



The Voice: A Message from the Minister for Health and Aged Care.

What's Next for
Classroom Architecture?

A celebration in
Adelaide of the local and
national Deaf
community.

Advocating for
streamlined public
access for assistance
animals.



Leslie found out about the Voice from a T-shirt.

First Nations man Leslie Footscray, who is deaf, says he only just learned about the Indigenous Voice to Parliament.

Leslie told the ABC he saw a T-shirt in the crowd at an Indigenous dance festival.

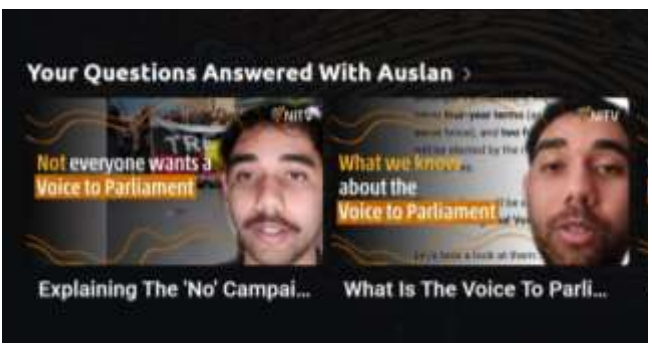
"I saw a person and they were wearing a shirt that had a picture on it that stated the word 'yes'," the Tjungundji man said. "I didn't know anything about that". He asked his support worker to explain what it meant.

The 47-year-old, who doesn't read, fears other deaf people, including Indigenous Australians with hearing loss, might be in the same position. He uses cultural sign to communicate, which is different to Auslan.

Advocates fear that an entire cohort of Australians are being left out of the discussion.

"I want to have the information via an Indigenous interpreter to help me understand and translate the information," he said.

By From an ABC News story by national disability affairs reporter [Nas Campanella](#) and the Specialist Reporting Team's [Emily Laurence](#). Photo by Brendan Mounter.



SBS created a variety of content in Auslan about the Voice to Parliament Referendum. The collection is available at [SBS On Demand](#).



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

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

A message from the Minister for Health and Aged Care, Mark Butler.



First Nations Hearing Care Needs a Voice.

“In 2023, how is it that an ear infection could make it less likely for a kid to finish school or find a job?”

That’s the reality for many Aboriginal and Torres Strait Islander kids in remote areas with a middle ear infection, too often meaning the difference between finishing school and long-term unemployment.

Despite the best efforts of their parents, Indigenous kids are three and a half times more likely to get these ear infections, than non-Indigenous kids.

The reasons are many, but they include a lack of access to clean running water, along with an absence of culturally appropriate ear and hearing services.

Too often, a simple infection leads to hearing loss in one or both ears, kicking off a life trajectory that’s vastly different to other Australian children.

Imagine trying to finish school, after suddenly losing your hearing. How do you confidently go for a job interview, if you're not sure that you'll be able to hear the questions?

The statistics are stark: just 2 out of 5 Indigenous Australians complete year 12. That figure is already shockingly low, but among Indigenous Australians with hearing loss it shrinks even further: just 1 in 5 will graduate high school.

And if you can't finish school, then it's even harder to find work. Five out of 10 Indigenous Australians are employed but among those with hearing loss that figure shrinks to 3 in 10.

It is not just a problem of health, it's a problem of housing, of poverty, of environmental conditions and basic amenities.

And, as with so many health indicators, the gap between Indigenous and non-Indigenous kids has not been closing nearly fast enough. Just 4 of the 19 Closing the Gap targets are on track.

On 14 October this year, all Australians will have the opportunity to change that, by voting 'yes' to change our Constitution and recognise the place of First Nations Australians with a Voice to Parliament.



The Voice will be a committee of Aboriginal and Torres Strait Islander people who will give advice to governments on how to finally move the dial on closing the gap targets.

