



NDIS rules explained for people with hearing loss to join the Scheme

Children and young adults under 26 years of age who receive services under the Australian Government Hearing Services Community Service Obligations Program, will qualify for the NDIS.

People who are 26 years and older will probably be eligible to enter the Scheme if they have hearing impairment of more than 65 decibels in their better ear.



Around one in four Australian children will have recurrent ear infections in their first three years of life

This decreases as children get older. But by the time children start school, one in ten will still have glue ear, which could have a significant impact on their early learning.



Amber's Meniere's story

On a good day, I feel like I'm walking in a tunnel that's slowly rocking from side to side. I see flashes of light, a bit like how your eyes go when you've looked at a camera flash, except the flashes don't go away.

Deaf Games prompt hundreds to sign up for Auslan courses in 'deaf friendly' cities

"It's part of a trend across Australia as more people become interested in learning the language and connecting with the deaf community. There is a genuine appetite within the general community to learn Auslan."

National Disability Insurance Scheme

Access requirements for people with hearing impairment

Key points

- The National Disability Insurance Scheme has explained its rules for people with hearing loss to join the Scheme.
 - Children and young adults under 26 years of age who receive services under the Australian Government Hearing Services Community Service Obligations Program, will qualify for the NDIS.
 - People who are 26 years and older will probably be eligible to enter the Scheme if they have hearing impairment of more than 65 decibels in their better ear.
 - People who are 26 years and older with hearing impairment of less than 65 decibels in the better ear and who also have another disability may also be eligible.
 - People who are 26 years and older and who have problems with speaking and listening may also be considered.
 - Deafness Forum of Australia will continue to advocate for the needs of people with hearing impairment who do not qualify for the NDIS.
-

The National Disability Insurance Agency (NDIA) updated the NDIS Operational Guidelines in relation to the access requirements for people with hearing impairment. This additional detail provided in the revised Operational Guidelines for Access to the NDIS helps to clarify who is likely to be accepted into the Scheme.

Children and Young Adults aged 0-25 years

It appears that children and young adults aged 0-25 years identified with hearing impairment who are currently eligible to receive services under the Australian Government Hearing Services Community Service Obligations Program, will in future, qualify for services through the NDIS under the early intervention requirements.

According to the Access Requirements for early intervention, the NDIA will be satisfied that a person meets the early intervention requirements without further assessment when the person:

- is aged between birth and 25 years of age; and
- has confirmed results from a specialist audiological assessment (including electrophysiological testing when required) consistent with auditory neuropathy OR hearing loss more than 25 decibels in either ear at 2 or more adjacent frequencies, which is likely to be permanent or long term; and
- the hearing loss of the person necessitates the use of personal amplification.

This streamlined access approach for early intervention acknowledges evidence that recognises that early intervention support up to and including the age of 25 is critical for people with hearing impairment as the developing brain requires consistent and quality sound input and other support over that period to develop normally and ameliorate the risk of lifelong disability.

This same body of evidence suggests that brain development and language capability have been achieved by the age of 26. Therefore, adults aged 26 years and over are not immediately accepted to be likely to benefit from the same early intervention approach because there is no requirement to support the development of the auditory pathways. Adults aged 26 years and over with hearing impairment will therefore be assessed normally, on a case by case basis, having regard to the availability of all relevant evidence.

Adults 26-65 years

It is acknowledged in the NDIS Operational Guidelines that hearing impairment may result in reduced functional capacity to undertake communication, social interaction, learning and self-management activities. Generally, the NDIA will be satisfied that hearing impairments of more than 65 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) may result in substantially reduced functional capacity to perform one or more activities. This audiometric criteria reflects the lower limit of what is likely to constitute a substantially reduced functional capacity to undertake relevant activities.

Hearing impairments of less than 65 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) in conjunction with other permanent impairments (for example vision or cognitive impairments), or where there is evidence of significantly poorer than expected speech detection and discrimination outcomes, may also be considered to result in substantially reduced functional capacity to undertake relevant activities.

