



Accent Hearing
EXCELLENCE IN LISTENING



The Listener



Head Office

Dr Greg Butcher AuD
23 Queen Street
(PO Box 1500)
GRAFTON NSW 2460
Tel: (02) 6643 4044
1300 859 828

Email: admin@accenthearing.com.au

Autumn 2026

Grafton - Glen Innes - Inverell

www.accenthearing.com.au

Welcome to the Autumn 2026 edition of *The Listener*. We explore helpful hearing tips on all hearing matters.

The Sound of Frustration: Why "Difficult" Behaviour May Just Be Dirty Hearing Aids

In the busy environment of a residential aged care facility (RACF), a resident's refusal to cooperate or their perceived "withdrawal" is often documented as cognitive decline or behavioural issues. However, emerging research and frontline observations suggest a much simpler, mechanical culprit: **malfunctioning hearing technology**.

The Cycle of Misunderstanding

When hearing aid tubing is split or receivers are blocked with wax, the resident doesn't just lose volume they lose **clarity**. This leads to a specific damaging cycle:

The Resident's Perspective: They hear "noise" but not "speech." Frustrated by the whistling (feedback) or the silence of a dead battery, they may remove the device or become irritable.

The Staff's Perspective: Busy caregivers may perceive a resident's lack of response as being "difficult," "ignoring instructions," or "sundowning."

The Result: Relationships strain. Staff feel ignored and annoyed, while residents feel isolated and stop trying to engage, often leading to **"excess disability"** where a person functions at a lower level than their physical condition requires.

What the Research Says

The link between hearing loss and aged care outcomes is well-documented:

Cognitive Load: Research in *The Lancet* Commission on Dementia identifies hearing loss as the single largest modifiable risk factor for preventing or delaying dementia. When the brain struggles to decode sound, it has less "fuel" for memory and social interaction.



The "Vicious Cycle": Studies show that residents with unmanaged hearing loss are at a significantly higher risk for depression and social withdrawal, which staff often mistake for clinical apathy.

Maintenance Gaps: Audits of hearing aid use in RACFs frequently show that **up to 40-50% of devices** are non-functional on any given day due to simple maintenance issues like wax blockage or dead batteries.

A Call to Action for Leadership:

For a CEO or NUM, addressing hearing aid hygiene is not just about communication, it is about **risk management and quality of care**.

Reduce Behavioural Incidents: Improving hearing clarity can decrease the agitation often labelled as "challenging behaviour."

Staff Efficiency: When residents can hear instructions the first time, staff save time and reduce the emotional toll of repetitive communication.

Better Assessment: Clearer hearing ensures that cognitive assessments (like the MMSE) are accurate and not skewed by sensory impairment.

The Bottom Line: A small investment in staff training for basic hearing aid troubleshooting (checking for split tubes, wax occlusion or dead batteries etc) can transform the social climate of a facility.

Are You Accepting Your Hearing loss?

The hearing manufacturing industry needs to move away from its sole focus of the 'widget', commonly known as the 'hearing aid'! Instead of prioritising the 'widget' the whole industry needs to look at the broader well-being of people with hearing loss, and on individuals taking action and accepting their condition. The devices themselves are available, but they are only one tool in the larger picture. We see too much advertising on television of the large store hearing companies that still fixates on the 'widget's' appearance and technology and believe their advertising is effective. Those of you who wear devices know they won't simply restore normal hearing. A different strategy must be used for people to accept their hearing loss, as it significantly increases the likelihood of success for the user. In that, success requires not just the widgets, but also a positive attitude (managing stigma) and necessary behavioural changes.

“The components of widgets, attitude and behaviour all fit together very nicely”.

For Adults with Hearing Loss

Telling Someone is the First Step: If you keep your hearing loss a secret, it may be a sign you are experiencing stigma. **Disclosing your hearing loss** to someone, e.g. a trusted family member, friend, or even a random person, is the crucial first step toward overcoming that stigma.

Use Humour to Break the Ice: When talking about your hearing loss, humour can help manage the situation and often leads to shared laughter and a sense of connection ("affiliation") with those around you.

Seek Professional Support: Talk to a **hearing care professional** about your feelings regarding managing your hearing loss in everyday life. They can provide support and help you start your journey toward greater comfort and confidence.

For Family Members

Communication is a Shared Responsibility: It should not always be up to the adult with hearing loss to manage every communication challenge. Family and friends should learn to use better **communication strategies** that support the person with hearing loss.

Be Mindful of Teasing: While teasing may feel like "light hearted banter," when it happens often, it can lead to feelings of embarrassment or shame and cause the person with hearing loss to withdraw or stop disclosing their condition. **Greater awareness and sensitivity** about this from family members is helpful.

Ask and Understand: Be conscious of how the adult with hearing loss *feels* about managing their hearing loss in their daily life.



