SUBMISSION TO THE ROYAL COMMISSION INTO VIOLENCE, ABUSE, NEGLECT AND EXPLOITATION OF PEOPLE WITH DISABILITY

Deaf Connect: Organisation Submission

May 2022

deaf connect

Serving our **community.**
Sharing our **culture.**

Deaf Connect acknowledges the traditional owners of country and pays respect to past, present and emerging Elders.

We also acknowledge and respect the members of the Deaf Community in Australia, who preserve their rich heritage, culture, and our language; Auslan (Australian Sign Language). We also acknowledge our custodians of Auslan, promoting awareness, equality, and access through our sign language. Through Auslan, we inspire future leaders in our deaf community to continue our legacy and heritage.

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ABOUT US

Established in 1903 (Deaf Services Limited) and 1913 (The Deaf Society) respectively, Deaf Connect, is a not-for-profit, social impact organisation supporting Deaf, Deafblind, and hard of hearing communities across the country, with a focus on community and empowerment. Our mission is standing with the Deaf community, building capacity, and influencing social change. Deaf Connect offers a whole life range of services to support the community including early intervention and therapy services, accredited Auslan courses and community classes, Auslan translation and interpreting services, lifestyle support services, engagement, information, and referral services, including plan management and support coordination, aged care support and socialisation services. Deaf Connect are the largest Deaf, Deafblind, and hard of hearing specialist service provider in Australia with over 225 years of collective experience delivering quality services to the community across Australia in Auslan. Deaf Connect are also the largest employer of Deaf and hard of hearing people in Australia.

FACTS

- **Auslan (Australian Sign Language) is the sign language of the Australian Deaf community.**
- **Auslan (Australian Sign Language) is an accepted communication method recognised by the National Accreditation Authority for Translators and Interpreters (NAATI).**
- **Auslan is recognised as a community language (Dawkins, 1991).**
- **One in six Australian have some form of hearing loss, with that number projected to increase to one in four by 2050. Hearing loss is the second most prevalent national health issue yet remains the 8th national funding priority (Access Economics, 2006).**

DEFINITIONS

Deaf (with a capitalised D)

The term "Deaf" refers to those who use a sign language as their primary language and identify as culturally Deaf. Deaf people are more likely to have been born deaf or to have acquired a hearing loss early in life. This group is relatively small, but not insignificant; there are approximately 30,000 Deaf Auslan users in Australia. Deaf people typically tend to acquire sign language as their primary means of communication in addition to the written or spoken language of the wider community. They are not necessarily fluent in written English and proficiency should not be assumed.

Hard of hearing

The term "hard of hearing" is usually used to refer to those who use English rather than a signed language as their primary means of communication. Most people with a hearing loss (estimated at one in six Australians), belong to this group. People with acquired hearing loss will usually continue accessing information and interacting with those around them in English, whether spoken or written, and are well served by assistive technologies such as hearing aids, hearing loops, and captions.

deaf (with a lower-case d)

The term "deaf" is a more general term used to describe the physical condition of hearing loss and deafness, and to describe people who are deaf but do not identify as culturally Deaf.

Deafblind

Deafblindness is a unique and isolating sensory disability resulting from the combination of both a hearing and vision loss or impairment which significantly affects communication, socialisation mobility and daily living. There are two distinct cultural groups within the deafblind community. The first group are born blind and lose their hearing as adults. They tend to continue to use speech as their main communication and have a variety of hearing devices to help them to communicate. The second group are born deaf and lose their sight as adults; this group are culturally Deaf and use sign language to communicate[1].

Deafhood

Deafhood is a term coined by Paddy Ladd (2003) in his book, *Understanding Deaf Culture: In Search of Deafhood* which is the process of actualising deaf identity and conveying an affirmative and positive acceptance of being deaf.

Auslan

Auslan (Australian Sign Language) is the signed language used by the Deaf Community in Australia and is the primary and preferred language of those who identify with the Deaf community. It is historically related to British Sign Language, as is New Zealand Sign Language, and has been influenced, to a lesser extent, by Irish Sign Language and American Sign Language. It is not a signed form of English, rather, it is a language with its own unique grammatical structures, which are different to that of English. As with any foreign language, many years of study are needed to acquire fluency.