In addition to meeting the age and disability or early intervention requirements, it is also necessary to satisfy the residency requirements in order to qualify for the NDIS.

Help the Deaf Society help you

The Deaf Society writes: If you or someone you know is hard of hearing the Deaf Society would love to hear from you! We are undertaking a survey and focus groups to help us shape a brand new online service. Your experience will inform the development of a website to help people impacted by hearing loss access the supports and information they need to live a fulfilling life.

To take part in the survey please [go to https://jj223.typeform.com/to/S6MYBG](https://jj223.typeform.com/to/S6MYBG)

There is a \$200 Coles/Myer gift card on offer for one lucky participant.

We are also undertaking focus groups in Sydney and the ACT over October and November. If you are interested in taking part please get in touch with James by email at jjarrett@deafsociety.com The focus group goes for 2 hours and participants will be given a \$50 gift card as a way of thanks for taking part.

Deaf Games prompt hundreds to sign up for Auslan courses in 'deaf friendly' cities



By [Erin Somerville](#), ABC Goulburn Murray

In their desire to make participants in next year's Australian Deaf Games feel as welcome as possible, hundreds of residents of host cities Albury and Wodonga are learning sign language.

The demand is so high for classes in Auslan — short for Australian sign language — that many people have been put on waiting lists. Vicdeaf's Languages, Partnership and Innovation Director Brent Phillips said it was encouraging to see so many people eager to learn Auslan ahead of the Games.

"It's part of a trend across Australia as more people become interested in learning the language and connecting with the deaf community," Mr Phillips said. "The classes are filling up quite rapidly so it shows there is a genuine appetite within the general community to learn Auslan."

Organisers of the Games are hoping to the turn Albury and Wodonga into "deaf friendly" destinations.

The Games will see around 1,000 deaf and hard of hearing participants travel to the region, as they compete in 15 different sporting events from January 20-27.

Albury mayor Kevin Mack said it was exciting to know that the region would benefit in so many other ways.

"It's also a chance for the local community to further embrace the deaf community and to learn how to enhance the experience for the visitors," Councillor Mack said. "The games will leave a legacy that will benefit many of us for a lifetime."

<http://www.abc.net.au/news/2017-10-13/australian-deaf-games-2018/9046852>

My child has glue ear – what do I do?

By [Chris Brennan-Jones](#) and [Ruth Thornton](#) writing for *The Conversation*



Around one in four Australian children will have recurrent ear infections in their first three years of life. This decreases as children get older. But by the time children start school, one in ten will still have glue ear, which could have a significant impact on their early learning.

Glue ear is a form of ear infection also known as otitis media with effusion. It occurs when the middle part of the ear (behind the ear drum) fills with a sticky, glue-like fluid instead of air. This fluid dampens the vibrations made by sound as it travels through the eardrum and to the cochlea – the spiral-shaped part of the ear where the vibrations are converted to signals sent to our brain, allowing us to hear.

For children with glue ear it is like someone has turned down the volume of the world. This is why these children may appear to have selective hearing. Repeated ear infections and prolonged episodes of glue ear can result in permanent hearing loss. The impacts on a child's development stretch well into adulthood.

So what should you do if your child has glue ear? And how can you prevent them getting it in the first place?

Why do kids get it?

Otitis media can run in families and we know there is some genetic susceptibility to this disease. However, research has also shown cases of glue ear in Australian children peak during winter months, related to the increase in colds, and at the start of the school year, when children may be exposed to new bugs from other kids.

The exact cause is poorly understood, but bacteria and viruses associated with coughs and colds are often the initial cause of ear infections.

One theory is that glue ear persists after a cold has cleared due to a dysfunctional Eustachian tube, which links the back of the throat to the middle ear. When mucus eventually clears from the nose and throat after a cold, the theory proposes that instead of draining from the ear through the Eustachian tube as it should, it gets stuck in the middle ear, resulting in glue ear.

