

8 December 2021



It's not good enough. It really isn't.

A lack of adequate treatment for a hearing loss led to a war veteran's suicide. The Royal Commission into Defence and Veterans' Suicide was told that hearing loss and tinnitus were two of the most claimed-for conditions in veterans, yet the Government would not provide hearing aids over and above what the general population get.



Focus on First Nation children

Hearing Australia has established a First Nations Services Unit to better meet the hearing health needs of Aboriginal and Torres Strait Islander children and families.

Alana is a TV producer and was born profoundly deaf

"My advice to anyone who is deaf or hard of hearing is to accept yourself for who you are and find peers who will do the same. Then, with help from them and your family if possible, live each day without giving up."



Australian researchers call for better hearing checks for kids

Hearing problems can often be misunderstood as behavioural or attention problems. The child is then reprimanded. With early detection children could instead be given the support they need.

Study tracks use of hearing protection

Among all workers exposed to noise, researchers found the majority did not wear hearing protection consistently. Industries with the highest HPD non-use among noise-exposed workers included accommodation and food services, health care and social assistance, and education services.

Currently **one in six** Australians suffer from some form of hearing loss. This may increase to one in four by 2050. Access Economics 2006

Deafness Forum is Australia's peak national body representing the views and interests of all Australians who live with hearing loss, people who have an ear or balance disorders, and the families that support them. Our mission is to make hearing health & wellbeing a national priority in Australia.

Veteran hearing loss and mental health highlighted at Royal Commission

By [Rory Callinan](#) for [ABC News](#)



A failure to provide hearing-loss care has left former soldiers unable to talk to their grandchildren on what they thought was their last Christmas.

Lobbyist Pat McCabe said hearing loss and tinnitus were two of the most claimed-for conditions by veterans. Despite this, she said the department would not provide hearing aids. She said the gap in the services resulted in a decline in veterans' mental health and had led to a suicide.

And some "real duds" of officers in the chain of command were causing mental health issues, especially among young female defence personnel.

These were some of the critical issues raised at the Royal Commission into Defence and Veterans' Suicide in Brisbane last week.

Appearing as part of a panel of representatives from veterans' support organisations, totally and permanently incapacitated (TPI) lobbyist Pat McCabe provided critical insights into the inadequacy of the TPI benefits system which was now mainly assisting Vietnam veterans.

Ms McCabe said her organisation sought to ensure that the benefits and support services were maintained and not delayed in any way. She said one issue was the lack of adequate treatment for a hearing loss – a situation that had already led to a veteran's suicide.

Ms McCabe said hearing loss and tinnitus were two of the most claimed-for conditions in veterans, yet the department would not provide hearing aids over and above what the general population get for their welfare conditions.

"For a TPI not to be able to say goodbye to his grandchildren because he can't hear them, or his children, is a disgrace," Ms McCabe said.

"I have had TPIs on the phone begging to be able to talk to their kids over Christmas because they think it's their last Christmas. It's not good enough. It really isn't. Compensation should be compensation, not diminished welfare."

Ms McCabe said the gap in the services resulted in a decline in veterans' mental health and had led to a suicide.

"It came out in the hearing services program, that the lack of hearing reflected on the mental health of the person, the lack of socialisation because of the lack of hearing reflected on the person.

"Yes, there has been a suicide because the services haven't been there for them, they just give up. The Vietnam vets are getting older and sicker and they are tired of fighting the system."

Decorated Vietnam veteran Michael Von Berg, president of the Royal Australian Regiment Association drew a link between mental health of ADF personnel and "dud" officers.

"I generalise but I am absolutely convinced that so many of these issues that appear could be better managed through better officer leadership," Mr Von Berg, who won a military cross in Vietnam in 1966 for leading his anti-tank platoon clearing a Viet Cong ambush, said.



Comment by Deafness Forum in One in Six, 29 May 2018.

As a result of a review of military compensation arrangements a few years ago, Veterans with long term hearing needs were switched to a Repatriation Health Card. The White Specific Treatment Card, or White Card as it is known, introduced changes to the level of hearing aid technology that a veteran could receive without payment.

Before the changes, eligible Veterans could receive aids to suit their individual hearing needs. Now that these Veterans have been issued with a White Card they receive their hearing services under the Australian Government Hearing Services Program. Under this Program, Veterans receive a base-level hearing aid at no cost. To access the correct level of technology to suit their individual hearing needs they must now make a personal top-up payment to bridge the gap.

