



## Potential relief from ringing in the ears

Combining sound and electrical stimulation of the tongue can significantly reduce tinnitus for up to 12 months. The findings of new research could potentially help millions of people since tinnitus affects about 10 to 15 % of the population worldwide.

## Captions on TV are an open and closed case

There are limited regulations regarding the broadcast subscription services' provision of closed captions. They are also complicated to the point of incomprehensibility. There is currently no legislation covering the streaming services, although the federal government expressed its intention to establish "a platform-neutral regulatory framework covering both online and offline delivery of media content".

## New resources for child-centred care

Children's voices and positions are being recognised in society. In healthcare, child-centered care acknowledges children and young people as sovereign beings and promotes their right to be involved in their own care, placing children in a more prominent and central position and making them the expert in their own life.

## National Disability Information Gateway

The Government would like you to know that the new National Disability Information Gateway pilot website is online and you can test it. It will eventually include a website and 1800-phone number, to assist all people with disability and their families to locate and access information and services in their communities.

## Captions on TV are an open and closed case

By Tom Ryan for [The Sydney Morning Herald](#)

For us, it all began with *The Wire*, the lauded 2002 crime series set in Baltimore. The street talk was a language all of its own, the drama's gritty realism making no allowances for people like us. We could barely understand a word of it. The bros on the street were indecipherable. So we gave up ... until my New Jersey-based brother reiterated urgings from years earlier to watch "the best TV series ever".

He also pointed out that *The Wire* DVDs we'd acquired had the option of subtitles. And a New World opened up. In it, we found ourselves regularly nodding at each other with a "S'up?" and quoting the likes of "Stringer" Bell (Idris Elba) and Omar Little (Michael Kenneth Williams). Their streetspeak is infectious: after we'd tuned in and tooled up, playful profanity ruled in the kitchen.



Michael K. Williams as Omar in *The Wire*; with the help of captions viewers were better able to understand the Baltimore street-speak. *Credit: HBO*

Nowadays, closed captions (CC) are a ready-made option for those struggling to make sense of the many versions of the English language that you can hear in the US and the UK (and, for that matter, Australia). Or who are hard of hearing, as I am increasingly these days. Like the subtitles that make characters in foreign films comprehensible, they have to be "activated" or "switched on".

It's not hard; they're readily available with most television services. And, unlike subtitles, they also try to explain background sounds: "indistinct crowd noise", "indiscriminate gunfire", "muffled conversation", "melancholy music", or just "#" for music when the captioner can't find the right word to describe it.

Streaming services (those requiring internet access) frequently dub foreign-language films and series into English, so it's important to know that you can also adjust the audio track to its original language and use the subtitles in English (or in one of the generally wide range of other languages on offer).

There are government regulations governing the availability of closed captions for free-to-air and broadcast services. Setting aside for a moment the sometimes impenetrable accents that require translation for everyone, almost 20 per cent of the potential viewing audience in Australia is hearing-

impaired. So, it makes very good business sense for the various free-to-air and streaming services to ensure that their product is as user-friendly as possible.

Free-to-air channels are generally required to offer captions on everything screened between 6am and midnight and on all news and current affairs shows.

Under the Broadcasting Services Act of 1992, free-to-air channels are generally required to offer captions on *everything* screened between 6am and midnight and on *all* news and current affairs shows. The exceptions are community TV, all-music programs and material not in English. And the networks' multi-channels are required to caption any programs that have already been screened with captions on any of their channels. Compliance is monitored by the Australian Communications and Media Authority (ACMA).

However, at the moment, there are limited regulations regarding the broadcast subscription services' provision of closed captions. They're also complicated to the point of incomprehensibility. There is currently no legislation covering the streaming services, although, late last year, the federal government expressed its intention to establish "a platform-neutral regulatory framework covering both online and offline delivery of media content".

