

A photograph of a woman with her arms around a young person. The woman is on the right, looking towards the camera with a slight smile. The young person is on the left, looking off to the side with a neutral expression. They are both wearing dark blue shirts. The background is a blue wall with a floral pattern.

**Vulnerable Children may lose
Classroom Support in Cuts to
Specialised Teachers.**



Families Appalled at Proposed Cuts to Specialist Visiting Teachers.



By [Robyn Grace](#) for [The Sydney Morning Herald](#) and other sources.

Specialised teachers who visit schools in Victoria to work with vision- and hearing-impaired students could be fully absorbed into the teaching workforce. It would end a decades-long service that provides disabled students with one-on-one support in state schools.

Victorian Government Education Minister Natalie Hutchins said the vision and hearing roles “may be absorbed into teacher roles down the track” as the government’s \$1.6 billion inclusion program was rolled out.

Blindsided

Parents say they have been blindsided by the proposal to cut the visiting teachers service, which will significantly reduce the number of specialised teachers who assist students with vision and hearing impairments, autism and other disabilities in the state’s public schools.

Emily Shepard, whose son Louis has both vision and hearing impairment, said there had been no consultation by the department. She heard the news via email from a colleague.

“I was just completely deflated and shocked and just quite distressed,” she said. “How can this be happening? How come we haven’t heard about it? How come there’s no consultation?”

“I can’t see any evidence that there is any thought process that has the best interest of the kids at the heart of it.

“This looks like a short-term budget fix with no thought about the repercussions long-term for some of the most vulnerable kids in the school system.”


Thirteen-year-old Louis has Usher syndrome, a rare degenerative condition that affects both sight and hearing. He has two specialist teachers who regularly visit his Mordialloc school.

Emily Shepard said her only option if her son lost visiting teacher support was to use NDIS funding to hire private therapists to do site visits to the school – at four times the cost.

“It’s just moving the burden from one system to another,” she said.

“You remove those supports and the whole thing comes crashing down. The schools don’t have the capacity or the expertise or the versatility to understand the unique needs of children with either deafness or vision loss or a combination of both.”



 Emily Shepard says her 13-year-old son Louis won’t get specialised classroom support after cuts by the education department. Credit: Chris Hopkins.

Shepard, who heads an Usher syndrome support group, said she had called the department for answers, but was given no reassurance that children affected by the changes would be looked after.

“To take funding away from such a vulnerable group of children who are already struggling in a number of different categories, it’s just heartbreaking and it just screams inequality to me,” she said.

National Association of the Australian Teachers of the Deaf chairperson Kaye Scott said the cuts would inevitably affect frontline services.

In one of the visiting teacher service regions, nearly 1,000 students at more than 300 schools received regular support from a visiting teacher, she said.

Kaye Scott said it would be “impossible” to maintain the current level of support with 32 staff statewide.

“It’s because of the supports they receive in primary school and secondary school that vulnerable students are able to keep in the ballpark with their peers and if they miss that support, we know that they fall behind and the gap gets bigger,” she said.

Scott said Victoria already offered significantly less classroom support than other states.

“And that’s before the cuts,” she said.

A spokesperson for Victorian Department of Education was unapologetic, saying the government had already invested \$1.6 billion in disability inclusion since the visiting teacher service was implemented in the 1970s.

National Association for Australian Teachers of the Deaf and South Pacific Educators in Vision Impairment have together demanded the Victorian Government ensure that these students have continuing and uninterrupted access to an equitable, high-quality education supported by qualified specialist teachers. They say this will only be achieved by the immediate reversal of the decision to slash staff.





Untreated hearing loss exacerbates cognitive decline, doesn't it?

While the evidence indicates that untreated hearing loss exacerbates cognitive decline, the exact causes remain unknown.

Despite significant research and publications, many questions remain.