As Health Minister, I can't think of an area of policy where that Voice will be more important and more needed than in health. But with the best of intentions and substantial investment

from both sides of the parliament, the current approach simply isn't working.

Just as a good doctor listens carefully to their patients, a Voice to Parliament involves listening to the voices of Aboriginal and Torres Strait Island people about better ways to make a real difference. Conversely – when a doctor doesn't listen it's pretty hard to get the right diagnosis, and even harder to find the right treatment. Money spent on the wrong prescription is money wasted.



Listening to an Indigenous Voice to Parliament will give us a better insight into how to better spend the hundreds of millions of dollars of taxpayer money that goes into First Nations health.

Politicians don't know best and so we need to listen to communities to hear their solutions and ensure funding is getting to where it needs to go, so these kids have better outcomes and longer lives.

On the 14th of October, every Australian will get a once in a generation opportunity to come together and break the cycle, making a real difference to the lives of Indigenous Australians.

I'll be thinking of those kids as I enter the voting booth. I'll be voting to make a practical difference in their lives. I hope you do the same.

I know that indigenous ear and hearing care is a pillar of Deafness Forum Australia's advocacy program. I am grateful for this opportunity to share my views with members and supporters of our national consumer representative body."

Earflo in the Pilbara.

A new invention that looks like a sippy cup helps clear out the fluid in the ear causing Glue Ear.

Glue ear causes hearing, balance and sleep problems. It is highly prevalent in Aboriginal children. The EarFlo delivers air through a child's nose while drinking, helping to clear out the fluid in the ear.

With the support of the Pilbara Aboriginal Health Alliance, Earbus Foundation* will expand the successful clinical trial to WA's Pilbara region. Aboriginal children will now have access to this non-invasive treatment which has the potential to change the way we treat middle ear disease in children.

EarFlo co-founder, Intan Oldakowska, said the next stage of the trial would see parents take the device home for daily use with their children.

"It looks very familiar to the child and can fit easily within the morning and evening routine during mealtimes," she said. "Over a period of two to four weeks of daily treatment what we would like to see is the fluid in the middle ear can be drained and the hearing can be restored to the child so they can get earlier treatment to avoid developmental delay and avoid surgery."



Earbus CEO Dr Lara Shur (centre) with EarFlo co-founders Dr Matt Oldakowski & Ms Intan Oldakowska.

* [Earbus Foundation](#) is a WA-based Children's charity that works to reduce the incidence of middle ear disease in Aboriginal and at-risk children.



Deaf Gain

A celebration in Adelaide of the local and national Deaf community.

This public exhibition serves as a powerful platform for deaf artists to showcase their talent and share stories from the deaf community.

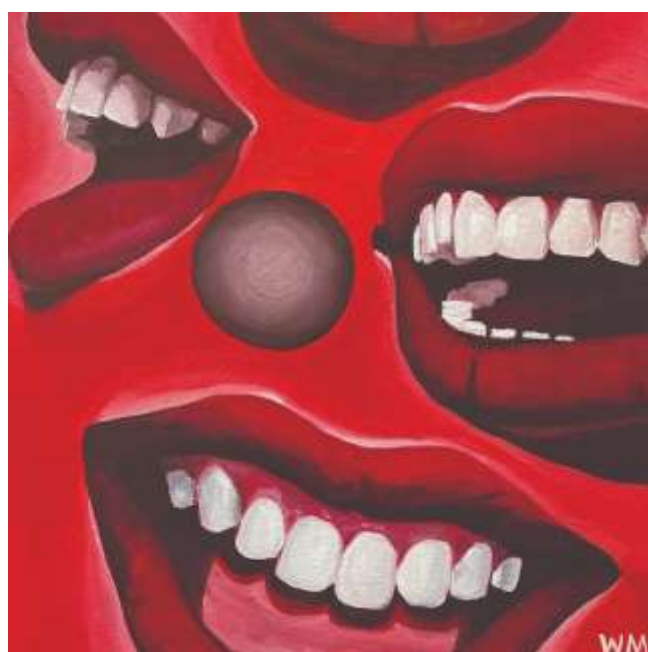
The artists bring a fresh and innovative approach to contemporary visual arts, as well as using art as a medium to showcase pride in their own unique experiences of deafness.