Auslan/English Interpreter

Auslan/English Interpreters are professionally trained in facilitating communication between English and Auslan. Interpreters are credentialled through the National Accreditation Authority for Translators and Interpreters (NAATI), are adhere to the ASLIA Code of Ethics and Guidelines for Professional Conduct.

Deaf Interpreter

A Deaf Interpreter is trained and certified to convey meaning between Auslan and/or written English, and other signed languages. Deaf Interpreters may be required to work with clients who have limited conventional Auslan, have sensory or cognitive disabilities or with deaf migrants who are more familiar with foreign sign languages. Deaf Interpreters often work in tandem with (hearing) Auslan interpreters.

1 https://www.deafblind.org.au/deafblind-information/deafblindness-in-depth/

EXECUTIVE SUMMARY

Deaf Connect welcomes the opportunity to make a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. For the purposes of this submission, we will be using 'deaf' when referring to all individuals with varying degrees of deafness. This includes members of the community who identify as Deaf, deaf, deafblind, hard of hearing and members of the Deaf community who identify as culturally Deaf and primarily use Auslan to communicate.

This submission is broad in conveying many of the settings of violence, abuse, neglect, and exploitation raised in the Terms of Reference and is based on our expertise as a deaf-led service provider, offering whole-of-life services to the deaf community. It also reflects on several articles in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) which Australia ratified in 2008. This Convention recognises sign languages as equal to spoken languages and requires governments to strengthen the status of sign language in different areas of a deaf person's life. The human rights and social models of disability both reflect that deaf people are disabled by the societal attitudes and entrenched barriers to access and inclusion encountered in the community, not by their deafness. This report will highlight various systemic and social barriers contributing to the violence, abuse, neglect, and exploitation of deaf people within early intervention, education, employment, health, mental health, transport, justice, emergency response, information access, interpreting, and aged care. It should be acknowledged that there is a paucity of quantitative and longitudinal data, and empirical research on deafness and Auslan in Australia; this report is supported by the small Australian and broader international evidence base, as well as organisational expertise and anecdotal evidence obtained through the communities we serve.

Deaf Connect thanks the Disability Royal Commission for the opportunity to share this submission and for its interest and commitment to engage with deaf communities across Australia.

Recommendations on Early Intervention

- Parents and guardians must be provided with equally non-biased, auditory verbal and sign visual information upon diagnosis.
- Parents and guardians must be given an opportunity to meet with other parents of deaf children and members of the deaf community before choosing one pathway or another.
- Pathways must not to be considered an "either or" or "final" option; providers must learn to understand the communication journey of deaf children and adjust certain supports when required.
- Providers, including the National Disability Insurance Agency (NDIA) and Early Childhood Early Intervention (ECEI) Partners, must adopt holistic, transdisciplinary approaches to early intervention.
- NDIA and ECEI partners must receive regular, mandatory deaf awareness training.

Recommendations on Education and Training

- State and territory governments must work proactively towards building inclusive and consistent education standards nationally for deaf students including the employment of credentialled Auslan interpreters.
- State and territory governments must separate the current "one entity" role of the educational interpreter/teacher aide; professional interpreters adhere to a strict code of conduct and do not provide advice or support, assist, or make comments. The current dual role of educational interpreter/teacher aide in the education system is misleading and unhelpful to deaf students who need to develop the confidence and skills to work with interpreters.
- Credentialled educational interpreters must be remunerated to reflect their skills and qualifications accordingly.
- Auslan Language Models (ALM) must be provided in the classroom in addition to credentialled interpreters and note takers.
- State and territory governments must mandate the provision of deaf awareness training and ongoing professional development opportunities for staff working with deaf children.
- Deaf awareness training must be embedded in universities and TAFE institutes nationally for lecturers, tutors and support services staff working with deaf students.