- How much if any cognitive benefit might one expect from a hearing aid?
- Who are the most and least likely people to benefit - age, gender, duration of hearing loss, type and degree of hearing loss, race, ethnicity, etc.?
- When people demonstrate improved cognitive benefit after receiving a hearing device (often evident via cognitive screenings, self-observation, or other methods/protocols), how do we determine if the benefit is indeed a cognitive benefit, or instead, the result of an improved sensory signal sending more information to the brain?
- Auditory or non-auditory? How do we know an auditory problem is exclusively auditory? Might auditory processing disorder,

cognitive, intellectual, language, emotional, psychological, or other problems be present? Typically, when a hearing care professional identifies SNHL, we conclude that SNHL is the reason for hearing difficulty and/or speech in noise difficulty. However, in so doing, do they arrive at a conclusion before ruling out other rational and reasonable causes? This question seems crucial in relation to actions to manage modifiable non-auditory risk factors for dementia.

We could argue that emerging sciences are the most frustrating of all! Just when you think you've wrapped your arms around a problem, you've got the answer, and you own the knowledge...poof! It all changes. There are relatively few things we know with absolute certainty. For example, in 2023, it appears clear that untreated hearing loss has the potential to exacerbate cognitive decline, but some respected authors say perhaps not.

Read the complete article by Douglas L. Beck at [The Hearing Review](#).

Make a splash in Argentina.



James Logan and brother Dylan will compete at the sixth Deaf World Swimming Championships in Argentina. (Ivan Kemp)

Geelong brothers James, 16, and Dylan Logan, 20, will head to Argentina to compete this month in the sixth Deaf World Swimming Championships. Jena Carr from the [Geelong Independent](#) spoke with the two brothers and dad Marc about their swimming journeys.

It will be Dylan's second time swimming for Australia after competing in the fifth Deaf World Swimming Championships in Brazil at age 16 and James' first time competing internationally.

Dylan said he was "pretty excited" to compete in the upcoming championships and "definitely enjoys" swimming, which he has been doing since he was eight.

"I'm turning 21 later this year, and I've been doing it for a while. I think it might almost be the end of the chapter, but who knows, I might make a comeback one day, so you better look out for me."

"Hopefully I can get some good rankings and good results and make Australia proud."

James said he looked forward to his first-time representing Australia in international waters.

"We'll be staying in a different country, and it will be my first-time swimming in a different country," he said.

"My favourite part about swimming is being able to make friends and meet new people."

Dylan has broken 24 Australian swimming records and owns four gold, 11 silver, and six bronze Australian National Championships medals.

James also has many national medals, which include 15 gold, 12 silver, and nine bronze from three years of participation in the Long and Short Course State Championships.

Their father Marc said the boys loved the social interaction provided through the Geelong Swimming Club.

"For James, swimming has and definitely brought him out of his shell," he said.

"Before his cochlear implant, he was very introverted, but he's now come out, and as he matures and socially interacts more with his mates, he's been more social.

"When he's got his mates at the swimming club, he comes out of his shell, which helps him with that social interaction aspect.

"Whereas Dylan has been a social butterfly since he was young and had many mates.

"The club and its coaches have been very supportive of them... because they can't hear instructions, the coaches all know to instruct them by writing instructions on a whiteboard."

"There's definitely a community of deaf swimmers here that hopefully can take this sport further and raise the profile a bit more for Australia."

Genetics and deafness.

If you've just found out your child is deaf, you may be feeling shocked, especially if there's no history of deafness in your family. You may want to know why your child is deaf. For many children, a single clear cause is not immediately obvious.

There is a series of investigations that can look for both genetic and non-genetic causes of your child's deafness. Different families will have their own feelings about genetics and genetic testing, and no two genetic testing journeys are the same. Some families find it useful to know the cause of their child's deafness, particularly if it's linked to other health conditions so these can be monitored. For other families, the genetic testing journey can be difficult or upsetting. Some undergo genetic testing only to be told that current tests couldn't identify a cause of their child's deafness. Others might find out information about their family health situation that could not be predicted in advance.