Deaf Gain creates a Deaf-centric space that empowers a diverse range of cutting-edge artists.

The exhibition coincides with the National Week of Deaf People (18 – 24 September) and features artists Scott Pyle, Melissa Keller, Samantha Wilson and William Maggs from South Australia; Jas Shirrefs, Luke Duncan King, Gonketa, Chelle Destefano and Ravi Vasavan from Victoria.

The artists will be visiting Adelaide for special events during National Week of Deaf People, with a number of opportunities for members of the public to meet and learn from the artists.

Stay up to date via the [@deaf.gain](#) Instagram and [@TheHawkeCentre](#).



The Deaf Gain exhibition ends 27 September 2023.

Open weekdays 9am - 6pm.

Free entry.

Kerry Packer Civic Gallery, Hawke Building Level 3, UniSA City West Campus, 55 North Terrace Adelaide.

Elevating Assistance and Therapy Animal Standards across Australia.

The Working Animals Federation of Australia has introduced the first independent accreditation system for assistance and therapy animals in the country.

What is a working animal? Simply put, a working animal has a job.

Wafa defines working animals to be:

- Assistance Animals including Guide, Hearing and Service Animals
- Therapy Visitation Teams and Allied Health and other Professional Therapy Teams
- Animals offering detection services (bomb detection, conservation, water/sewerage detection).

Wafa provides a comprehensive range of services to elevate professional standards, streamline public access rights, and promote the welfare of both animals and individuals.

Wafa encourages collaboration and sharing of knowledge and experience and provides ongoing support for people and organisations working in the industry who are wanting to improve the quality of their services.

At the centre of Wafa's mission is its independent accreditation system, which ensures that assistance and therapy animal handlers, trainers, breeders, Public Access Test (PAT) assessors, allied health professionals, and other relevant professionals meet the highest professional standards possible. These standards are in line with those required by Assistance Dogs International and the international Guide Dogs Federation. By adhering to rigorous training and best practices, participants in the Wafa program are committed to providing exceptional care and support to animals and those they assist.

Wafa actively advocates for streamlined public access for assistance animals, including guide dogs, in various domains such as for airline and rail travel.

Through collaboration with government departments like the Federal Department of Social Services and State Departments for Education and Health, Wafa seeks to improve legal frameworks and enhance accessibility for those in need. By aligning with government initiatives, Wafa seeks to enact meaningful changes to the legal framework and support the industry's growth and development.

The Working Animals Federation of Australia

is a centre of support for working animals and their people.



By working towards a more inclusive society, WAFA empowers individuals with disability to lead more independent and fulfilling lives.

NDIS.

The National Disability Insurance Scheme plays a crucial role in providing support to people with disability, but obtaining assistance animal funding can be difficult. WAFA advocates for individual access to NDIS funding for assistance animals as well as animal-assisted therapy services through its individual advocacy program. By working closely with the NDIS and relevant stakeholders, WAFA aims to ensure that those in need receive the necessary financial support to access and maintain assistance animals. This service directly benefits both animals and humans by improving overall welfare.

Research.

WAFA functions as a dedicated research body, collecting and publishing data relevant to the Australian assistance and therapy animal industry. This research not only helps establish the current number of animals in service but also sheds light on their impact on the lives of individuals with disabilities and those who require support. By providing a comprehensive understanding of the industry's potential, WAFA contributes to the continuous improvement of assistance and therapy animal services.

Education.