Veterans say they were not properly consulted or informed at the time of the changes in the level of hearing devices they would receive when they were issued with the White Specific Treatment Card.

They say it was a poor decision, implemented in haste, with no care or responsibility for the effects on Veterans and their families.

Deafness Forum believes that it is a small and inexpensive matter for the Government to fix.

Australian researchers call for better hearing checks for kids

From [The Tribune](#)



Ear health experts from Australia's Macquarie University have called for better hearing checks in Australian children.

Their report, published in the Public Health Research and Practice journal observed 2,489 children with a median age of 11 for over three years from low socio-economic families. It found that over 40 per cent failed to pass a hearing screening assessment. One in 10 children had hearing loss, and three in 10 presented middle ear dysfunction.

Catherine McMahon, professor of audiology at Macquarie University and lead author on the study, said that early detection was key to providing children with the support they need and preventing the worsening of hearing conditions.

"What is key is to ensure that there's a strong pathway, so that you do not just detect a problem, but you connect the child to timely and effective care."

Even low levels of hearing loss, that may go unnoticed by parents and teachers, could have a variety of impacts on children's learning as well as their social and neurological development.

"You need good hearing to develop good listening skills. Your hearing also enables you to filter out what you need to know, or what you want to hear relative to other things like background noise."

She said without early detection, hearing problems can often be misunderstood as behavioural or attention problems. The child is then reprimanded rather than being supported. They might be put to the back of the class making it even more challenging for them to hear. With early detection children could instead be given the support they need.

"They can come to the front of the class, and we can ensure that they're watching the teacher's face (and getting) good visual cues. This can go a long way to ensuring that the child is engaged and doesn't miss out on really fundamental parts of their learning."

McMahon called for the "embedding" of hearing checks into children's standardised health checks. She said as well as economically disadvantaged children, further action and funding would be particularly important for Australia's culturally and linguistically marginalised communities.

"We need to look at health literacy, whether it's for priority populations, like Aboriginal and Torres Strait Islander peoples, or other cultural and linguistic minority populations."

Prof Catherine McMahon is chair of Deafness Forum's Libby Harricks Memorial Oration committee.

World Hearing Day

3 March 2022

**To hear for life,
listen with care!**



World Hearing Day will be observed on 3 March 2022 with the theme,

“To hear for life, listen with care”

- It is possible to have good hearing across the life course through ear and hearing care
- Many common causes of hearing loss can be prevented, including hearing loss caused by exposure to loud sounds
- Safe listening can mitigate the risk of hearing loss associated with recreational sound exposure

The World Health Organization calls on governments, industry partners and civil society to raise awareness for and implement evidence-based standards that promote safe listening.

Keep visiting [our website](#) for updates and resources.



Australia's Disability Strategy 2021–2031, released last week, calls on all Australians to ensure people with disability can participate as equal members of society.

At its heart is a commitment to create an inclusive community.

The Strategy speaks to our national aspirations to enshrine and elevate the ideals of respect, inclusivity, and equality. This is why all governments – Australian, state, territory and local – are committed to delivering on its principles.

The Strategy is an aspirational road map pointing the way ahead.

Download and view the Strategy document [here](#). Also available in Easy Read, Auslan and language translations.

Deafness Forum in 2022

Deafness Forum's board of directors met at the weekend for its final session on developing a new Strategic Plan (more about it in a future edition of One in Six) and to elect its office-bearers for 2022.

David Brady (NSW) was re-elected as chair

Raelene Walker (WA) and Michelle Courts (SA) are the vice chairs

Dwin Tucker (NSW) is the treasurer and finance committee & audit chair

Directors Rhonda Locke (NSW) and Jeff Johnson (WA) continue their terms on the board.

David Brady said it was a wonderful privilege to be chair of Deafness Forum with the opportunity of meeting and working with so many people on advocacy campaigns and programs.

"The appointments of Rae Walker and long serving Parent representative Michelle Courts to be our Vice-Chairpersons, along with Dwin Tucker and his focus on financial oversight continues to bring high level consumer and sector-wide experience to the Deafness Forum Board," David said.