Bacteria also develop something called biofilms (slime) as a protection. This can make the bacteria up to 1,000 times more resistant to antibiotics, meaning they can't be effectively treated. These bacteria are also able to hijack a child's immune response, making immune cells spit out a sticky net of DNA that, instead of killing the bacteria, creates the sticky glue that provides the bacteria with a home.

Together these increase the ability of glue ear to persist or re-occur. This results in longer periods of hearing loss and leaves children at a greater risk of developmental problems.

How can it be treated and prevented?

There is no silver bullet that will prevent glue ear. But you can do some things to reduce the risk of persistent glue ear.

These include reducing exposure to cigarette smoke and making sure your child has had all their vaccinations. Encouraging children to wash their hands and other healthy hygiene habits, like blowing their noses, are also important. Research has also shown breastfeeding your child has some protective benefits from otitis media.

Vaccines (in particular, pneumococcal conjugate vaccines) can help reduce ear infections and subsequent glue ear. But current vaccines can cover only a small proportion of the possible bugs that cause ear infections. New vaccines are being developed against this bug and also a bug called nontypeable *Haemophilus influenzae*, which is now the main cause of ear infections in children.

Once glue ear is identified, there will usually be a "watch and wait" period of around three months. This is particularly important if glue ear is identified during one of the peak periods when it may resolve by itself without intervention. Antibiotics may offer very limited benefit and will not be recommended in many cases.

For children who have persistent glue ear, a small operation commonly known as grommet insertion is performed. Grommets are devices that ventilate the middle ear and prevent fluid accumulating. These surgeries are one of the most common surgical procedures, with over 30,000 performed every year in Australia. Grommets are usually an effective treatment for glue ear and improve hearing almost immediately. However, like any surgery, there are risks and potential complications.

New drug therapies are also being developed, including one that dissolves the glue in glue ear. This may reduce the need for repeat grommet surgeries in cases of persistent glue ear.

Why is it such a problem?

One of the key challenges in treating glue ear is to identify it in the first place. It can be hard for parents to spot the signs, which can include hearing difficulties (such as your child asking you to repeat words) and occasional pain and pressure. Undiagnosed and untreated glue ear can have serious developmental consequences for children. A recent parliamentary inquiry into hearing health has suggested all children be screened for hearing loss during their first year of school. This could be hugely beneficial in identifying children with glue ear who have no other obvious signs.

Aboriginal children experience more ear infections, longer periods of glue ear, and more severe hearing losses than other children. In fact, Aboriginal children in Australia have the highest rates of otitis media in the world.

<http://theconversation.com/my-child-has-glue-ear-what-do-i-do-83815>

Amber's Meniere's story

In October 2016, I was driving the 2 hour commute from work to home. I was in the 110km zone, thinking about dinner when my world was flipped upside down, and not just figuratively. I was 10 minutes from my destination when without warning the outside world started spinning.....fast.

I don't know how I managed to pull the car over as the world felt very surreal in those minutes. I sat, sweating, anxious and confused for a few minutes until I thought the moment had passed. I cautiously pulled back onto the road. I didn't feel right but being so close to my destination and driving ever so carefully I managed to get home. The feeling however hadn't passed and kept hitting me in waves. I was taken to the ER and underwent tests to be told I'd had a vertigo attack. Take some Stemetil and go home, you'll be fine.

Fast forward to now, and I've forgotten what a "normal" day feels like. After seeing numerous specialists I have now been diagnosed with endolymphatic hydrops, vestibular migraines and tinnitus. Lots of big words but what does it all mean?