As it happens, the streamers have been doing a pretty good job even without any regulations to hang their hats on. Captions are readily available and reliable, and most of the problems are minor. It's not the end of the world when brief English-language segments in foreign films or drama series come without captions, as is the case with Netflix's riveting *Nobel*, made in Norway. That said, the auto-generated captions that use speech recognition technology on some of the free streaming sites (such as YouTube and Old Movies) leave much to be desired.

It is the Broadcast Service Act's goal to have everything captioned, eventually. In the meantime, the broadcast subscription services are required to adhere to annual targets, increasing by 5 per cent each year until they reach 100 per cent. This is policed on the basis of compulsory reports the services are required to submit to ACMA, and in response to complaints from the public (which can be made at [acma.gov.au/complain-about-captioning-tv](http://acma.gov.au/complain-about-captioning-tv)).

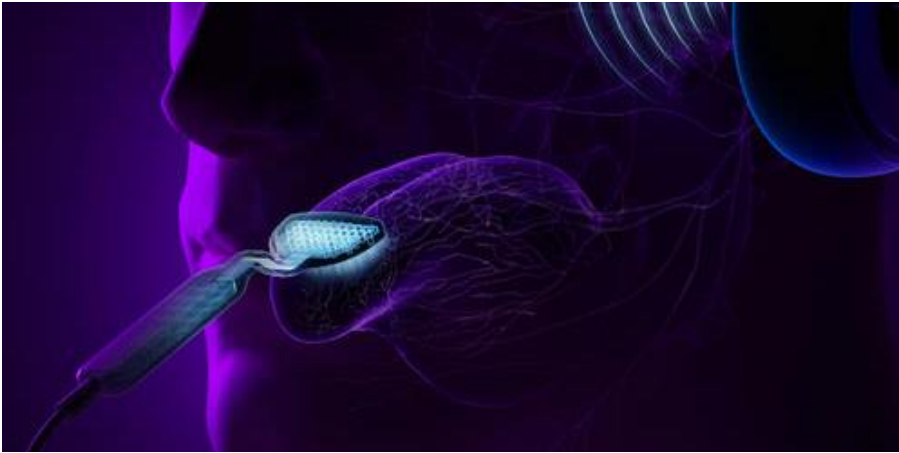
If a service fails to comply with the regulations, it's first given a warning, then fines are applied (to a maximum of \$444,000). Following that, its broadcast licence can be suspended.

The quality of captioning varies. On anything that goes to air live, it will almost always be out of sync, at least a few seconds behind what's being said on-screen. Which is perfectly understandable given that, in these kinds of situations, the captioners have to fly by the seat of their pants.

The language-mangling can be inadvertently hilarious and very instructive. There is, for example, no such word in the English language as "oi", whatever the captioner might try to tell us.

There are many options for accessing closed captions, depending upon the type of TV and remote you're using. If you get stuck, you could turn to the Media Access Australia website at [mediaaccess.org.au](http://mediaaccess.org.au) for help. Troubleshooting and FAQ (Frequently Asked Questions) can be helpful. Or you could contact the retailer of your equipment. If you decide to do this, it's advisable to make a visit in person so he/she can show you exactly what to do. It's all part of the service or should be.

## New research could help millions who suffer from ringing in the ears



Researchers have shown that combining sound and electrical stimulation of the tongue can significantly reduce tinnitus, commonly described as “ringing in the ears.” They also found that therapeutic effects can be sustained for up to 12 months post-treatment.

The findings could potentially help millions of people since tinnitus affects about 10 to 15 percent of the population worldwide. The study was conducted by researchers from the University of Minnesota, Trinity College, St. James’s Hospital, University of Regensburg, University of Nottingham, and Irish medical device company Neuromod Devices Limited.

The research was published as the [cover story of \*Science Translational Medicine\*](#).