"I am confident that the Board will continue to deliver for our members and the nearly 4 million Australians we represent in 2022.

"I would like to pass on a massive thankyou to our retired Vice Chair Tony Whelan. Tony brought with him the views and experiences of the Better Hearing Australia network. His strong and measured management and financial acumen played a big role in ensuring that Deafness Forum remained a financially sound operating entity throughout two of the toughest years for our sector caused by the COVID pandemic.

"Now we can all of us look forward to a much-needed break for Christmas and the New Year.

"After the year that we have had, I am sure many of us as are looking forward to reconnect with family and friends, recharge the batteries, and prepare for whatever may come in 2022."

Read more about the Deafness Forum directors at <https://www.deafnessforum.org.au/our-people/>

Deafness Forum calls for mandatory vaccination policy by providers of hearing services

Deafness Forum of Australia is urging hearing services providers, large and small, to do the right thing and implement a policy of mandatory COVID vaccinations for all their clinical and support staff that provide hearing services directly to clients in any place.

Deafness Forum called for providers of hearing services to introduce a mandatory vaccination policy.

Deafness Forum chair David Brady said, "We believe it is important to remove any ambiguity and provide confidence to people who rely on hearing services."

The implementation of a mandatory vaccination policy for all hearing services staff involved in direct service delivery would reassure clients that the hearing care staff they are seeing were vaccinated, especially as the staff are not obliged to reveal their vaccination status.

"We urge hearing services providers, large and small, to take the lead and implement a policy of mandatory vaccination for clinical and support staff that provide hearing services directly to clients in any setting, such as a person's home, a clinic, a visiting location, or a school," David Brady said.

Having an industry-specific policy would:

- remove ambiguity about which staff are covered by a mandatory vaccination policy
- provide clarity on the workplaces/settings covered by a mandatory vaccination policy
- ensure consistency across the country
- cover any gaps in current Public Health Orders/Directions in States and Territories

To be honest, we have not been overwhelmed by support from hearing services providers. But...

Hearing Business Alliance represents businesses owned by independent audiologists, audiometrists, and others providing hearing health care. [Hearing Business Alliance](#) members want the community to know that they have introduced mandatory vaccination policies.

- [Ideal Hearing](#), Bairnsdale and Sale in Victoria.
- [Ability Hearing and Balance](#), Kingston, Rosny Park and Launceston in Tasmania.
- [Hearsmart Hearing Solutions](#), Lilydale in Victoria's Yarra Valley
- [Chelsea Hearing](#), Chelsea Victoria
- [Jervis Bay Hearing Centre](#), Jervis Bay NSW
- [Hear4Good](#), Golden Beach on Queensland's Sunshine Coast
- [Country Hearing Care](#) at Mildura, Swan Hill and Echuca; and with visiting services to Cohuna, Red Cliffs, Rochester, Ouyen, and Robinvale in Victoria. And at the NSW clinic in Broken Hill and visiting sites at Balranald and Wentworth.

Hearing Australia is the Government-owned hearing services provider with shopfronts throughout Australia and a significant outreach program in communities, schools and aged care facilities. You can read Hearing Australia's response to our call for mandatory vaccinations in its letter to us, published with permission on the next page.

Tuesday, 7 December 2021

Mr David Brady Chairperson

Mr Stephen Williamson Chief Executive

Deafness Forum

Via email steve.williamson@deafnessforum.org.au

Dear David and Steve,

I am writing in response to your open letter relating to the vaccination of workers in the hearing care industry against COVID-19.

Thank you for raising this important issue and highlighting the need for an industry policy which provides certainty to hearing service providers and their people and, more importantly, to consumers.

Since the start of the pandemic Hearing Australia has acted rapidly to ensure that all of its 171 hearing centres and 330 visiting sites across Australia implemented COVID-19 safe practices in line with Public Health Orders and WHS requirements. We have also implemented similar practices in the delivery of our services in outreach locations, in aged care settings, and in the homes of our clients.

We continue to be highly committed to the safe and effective delivery of services and protecting our employees and clients. We also know that this will remain a priority for the next several years given the ongoing cases of COVID-19 in the community, the easing of restrictions and the introduction of variants.

We have also strongly encouraged our employees to get vaccinated against COVID-19, consistent with messaging from Commonwealth, State and Territory governments and health officials. This has included consistent messaging about the importance of getting vaccinated along with the provision of supporting information and time off during work hours to get vaccinated.