On a good day, I feel like I'm walking in a tunnel that's slowly rocking from side to side. I see flashes of light, a bit like how your eyes go when you've looked at a camera flash, except the flashes don't go away. I can't focus on words in the distance such as posters or street signs. I have a constant high pitched noise ringing in my right ear that never stops. Sudden noises make me jump. The closing of a microwave door in the next room gives me the same anxiety as someone popping a balloon. On a bad day, I can't move. I lie on the couch with my cat and hope to god I don't vomit and pass out. The room moves at a speed that is incomprehensible. I'm sick to my stomach and I feel like every noise, every breath of air will break me.

Read more of Amber's story at the Whirled Foundation website, <https://www.whirledfoundation.org/category/testimonials-slider/>

Hearing Loss and Dementia

Speaker: Dr Piers Dawes, University of Manchester, UK

Interest is growing in the association between hearing impairment and dementia.

Earlier this year, the Lancet released a report saying that hearing loss was one of nine factors that could be changed in midlife to reduce the incidence of dementia.

This year, in the 19th annual Libby Harricks Memorial Oration, Dr Piers Dawes will discuss possible links between hearing loss and cognitive health. He will ask whether effective prevention, identification and management of hearing problems represent an opportunity to optimise well-being and quality of life in older age.

The 19th annual Libby Harricks Memorial Oration is part of the 17th Alzheimer's Australia Biennial National Dementia Conference. The oration honours the memory of the first President of Deafness Forum of Australia. For her work on behalf of hearing-impaired people, Libby Harricks was made a Member of the Order of Australia in 1990.

This year's oration is proudly supported by Audiology Australia.



17th Alzheimer's Australia
Biennial National Dementia Conference
17-20 October 2017 | Melbourne

When

5:30pm - 7:00pm
Thursday 19 October 2017

Venue

Melbourne Convention and
Exhibition Centre

Cost

Free

For all booking information,
please email us at
hello@deafnessforum.org.au

Members of Audiology Australia can earn 1.5 CPD Points
(Category 1) AudA No CPD1718 078



Dr Piers Dawes is a senior lecturer in audiology at the University of Manchester. He is a developmental neuropsychologist with a PhD in experimental psychology from the University of Oxford. Dr Dawes' research interests include the epidemiology of hearing loss, dementia, hearing genetics, treatments for hearing loss including hearing aid uptake and hearing aid benefit, and the impact of hearing impairment on development and quality of life.

Assistance dogs for hearing impaired seniors at risk

Hearing dogs have improved the quality of life for seniors who are deaf or hard of hearing, minimising the impediments that often accompany those living with hearing impairments.

The dogs are specially trained to assist the deaf by alerting and directing their carer to a number of sounds that the carer may be unable to hear. These can range from common household noises to, in more extreme cases, fire alarms.

The dogs also provide emotional benefits - hearing dogs can give carers feelings of independence, comfort and security. The responsibility that is required to care for the dog is also accompanied with an additional sense of companionship.



"People who suffer from hearing loss suffer and are isolated. Hearing dogs can encourage community participation and help clients regain socialisation and improve independence," says Chief Executive Officer of Lions Hearing Dogs David Horne.

As a former trainer, Mr Horne has also witnessed first hand the effects hearing dogs have made on clients. He said that prior to receiving the dogs, clients were often "scared and could not face the outside world. But after receiving a hearing dog, the changes to a client's quality of life were immeasurable."

The cost for hearing dogs is covered under the NDIS. But people over the age of 65 will not be covered under the NDIS scheme. Mr Horne has expressed concern for what the cut in funding will mean. He states that the organisation itself will also no longer be covered, losing all government funding as of 30th June next year.

This intended change will exclude a significant portion of their clients, who are above the age of 65 and following the proposed changes, will no longer be eligible for the grant.

"Since our funding will be restricted we may not have enough dogs to provide in a timely manner. This will result in an extended waiting list and cause feelings of frustration among clients. We're here to help people - this is what we've been doing for the past 35 years. To have these restrictions imposed makes us concerned for the future."

Lions Hearing Dogs is a not-for-profit organisation which has supplied 550 dogs across Australia since 1982.