Recommendations on Employment and related supports

- The Department of Social Services (DSS) must redesign the Employment Assistance Fund, including removing funding caps; current caps of $6,000 per annum only cover one hour of interpreting funding per week over the course of a year, and has not increased since 2007.
- Disability Employment Services (DES) providers must receive mandatory deaf awareness training, including education on the availability of EAF and other workplace modifications, to confidently brief employers on these topics.
- DSS must monitor DES provider's adherence to providing Auslan interpreters for meetings.
- DSS must increase the availability and flexibility of deaf specialist providers in the development and implementation of the New Disability Employment Services Model.
- The Australian Disability Strategy must have meaningful action plans that are executed with measurable targets to improve employer engagement, increase the recruitment of deaf talent, and increase awareness of access needs in the workplace.
- The Australian Human Rights Commission must finalise the Disability Standards for Employment, in line with the new Australian Disability Strategy.

Recommendations on Health

- Healthcare staff must always engage suitably qualified Auslan interpreters in all settings and give as much notice as possible to allow booking officers to source interpreters; it is not appropriate to expect deaf people to communicate complex subject matters in the written form.
- Healthcare staff must provide appropriate Video Remote Interpreting (VRI) facilities.
- Healthcare staff must not assume family can and will interpret for their deaf family members as this is a breach of privacy and a conflict of interest.
- Healthcare staff must undertake regular deaf awareness training with greater emphasis on interpreter booking procedures and increased awareness of supply and demand issues.
- Healthcare staff must be aware of relevant language services policies and guidelines including implementation of Disability Inclusion Action Plans (DIAP) for deaf individuals.
- Healthcare service providers must apply additional considerations in service delivery for deaf individuals e.g., it may not be appropriate to make a Deaf person 'wait their turn' in busy clinical settings if interpreters are booked for specific timeframes.

Recommendations on Mental Health

- Australian governments must fund peer-based models for deaf mental health and provide training and support to increase the skills and awareness of communication support professionals working with deaf people within the mental health system.
- States and territories must allocate more funding to develop accessible resources, and diagnostic and treatment tools for deaf people who are utilising mental health services.
- Deaf awareness training and ongoing professional development must be made mandatory for mainstream mental health professionals.
- Visual cues and tools must be developed to work with deaf patients who have language deprivation including the use of Deaf interpreters where applicable.

Recommendations on the National Disability Insurance Scheme (NDIS)

- National Disability Insurance Agency (NDIA) and Partners in the Community (PITC) staff must receive mandatory deaf awareness training annually, at minimum.
- The NDIA must employ deaf staff or staff with a background and understanding of deafness to build plans for deaf participants. This enables staff to link deaf participants to deaf led and deaf friendly, culturally appropriate community supports who can suggest more effective and appropriate solutions, as opposed to referring to generalist staff with no knowledge of the deaf community or the communication needs of deaf individuals.
- The NDIA must ensure service providers with hearing staff that are supporting deaf participants are either:
  a. Deaf themselves or,
  b. Are from a deaf family, or
  c. Have completed accredited Auslan training and have demonstrated proficiency in Auslan.

- NDIA staff and partners must cease making "either or" decisions relating to language acquisition for deaf children and adopt a holistic, transdisciplinary approach to early intervention.
- The NDIA must recognise that tablets and iPads of a medium to large size with at least 4G and sufficient data are essential and are often the only option for deaf participants to receive supports in regional and remote areas.
- The NDIA must stop reducing deaf people's plans because of underutilisation; this is due to the known workforce shortage impacting deaf people's ability to secure interpreters and professionals with Auslan skills.
- The NDIA must embed and approve the provision of appropriate communication devices with at least 4G where there are supply issues and service gaps. This will enable deaf participants to access Auslan interpreters and other signing supports remotely where there are none available locally.
- The NDIA must use additional deaf specific assessment tools based on literacy and digital literacy to determine if support coordination for deaf participants is required.
- The NDIA must continue making resources and information accessible in Auslan regarding the NDIS and system navigation.