Education is pivotal in maintaining high standards within the assistance and therapy animal field. WAFA offers ASQA-endorsed courses for handlers, trainers, and other professionals in the industry. These courses are designed to impart essential knowledge and skills to participants, ensuring a highly skilled workforce capable of meeting the diverse needs of assistance and therapy animals. Moreover, WAFA is pioneering the development of Australia's first-ever undergraduate and postgraduate courses in the field, fostering a new generation of professionals in the field.

The Assistance Animal Ambassador Program is a free initiative designed for the general public. By participating in this program, individuals can learn about assistance and therapy animals, understand the importance of public access rights, and actively contribute to fostering a more inclusive society. The program encourages community engagement and raises awareness about the crucial role that assistance and therapy animals play in the lives of individuals with disabilities.

The Community Educator Program is a transformative initiative that empowers individuals with a passion for assistance animal public access rights. Through this program, we provide comprehensive training to equip participants with the knowledge and skills needed to conduct workshops and seminars, educating the public about the significance of assistance animals in our communities. These individuals are compensated for their valuable work, following a similar model to Mental Health First Aid. By nurturing a network of enthusiastic community educators, WAFA aims to create a ripple effect of awareness and understanding, ultimately fostering a more inclusive society where the rights and contributions of assistance animals are recognised and respected.



Government appoints Kim Terrell for another term as Managing Director of Hearing Australia.

A message from Bill Shorten, Minister for the National Disability Insurance Scheme and the Minister for Government Services.

Mr Kim Terrell has been reappointed as the Managing Director of Hearing Australia.

“Mr Terrell has led Hearing Australia over the past 5 years delivering world leading research and life-changing hearing services for our nation,” Minister Shorten said.

“Kim’s re-appointment means Hearing Australia and the National Acoustic Laboratories will continue to build on their world class reputation, delivering high impact research and quality services that support children and adults living with hearing loss.”

“Kim will also continue the vital work Hearing Australia has been doing over the past four years to improve the ear health and hearing outcomes for First Nations children.”



Kim commenced as Managing Director on 1 September 2018 and has been re-appointed for a further three years from 1 September.

Under his leadership, Hearing Australia has expanded its reach and transformed the lives of over 280,000 children and adults with hearing loss across Australia.

Elizabeth Crouch AM, Chair of Hearing Australia, warmly welcomed Kim’s re-appointment. “Since 2018, Kim has worked tirelessly with the Hearing Australia team and the Board to drive our mission. Hearing Australia has a proud history and is committed to delivering even more value to our clients, to government and to the broader community we serve.”



“I’m honoured to have the opportunity to lead Hearing Australia for a further three years,” Kim said. “Leading such a talented team of dedicated, caring and professional people nationwide makes it easy to deliver the high quality services and support for our clients who rely on us each and every day.”

Prior to joining Hearing Australia, Kim worked as a senior executive within the Department of the Prime Minister and Cabinet, the Department of Human Services, the Attorney-General’s Department and several other agencies. He played a key role in establishing myGov, the Digital Transformation Office, the Australian Sports Anti-doping Authority and CrimTrac.



What's Next for Classroom Architecture?

Open-plan Classrooms Can Leave Children Adrift.

Middle years primary-school students are at risk of academic delay when learning in an open-plan classroom.

By Professor Gary Rance, the University of Melbourne.

We all know that talking and listening in large, noisy spaces (like restaurants, shopping centres or concert venues) is tough. Trying to piece together snippets of conversation with background noise is frustrating, exhausting and a definite barrier to communication.

Hearing and understanding speech in background noise is especially difficult for children under 10 years whose auditory systems are still developing and who don't yet have the language skills to 'fill-the-gaps' when they only hear part of what's said.

Why then, do we so often force children to learn in what is potentially the most hostile of school listening environments – the open-plan classroom?

A 40 year 'experiment'.

Open-plan classrooms, where two or more classes are located in one physical space, have been in vogue in Australia and worldwide for around 40 years and are considered [conducive to a broad range of teaching](#) practices.