From *Aged Care Guide*, <https://www.agedcareguide.com.au/>



Welcome to the JPC Dictionary of Religious Signs
Here you will find signs commonly used in religious services.
Although JPC is a Catholic organisation, our dictionary includes signs from other Christian churches and communities.

With each video of a sign you will see an explanation box. Here we unpack the meaning of the idea which the sign communicates. There is also a distribution box, which explains which parts of Australia and which churches/communities use that particular sign.

The dictionary is not a place for religious arguments. We will include any sign that is genuinely used by Christian churches and communities in Australia. We also welcome any feedback (there is a box provided) and information about the distribution of any sign.



<http://www.jpc.org.au/religious-signs/>

Owls about that? They never lose hearing

By John Von Radowitz, *The Australian*



If ageing humans had ears like those of barn owls they would never need hearing aids.

Barn owls, whose sensitivity to sound helps them locate prey, suffer no hearing loss as they get older. Like other birds, but unlike mammals including humans, they are able to regenerate cells in their inner ears. Aged birds experience minimal hearing loss but the new research shows that there is no statistical difference between the hearing ability of young and very elderly captive barn owls up to 23 years old.

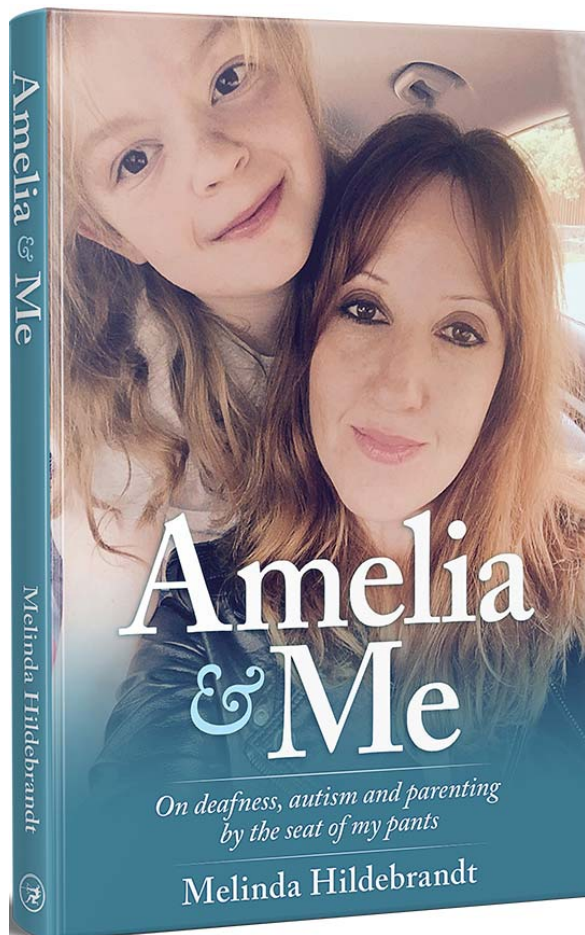
A human will lose more than 30 decibels of sensitivity to high-sound frequencies by the age of 65.

<http://www.theaustralian.com.au/news/latest-news/owls-about-that-they-never-lose-hearing/news-story/d44838e738fb967a1b74eff54353c9e7>

Thursday afternoon fever

By Melinda Hildebrandt, author of *Amelia & Me on deafness, autism and parenting by the seat of my pants*

Who said deaf kids can't dance? Or respond to music, the rhythm in the air, their feet, or in their hearts?



Not me. Not after I saw Amelia and her fellow classmates bring their best jazz hands and a whole lot of funk (is my age showing?) to an after-noon dance concert worth remembering. For like, ever.

We knew Amelia had been working with Jo Dunbar from Deaf Can Dance every week. Some nights she'd come home and try out some sweet new freestyle moves on the lounge room rug.

We were eager to see how this confident home practice would translate to the bright lights of the school stage. Because every event like this, no matter how small, brings with it a new sense of who our daughter is.