The study represents the largest and longest followed-up clinical trial ever conducted in the tinnitus field for a medical device with 326 enrolled participants, providing evidence regarding the safety, efficacy, and patient tolerability of bimodal neuromodulation for the treatment of tinnitus. About 86 percent of treatment compliant participants reported an improvement in tinnitus symptom severity when evaluated after 12 weeks, with many experiencing sustained benefits.

The study was conducted at the Wellcome Trust-HRB Clinical Research Facility, St. James’s Hospital, Dublin, Ireland, and the Tinnituszentrum of the University of Regensburg, Germany. There were consistent therapeutic outcomes across both clinical sites, with no serious adverse events. The Minneapolis-based branch of NAMSA, the world’s only medical research organization, guided and assisted the close-out process of Neuromod Device’s clinical trial.

The tinnitus treatment device used in the study consists of wireless headphones that deliver sequences of audio tones layered with wideband noise to both ears, combined with electrical stimulation pulses delivered to 32 electrodes on the tip of the tongue by a proprietary trademarked device. The timing, intensity, and delivery of the stimuli are controlled by an easy-to-use handheld controller that each participant is trained to operate. Before using the treatment for the first time, the device is configured to the patient’s hearing profile and optimised to the patient’s sensitivity level for tongue stimulation.

To read the full research paper entitled “Bimodal neuromodulation combining sound and tongue stimulation reduces tinnitus symptoms in a large randomised clinical study,” visit the [Science Translational Medicine website](#)



## Support our work on your behalf



An individual member of Deafness Forum of Australia can be person who has a hearing impairment, is Deaf, a member of their family, or someone who provides services such as teachers, researchers, audiologists, etc. An organisation can become a member.

Go to <https://www.deafnessforum.org.au/be-a-member/>

And if you can make a donation, you can donate [here](#)

### *Advertisements*

#### **NDIS ASSISTANCE (THROUGH PRIVATE SOLICITOR)**



The Australian Government provides through the National Disability Insurance Scheme funding to meet disability requirements by Australian citizens if certain criteria is met. Impairment of hearing is a recognised disability for which you may be eligible for assistance through a determined funding program. I personally, as a deaf person, have applied for and am in receipt of such funding.

Should you wish to make enquiries through my office, please contact James Madden at Madden & Co Solicitors, Toowoomba on 07 4639 4488 or mobile phone 0402 807 230 or send me an email to [admin@maddenco.com.au](mailto:admin@maddenco.com.au)



Take a look at what they have been doing at Ear Science Institute Australia over the past year despite the COVID-19 pandemic.

[Watch the video invitation](#) [Register to attend the event](#)

## How COVID-19 revealed a silent crisis

By [Yolanda Redrup](#) for the [Financial Review](#)

A silent crisis has emerged during the COVID-19 pandemic, with more adults forced to confront their hearing loss as cues such as lip reading and facial expressions have been blocked by the use of masks, especially in Victoria.

Experts believe this effect of the COVID-19 crisis will not be reflected in more implant surgeries or audiologist appointments for some time. This is because adult-onset hearing loss tends to affect people aged 60 and above, and this group is less inclined to book in-person appointments due to the risk of catching the virus.

But the hearing loss community believes a jump in treatments is likely once the pandemic is controlled.

CSIRO scientist Sinead Williams has suffered from profound hearing loss since birth, but until this year got by with just wearing a hearing aid in her left ear.

Dr Williams, who has played a critical role in progressing the world's understanding of the virus causing COVID-19, said she almost had to give up her job during the pandemic because in January she abruptly lost her hearing completely, triggered by an illness.

"My world was turned upside down and I get emotional thinking about it ... I had never been so anxious in my life," she told The Australian Financial Review.

"I'm excellent at lip reading, but I knew having this skill wasn't enough to deal with everyday life."

After a few weeks of steroid treatment, she got next-to-no hearing back and surgeon Stephen O'Leary suggested she think about a cochlear implant.

Not being able to lip read makes people want to withdraw more because it's really difficult for them to engage.