However, teachers and students have consistently identified [high levels of noise and lack of acoustic privacy](#) created by large numbers of students doing multiple activities as undesirable aspects of these settings.

Between 2016 and 2019, we carried [out a study](#) looking at academic progress in open versus enclosed classrooms.

Our initial objective was to explore how students with hearing difficulties – temporary or permanent hearing loss or auditory processing deficits – were coping in these challenging learning spaces.

What we instead found was that all primary-school students in our study group of 7-10 year olds are at risk of academic delay in an open-plan setting.

Our study was supported by the Department of Education's Victorian Deaf Education Institute and involved data collection by Master of Clinical Audiology students in metropolitan and regional Primary Schools around Victoria.

Open versus Closed.

We investigated the effect of classroom architecture on academic progress in 196 students in Grades Three and Four, comparing their rate of reading development in open-plan and enclosed-plan classrooms.

The classroom was changed term-by-term from open to enclosed-plan using a portable, sound-treated wall. We measured the noise levels at each school in each configuration and found background noise levels were significantly higher, by around 5.4 decibels, in open-plan classrooms.

In normally developing school-aged children a noise-level increase of this magnitude represents a decline in speech understanding of around 10 to 15 per cent. This suggests that students would need a much higher degree of listening effort to follow what is being said in the open-plan classroom.

We also measured various cognitive abilities (non-verbal IQ, memory, reading fluency, speech perception and attention) in each of the students to investigate why some children might be more affected by the classroom environment than others.

Hard to Hear, Hard to Read.

Our findings, published in the [Nature Partner Journal: Science of Learning](#), show that simply closing the acoustic partition resulted in a doubling of the rate of reading fluency development across the whole study cohort. Reading fluency is the number of words that a student can confidently and accurately read within a given time period.

For the school terms when the wall was in place (creating two enclosed classrooms), the mean fluency increase was 14.0 words per minute, whereas the mean increase with no wall in place (open-plan) was only 7.2 words per minute.

Importantly, not all students were adversely affected by the open-plan environment and there was no relationship between the non-

verbal IQ and working memory of the participants and their academic progress through the two classroom conditions.

However, children with poorest speech perception in noise and or weakest attention skills were highly impacted during the open-plan study phases.

These results highlight the potential challenges posed by open-plan learning. Firstly, increased noise levels make classroom speech understanding more challenging. This, in turn, diverts cognitive resources (which are finite) away from academic learning. For children with low speech perception, the cognitive load is even higher. This results in greater academic impacts in the noisy, open-plan classroom.

Secondly, those students who are least able to achieve and maintain attention are likely to be the most challenged by the many distractions (both auditory and visual) created by having a second class group in the same physical space. And this means the risk that these children will become disengaged from classroom activity is higher in the open-plan environment.

What's Next for Classroom Architecture?

There are signs that the days of super-sized open spaces may be numbered.

The Victorian Department of Education is considering the implications of our study.

In a recent letter to the NSW Teachers Federation, the department stated that "current and future new and upgraded school projects will not include the construction of open-plan classrooms that cannot function as an individual space for a single class group".

So we may be on the cusp of a new era in school classroom design. Hopefully one that will optimise learning flexibility while minimising acoustic (and visual) distraction to ensure that vulnerable students remain engaged and don't end up lost in space.

First published in [Health & Wellbeing](#).

Things we take for granted.

Lesley was born with profound hearing loss. Throughout her life, Lesley has learnt to cope, but the mental stress of coping with the day-to-day practicalities, coupled with the stigma and discrimination, takes a toll.



“With an invisible disability, people often don’t see the challenges that we navigate, and it used to take me a long time before I felt safe enough to disclose my disability and ask for support.”

When she joined BHP in 2017 she had already been in the mining industry for 9 years. Despite her knowledge and experience, she still felt that this was something that she should keep to herself, and developed strategies to cope. But it came at a price.

