INQUIRY INTO
AGEING OF AUSTRALIAN
POPULATION

Submission to Standing Committee on Ageing Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years

29 November 2002

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1. INTRODUCTORY REMARKS

The Deafness Forum congratulates the government on conducting this inquiry and being pro-active in tackling the diverse issues that will arise from an ageing population.

A definition of deafness will set the parameters. Deafness is an all encompassing term. Those who were born without hearing or lost it before learning a language are generally referred to as Deaf. The capital D indicates these people consider themselves to be part of a unique Deaf community, with its own culture and language. While many of these people learn oral language skills, their first language generally is a sign language. For those educated in Australia, that sign language is Auslan. Like oral languages, sign languages have dialects. This is true of Auslan, and some signs vary from one part of Australia to another. Auslan is different to signed English. The latter is a method of using fingers to spell out English words. Auslan, however, is a quite different language.

People who were born with partial hearing or acquired a hearing loss subsequent to developing language skills are described as having a hearing impairment (or having a hearing loss, or being hard of hearing). These people frequently describe themselves as deaf, and are thought of as deaf by many in the broader community. Development of a hearing impairment is often something that occurs with ageing.

The 1998 report "Hearing Impairment in an Australian Population" *(David Wilson, Paul G. Walsh, Linnette Sanchez and Pam Read for the Centre for Population Studies in Epidemiology, South Australian Department of Human Services)* estimated that the prevalence of hearing impairment in the Australian population aged 15 years and over is 22%. That means, the number of "adult" people in Australia with a hearing impairment can be estimated at 3.25 million. When you add the number of children under 15 years with a hearing impairment, it is clear that hearing/deafness disability is the most common disability in the Australian population. In addition there are many thousands of signing Deaf Australians. In total there may be 4 million Australians with a hearing/deafness disability. This demonstrates the importance of including the needs of people with a hearing/deafness disability in any policy reforms.

The report provided extensive statistical analysis of the data collected. Among the study's findings was the following:

- The prevalence of hearing impairment increases steeply from 51 years onwards. About 28.3% of people aged 51-60 years have a hearing impairment. This rises to 73.5% of people aged 71 and over.

- The increase is more pronounced for men than women. About 42.6% of men aged 51-60 years have a hearing impairment. This rises to an incredible 87.7% of men aged 71 and over. Men also have higher prevalence rates of moderate and severe impairment, in both their worse and better ears.

- Almost 8% of the population have a moderate hearing impairment and 2.5% a severe impairment.

- Age is an important variable in explaining the probability of being hearing impaired.

- Demographic trends mean that the number of hearing impaired will increase by 20% in the next two decades if prevalence remains at the current level.

A more recent study conducted in 1997-99 estimated that, by 2001, 1.5 million people aged 55 years or older had some level of hearing impairment. *(The Prevalence, Risk Factors and Impacts of Hearing Impairment in an Older Australian Community: the Blue Mountains Hearing Study by Professor Paul Mitchell et al.)*

As indicated by the dot points above, increasing hearing impairment can be a part of the natural ageing process. Clearly, the ageing of the Australian population means that the percentage of the population with a hearing/deafness disability will be significantly greater in forty years time. So the focus of this submission is to highlight the need for all aspects of Australian society to be made more accessible to ageing people with a hearing/deafness disability. The government should be encouraged to build long term strategies that will assist the Australian society in becoming more accessible to people with any form of disability.

People with hearing/deafness disability incur heavy additional costs to maintain their participation in every day life. Hearing aids are extremely expensive equipment and for many people are essential in order to be employed, or undertake education or further training. Batteries and maintenance costs are ongoing. Decoding equipment in order to watch television, FM systems to facilitate conversation in groups or meetings, flashing smoke alarms, doorbell alerters and baby alarms are among other necessary pieces of equipment for Deaf people to manage their lives. People with ear disorders often are burdened with heavy costs for medications not covered by Medicare. It would certainly seem equitable that these financial burdens should be covered by some kind of disability allowance.