Without an implant, Dr Williams was facing the possibility of not returning to work, not being able to hear her three young children (the youngest of whom has Down syndrome and requires help with his speech), and experiencing isolation like she never had before.

But before she could get the surgery, COVID-19 was declared a pandemic and elective surgeries were banned.

"The pandemic has been a nightmare for all deaf people because we rely so much on facial expressions and lip reading. With the [Victorian] government saying we have to use masks or face shields, people can't communicate," she said.



CSIRO scientist Sinead Williams was granted an exemption to the elective surgery ban earlier this year so that she could receive a cochlear implant.

"I'm still in the process of learning how to listen, so I'm still reliant on lip reading. I may get the first couple of sentences that they're saying, but in my workplace it's critical that I can hear every word that's being said."

Professor O'Leary was forced to campaign on her behalf and Dr Williams was granted an exemption to the ban in order to have the surgery.

In Dr Williams' CSIRO lab in Geelong where they work with diseases such as polio, as well as SARS-CoV-2, she must go through air-locked doors and deposit all clothing and devices before entering the lab. Before her sudden, total, hearing loss, she would have a hearing aid just for the lab and similarly, she now has a Nucleus Sound Processor (which Cochlear, the company, donated) for use in the lab only.

While Dr Williams was lucky, many others have had their surgeries delayed. In future pandemics she said, implant surgeries should not be considered elective, for children or adults.

"Now we're relying on screens and phones, you need to be able to hear. You can't just rely on lip reading," she says.

### **Inquiry spike**

Bart Cavalletto, director of services at the Royal Institute for Deaf and Blind Children, said up to 70 per cent of cochlear implants in Australia were in the adult market.

Mr Cavalletto said the aftermath of COVID-19 would not be felt for some time, but there could be a spike in inquiries.

"We have seen some pockets that are really busy, such as Newcastle, where surgeons have said they're really busy in this space," he said.

"While we have been offering email and teleconference appointments for the existing client base, we've had a bunch of people who have said it's too difficult to access these services.

"For people with hearing loss, it's one of those things that's gradual and creeps up on you.

"You make adjustments and accommodations to make sure you can still function and you get to a point where those adjustments no longer work. We need to get to them before that."

The dangers of adults not having their hearing loss treated were real and significant, Mr Cavalletto said.

"What we know about hearing loss is that prolonged hearing loss can really impact people's lives and the links to things like dementia is really clear in the literature.

"Not being able to lip read makes people want to withdraw more because it's really difficult for them to engage."

Mr Cavalletto has been working with Hearing Australia to encourage people into its centres to get assessed. He has also been lobbying the government for a reimbursement model for cochlear implant teleaudiology, but said progress was delayed due to COVID-19.

## Hearing loss consequences

Terry McGee, an obstetrician at Westmead Hospital, started going deaf in her mid-30s and has been forced to change her career trajectory multiple times due to her hearing loss.

In 2000, she lost her ability to hear people over the phone, forcing her to leave private practice, and two years ago she stopped working in the birthing unit because she felt her hearing had become so bad she might mishear a patient or colleague in an emergency.

Dr McGee's role is now mostly administrative, but she said it was fortunate she took the plunge to get two cochlear implants last year because when COVID-19 struck, patient histories suddenly started being taken over the phone to reduce face-to-face time in hospitals.

"I was hanging on by my fingernails and it got to the point where I didn't have anything to lose," she said.

"You become very socially isolated and anyone with a hearing impairment will tell you that. It was already difficult without COVID-19. When you have a hearing problem you prioritise seeing people face-to-face and for most of this year we've had to largely avoid that.

"We won't see an increase in [hearing loss] appointments yet, but I think this will prompt people to do something."



## Dedicated to understanding tinnitus

TIN-ACT is a European consortium that investigates tinnitus ("ringing in the ears").

Tinnitus is a very common and potentially devastating condition. People with tinnitus continuously hear a penetrating phantom sound in absence of actual sound.