Like sardines, we packed into a small multipurpose room at the school; sweaty parents stacked on top of each other like a human game of Jenga, jostling for the perfect view.

Jo introduced her drumming accompanist, Koffi Toudji, a veritable man-mountain with incredible command of his instrument and the 50-odd children in the room.

Then we watched, as mini troupes of well-rehearsed kids with painted faces twirled onto the stage, guided by Jo's conducting hands and the deep, resonant boom of Koffi's drum.

We felt it reverberate through our own bodies, and saw its impact on the smaller bodies dancing on stage. The beat was powerful and intoxicating, pounding in my chest alongside my heart doing the rest.

And the dancers. They came in all shapes, sizes and abilities, but they held nothing back. Deafness was no barrier to their instinctive feeling for the music, nor their sense of rhythmic

movement in response to it. If one performer lost their way, another would quickly gather them back into a carefully choreographed circle or tap them with a reminder of what to do.

Finally it was Amelia's turn. I couldn't get a clear view of her, but I did see her little hips swinging with great verve and her intense concentration as she executed the steps she'd been practicing for weeks.

Then it was time for Amelia to bang on her own little bongo and I saw the raw delight on her face when it was time to pause and shout a barbaric yawp at the rafters. She looked like a warrior and she sounded like one too.

Melinda Hildebrandt is the author of *Amelia & Me* on deafness, autism and parenting by the seat of my pants, an honest, inspiring and heart-wrenching memoir that explores what disability and mothering means when brought together. Melinda loved writing from an early age, but it wasn't until she started blogging about raising her deaf and autistic daughter Amelia in 2013 that she discovered the power of words to express the turmoil, grief, wonder and hope of her daily life. *Amelia & Me* is her first book. Melinda lives in the northern suburbs of Melbourne.

You can find out more about Melinda and her book by visiting <http://melindahildebrandt.com.au>

Lesley Hall scholarship

The Lesley Hall Arts and Disability Scholarship is an annual scholarship offered by Arts Access Victoria, recognising the power of the arts to influence social change.

Applications will be open from 21 October to 18 November 2016.

The successful applicant will be a person with disability, who is Deaf or has a lived experience of mental health issues who presents a compelling idea for creative project that reveals the experience of disability and provokes debate about human rights and disability.

Honouring the life and activism of the late Lesley Hall, a tireless advocate for the human rights of people with disability, this program will support a winning applicant to deliver an arts project or artwork that highlights the experience of disability, promotes human rights for people with disability or advocates for social change.

The scholarship prize is a \$5,000 grant and a 12-month internship at Arts Access Victoria, working with mentors to develop advocacy skills and networks. This rare leadership development opportunity aims to encourage people with a disability to express the lived experience of disability in contemporary society through art.

Details at <https://www.artsaccess.com.au/lhs-2016/>

I love painting as people can see the world through my eyes



Tjili is a 16 year old artist. Her paintings have been exhibited at the Royal Watercolour Society. She has cerebral palsy & is profoundly deaf.

https://www.facebook.com/Ouch.BBC/videos/10155542939227696/?hc_ref=ARQiZdfHM0rtPTau-BN0oNUmTVH6Ae4e_ti2jwiCkX4oS4IRAKxfDZcAr6Dp-cTF3BA

Know someone who might like to receive One in Six?

To subscribe, drop a line to hello@deafnessforum.org.au

Items in Deafness Forum communications incorporate or summarise views, standards or recommendations of third parties or comprise material contributed by third parties or sourced from items published in the public domain. Content may be edited for style and length. Our intention is to attain balance and be representative of all views within the sector we represent, however this may not be attainable in particular editions. Third party material is assembled in good faith, but does not necessarily reflect the considered views of Deafness Forum, or indicate commitment to a particular course of action. We make no representation or warranty about the accuracy, reliability, currency or completeness of any third party information.