Recommendations on Auslan Interpreter Workforce Shortages

- Auslan interpreting must be recognised nationally and in every jurisdiction as a priority workforce area and courses should be made free or heavily subsidised to attract and retain eligible students to grow the workforce.
- Schools must develop traineeship pathways for currently unqualified educational interpreters to ensure they receive appropriate training and pathways to accreditation.
- NAATI accreditation should be embedded in the Diploma of Interpreting course fee structure and NAATI exams must also be further subsidised.
- Governments must increase funding to RTOs to develop accessible learning pathways including lesson plans and materials for deaf interpreters and translators.
- Interpreters who participate in or promote sharp practices within the NDIS must be monitored and regulated by the NDIA in partnership with the Australia Sign Language Interpreters' Association (ASLIA) to ensure participant choice, control and service quality is preserved and maintained.

Recommendations on Information Access and Broadcasting

- Australian governments must genuinely commit to ensuring all announcements are accessible in Auslan.
- The Australian government must invest considerable funding to enable SBS to increase its language service offerings to include Auslan.
- The Australian Communications and Media Authority must monitor adherence to the Australian Commercial Television Code of Practice to ensure broadcasters are providing access to Auslan interpreters on screen. Failure to adhere to the Code of Practice must result in a penalty.
- Australian governments must designate in-house Auslan interpreters for the broadcasting of parliamentary proceedings and the Prime Minister's media centre.

Recommendations on Transport Services

- State and Territory transport services such as train stations must implement SMS alerts and accessible on-screen travel information including delay and disruption updates in real time.
- Airports must provide accessible on-screen travel information and adopt SMS alert systems.
- Transport services staff must undertake regular deaf awareness training.

Recommendations on Emergency Planning and Response

- Regular deaf awareness training must be mandated for emergency services staff.
- Emergency services must deliver regular workshops for deaf communities to improve awareness and understanding of disaster preparedness.
- Emergency services must provide more information in Auslan on disaster preparedness and management, in addition to utilising visual cues and plain English.
- States and Territories must create an emergency services SMS number for fire, police, and ambulance.
- Emergency services must consult regularly with deaf communities to determine their needs.

Recommendations on Justice

- Police must book interpreters when engaging with deaf people at any premeditated time, not only when they are the accused or being charged.
- Police must use appropriately credentialled interpreters, including the use of Deaf interpreters where appropriate and not rely on hearing minors to interpret for their deaf parents or use the aggrieved hearing person to interpret the accused's statement.
- Courts must book interpreters for all hearings and understand the importance of booking in advance due to the limited availability of interpreters.
- Culturally appropriate prison services must be established for deaf offenders.
- State and Territory Jury Acts must be amended to enable deaf people to utilise Auslan interpreters to undertake their role as jurors.
- Deaf awareness training must be mandated in the justice sector for all staff.

Recommendations on Ageing Deaf Communities and Access to Services

- Australian governments must improve the level of access to assistive technologies including heavily subsidised data plans and support services for deaf Australians over 65 who are ineligible for the NDIS.
- Australian governments must improve their understanding of the challenges faced by deaf seniors, their families and carers when navigating ageing and the aged care system and must provide access to information and resources in Auslan.
- Australian governments must fund aged care providers to develop deaf units in a variety of locations, care levels and price points in consultation with the deaf community.
- Deaf awareness training must be embedded in aged care training and provided regularly to service providers.
- Auslan resources and workshops must be made available to educate and inform deaf seniors about the Community Home Support Program (CHSP) and Home Care Package (HCP) program.
- The CHSP and HCP programs requires more access to culturally appropriate and suitably qualified staff with Auslan skills to support deaf people to age in place.
- The Community Visitor Scheme (CVS) must be expanded to provide a dedicated service for deaf seniors in receipt of CHSP and HCP packages and in residential aged care.
- Culturally appropriate assessment tools must be developed for home support assessments undertaken by Regional Assessment Services (RAS) and for comprehensive assessments with Aged Care Assessment Teams (ACAT). These are not currently deaf friendly and result in inaccurate assessments.