[National Deaf Children's Society](#) in the United Kingdom that offers information about genetics to help answer some of your questions.

Get Help With Your Hearing

...is 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.](#)

Hearing Health resources



[Download this poster.](#)



Download this [free poster.](#)

The are also fact sheets:

[Protect Your Hearing](#)

[Protect Your Hearing At Work](#)

[Employers' guide for Protecting Hearing At Work](#)

For Indigenous peoples and their service providers:

[Download](#) free social media tiles and artwork.

For ear and hearing health professionals:

Get to know your local ear and hearing health professional [Communications Kit.](#)



Upping Your Intake of Omega-3s May Help Protect Your Hearing.

Researchers conducted a study on a large group of people to learn more about the omega-3 fatty acid called docosahexaenoic acid (DHA) and its relationship to hearing. They found that higher levels of DHA in the blood were linked to a lower chance of experiencing age-related hearing problems. Middle-aged and older adults with more DHA in their blood were up to 20% less likely to have issues with their hearing compared to those with lower DHA levels.

Previous research has already shown that higher DHA levels are associated with a reduced risk of heart disease, cognitive issues, and death. This new study suggests that DHA might also play a role in maintaining good hearing and lowering the risk of age-related hearing loss.

The researchers used information from the UK Biobank, a large database, and looked at data from over 100,000 people between 40 and 69 years old in the UK. They checked the

participants' self-reported hearing status and their blood DHA levels. After considering other factors that could influence the results, they found that those with the highest DHA levels were 16% less likely to have trouble hearing and 11% less likely to struggle with following conversations in noisy environments compared to those with the lowest DHA levels.

The study doesn't prove that DHA directly prevents hearing loss, as it only observed a connection between DHA levels and hearing difficulties. However, it adds to the growing evidence that omega-3 fatty acids, especially DHA, are essential for maintaining overall health and protecting against age-related issues in our bodies.

Scientists think that omega-3s might help protect the cells in our inner ears or reduce inflammation caused by loud noises, chemicals, or infections. Previous studies in older adults and animals have also suggested that higher omega-3 levels might defend against age-related hearing loss. Our bodies can't produce enough DHA on their own, so the amount of DHA in our blood depends on how much omega-3 we consume. You can increase your DHA levels by regularly eating seafood or taking omega-3 dietary supplements. This study suggests that DHA may be beneficial for maintaining good hearing, but more research is needed to fully understand its role.

Hearing loss is a significant issue worldwide, with more than 1.5 billion people, around 20% of the global population, experiencing it. It can vary from mild to severe and affect social interactions, education, job opportunities, and many other aspects of daily life. Several factors contribute to hearing loss, including environmental factors, genetics, and certain medicines. To reduce the risk of hearing loss, it's important to protect your ears from loud noises by using ear protection and seek medical attention for infections.

From an article by the American Society for Nutrition at [EurekaAlert!](#)

Improving Care for Children with Usher Syndrome.

Research by UsherKids Australia and the University of Melbourne investigated how much healthcare clinicians like audiologists, optometrists, and orthoptists, know about Usher syndrome.

The outcome of the investigation will improve the care received by families of children with Usher syndrome by guiding the development of new, targeted professional development programs for health care workers.

Usher syndrome is a rare genetic condition that causes deaf-blindness, affecting approximately 1 in 6,000 people worldwide. The condition involves hearing loss, progressive vision deterioration, and sometimes problems with balance. A team of different healthcare professionals is needed to ensure the best care possible.

In this new study, researchers surveyed clinicians working in Australian university-affiliated clinics. They asked what the

professionals knew about Usher syndrome and its symptoms, and which healthcare professionals were essential for managing the condition. Participants included 27 audiologists, 40 optometrists, and 7 orthoptists, with an average of 13 years in clinical experience.