A word from Dr Vinsky, *The Sheltie Hearing Doctor!*

Regularly inspecting your hearing aid components including tubing, domes, wax stops and earmoulds is the best way to ensure consistent sound quality. Even a small amount of wax buildup can block sound from entering the ear canal, making it seem like the device is malfunctioning.

To quickly test your device, gently rub your fingers over the microphones. If you don't hear a "scratchy" sound, you likely have a wax blockage or a dead battery. If a fresh battery doesn't solve the issue, stop there, it's almost certainly a blockage. A five-second daily inspection can save you hours of frustration.

Hearing care isn't optional. It isn't cosmetic.

It isn't "just about hearing better."

When we treat hearing loss early and effectively, we're not just improving our communication, we're reducing the risk of falls, depression, social isolation, hospitalisation, cognitive decline and even premature death.

No other intervention in primary care protects this many areas of someone's life. If we want to protect long-term health, independence and quality of life, we start with the ears and protect the brain.

Hearing care is Preventative medicine.



The medical treatment of hearing loss reduces the risk of:

Falls

Social isolation

Depression

Reduced quality of life

Early retirement

Loss of wages

Hospitalisation

Dementia

Parkinson's disease

Premature death

A word from the

Assessing fitness to drive a private vehicle.
2022 EDITION. Medical standards for licensing and clinical management guidelines.

4.2.2. Private vehicle drivers.

While hearing loss will not preclude driving a private car, people with hearing loss should be advised regarding their loss and their limited ability to hear warning signals.

Assistive technologies such as hearing aids, sensors and/or physical equipment such as additional mirrors might also be used upon consideration of the needs of the individual driver.

Occupational therapist (OT) driving assessors can assist with identifying vehicle aides.



Local OT Driving Assessors

Clarence Valley/Grafton - Mrs Katrina Heathcote

katrina@adapttherapyservices.com.au

Coffs Harbour/Grafton - Ms Emma King

emma.king@aapt.net.au

ACCENT PRODUCTIONS PRESENTS
CLARENCE VALLEY ORCHESTRA
CONDUCTED BY GREG BUTCHER

Outback Pops
TOUR 2026

WITH
MIRUSIA

TUESDAY 7 APRIL, 7:00 PM – Glen Innes Town Hall
WEDNESDAY 8 APRIL, 7:00 PM – Narrabri Crossing Theatre
THURSDAY 9 APRIL, 7:00 PM – Cobar - Ward Oval, Multi-Purpose Centre
SATURDAY 11 APRIL, 7:00 PM – Broken Hill Civic Centre
WEDNESDAY 15 APRIL, 7:00 PM – Lightning Ridge Aerodrome

\$48 ADULTS | \$15 CHILDREN (UNDER 16)

 Scan for Tickets



cvo

How much are Hearing Aids you may ask?



Accent Hearing prices are based on the level of technology required (not the most expensive); Real Ear Measurement (REM) objective testing (for device/ear/sound verification); a detailed assessment for the fitting of the devices; aftercare service, warranty and the professional services and rehabilitation; training & counselling given by a University qualified Doctor of Audiology.

Basic Entry Level

For amplification in the home, on the phone, quiet places, small groups, mixing with friends and family.

Price range per aid: \$2000–\$2400

Intermediate

Outdoors, shopping, small meetings, theatre, small social gatherings.

Price range per aid: \$3000–\$3500

Advanced

Meetings at work, restaurants, larger social gatherings. Speech preservation in noise.

Price range per aid: \$3800–\$4200

Premium

Large social events, concerts, parties, large crowds. Better Speech preservation in noise.

Price range per aid: \$4250–\$4950+

**It's not all about the price!
You can't get quality service
at the cheapest price.**



The Hidden Dangers of the "Cheapest" Option

While a low price tag is attractive initially, it often masks significant downsides that cost the client more in the long run.

Compromised Quality: To cut costs, providers often use untrained staff, or sell their devices over the web, leading to poor performance, limited support & rehabilitation training.

The "Buy Nice or Buy Twice" Effect: Cheap solutions frequently break or fail, forcing you to pay for repairs or replacements earlier than expected.

Increased Liability: Some providers may cut corners on insurance or licensing, leaving the client legally and financially exposed (unregistered providers).

Rushed Execution: Low margins force providers to rush through jobs, sacrificing attention to detail and proper training in all management areas of using their hearing devices.



Accent Hearing Clinics - 1300 859 828

- **GRAFTON** | 23 Queen Street, Grafton NSW.
- **GLEN INNES** | Glen Innes Chiropractic Centre, 113 Meade Street, Glen Innes NSW.
- **INVERELL** | Inverell Hospital Community Health, 41 Swanbrook Road, Inverell NSW.

Accent Hearing is independent and is locally owned. Our clinician Dr Greg Butcher is a University trained Doctor of Audiology; a fully Accredited Member of Audiology Australia and Independent Audiologists Australia; and a qualified Medicare Hearing Services Provider.