2. CURRENT AND FUTURE ADEQUACY OF RETIREMENT INCOMES

To have retirement incomes one needs to have a job from which to retire. "*While at least 90 per cent of employees now have some superannuation, it will take many years before the majority of Australians have enough superannuation or savings to fully fund their own retirement. Of course, for many with a significant disability this will be beyond their reach. There are also a growing number of casual, part-time and self-employed workers who may not have enough superannuation*." *(The Ageing/Disability/Health Interface. Paper delivered to Council on the Ageing's* "Ageing Matters" 6th Global Conference, 2002, *by Ian Spicer, Chairman, National Disability Advisory Council of Australia.)*

Some people with hearing/deafness disabilities, for a variety of reasons, have not had the opportunities to be in the workforce earning an income that will allow them to provide for themselves into old age. Until Australian society has changed to include people with disabilities into all aspects of society life it will be necessary to factor in the number of people on a disability pension who have no retiring income.

"The presence of disability incurs disadvantage in the ability to build up wealth because of:

- *Ongoing cost associated with having a disability.*
- *Frustration in obtaining ongoing employment, superannuation and other benefits associated with job security.*
- *Service cut backs and the user-pays approach to service provision.*
- *Reduced opportunities to develop financial and other living skills, which assist, in building up wealth and in managing finances effectively."*

(We're ageing too: Issues for people with long standing disabilities as they age. Gething et al, 1999)

The costs incurred by aged persons with a hearing/deafness disability vary according to their circumstances and specific needs. For example, pensioners are eligible for free government hearing services, whereas self-funded retirees and those who do not retire are not eligible. All aged persons have to cover the costs of a range of other goods and services needed to have adequate quality of living; e.g. captions on their television sets and smoke alarms that they can hear.

3. WORKFORCE PARTICIPATION

"Society encourages and actively promotes the importance of gaining individual financial independence through participating in the workforce. For people with disabilities, there are many barriers that prevent or severely hamper an individual's ability to have ongoing income, save and have financial security." *(Office of Disability, 1999).*

"Being unable to participate in the workforce fully, if at all impacts on the individual's ability to procure a housing loan or even afford to live in a retirement village. We're ageing too: Issues for people with long standing disabilities as they age." (Gething et al, 1999)

As the population ages and Australia looks for new ways to keep people in the workforce longer, consideration needs to be given as to how to maximise the number of people in the workforce. A further question needs to be raised as to how can the workforce in general be more accessible to people with a disability?

For people with a hearing/deafness disability there are numerous factors that make workforce participation difficult. In 1998 the Deafness Forum undertook a consultation for the then Department of Health and Family Services looking at ways to improve access to employment assistance. Access to accredited interpreters was one of the main issues raised, particularly for rural/country Deaf people. As a general practice, it is considered undesirable, indeed potentially dangerous, to communicate via unqualified interpreters or people not bound by a code of ethics to respect the confidentiality of the information interpreted. People who are not qualified must not be used as interpreters. The onus should be on employment services and employers to provide and pay for interpreters needed by any of their clients and job applicants. Qualified and accredited interpreters are not readily available in most rural and remote areas of Australia. The interpreter's transport and/or communication costs involved if a Deaf job seeker has an interview in a location far from the nearest available interpreter must not be the responsibility of the job seeker.

Deaf students in particular find it difficult to access employment services after completion of their studies. It is unusual for people who are Deaf to be assessed as eligible for Disability Support Pension. Therefore, they do not gain places through special employment services. However, mainstream employment services also fail to assist these people, simply because they are not able to communicate successfully with them. While, primarily, this is the fault of the employment system, there is no doubt that the education system's shortcomings also are a contributory factor. Parents and their children could be forgiven for questioning the relevance of school when it fails to equip students adequately for VET or employment.

While having access to qualified interpreters is a concern for people who are Deaf, people with a hearing impairment face other difficulties when trying to enter into the workforce. Many skilled and competent hearing impaired people are unemployed or underemployed because of employers' ignorance or reluctance to modify the workplace appropriately to meet their needs. Sadly, such modifications are usually simple and low-cost. Employer attitudes are the major barrier to equitable participation in the workforce by hearing impaired people.

4. EDUCATION

In his response to the Deafness Forum's pre 1996 Federal election questionnaire, the then Minister for Health and Family Services, Dr Wooldridge, stated "Access to adequate ..... education ..... by hearing impaired Australians is an important social policy issue".

Education is the key to equipping the individual with skills and knowledge that will allow them to participate in the workforce and gain financial independence. In order that one can stay relevant to the workforce older people in the workforce are being encouraged to retrain or enrol in further education. The better a person's education, the greater the contribution they will be able to make as older Australians. Therefore, there is a need to improve the quality and accessibility of education available to people with hearing/deafness disabilities to achieve better literacy levels and participation in the wider community. This applies to all levels of education and is crucial in the early years. Providing a policy of accessible education for all Australians regardless of ability will have a long-term effect on the productivity of Australian society and be an overall benefit.