Researchers found that most clinicians surveyed knew that Usher syndrome was a genetic condition (86%) and that it affected hearing and vision (97%). However, their awareness of the balance problems sometimes associated with Usher syndrome was not as good. They also didn't fully recognise the importance of the role played by the relevant healthcare professionals in managing the condition. For example, many didn't know about the critical roles of speech pathologists, geneticists, and genetic counsellors. And they were not entirely aware of specific care aspects related to their own discipline.

The research findings highlight that healthcare clinicians need more education about Usher syndrome to provide better care. Improving their understanding of the balance issues and vision loss experienced by those with Usher syndrome is crucial.

It is also essential to help them recognise the valuable roles of different healthcare professionals in multidisciplinary care. By increasing awareness and knowledge, healthcare clinicians can support individuals with Usher syndrome and their families more effectively.

Future research should focus on developing effective educational tools to enhance awareness among healthcare professionals and improve the quality of care for those living with Usher syndrome.

Read the [full publication](#). For information about UsherKids Australia, visit <https://usherkidsaustralia.com/>



Deaf Children and Childhood Trauma.

Childhood trauma has long been associated with poor health outcomes in adulthood. Adverse Childhood Experiences, a term used to describe mistreatment causing trauma, is an important public health problem. There is a growing realisation that deaf children, who already face unique challenges, are particularly vulnerable to childhood trauma.

Research indicates that rates of trauma experiences are significantly higher among the deaf population. Deaf tertiary students, for instance, have reported a high prevalence of childhood abuse and neglect. They are more likely to experience emotional and physical neglect and abuse, including sexual abuse. Deaf individuals are at a higher risk of being re-victimised in adulthood.

Unique traumas such as poor communication with hearing parents and information deprivation trauma further compound their experiences. These traumas, coupled with existing health inequalities, contribute to challenges faced by the deaf community, including limited access to healthcare services

and increased prevalence of obesity, suicide, and interpersonal violence.

The majority of deaf children are born into hearing families with limited exposure to deaf culture and sign language. This mismatch between the child's hearing abilities and the spoken language used in their homes poses a significant neuro-developmental challenge. Language acquisition plays a vital role in healthy brain development, making it crucial for deaf children to have effortless access to language. Without appropriate language exposure and access, deaf children face cognitive, socioemotional, and physical developmental consequences that may not be fully compensated for by hearing loss technology like cochlear implants. The lack of access to sign language and the pressure to assimilate into the hearing world can lead to increased vulnerability to trauma for deaf children.

A recent study identified several demographic factors that increase the risk of deaf children experiencing Adverse Childhood Experiences. Surprisingly, even those with less severe hearing loss were found to be at a higher risk. Additionally, the presence of a cochlear implant and the absence of signing access in schools were also predictors of Adverse Childhood Experiences. These findings challenge existing literature, which primarily

focuses on profoundly deaf individuals and overlooks the circumstances around hearing abilities. The impact of cochlear implants on socio-emotional development and the role of signing access in reducing the risk of Adverse Childhood Experiences needs further investigation.

Trauma prevalence rates are significantly elevated within the Deaf community. Understanding and addressing the unique challenges faced by deaf children can help mitigate the risk of childhood trauma and promote their overall wellbeing. The findings of recent research emphasise the need for a comprehensive approach that includes early intervention, bimodal bilingual education, and support for families to create healthy and safe environments for deaf children. By recognising the intersectionalities between deaf individuals and other marginalised identities, public health initiatives can better address the risk factors for Adverse Childhood Experiences and promote positive outcomes throughout their lives.

From Associations of childhood hearing loss and adverse childhood experiences in deaf adults, by Wyatt C. Hall, Timothy D. V. Dye, Shazia Siddiqi, Published by [Plos One](#).

Executive functioning skills of children with listening difficulties.

Children who have trouble listening even though they can hear normally are often tested for auditory processing disorder (APD).