ISSUES AND RECOMMENDATIONS

DEAF CHILDREN AND EARLY INTERVENTION

Research shows that best practice of early intervention involves an individualised approach from within a spectrum of options (from auditory-verbal to sign-visual, multi-disciplinary approach) which is designed to optimise age appropriate first language acquisition (Friedmann & Rusou, 2015).

There are two broad constructions of deafness; one is a medical/deficit model, whilst the other is a social or cultural-linguistic model. Upon diagnosis within a hospital or allied health setting, it is generally from within the medical model that parents of deaf children first receive information regarding hearing loss. Within this model, deafness is primarily an impairment which requires treatment in the form of auditory and speech training, to achieve 'normalcy.' Within the medical model, sign language use is generally not promoted, and is only deemed necessary if the oral pathway fails and speech is not achieved.

> *"The pressure of which communication modality/cochlear implant by professionals did not make us feel comfortable. We want unbiased information, and we want to be able to choose a range of options and allow our child to find the best pathway – either speaking or signing or both"*

The cultural-linguistic model differs greatly and shifts deafness from deficit to difference, challenging the 'normalising' of the medical model. Kecman (2019) states that sign language or bilingualism benefits children psychosocially, communicatively, and culturally. In addition, sign language can act as a protection from the potential harm of language deprivation in the developing child.

Significantly, Kecman (2019) highlights the fact that a cultural-linguistic approach does not exclude hearing technology and speech therapy, however these are not exclusively focussed upon. Rather than attention being solely on auditory deficits, attention is also given to visual possibilities.

The provision of information to parents of deaf children is often presented in such a way as to dichotomise between these two models of deafness: medical and cultural-linguistic. Most often, information is provided exclusively from a medical perspective. To parents who are vulnerable and are yet to integrate the 'shock' of their child being different, the tantalising possibility of 'treatment,' 'cure' and 'fixing the problem' is alluring.

However, parents should have access to as many tools and information necessary to raise happy, thriving, and confident deaf children. Information provision to parents is crucial to the outcomes for the whole family; accurate and reliable information can empower parents with confidence. In many cases, Early childhood partners who are responsible for linking families with services generally do not have specialist knowledge of Deaf, Deafblind, or hard of hearing services and do not offer Auslan pathways, assuming cochlear implants negate the need for Auslan.

Children who do not learn a language in the crucial window of 0 to 3 are at risk of language deprivation and their linguistic potential may never be fully achieved. The early childhood and early intervention access partners (ECEI access partners) connecting families must have specialist knowledge in deafness and hearing loss, as failure to demonstrate an understanding of Auslan and deafness often results in inappropriate plans for children and families.

Case study

Parents of a deaf 19-month-old child had requested access to Auslan tutoring as part of their child's plan, however, were advised by the planner that "you cannot know if Auslan is the child's first language as they are too young". This rationale to deny tutoring of Auslan for the parents demonstrates a lack of understanding of the importance of Auslan, particularly when the crucial window for language acquisition is 0 to 3, with the first utterances occurring between 12 months and 18 months.

Despite ongoing education, training, and awareness building activities delivered by deaf organisations and advocates, ECEI access partners tend to have high staff turnover, therefore any specialist knowledge is lost very quickly; this requires regular and ongoing deafness awareness training and capacity building to ensure plans are equitable and include the provision of Auslan and other language appropriate supports.