“Following body language like knowing when to smile and laugh in noisy groups, and the cognitive load in meetings of listening hard, lip reading and trying to remember everything instead of taking notes all at once is simply exhausting.”

When COVID hit in 2020, it exacerbated the challenges. Almost overnight, everything went online. In meetings, people would sometimes have their cameras off, making lip reading impossible. And even with cameras on, poor lighting and sound quality made it difficult to

follow and participate in the discussion. Mask-wearing became the norm and yet another hurdle, making it impossible to understand what was being said.

At about the same time, Lesley was told that the hearing aids she relied on were no longer a viable option as her hearing loss became more profound. She decided to get a cochlear implant.

“I was terrified, but I felt that it was essential to share my plans with my new manager and my team as I would need their support and understanding through the procedure and the rehabilitation process following surgery.”

So, taking a big, brave step she talked about what life was like for someone with a hearing disability. The reactions from colleagues were heart-warming. Her manager and colleagues were extremely supportive, and in fact, some people reached out to ask for advice for family members with similar challenges.

One of her colleagues said, “my reflection was just how grateful I was that you so graciously walked us through your very personal journey and how we can do some really simple things to make your experience at work a whole lot easier. I find myself often reflecting on these recommendations when I am speaking with others. I feel like you imparted knowledge that will help me with all future interactions with people with or without hearing impairment. A real gift.”

Lesley has become more vocal in advocating for herself and others. And change is needed. While she sees that BHP has come a long way, there is still much to do. Putting the individual at the centre and working collaboratively to understand everyone’s unique needs will create the right environment for everyone to thrive.

“I feel the difference. I am no longer surviving at work, but thriving now and would encourage anyone who needs additional support to reach out.”

From an [article by BHP](#).



Ageing as a risk factor for tinnitus and its complex interplay with hearing loss.

Tinnitus affects 10 to 15% of the population, but its underlying causes are not yet fully understood. Hearing loss has been established as the most important risk factor for getting tinnitus. But whether ageing in itself is a risk factor has not yet been established.

Recent research focused on the effect of ageing and the relationship between age, hearing loss, and tinnitus. The main motivation of the current study was to understand whether ageing itself poses a risk factor for developing tinnitus. The research suggests that tinnitus increases with hearing loss, but is different for different age groups.

Altogether, the data provides strong support that ageing is a risk factor for tinnitus. However, the underlying mechanisms remain unclear.

In order for the field to progress, the current study emphasises the necessity of a different line of tinnitus research that seriously considers biological ageing processes and integrates them into existing models. One direction could be to focus on age-related changes in the cochlea.

Another line of research could build upon the established relationship between hearing loss and cognitive decline.

While the exact mechanisms are not known, neural degeneration has been reported in individuals with hearing loss, suggesting that hearing damage promotes the acceleration of brain ageing and that this is the *actual factor* that makes tinnitus more likely.

The work suggests several threads to explore. For example, a relationship between tinnitus and cognitive decline, a claim for which some tentative evidence exists. If this was true, people with advanced brain age should be more prone to developing tinnitus. Another, perhaps controversial idea is that tinnitus itself is an indicator of advanced or accelerated brain ageing.

The results support recognising ageing as a tinnitus risk factor rather than solely as an enabler of hearing loss, as previously assumed. The findings call for urgent research efforts to be dedicated to linking biological ageing processes, hearing loss, and tinnitus.

Overall, the research outputs can motivate studies that could significantly advance understanding and therefore promote innovative treatment and prevention approaches.

SignHow community sign language library.

Sophie Li and Nikhil Bora share an ambitious vision to make SignHow the largest community sign language library in collaboration with Deaf communities around the world.

This struggle inspired Sophie and Nik to start this resource, SignHow, record and document signs in Auslan, including deafblind Auslan. The other 300 different sign languages will soon follow. This resource is designed with deaf people in mind. It is a big goal, so Sophie and Nik understand the significance of support from people like you.



Sophie Li and Nikhil Bora share an ambitious vision.