All people with hearing/deafness disabilities should have equitable access to education. They should have equal opportunities. Advanced communication technologies should be utilised wherever necessary. The costs should not be a barrier, particularly given the additional costs generally incurred by people with disabilities. All education providers should be committed to achieving high quality outcomes. The structure and range of courses/curriculum should specifically meet the needs of people with hearing/deafness disabilities. Anyone who has a hearing or deafness disability has the right to education at all levels. The greatest disability any student will face will be the professional who attempts to place limitations on them because of a perceived difficulty.

Services that would assist students with hearing/deafness disabilities to gain equality of educational opportunity include:

- note takers,
- qualified professional interpreters,
- assistive listening systems (audio hearing loops, FM and infra-red systems, etc.),
- lecture and tutorial transcripts - on hard copy, via computer networks, or via Communication Access Real-Time Transcription (CART),
- good acoustics in teaching venues,
- extra tutoring,
- special assignment and examination conditions,
- teachers who are "disability aware", eg. who speak clearly and can be easily lip read,
- good lighting on the faces of teachers,
- telephone typewriters (TTYs) and to volume controllable telephones,
- tape recorders,
- captioning on all videos used in courses, and
- distance education courses.

5. AGED CARE

Those who care for older people, whether in nursing homes or other residential facilities, or in their own homes, need to know how best to deal with the particular issues associated with deafness. They need to be aware of all the difficulties and know how to minimise their effect on quality of life. In particular, carers need to be aware of communication, health and safety issues arising from deafness.

All aged care facilities have been gradually improving to cater for wheelchair access and people who are less mobile. However little seems to have been achieved in the area of hearing augmentation and making facilities accessible to people who have a hearing/deafness disability. Attachment A provides a list of access issues.

Routinely conducting hearing tests for all older people entering an aged care facility would be a first step towards ensuring adequate and appropriate care is given.

Since the number of signing Deaf older persons is a small percentage of the population, problems can arise when such people become residents of aged persons' accommodation. If there are no other sign language users resident in the same facility, Deaf people can become very isolated. This is exacerbated if staff do not have sign language skills, and if the facility is located at any distance from family members with sign language skills. The problems essentially are the same as those that arise in respect of other non-English speaking persons, and the solutions are not simple. Nevertheless, the problems need to be addressed.

Of course, the worst thing any carer could do would be to take advantage of a person's inability to hear in order to make their task easier. If maximum quality of care is to be given, the carer must ensure that:

- hearing aids are switched on and functioning,
- captioning is activated on televisions,
- audio hearing loop systems are operating,
- interpreters are available whenever needed,
- people receive the appropriate medical treatment for any disorders of their ears.
- Above all, people are treated with dignity at all times.

"One of my biggest concerns regarding the aged is the lack of knowledge of the range of assistive devices (including hearing aids) and general hearing access for them in either their homes, aged care facilities and hostels and day care centres. Again I witnessed 1st hand hearing impaired intelligent elderly people sit and not participate or communicate because of a hearing deficiency. There is not only a need for education in aged care regarding the extensive range of devices which can assist these people but also the need to push for the compulsory access to these devices for all aged persons.

One person yesterday informed me that no one talks to her at the day centre because she is so hard of hearing (despite her hearing aids). This was confirmed by the day centre coordinator who is very worried about her mental health because of the lack of a quality communication diet. I hooked her up with a phonic ear (FM) while I addressed the group and she was so interactive that the rest of the people were quite surprised, as they had no idea that she could even talk - let alone hear and participate.

Much needs to be done to enable these elderly (we will be there soon too) equal opportunity in relation to hearing access."
(Community Nurse Audiometrist and Deafness Forum of Australia Member.)

"I have a relative who as part of her role (directing and supplying support care ensuring needs of elderly are met), really needed further information on hearing loss/care of hearing aids/who to contact for audiological services. She described a number of situations where clearly there was a need for better resourcing if client needs were to be met well. As she is very experienced in the organizational and direct care aspects I can only assume that this need is still being unrecognised and unmet. Clearly there will be an increased need for information/support availability as the demographics change. There is a real need for those who work to meet the needs of elderly deaf/hearing impaired persons in their homes to be adequately trained and familiar with all issues surrounding deafness/hearing impairment. Supporting options could be the development of on-line information and/or readily referred to booklets, and/or a phone-in advice centre. In addition to the above, clearly there is a need for access to expertise in those areas where the effect of hearing loss exacerbates the impact of loss of cognitive function - assisting to understand the possible intertwining of them both." (Educator and Deafness Forum of Australia Member.)