"It has been incredibly difficult to access Auslan support for our family. I wish that in-home Auslan was available for free from diagnosis"

Recommendations:

- **Parents and guardians must be provided with equally non-biased, auditory verbal and sign visual information upon diagnosis.**
- **Parents and guardians must be given an opportunity to meet with other parents of deaf children and members of the deaf community before choosing one pathway or another.**
- **Pathways must not to be considered an "either or" or "final" option; providers must learn to understand the communication journey of deaf children and adjust certain supports when required.**
- **Providers, including the National Disability Insurance Agency (NDIA) and Early Childhood Early Intervention (ECEI) Partners, must adopt holistic, transdisciplinary approaches to early intervention.**
- **NDIA and ECEI partners must receive regular, mandatory deaf awareness training.**

ACCESS TO EDUCATION AND TRAINING

Deaf education in Australia has seen notable change over the past 70 years, which has dramatically impacted the educational opportunities available to deaf Australians (Willoughby, 2011). Up until the 1950s, most deaf students attended residential schools for the deaf located in the capital city of their state (Willoughby, 2011). These residential schools offered a strictly oralist education and concentrated on teaching basic literacy and numeracy skills, preparing students for working in low skilled, manual jobs, rather than offering pathways to upper secondary and tertiary education (Bonser & Burns, 1998). From the mid-1950s onwards, Australian deaf educators began to adopt mainstreaming; this, along with improvements in hearing aid technology and high rates of cochlear implantation, has led to an estimated 83% of Australian deaf and hard-of hearing students being educated in mainstream settings (Johnston, 2004; Power & Hyde, 2002). The remaining students are mostly educated in specialist deaf units or facilities within mainstream schools, with only a small number attending stand-alone specialist schools for the deaf (Punch & Hyde, 2010). However, mainstreaming has by no means eliminated educational inequities between deaf and hearing students.

Over 95% of deaf children are born to hearing parents (Access Economics, 2006) and as such, most deaf children are not exposed to Auslan early enough in their lives; consequently, they often do not acquire a language to native fluency. Throughout early intervention, families of deaf children are provided with options for their deaf child, but these options often do not include Auslan. As previously mentioned, approximately 83% of Australian deaf children are educated in mainstream, inclusive educational programs, however schools employ educational interpreters who are not credentialled, with no requirement for them to have a formal qualification. In addition to this, schools responsible for hiring educational interpreters often do not possess the necessary skills to assess their ability to perform the role. As a result, deaf students exit the education system often with poor education and language skills compared to their hearing peers (Willoughby, 2008). This then impacts on transition to tertiary education and prospective employment opportunities. Children who use Auslan must be supported by credentialled professionals who can communicate fluently with them; it is not fair or equitable for a student to be denied access to the curriculum due to communication breakdowns.

Case study

A deaf student who is 14 years old has ambitions to become a surgeon. She knows that she will need excellent grades to achieve this ambition, especially in years 11 and 12. As she approaches the end of high school, her parents have been advocating for her to have qualified interpreters at school. However, the school does not have the budget to pay for qualified interpreters and simply employs people who can sign to some extent, and who have no interpreter certification. Her father, who is also deaf, and a native signer, describes some of her interpreters as “painful to watch”.

In terms of the quality of support services in mainstream classrooms for deaf children, of particular concern is the isolated format in which many students receive their assistance. Often deaf students are separated from others in the classroom to work one on one with a teacher or support worker, which potentially isolates them socially from their classmates. With their peers and teachers unable to communicate in Auslan, they are physically present, but not socially included.

Deaf children require NDIS planners who understand their immediate and ongoing needs when devising plans with families, and school systems need to commit to meeting their complex learning needs with appropriate support. Planners must provide access to external and extra-curricular activities such as sporting, or community clubs through the provision of interpreters or deaf mentors. Support provisions also differ according to state and education systems and are often not clearly outlined to parents when they are choosing between education facilities for their children. Private schools also do not often engage interpreters due to cost, forcing parents to access the public education system, thus limiting choice and control over their child’s education.

Barriers experienced by deaf students throughout primary and secondary school continue whilst undertaking tertiary study at both TAFE and university. Unfortunately, this impacts rates of participation in postsecondary education, particularly when compared to hearing peers; deaf student completion rates are significantly lower (Willoughby, 2008). Deaf students who do pursue tertiary

education often find their access is limited due to the ongoing shortage of credentialled Auslan interpreters, which is worse still for regional and remote students. Despite the introduction of the Disability Discrimination Act (1992) to ensure the availability of Auslan interpreters, enabling deaf students to gain access to postsecondary education, interpreter availability remains a major barrier to access and completion of study.