In addition, we have acted rapidly to ensure that our employees in Tasmania, Victoria, Western Australia, South Australia, Northern Territory and Queensland are vaccinated in line with the relevant Public Health Orders. This means that all Hearing Australia employees in these locations are now only able to deliver our services if they meet the vaccination requirements under the Public Health Orders and will need to be fully vaccinated by Christmas.

I am also pleased to report that, while not required under any Public Health Orders, a recent survey of our employees indicates the vast majority of our New South Wales and the Australian Capital Territory employees have reported they are already fully vaccinated.

Finally, I note that consistent with our obligations under WHS legislation, Hearing Australia will continue to monitor the risks of COVID-19 on our employees and clients and, if required, consult our employees on options to strengthen our current arrangements.

I hope this information is useful and please let me know if you have any questions.

Yours sincerely,



Kim Terrell

Managing Director



Alana Nichols is a TV producer and was born profoundly deaf.

“Although there was no newborn hearing screening in Taiwan at the time, my parents discovered my hearing loss early, but it took them over a year of searching globally to find a surgeon who would operate on me. Every doctor my mother saw refused to operate after seeing the malformations in my X-rays.

“Finally, a surgeon in Australia agreed to perform the experimental surgery despite grim expectations. Fortunately, the surgery was a success and my cochlear implant was switched on at the age of two-and-a-half.

“I immediately began intense verbal therapy, yet did not speak a single word for over ten months. My mother recalls my first ‘word’ being “ow” as I tried to ask her to sit down.

“Every day, I’m challenged by my unique hearing and communication needs. I’ve had trouble talking to taxi drivers, listening on the phone, and understanding conversations in noisy environments. At school, I struggled to hear my teachers and took measures to advocate for my needs such as sitting in the front of the class and frequently asking questions.

“My advice to anyone who is deaf or hard of hearing is to accept yourself for who you are and find peers who will do the same. Then, with help from them and your family if possible, live each day without giving up.”

Alana is a Changemaker who supports the call in the World Report on Hearing for hearing care for all, now. World Hearing Forum Changemaker stories raise awareness and tackle stigma related to hearing loss.

Join the [Changemakers' Facebook group](#).

Swiss giant buys local Neurosensory

The Swiss company Sonova that owns local companies Connect Hearing and Blamey Saunders has struck again. It has bought another small, local outfit - Neurosensory.

Neurosensory had 24 clinics on the east coast. It was owned by 70 private Ear, Nose and Throat Specialist Surgeons.

Article sourced from [ConnectHearing](#)

Deafness Forum predicts there will be more such take-overs announced in the near future (the euphemism is 'market consolidation', so keep an eye out for this term). What does it mean for customer choice? That depends on whether you like competition in the market.

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Australian Government

Have your say

on regulatory alignment
in Australia's care and
support sectors.



You are invited to have your say on the Australian Government's efforts to align regulation across the care and support sectors.

Aligning regulation will strengthen quality and safety for participants and consumers. It will also make it easier for service providers and workers to deliver services across sectors.

The work will take a staged approach to align provider and worker regulation across the National Disability Insurance Scheme (NDIS), disability services, aged care and veterans' care.

A Consultation Paper has been released to inform the next consultation stage of this project. We would like consumers, families, carers, workers, providers and the broader community to have their say.

There are various ways you can provide input, including through a written submission and an online survey. Written submissions close on Friday 17 December.

To have your say on regulatory alignment, please visit the Department of Health's [Consultation Hub](#).

Focus on First Nation children

By Freya Lucas for [The Sector](#) Early Education News

Hearing Australia has established a First Nations Services Unit to better meet the hearing health needs of Aboriginal and Torres Strait Islander children and families.

“With our dedicated First Nations team, we’re making it easier and faster for children, families and communities to get the hearing help they need,” said Kim Terrell, Managing Director, Hearing Australia.



The Unit will bring together the delivery of Hearing Australia’s three Australian Government-funded programs for Aboriginal and Torres Strait Islander peoples: the [Hearing Assessment Program – Early Ears](#) (HAPEE) program, the [Community Service Obligations](#) (CSO) component of the Hearing Services Program, and the recently established Listen to Learn program.