However, it can be difficult to diagnose this disorder because it shares some similarities with other developmental disorders, such as attention-deficit hyperactivity disorder (ADHD). In a recent study, researchers wanted to explore whether the listening difficulties experienced by these children were due to deficits in executive

functioning, which is the ability to plan, organise, and complete tasks. They compared executive functioning skills of children between the ages of 7-16 who were referred for APD assessment, with and without a diagnosis of ADHD.

The researchers found that children without ADHD scored lower on measures of inhibitory control compared to children with ADHD. This suggests that executive functioning deficits may be a possible root cause of observed listening deficits, rather than auditory processing alone.



It is important to identify and manage children with listening difficulties using a multidisciplinary approach, because executive functioning deficits can be improved with proper interventions.

In simpler terms, if a child has trouble listening even though they can hear normally, doctors might think it's because of a disorder called APD. However, this study suggests that it could be because the child has trouble planning, organising, and finishing tasks, which is called executive functioning. This can happen even if the child doesn't have ADHD.

It's important to find out why the child is having trouble listening, and to get help from different kinds of doctors if needed, so that the child can improve their ability to listen and learn.

Research by [Melissa A. McGrath](#), [Kathryn L. Fletcher](#), [Lynn M. Bielski](#) and published at [Wiley Online Library](#). <https://doi.org/10.1002/pits.22940>

Google is Using AI Tech to Personalise Hearing Aids.



Google is collaborating with Australia-based medical device company Cochlear, Macquarie University Hearing Hub members (NAL), Shepherd Centre, and NextSense to develop personalised hearing aids using artificial intelligence (AI).

Google plans to create hearing aids that use AI to address individual listening needs, particularly in noisy environments such as restaurants, live performances, or public transportation. The technology will enable people who use hearing aids to distinguish sound sources, such as people talking, more easily, making it easier for them to follow conversations.

Academic Director of Macquarie University Hearing, Professor David McAlpine, says about a third of people who have hearing aids don't use

them, and one of the reasons for this is that current technologies don't work for every person in every situation.

"Hearing aids are highly effective at amplifying sounds to make them audible again, but they struggle to distinguish between sounds," Professor McAlpine says.

"In noisy environments, such as bars or restaurants, that means different competing sounds are all amplified to the same degree, making it hard for us to separate out a conversation from the background noise.

"Voice recognition technology has the same challenges, which explains why the digital assistant on your phone might suddenly fire up for what seems like no reason or play Ariana Grande when you asked for AC/DC."

Professor McAlpine says one thing we do not always do well with hearing technologies is match them to each person's individual experience of hearing loss and what they want to achieve with their devices.

AI can address individual listening needs in noisy environments by using machine learning algorithms to analyse the soundscape and adjust the hearing aid settings accordingly. AI can distinguish between speech and background noise and amplify the former while suppressing the latter.

AI can also detect the direction of the sound sources and adjust the hearing aid's microphones to capture the sounds more accurately. AI can learn from the user's feedback and preferences to optimise the hearing aid's performance over time.

By using these techniques, AI-powered hearing aids can provide a more personalised and adaptive listening experience that is tailored to the user's unique needs and preferences.

By Georgia Gowing for [The Lighthouse](#).



Unsung heroes

Despite steady advancements in technology and the way in which teaching material is presented in the modern classroom setting, some students living with disability require extra assistance to ensure they receive the same level of education as their peers.

Students with hearing loss, in particular, often struggle to keep pace with the lesson as, unlike their hearing classmates, they need to access auditory information through their eyes - by focusing on the speaker or reading the real-time captions. On top of that, obtaining information visually for large stretches of time takes an enormous amount of concentration and can be exhausting.

Enter the note-taker. Armed with a selection of monochromatic ball-point pens, college-lined notepads and retractable highlighters, these are the underappreciated heroes of Telethon Speech & Hearing's Outpost program. The Outpost program is a comprehensive in-school support program, spread over a network of primary and secondary schools across Perth. By providing in-class assistance, such as Teachers of the Deaf and note-takers, the program allows students with a hearing loss from Kindergarten to Year 12 to take a full and active part in mainstream school life.