7. HOUSING AND HEALTH

Those older persons with hearing/deafness disabilities who continue to live in their own or rented houses will need a range of special features to maximise their quality of life. They will need various facilities, such as:

- closed captioning facilities on TV
- volume controlled voice telephones
- text (TTY) phones
- smoke alarms fitted with flashing lights and vibration pads
- door bells fitted with flashing lights

Some would benefit from the installation of audio hearing loops throughout their homes.

Many older persons experience an increase in health problems and, consequently, consult medical practitioners, other health professionals and community services more often. In all of those situations it is critical that there be clear communications. When there is a hearing/deafness disability, the health worker must understand the communication needs of the client and respond appropriately to it. The client may employ techniques such as lip reading; a sign language interpreter may be needed; or a variety of other communication techniques may need to be employed.

There are particular health issues relating to chronic disorders of the ear. For example, people with Ménière's Disease may behave in a manner that others do not always recognise for what it is. There are numerous stories of people being perceived as drunk when, in fact, they are having a Ménière's attack and have completely lost their balance. Even worse, when we fail to recognise such an attack and have no idea how to treat it, there is a very real risk we will exacerbate the problem for the unfortunate sufferer. It is extremely important that health workers understand chronic disorders of the ear and respond appropriately.

A National Disability Advisory Council position paper has recommended that health professionals should receive education initially and on an ongoing basis in awareness about the needs of people with disabilities. The paper states that this should include information about the rights and responsibilities of the individual, possible access issues including information in accessible forms and health benefits available to people with disabilities. It specifically recommends that all tertiary education institutions should be required to introduce such training into relevant courses by 2005.

There is increasing evidence of a need for the optimisation of people's hearing status as they age with respect to maintenance of mental alertness and physical status (the latter in being confident in one's broader as well as more immediate personal environment). The evidence suggests that good or optimised hearing contributes to amelioration of the effects of early Alzheimer's disease and other dementias, and clearly to the maintenance of social networks and activities, the majority of which in one way or another benefit from good hearing. So good hearing contributes to 'successful ageing'. Hearing, which is clearly the more ageing-related of the two primary senses, needs a lot more recognition within a broader context of ageing and successful ageing.

As general practitioners are likely to remain the gatekeepers to the health system, and the 'health friend' of an ageing person, for years to come, they need more awareness of the points made in the previous paragraph. Simple hearing screening questions could be built in to regular check-ups of older people to good effect. The person is also more likely to heed and act on the GP's recommendation for follow up after identification of possible significant hearing loss, rather than to the prompting of significant others at home etc. Even audiologists, etc. do not have the credibility with some older persons that their GP is likely to have.

By contrast the increasing use of the Web by Web-savvy baby boomers and those who follow, seems likely to take health care, especially at the point of entry level, to the Internet a great deal more than has been the case. It is understood that there are the beginnings of hearing tests on commercial Web sites. No doubt blue-tooth technology will, well within the forty years under examination by this Inquiry, allow remote fitting of hearing aids, (permanent and disposable ones), thus bypassing the health professional. This might be of some benefit if it served to keep costs down and increase access, and also for rural and remote people, but clearly there are lots of implications for hard-sell, malpractice, missing treatable pathologies, lack of follow up, etc.

Given the obvious increase in the proportion of older/old Australians, there is a to educate and graduate more audiologists. There currently are programs in only five universities and none of those programs is even of moderate size relative to other professional areas of health and education. The programs are graduating a very modest number given the projected needs (and quite a few of them are international students who will not add to the pool of qualified audiologists).

8. OTHER ISSUES

For all deaf people, whether they have a hearing impairment or are Deaf, there is a range of difficulties associated with living in a hearing world.

Being able to successfully communicate is of critical importance to us all. Communication covers a very broad area, including face to face personal conversation, the telephone, plus entertainment and information sources. Health spans the causes, symptoms and treatments of disorders of the ear often associated with hearing impairment. Safety encompasses such things as captioning of safety videos and alerting people to danger. How would you cope if you:

- could not hear your best friend speaking to you on the phone?
- could not listen to your favourite television program?
- could not make people understand why you were behaving as though you were drunk?
- were not woken by the fire alarm when your house was on fire?