This vision was born from the struggle of SignHow's two Australian Deaf co-founders. Nikhil Bora began his journey to learn Auslan at age 11, while Sophie started at 23.

Both struggled to learn, encountering challenges of finding reliable online resources in Auslan. There were limited deaf friendly visual resources that provided easy access to learn their own sign language. They later discovered that this was common in many other countries.

The project is currently building a strong, collaborative process with local Deaf people across Australia to add and review signs on SignHow.

They are interested in deaf people fluent in Auslan, Australian Irish sign language (AISL), deafblind Auslan and Australian indigenous sign languages. Please make contact via hello@signhow.co



New Research from King's College London has Reversed Hearing Loss in Mice.

"Degenerative diseases such as progressive hearing loss are often believed to be irreversible, but we have shown that at least one type of inner ear dysfunction can be reversed."

The research leader Professor Karen Steel, Professor of Sensory Function at King's College said "We used a genetic method to show this reversal as a proof-of-concept in mice, but the positive results should encourage research into methods like gene therapy or drugs to reactivate hearing in people with a similar type of hearing loss."

The research, published in [Proceedings of the National Academy of Sciences](#), used a genetic approach to fix deafness in mice with a defective Spns2 gene, restoring their hearing abilities in low and middle frequency ranges. Researchers provided mice with a special enzyme at differing ages to activate the gene after which their hearing improved. This was found to be most effective when Spns2 was activated at a young age, with the positive effects of gene activation

becoming less potent the longer the researchers waited to provide the intervention.

Fellow researcher Elisa Martelletti said, "Seeing the once-deaf mice respond to sounds after treatment was truly thrilling. It was a pivotal moment, demonstrating the tangible potential to reverse hearing loss caused by defective genes.

"This groundbreaking proof-of-concept study unlocks new possibilities for future research, sparking hope for the development of treatments for hearing loss."

Reversal of an existing hearing loss by gene activation in Spns2 mutant mice was published in [Proceedings of the National Academy of Sciences](#).

Get Help With Your Hearing

A public awareness campaign created by the Australian Government to encourage people with untreated or developing hearing loss to proactively manage their hearing health.



Left untreated, hearing loss can have a big impact on everyday life.

If you are concerned about your hearing or are experiencing hearing loss, a test by a hearing care professional can help determine the type of hearing loss and how much it has progressed.

[Take this link.](#)

Take your Tinnitus on Holiday.

Looking forward to a holiday but worrying about flying with your tinnitus? Here are some tips for a more comfortable flight.



Avoid using earplugs during a flight. When you seal out background noise, your tinnitus may become more noticeable.



Sit in the front of the plane where the engine noise isn't as loud. Anywhere in front of the wings should be quieter.



Swallow and yawn as much as possible, chew gum or suck on a sweet. This will help equalise the air pressure during take-off and descent. Your ears will feel more comfortable if air pressure inside and outside your ears is equalised.



Stay awake during the descent. This is when it is harder to adjust to the pressure changes.



Try to avoid flying if you have a cold or upper respiratory infection. A nasal decongestant may be helpful. Even if you are not suffering from a cold, this may help keep those airways and tubes open for better pressure release.



Leave your hearing aids in place as you may find them particularly helpful during a flight.



Make use of the entertainment on the flight. Listen to music or watch a film as they help to take your focus away from your tinnitus.

More tips can be [found here](#).



Every year, our member organisations nominate suitable people to join our Board.

The members require competent and committed board members to serve the organisation.

We need directors with skills in Accounting or auditing, Communications and media, Business development, Fundraising, Governance issues and practices, Government relations, Marketing, and relevant Legal fields.

We value knowledge in Age-related issues, Children-specific, Disability, Family or carer-specific, Health, Workplace and careers.

Just email me if you want to learn more at chair@deafnessforum.org.au.

David Brady
Chair

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

Let us know via hello@deafnessforum.org.au

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