The work of the note-taker, generally from a quiet corner of the classroom, supplements that of the Teachers of the Deaf and gives hearing-impaired students the freedom to focus all their attention on the teacher.

Telethon Speech and Hearing (TSH) currently has 14 note-taker, some of whom are also Teachers of the Deaf or Education Assistants. We spoke with TSH Teacher of the Deaf and note-taker Rachael Scott about what it takes to be a note-taker in the Outpost program.

Question: What is your role as a note-taker?

Rachael: Each note-taker attends the classes with the Outpost student, positioning themselves at the back or side of the room. The note-taker does not engage with the class unless requested and will copy down all written information in the notes to be presented to the student. Note-takers may also write down any verbal questions and answers given in class and highlight all new vocabulary for the lesson.

At the completion of the lesson the note-taker will deliver the notes to the student via a pre-arranged format, which is devised by the Teacher of the Deaf, the student and their family. This may be in the form of a hard copy handed straight to the student at the end of each lesson, a scanned electronic copy being sent to the student, or a collection of hard copy notes from the Teacher of the Deaf once a week. The role of the note-taker is not to make any value judgments in their notes, but to record the information as it is presented by the class teacher.

How does your taking of notes assist the student with a hearing loss?

The completion of notes by the note-taker allows the hearing-impaired student to maintain their focus on the speaker at all times, which increases their capacity to follow conversations and reduce the need to look down at their page and potentially miss vital information.

The provision of notes also helps to reduce listening fatigue and cognitive load for the student. It is important to note that the student has a responsibility to also complete their own notes in-class. Students use the notes to assist them when completing assignments, preparing for tests and assessments and during their Teacher of the Deaf sessions, when content needs to be learned/clarified.

Is the preparation before each class?

Each note-taker ensures that they have ruled paper, stationery, a student timetable, school map and any relevant handouts before each lesson they will be note-taking in. If required, the Teacher of the Deaf will also highlight key information that may be covered in a lesson that the note-taker will then ensure detailed information has been recorded.

Is it important to understand the preferences of the student you are assisting so that you can customise your note-taking? Or do they work according to your style?

Telethon Speech and Hearing has developed a set of guidelines and training protocols for all note-takers that is implemented across all Outpost units in a uniform manner. This includes setting out, key information to be included, and delivery of notes. Individual note-takers may choose colour preferences when writing the notes and students may request certain stylistic elements in conjunction with the Teacher of the Deaf, for example all new vocabulary is written in red pen.

How do you ensure you are able to capture a complete picture of what has happened in the classroom?

In addition to writing notes on our own pre-ruled paper, note-takers may request a copy of any handouts given in-class and record information on them to hand to the student with their notes. In the classes where a lot of written information needs to be recorded, the note-taker may write key points down and take photos of whiteboard/written material to send

to the students with the notes (student may also be encouraged to do the same). Strong literacy skills are a must as the pace in class can be quite fast and the language complex, particularly in the ATAR subjects.

Do you share your notes with other students, or just those with hearing loss?

Legally, the notes produced by the note-taker belong to the student and the families. However, the host school and Allied Health Support Staff may request to access copies of the notes, which is then up to the discretion of the student or family to decide.

Are you evaluated on your note-taking?

All note-takers and their notes are now evaluated a minimum of twice a year. They must also complete the Telethon Speech and Hearing note-taker training.

What are 5 everyday keys to good note-taking that students and parents can put into practice?

1. Include a heading and date on each page and number each page for future reference
2. Include a separate section for recording new vocabulary to assist in studying content.
3. Leave white space around your writing so it is easier to read back over – don't visually clutter the page. It is preferable to write on only one side of a piece of paper.
4. Underline or use a box for each new heading – this makes it easier to read back over notes to find key information.
5. Include diagrams where relevant and label them clearly.