These are just a few of the matters about which older people and their carers have a responsibility to educate themselves. They need to know about the effects of deafness and the solutions that are available. Attachments B and C provide further information.

Most people obtain the majority of their information from television. There are a variety of assistive devices to help people who can not properly hear the sound on televisions. One of the best forms of assistance is captioning, available on an ever-growing number of programs including many news broadcasts. These captions are only visible when the system in use has a decoding facility and displays them. It is essential that people who need captioning are aware of, and have access to, closed caption decoders with the television sets they use.

TV is also a principal source of entertainment for older people, so the extension of captioning to daytime TV will increase in importance as the population ages. Providers of other forms of public entertainment, including opera and theatre, also should make the entertainment accessible to older persons with hearing/deafness disabilities (through appropriate hearing augmentation). As the proportion of well-educated, politically aware and informed aged persons rises it will be impossible to ignore them (and foolish for a profit driven enterprise to do so).

The majority of smoke alarms will not alert a person with a profound hearing loss in both ears, and certainly will not alert a person who is Deaf. Even a visual alert device (eg. with flashing lights) will not attract attention if the person is asleep or otherwise unable to see the visual system. However there are systems that are available which provide vibration pads to overcome that problem, as well as flashing lights. The need is for this type of system to be installed everywhere an older person with a hearing/deafness disability lives. Ideally, all smoke alarms installed everywhere would be of this type.

ATTACHMENT A

ACCESS ISSUES FOR PEOPLE WHO ARE DEAF OR HEARING IMPAIRED OR HAVE A CHRONIC DISORDER OF THE EAR

- Hearing augmentation systems
  - Audio induction loops, signage indicating area covered is needed and they must be switched on (eg. in public halls, theatres, cinemas, etc.)
  - FM systems (eg. in public halls, theatres, cinemas, etc.)
  - RealTime reporting facilities (eg. in Courts)
  - Captioning facilities (eg. on TVs used by staff and clients in hotels, boarding houses, hospitals, waiting rooms, etc.)
  - Captioning on movies/videos, etc. screened (eg. in public cinemas, railway stations, airport lounges, etc.)
  - Captioning of live performances in public theatres
  - Captioning on TVs in places of entertainment - such as hotel bars and club lounges, etc. (particularly those showing pay TV channels)
  - Captioning on safety and entertainment videos screened (eg. on aircraft, trains and coaches
- Acoustic couplers on phones (including lift phones) used by staff and clients (eg. in hotels, boarding houses, hospitals, courts, etc.)
- Volume controls on phones (including lift phones) used by staff and clients (eg. in hotels, boarding houses, hospitals, courts, etc.)
- TTYs (and TTY directories) for use by staff and clients (eg. in hotels, boarding houses, hospitals, courts, etc.)
- Intercom and security systems (eg. at office blocks, apartment blocks, etc.)
  - Doorbells (eg. in hotels)
  - Emergency warning systems in any type of premises (commercial, residential, etc.)
  - fire alarms
  - smoke alarms
  - heat alarms
  - burglary alarms
- Systems that use sounds to alert users
  - turnstiles
  - lifts
  - automatic doors
  - elevators
- Barriers that deaden sound (eg. glass security screens at banks, ticket offices, etc.)
- Public address systems used to make announcements relating to access
  - in emergency situations
  - to call clients to service points
- Acoustic design issues
  - wall claddings that deaden sound
  - hard surfaces that echo sound
  - the lack of double glazing where needed to keep out external noise
  - installations that create magnetic field interference on hearing augmentation systems, such as audio induction loops
- Other design issues
  - patterns that may trigger Meniere's Disease attacks
  - open staircases that may disorient Meniere's Disease sufferers
  - counter heights that may prevent standing clients from lip reading seated service providers

ATTACHMENT B

CONSIDERATIONS WHEN THERE IS HEARING LOSS

Often a variety of new skills in visual communication need to be learnt such as speech reading, communication tactics/strategies, or sign language, Plus access to a wide range of assistive technology~~,~~ including hearing aids, cochlear implants, assistive listening devices and assistive listening systems for large open areas such as theatres, churches, transport terminals and outdoors and for noisy situations. For large open areas and noisy situations the following Table provides a brief overview of the degrees of hearing loss and the most useful/common/appropriate design solutions to assist with effective communication.

