to daycare," her mum tells 9Honey Parenting.

With the help of cochlear implants, which she received at six months of age, Riley can enjoy the simple pleasures of reading a book and singing nursery rhymes - everyday moments most parents can enjoy with their kids without a second thought.

"Having access to sound from a young age is giving Riley that choice."

Michelle and Robert can't wait to see what their extraordinary little girl achieves in the coming years.

"Riley's hearing loss is part of her identity and it will shape who she is, but it won't define her."

DEAFNESS FORUM AUSTRALIA oneinsix

James inspires young Indigenous children in Kalgoorlie.

In the Eastern goldfields of Western Australia, Indigenous Ranger turned firefighter James Tucker protects the land 600 kilometres north of Perth.

"I was born in Kalgoorlie, born with a hearing disability, and found out when I was two or three years old."

For James, the Goldfields Parks and Wildlife Service team of which he is a member has devised a specific and tailored communication system.

Operations Officer of Fire Management Chris Curtis says it makes James' job accessible to his needs.

"When James is out at a fire with us, he has a special radio. That radio vibrates so when we need to talk with him or communicate with him, we hit that vibrating function. We've also got cards. We've got a green card and a red card. The green card basically means pack up. We finished mopping up this log. The red card is emergency."

Joint Managment Coordinator Peter Batt says he's an inspiration for younger Indigenous children in Kalgoorlie.

"I think he shows the way for local Aboriginal people in that there's a career for local people in the department working out on country, doing really good work. I've heard mentioned a number of times that he's just so patient. You know, he understands that his communication is not great. But he just perseveres. He doesn't get frustrated and he'll try explaining again or eventually he'll write it down if he needs to, just to get his point across. He loves the variety of the work. He does a great job. He takes a lot of pride in the work that he does."

For James, he says it's a love of the work that keeps him coming back.

"I love fighting bushfires and working with my team."

By Emma Kellaway and Ciara Hain for SBS News.

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

Let us know via hello@deafnessforum.org.au

Items in Deafness Forum's various communication channels may include terminology or summarise views, standards or recommendations of third parties, which are assembled in good faith but do not reflect our views or indicate commitment to a particular course of action. Content derived from various sources may contain offensive or ableist terms, and some content may not be accessible to all audiences. We make no representation or warranty about the accuracy, reliability, currency or completeness of any third-party information. We want to be newsworthy, informative and interesting, and our aim is to be balanced and to represent views from throughout our community sector, even views that might be unpopular or spark controversy. We try to be always open to providing an opportunity for expression of different views. This might not be reflected, for example in all editions of this newsletter. We do not enter into discussions about editorial decisions and policy. Articles may be edited for accessibility, style and length. You are most welcome to contact us to suggest article topics, advocacy issues, offer criticism and to receive this newsletter in an alternative file type.