Bonus tip: Highlighters are your friend. Use them wisely and develop your own code for different colours. For example, vocabulary that will be in the test = blue; words I don't know the meaning of = yellow.

This article was published with the permission of [Telethon Speech & Hearing](#).

Understanding and Supporting People with Perceived Hearing Loss.



Researchers at National Acoustic Laboratories' found there are significant numbers of people who report trouble with hearing in certain situations but have 'normal' audiograms.

Head of Audiological Science, Padraig Kitterick, says that National Acoustic Laboratories, aka NAL has been looking to improve our understanding of this group of people and investigate potential solutions. And one recent project explored the benefits of hearing aids.

NAL is funded by the Government to lead in hearing research and evidence-based innovation to improve hearing health and transform the lives of people with hearing difficulties.

Padraig says, "Hearing aids have traditionally been targeted at people diagnosed with a hearing loss by an audiologist. However, hearing aids are now being targeted directly to consumers, so they don't necessarily need to see an audiologist in person for a hearing assessment. And they

don't need to have received a clinical diagnosis of hearing loss before accessing hearing aids.

"Hearing aid manufacturers have started to describe those who are suitable for hearing aids as people with 'perceived hearing loss'. But there has been limited research on what perceived hearing loss is and potential solutions. We looked at types of perceived hearing loss and whether hearing aids provided any benefits."

Almost 1 in 4 people aged 30 years and over perceive themselves to have hearing problems. Those perceived hearing problems were most frequently associated with difficulties hearing in noise. These problems could also lead to negative emotions and listening fatigue.

"When people with perceived hearing problems tried hearing aids, 90 per cent experienced reduced difficulty with hearing in everyday life. We also found that 2 in 3 were sure that the hearing aids were providing benefit to them.

"This research shines a light on how important it is to understand how people think about their hearing problems. This information could be used to help them understand their problems better, and to make it easier to decide whether devices like hearing aids could help them.

"Our research also suggests that people who think they have hearing problems can benefit from hearing aids, even if they haven't received a diagnosis from an audiologist", Padraig said.

Hearing Australia Clinical Leader, Chelsea Scott, says that there's never a one-size-fits-all approach for managing hearing difficulties, and clinicians work closely with clients to find solutions that are right for them.

"Depending on the degree of hearing difficulty a person is experiencing, the solution can vary from counselling and monitoring, using an assistive listening device, or using hearing aids.

"Clinicians can provide support with strategies and tactics that people can use to help with their hearing, especially in more challenging situations like hearing in noise," Chelsea said.

Career opportunities



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Among their responsibilities,

- Good practice governance to oversee and evaluate
- Leadership, in partnership with staff, to guide the organisation's mission and direction
- Stewardship of the organisation's assets to benefit its future

We need directors with skills in Accounting or auditing, Board experience, 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-specific, Family or carer-specific, Health-specific, Workplace and careers.

Our chief executive can answer your questions and talk aspiring Directors through the role and the process. Just email me if you want to learn more at chair@deafnessforum.org.au.

David Brady
Chair

Policy and Research officer wanted.

Deafness Forum Australia seeks a professional to lead its disability advocacy work.

This new role will be a full-time position and we are open to discussing customised work hours that suit your lifestyle needs. The role will be performed remotely. The role will provide strategic guidance, develop evidence-based policy recommendations, and contribute to public discourse on key issues.

Learn more and apply at [Ethical Jobs](#).



Know someone who deserves their own copy of One in Six? Let us know via hello@deafnessforum.org.au

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We recognise the First Peoples of this nation and their ongoing connection to culture and country. We acknowledge First Nations Peoples as the Traditional Owners, Custodians and Lore Keepers of the world's oldest living culture and pay respects to their Elders past, present and emerging. We wish to be part of the effort to overcome the unacceptably high levels of ear health issues among First Nations Peoples, and we treat this work as our contribution to Closing the Gap. We also understand the importance of indigenous sign languages to the health and wellbeing of First Nations Peoples.