Degree of Hearing Loss	Equivalent Decibel loss	Effects	Possible Hearing Augmentation Solutions
Normal Hearing	0 – 20 dB	No effects in good Listening environment	Good acoustical environment and amplification system
Mild Hearing Loss	25 – 30dB	Understanding speech can be difficult Has difficulty understanding in a noisy environment	Good acoustic environment ~~A~~nd amplification system
Mild to moderate Hearing Loss	40 – 60dB	Has trouble hearing and understanding in Ideal conditions Unable to follow what is said in large open areas Hearing aids can assist	Good acoustical environment with amplification system an Induction loop or other assistive listening system ie. Infra red or radio frequency system
Moderate to severe Hearing loss	56 – 70dB	Communicates with Significant difficulty under all conditions Need visual clues. Hearing aids can assist but may still have poor clarity of speech	Good acoustical environment with amplification system and induction loop or other assistive listening systems ie. infra red or radio frequency system Clear speech or supplementary sign language assists
Severe Hearing Loss	71 – 90dB	Unable to hearing normal speech, depends on visual Clues (speechreading or sign language) Hearing aids assist with some speech sounds and identifying environmental sounds	Good acoustical environment with amplification and induction loop, or other assistive listening systems ie. infra red or radio frequency May require signing or deaf oral interpreter May require visual (text?) communication mode in noisy situations.
Profound Hearing Loss	91 dB +	Considered deaf May hear some loud sounds Does not rely on hearing as primary channel for communication May wear hearing aids to Assist with environmental & warning sounds and the rhythm of speech	Depends on a visual communication mode ie. speechreading ,sign language or a combination of both Requires signing or deaf oral interpreting and/or visual text system

Classification and effects adapted from Stabb, Dr W, J. (1994) Rexton Guide to Better Hearing

ATTACHMENT C

CONSIDERATIONS WHEN THERE IS PROFOUND DEAFNESS.

Visual communication is paramount for people who can not hear any meaningful speech, even with the aid of a hearing prosthesis, or hearing augmentation system. Auslan (Australian Sign Language), speechreading and textual information are essential to ensure effective communication for people who have profound or total deafness. However, there are a significant number of people with profound hearing losses who supplement their primary visual communication by using a hearing prosthesis or hearing augmentation system to assist their chosen communication modality.

Where an excellent acoustic environment is provided, speech intelligibility will be enhanced for people with profound hearing loss using a hearing prosthesis, and can assist some speech recognition ie. vowels, rhythm & flow, pauses etc

For people who rely on an oral/aural mode of communication (speechreading & listening) attention must be given to appropriate lighting levels and background décor to enable clear visual contact.

ATTACHMENT D

ABOUT THE DEAFNESS FORUM

Introduction

Deafness Forum is the peak body for deafness in Australia. Established in early 1993 at the instigation of the Federal government, the Deafness Forum now represents all interests and viewpoints of the Deaf and hearing impaired communities of Australia (including those people who have a chronic disorder of the ear and those who are DeafBlind).

Structure

The representational base of the Deafness Forum is divided into five Sections:

- Hearing Impaired Section - persons with a hearing loss who communicate predominantly orally.

- Deaf Section - ie. the Deaf Community - those persons who consider themselves to be members of that community by virtue of its language (sign language known as Auslan) and culture.

- Ear Disorders Section - persons with a chronic ear disorder (such as Tinnitus, Ménière's Disease or Acoustic Neuroma).

- Parents' section - parents or legal guardians of persons who are Deaf or hearing impaired.

- Service Providers section - service providers to the Deaf and/or hearing impaired communities.

Objectives

The Deafness Forum exists to improve the quality of life for Australians who are Deaf, have a hearing impairment or have a chronic disorder of the ear by:

- advocating for government policy change and development
- making input into policy and legislation
- generating public awareness
- providing a forum for information sharing and
- creating better understanding between all areas of deafness.

Disability Discrimination Act Standards Project

In addition to its own work directly in respect of its objectives, the Deafness Forum currently auspices the Disability Discrimination Act Standards Project. It does this on behalf of the peak disability bodies that were members of the now defunct National Caucus of Disability Consumer Organisations. The Project co-ordinates the disability

sector input and consultation into the development of Regulatory Standards under the Commonwealth Disability Discrimination Act (1992). It is expected that the Project will be taken over from 1 April 2003 by the "in formation" Australian Federation of Disability Organisations, of which the Deafness Forum will be a founding member.