An estimated 50.8 million EU citizens hear tinnitus, of which 5.1 million are severely bothered by it. Tinnitus can be enormously debilitating and leads to difficulty concentrating, lack of sleep, anxiety, and depression. Even mild forms of tinnitus reduce productivity due to difficulty hearing and concentrating at work and also resting and relaxing during leisure time.

In order to cure tinnitus, we need to bridge the gap between basic fundamental research, applied clinical research, and product development. The aim of TIN-ACT is to understand the basic neural mechanisms of tinnitus and to find ways to measure and treat tinnitus.

<https://tinact.eu/>



## Minor changes to National Relay Service

The National Relay Service (NRS) is making changes to improve the [NRS Chat](#) and [NRS Captions](#).

The changes are based on user feedback:

- The text on the chat screen for NRS Chat and the captions for NRS Captions was too small and didn't stand out against the background, making it hard to read.
- The picture of the relay officer which appears with the chat was not needed.

Clearer and larger font will now be used with improved, contrasting colours.

The picture of the operator will no longer appear, but the relay officer will identify themselves to users.

## Have you had a hearing services appointment in the last 6 months?

Audiology Australia wants to hear from you so you can help it inform the Australian Government about your experiences.

It invites you to complete a survey that will help it to understand if, why, and how people are using audiology tele-health services (remote care services).

It does not matter whether you received hearing services in-the-clinic or remotely (using tele-health). [Please click here for more information and to start the survey.](#)

If you would prefer to complete the survey in Mandarin, Arabic, Cantonese, Vietnamese, Italian or with an Auslan interpreter, please contact Elissa on [elissa.campbell@audiology.asn.au](mailto:elissa.campbell@audiology.asn.au) to receive a paper-based version of the survey with a reply paid envelope.

## Hearing Services Program and NDIS are now working together

The Australian Government's Hearing Services Program and the National Disability Insurance Scheme have different roles in providing supports to people who need hearing services. But they now work together to make sure that quality hearing services continue to be available to eligible people of all ages. The full story is on Deafness Forum's [website](#)

## Hearing health outcomes measurement tools

To provide the highest quality care to people who have a hearing condition, hearing care professionals need to focus on the person's needs and preferences by involving family and other communication partners to make decisions and set goals.

Supported by a grant from the Ida Institute, Soundfair is embarking on a project which aims to develop an 'outcomes dashboard' that measures and displays person-centred outcomes along with a range of other hearing health outcomes. The project places those with lived experience at the centre, but includes and works with the needs of managers and clinicians in its development.

For more information, contact [jessica@soundfair.org.au](mailto:jessica@soundfair.org.au)

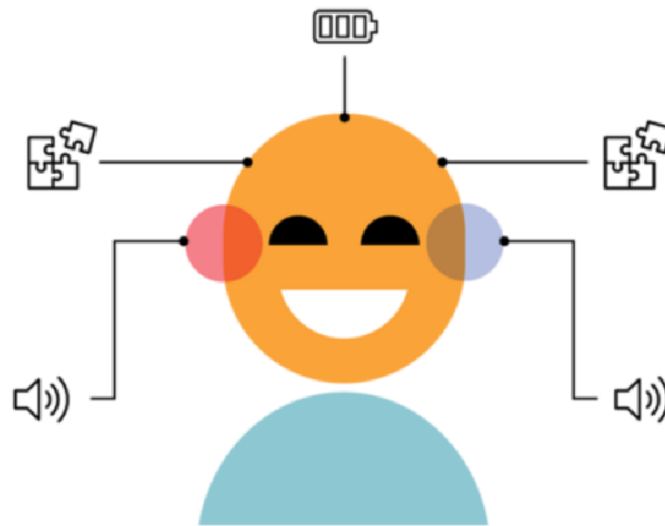
## New resources extend person-centered care to children

Increasingly, children's voices and positions are being recognised in society. In healthcare, this trend has brought the emergence of [child-centered care \(CCC\)](#); an approach that acknowledges children and young people as sovereign beings and promotes their right to be involved in their own care. CCC has the potential to complement or extend traditional family-centered care (FCC) by placing children in a more prominent and central position and making them the expert in their own life.