Recommendations:

- State and territory governments must work proactively towards building inclusive and consistent education standards nationally for deaf students including the employment of credentialled Auslan interpreters.
- State and territory governments must separate the current "one entity" role of the educational interpreter/teacher aide; professional interpreters adhere to a strict code of conduct and do not provide advice or support, assist, or make comments. The current dual role of educational interpreter/teacher aide in the education system is misleading and unhelpful to deaf students who need to develop the confidence and skills to work with interpreters.
- Credentialled educational interpreters must be remunerated to reflect their skills and qualifications accordingly.
- Auslan Language Models (ALM) must be provided in the classroom in addition to credentialled interpreters and note takers.
- State and territory governments must mandate the provision of deaf awareness training and ongoing professional development opportunities for staff working with deaf children.
- Deaf awareness training must be embedded in universities and TAFE institutes nationally for lecturers, tutors and support services staff working with deaf students.

ACCESS TO EMPLOYMENT AND RELATED SUPPORTS

Research indicates that deaf people experience unemployment rates three times higher than the general population, are employed in low skilled occupations and are underemployed (Willoughby, 2011). Some of the most inhibiting factors impacting deaf people's ability to secure employment are attitudinal barriers and perceived OHS risks. Community education campaigns to dispel employer's misconceptions around deafness are vital to build disability confident employers. Employers would benefit from a WGEA style compliance reporting tool that measures pay gaps, pay inequity, flexible work, disability employment strategies and disability leadership. This compels employers to remain accountable and act on improving employment outcomes for people with disability. It should be noted that Disability Standards for Employment have remained in draft since 1996[2] by the Australian Human Rights Commission and no such tool currently exists.

There are currently over 3,100[3] deaf job seekers in the Disability Employment Services (DES) program, yet there are only 4 deaf specialist service providers in South Australia, New South Wales, Queensland, and Victoria; demand far outweighs current supply and restrictions on service provision prohibit those living interstate, regionally or remotely from accessing services. Turnover in disability employment services is high due to unmanageable workloads, increasing administrative burdens, unachievable KPIs and unattractive salaries. This issue is compounded further for specialist service providers who require a very niche workforce requiring Auslan skills and an understanding, or lived experience, of deafness. Without access to appropriate employment services, deaf job seekers are then referred to services who do not understand their cultural and linguistic needs or how to promote their skills to employers.

Entry into DES programs requires a job capacity assessment; a process undertaken by Services Australia. The assessment is based on a medical/deficit model of disability rather than a strengths-based, human rights model which would invariably increase and improve participant's self-esteem and self-determination. Assessments are conducted by health and allied health professionals with varying levels of disability specific knowledge, if any at all. This is particularly detrimental for deaf people who have specific cultural and linguistic needs that are not consistently understood by assessors, and even more so for deaf people with additional disabilities and intersecting identities. This has an overall impact on recommended interventions, allocated benchmark hours, and funding levels, as well as provider referrals. This is compounded further by attitudinal barriers of assessors, DES providers, and employers with a limited understanding of deafness and the benefits of the Employment Assistance Fund (EAF). Accessibility during meetings with Services Australia and DES providers is also a recurring issue, particularly if interpreters have not been scheduled; there have been anecdotal reports of assessors and providers attempting to conduct meetings without the presence of an interpreter, limiting them to once a month or skipping them entirely. Services Australia assessors have been reported to simply conduct an assessment with outdated reports, and without considering any new or updated information. During nationwide lockdowns throughout 2020 and 2021, assessments were conducted primarily by phone meaning deaf participants were excluded from receiving appropriate assessments, referrals, and support; video conferencing facilities were not made available until November 2020 at Services Australia and were only offered in limited circumstances. Assessments can be improved for deaf participants by ensuring health and allied health professionals, as well as Services Australia staff and DES providers, are appropriately trained and receive regular deaf awareness training, as well as offering video conferencing facilities with full access to preferred interpreters.