Membership

As at 30 June 2002, the Deafness Forum had 91 organisation members and 123 individual members. (The Forum also regularly consults with all other known organisations operating in the deafness sector that are not amongst its membership.)

Community Involvement

The following pen pictures of the Deafness Forum's current Board members and key staff demonstrate the broad extent to which that group of people are involved with the specific deafness sector and the broader disability sector. There is no doubt that the Deafness Forum is consumer-driven and well able to represent the interests and concerns of the entire deafness sector, including:

- people who have a hearing impairment
- people who are oral deaf
- the signing Deaf community
- people who have a chronic ear disorder
- the DeafBlind community
- parents who have children from one of the above groups in their families

Diana Hodgetts

Diana has been a Director of the Deafness Forum since April 1996. She lives in Hobart, Tasmania. The Parent Section elected her as a Director until 2001, then by the Deaf Section. She has served a term as Deputy Chairperson of the Board. She is a Deaf person, who uses Auslan to communicate. She is married and has two Deaf children. Diana is employed by the Tasmanian Deaf Society as Deaf Liaison/Information Officer and as an Auslan Tutor at Adult Education. She is also has been a Teacher of Deaf Studies and a Teacher's Aide at the Claremont Hearing Impaired Project. She has an extensive history of involvement with community organisations, including Tasmanian Sports Association of the Deaf, Deaf Women's Guild and Hobart Signing Choir. She was a founding Board member of the Tasmanian Deaf Society, is a long-standing member of the Tasmanian State Advisory Committee on Library Services to People with Disabilities. She was Tasmanian representative on the National Working Party on Captioning and now serves on the Deafness Forum's own Captioning Issues Committee.

Stan Batson

Stan has been a Director of the Deafness Forum since December 1997. He was the Chairperson from October 2000 to 2002 and now holds the position of Deputy Chairperson. He lives in Geelong, Victoria and was elected as a Director by the Deaf Section. He is a Deaf person, who uses Auslan to communicate. He is married. In retirement, Stan works part time as a researcher of Deaf history at La Trobe University in

Melbourne. He is a qualified teacher of Auslan. He is Deputy Chairman of the Deafness Foundation (Victoria) and has an extensive history of involvement with a range of community organisations. These include Deaf Clubs and church organisations for people who are deaf. He currently represents the Deafness Forum on the Telstra Disability Forum.

Margaret Robertson (Chairperson)

Margaret has been a Director of the Deafness Forum since October 1999. She was elected as the Chairperson in October 2002. She lives in Melbourne, Victoria and was elected as a Director by the Hearing Impaired Section. She has a progressive, sensorineural hearing loss and has been reliant on hearing aids for more than 15 years. She also uses various other techniques to assist her communicate. These include assisted-listening devices, captioning and speech reading. By profession she is a psychologist and she worked in university counselling for 23 years, eight as the Director of a Counselling Service. She now counsels part time in the area of hearing impairment and tinnitus, and is currently developing a psychological rehabilitation model based on cognitive-behavioural approaches to therapy. She has a history of involvement with community organisations, in particular Better Hearing Australia, at both the local and state levels. She also served as a member of the Victorian Government's Reference Committee for the Redevelopment of Services for Deaf and Hearing Impaired people. She has been nominated to represent the Deafness Forum on the Board of the "in formation" Australian Federation of Disability Organisations.

Lynette Walker

Lyn has been a Director of the Deafness Forum since October 1999. She lives in Melbourne, Victoria and was elected as a Director by the Service Provider Section. She is employed in the area of special education and has extensive experience in the field of education for deaf children. She also has an extensive history of involvement with community organisations, in particular the Deafness Foundation (Victoria).

Sheila Hittich

Sheila has been a Director of the Deafness Forum since February 2000. She lives in Perth, Western Australia and was elected as a Director by the Ear Disorders Section. She has a hearing impairment. She uses various techniques to assist her communicate. These include hearing aids, assisted-listening devices, captioning and lip reading. She has an extensive history of involvement with community organisations, including Better Hearing Australia (WA), Tinnitus WA, Deafness Council WA, ACROD and the Disability Access Improvement Network. She has been a member of the Australian Hearing Services Consumers Panel and the Liaison Disability Services Commission WA.