Ida Institute, an international organisation based in Denmark has introduced new paediatric resources to underpin this approach and add a specific focus on the unique needs, preferences, and challenges of children and young people with hearing loss.

"The child-centered approach is about giving a personalised experience to the child; knowing each child well, and giving them a voice and choice in their hearing care," says Natalie Comas, Speech-Language Pathologist and Project and Training Specialist at the Ida Institute.

### My Hearing Explained for Children













The paediatric tool [My Hearing Explained for Children](#) was developed to help translate hearing test results into language that is easy to understand using logical, intuitive visuals to stimulate conversations about hearing. The tool is based on an adult version entitled [My Hearing Explained](#), which has now been tailored to meet the specific needs of children and young people. To convert the adult version into a paediatric tool, Ida collaborated with a global group of hearing care professionals and psychologists and the tool was then tested by a panel of pediatric practitioners.

[Silva Kuschke, who is Chief Audiologist at The Red Cross War Memorial Children's Hospital in South Africa](#), was part of the test panel. Kuschke says: "We as audiologists often rely heavily on the audiogram as a counseling tool for hearing loss – but we know that it doesn't really give us any information about functional listening experiences.

"A conversation can be held with the child to draw on personal experiences, challenges, and also to make plans together with the audiologist for a better hearing experience in a child- and family-centered way. The tool empowers children to have a voice and to be a part of their own management plan."

## Help design the new National Disability Information Gateway

The Department of Social Services would like you to know that the new National Disability Information Gateway pilot website is online. It will eventually include a website and 1800-phone number, to assist all people with disability and their families to locate and access information and services in their communities.

 <p><b><u>Income and finance</u></b></p> <p>Access to income and financial supports</p>	 <p><b><u>Employment</u></b></p> <p>Training and help to find a job</p>	 <p><b><u>Aids and equipment</u></b></p> <p>Technology to make your everyday activities easier</p>	 <p><b><u>Housing</u></b></p> <p>Programs and information to help you find a home to suit you</p>	 <p><b><u>Transport</u></b></p> <p>Help to get you where you want to go</p>
 <p><b><u>Health and wellbeing</u></b></p> <p>Support and services for your health and wellbeing</p>	 <p><b><u>Everyday living</u></b></p> <p>Help with the things you need to do every day</p>	 <p><b><u>Education</u></b></p> <p>Access to educational opportunities at all stages of life</p>	 <p><b><u>Leisure</u></b></p> <p>Access to sport, recreation, travel and tourism</p>	 <p><b><u>Legal</u></b></p> <p>Help with discrimination or legal problems</p>

People with disability and their families and carers are encouraged to visit the pilot website and provide their feedback prior to the fully operational Disability Gateway website and supporting 1800-phone line service launching in January 2021.

There is a short, anonymous survey [here](#)

## Know someone who would like to get One in Six?

Drop us a line: [hello@deafnessforum.org.au](mailto:hello@deafnessforum.org.au)

We acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay respect to them and their cultures, and to elders past, present and future. We acknowledge the challenge of overcoming high levels of ear health issues among First Nation people and its role in Closing the Gap. We acknowledge the risk to indigenous sign languages of disappearing and the importance of Auslan.

People with disability have and continue to be subjected to isolation, exploitation, violence and abuse in institutions. We thank the Australian Parliament for its bipartisan support of a Royal Commission into the evil committed on people with disability.

Items in Deafness Forum communications may incorporate or summarise views, standards or recommendations of third parties, which 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. We want to be newsworthy and interesting and our aim is to be balanced and to represent views from throughout our community sector but this might not be reflected in particular editions or in a short time period. Content may be edited for style and length.