“This will help us collaborate with our partners to provide more effective, coordinated, and culturally appropriate services to Aboriginal and Torres Strait Islander peoples across Australia, regardless of their age, location or hearing need,” Mr Terrell said.

In 2020-21, Hearing Australia worked with communities across Australia to assess the hearing health of more than 10,000 First Nations children aged zero to six through the HAPEE program.

These assessments are undertaken by highly trained audiologists and are free to eligible families. Checking the ear and hearing health of young children is a critical step to preventing long-term ear disease and hearing loss for the one in four children that are being found to have undiagnosed ear disease or hearing loss, requiring referral to clinical specialists.

Hearing Australia also provided fully subsidised hearing services and devices to more than 11,000 Aboriginal and Torres Strait Islander peoples through the CSO program, as well as delivering outreach services and working with Aboriginal and Torres Strait Islander communities for over 40 years. Currently, Hearing Australia provides outreach services to 285 communities.

These children have some of the highest rates of middle ear infection, otitis media, in the world.

The First Nations Unit will work with Aboriginal and Torres Strait Islander peak bodies, ear health coordinators and other key ear health stakeholders to address the [high rates of ear disease and hearing loss in First Nations children](#).

The First Nations Services Unit provides local training and support services online and in-person.

Upskilling and supporting primary health care professionals and early childhood educators who care for or provide initial hearing health assessments and screenings, is an integral part of the services offered through the Unit.

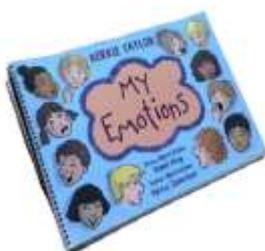


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Study tracks use of hearing protection



A new study from the National Institute for Occupational Safety and Health estimates that over half of noise-exposed workers in the United States did not use hearing protection “always” or “usually” when exposed to hazardous occupational noise.

An estimated 22 million workers in the U.S. face exposure to hazardous noise at work each year. While fewer workers are exposed to noise in industries like finance and insurance, and healthcare and social assistance, researchers found some of the highest prevalences of Hearing Protection Device (HPD) non-use among the exposed workers in these industries. Additionally, researchers found female workers, young workers (aged 18-25), and current smokers had a significantly higher prevalence of HPD non-use.

Among all workers exposed to noise, researchers found the majority (53%) did not wear hearing protection consistently. Industries with the highest HPD non-use among noise-exposed workers included accommodation and food services (90%), health care and social assistance (83%), and education services (82%). Additionally, some of the industries where noise is a well-recognised hazard, were found to have high prevalences of HPD non-use, including agriculture, forestry, fishing, and hunting (74%), and construction (52%).

“The prevalence of HPD non-use remains high. Increasing worker awareness and providing training about the importance of proper and consistent use of HPDs can protect workers from the effects of hazardous noise,” said Elizabeth Masterson, PhD, research epidemiologist and study co-author. “In addition, we need to overcome barriers to HPD use by ensuring that workers have HPDs that are comfortable and do not overprotect from noise so they can hear speech and other important workplace signals.”

The [National Institute for Occupational Safety and Health](#) is the United States federal institute that conducts research and makes recommendations for preventing work-related injuries, illnesses, and deaths.

From [The Hearing Review](#). Original Paper: Green DR, Masterson EA, Themann CL. Prevalence of hearing protection device non-use among noise-exposed US workers in 2007 and 2014. *American Journal of Industrial Medicine*. 2021. DOI: <https://doi.org/10.1002/ajim.23291>



A shoutout to Helen, keen One in Six reader and the principal of [Audika Greenfields](#) in the local government area of Mandurah in Western Australia. Helen generously donated to Deafness Forum the proceeds from the sale of handmade greeting cards to clients in their clinic waiting room.

Advertisement

Junior Science Academy

The Junior Science Academy and the Australian Hearing Hub are back again to brighten up your summer with our accessible science classes for Deaf and Hard-of-Hearing kids! Our program is bigger and better than ever, with classes at Macquarie University Sydney, as well as new classes at the Central Coast Marine Discovery Centre, Terrigal.

Classes are free for eligible children.

Please register your interest in the program. Visit the [Junior Science Academy](#) for more information, including class descriptions.

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

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

Contact us to receive this publication in an alternative file type.

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