Kathy Challinor

Kathy has been a Director of the Deafness Forum since October 2002. She lives in Tamworth, NSW and was elected as a Director by the Ear Disorders Section. She has Tinnitus and a mild-to-moderate hearing loss herself. She has extensive experience in hearing assessment and knowledge of hearing difficulties arising from her employment as a Clinical Nurse Consultant Audiometrist for 20 years. Kathy has a particular passion about noise injury prevention in rural communities and the need for appropriate hearing services in rural and remote Australia. She has been involved in the development of a Graduate Certificate in Audiometry Nursing, which will be available to registered nurses throughout Australia in 2003. Kathy is currently Treasurer of the Community Nurse Audiometry Association, a Preceptor for the University of New England's Bachelor of Nursing, and a lecturer in university and TAFE courses relating to audiometry and hearing issues. She is also a member of Self Help for Hard of Hearing and the Australian Tinnitus Association (NSW).

Claire Harris

Claire has been a Director of the Deafness Forum since October 2002. She lives in Adelaide, South Australia and was elected as a Director by the Parent Section. She is a parent of a profoundly deaf child who has a cochlear implant and currently is employed as the Development Officer of the Cora Barclay Centre. She is a member of Parents of Hearing Impaired South Australia. She has been a member of the Cora Barclay Centre Council and the SA Universal Newborn Hearing Screening Working Party.

Ruth Fotheringham

Ruth has been a Director of the Deafness Forum since October 2002. She lives in Sydney, NSW and was elected as a Director by the Hearing Impaired Section. She has had a hearing loss for over 30 years and acquired a cochlear implant in 2002. She joined Better Hearing Australia in 1972 and is still an active member, being on the Committee of Management for BHA Sydney. She also is a member of the Blacktown City Council Disability Access Advisory Committee. Ruth previously has been a member of the Australian Hearing Services Steering Committee for Expanded Service Delivery, the Commonwealth Government's Hearing Services Advisory Committee and the External Review Panel for the NSW TAFE Audiometry Certificate Courses. She also has a wider interest in people with disabilities, having worked as a Social Educator for people with an intellectual disability prior to retirement.

Veronica Pardo

Veronica has been a Director of the Deafness Forum since October 2002. She lives in Melbourne, Victoria and was elected as a Director by the Service Provider Section. She is currently employed as the Manager - Policy & Development of VSDC - Services for Deaf Children. Previously, Veronica has held positions relating to Auslan curriculum, Deaf studies and sign language research. She has a passionate interest in empowering people and is committed to working proactively to achieve systemic social change in a way that benefits service users and affords them self-determination to direct that change.

Brian Rope OAM

Brian has been Chief Executive Officer and Company Secretary of the Deafness Forum since April 1996. He has an extensive history of involvement with community organisations, in particular the Councils on the Ageing at ACT and National level. He was awarded an OAM in 1992 for his services to the community. He has worked in the general disability sector for over a decade. He was a Deafness Forum representative on the National Caucus of Disability Consumer Organisations until it ceased to operate and is a member of the working group establishing an Australian federation of Disability Organisations. Brian is also Deputy Convenor of the Disability Discrimination Act Standards Project, a member of the Attorney-General's Working Party on DDA Standards and a Deafness Forum voting representative to the Australian Council of Social Service.

Kirsten Preece

Kirsten has been the Policy & Project Officer of the Deafness Forum since October 2002. She has immediate family members with deafness, Tinnitus and Ménière's Disease. She has an extensive history of paid and voluntary work with a variety of church and community organisations. Those involvements have included being an English language tutor and teacher, a direct care worker and a nursing aide. She has undertaken a review of a disabilities service, taught English to Japanese students with disabilities and advocated for children, youth and people with disabilities. Kirsten is currently a member of the Christian World Service committee and its International Programmes sub-committee, and a member of the Uniting Church Assembly Theology and Discipleship Reference Group.

Robyn Swadling

Robyn has been the Deafness Forum's part-time (6 hours per week) Administrative Officer since 2002. She has a hearing loss resulting from meningococcal meningitis. Robyn has an extensive history of involvement with church organisations and their activities. She also has experience of providing support services for students with various disabilities, through the Australian National University's Disability Support Unit. When not working for the Forum, Robyn is employed elsewhere as a medical typist.