Another major systemic barrier in the workplace is the Employment Assistance Fund (EAF) delivered by JobAccess. Interpreting funding in the workplace is covered by EAF, which is comprised of only $6000 of funding per calendar year. This equates to only one hour of interpreting per week in the workplace. In many instances, this funding is inadequate for deaf professionals who will generally exceed the cap within short timeframes, therefore missing opportunities to attend meetings, professional development opportunities, team building activities and incidental workplace conversations. Deaf professionals requiring access to Auslan interpreters in the

2 Unfinished standards located at https://humanrights.gov.au/our-work/initial-draft-disability-standards-employment

3 As of February 2022, https://lmip.gov.au/default.aspx?LMIP/Downloads/DisabilityEmploymentServicesData/MonthlyData

workplace fall short of receiving the support they need for the entire year as the funding provided by JobAccess is inadequate and has not been reviewed since 2007.

Recommendations:

- The Department of Social Services (DSS) must redesign the Employment Assistance Fund, including removing funding caps; current caps of $6,000 per annum only cover one hour of interpreting funding per week over the course of a year, and has not increased since 2007.
- Disability Employment Services (DES) providers must receive mandatory deaf awareness training, including education on the availability of EAF and other workplace modifications, to confidently brief employers on these topics.
- DSS must monitor DES provider's adherence to providing Auslan interpreters for meetings.
- DSS must increase the availability and flexibility of deaf specialist providers in the development and implementation of the New Disability Employment Services Model.
- The Australian Disability Strategy must have meaningful action plans that are executed with measurable targets to improve employer engagement, increase the recruitment of deaf talent, and increase awareness of access needs in the workplace.
- The Australian Human Rights Commission must finalise the Disability Standards for Employment, in line with the new Australian Disability Strategy.

HEALTH SERVICES

The deaf community face barriers that impact their access to, and communication within, primary health care settings. Article 25 of the UNCRPD outlines the legal obligation of state parties to protect the rights of deaf people to access health without discrimination. Unfortunately, many health care providers lack specific knowledge on how to arrange Auslan interpreters, further compounded by interpreter workforce shortages across Australia. The lack of efficient communication for deaf patients within any medical context has the potential to put deaf people at risk through either misdiagnosis or misunderstanding their post treatment requirements. Another major barrier is health literacy amongst the deaf community such as preventative and ongoing health care information; medical conditions and health information are accessible in English and often translated into other spoken languages yet very few resources exist in Auslan (Carty & Beaver 2021). Other significant barriers in healthcare include a lack of text alternatives for phone-based booking systems and the use of inadequate communication methods such as lipreading and written English (Iezzoni et al., 2006). The latter is problematic because written English is heavily dependent on the deaf individual's English literacy (Terry et al., 2016). Both international and Australian research has identified low English literacy levels within the Deaf Community and poor English literacy as the primary barriers to accessing preventive health information.

"My husband does not understand the medication that he has to take. He took two regularly. He understands those but he does not understand the reasons why he takes his medication. We were trying to, you know, just to calm him down and to make sure that he is comfortable and if he understands, then things will be okay. Therefore, the issue is that I would prefer interpreters to be there when receiving instructions, but even so the information is heavy. Maybe the hospital should have photos, videos, charts, or something. Like, a chart that is very visual and clear of what time you take certain medication and how many, with food or not. That would be helpful if the hospital took the time to create visual resources like that"

According to Napier and Kidd (2013), deaf people generally have poorer physical health than the general population, they make more GP appointments, they are not satisfied with communication with health care providers, they do not adequately receive preventative health care messages and are less satisfied with many aspects of the service they receive. It is also common for deaf people to have no access to an interpreter at all in health care settings, or for uncredentialled family members to interpret. This undermines the privacy and care management of the deaf individual as it is moderated and controlled by family members. In these settings, with such complex and confidential information being shared, interpreters play a crucial role in conveying information to deaf patients, though are infrequently provided in health care consultations. Evidence indicates that providing culturally affirming support promotes improved health literacy, better health outcomes and improved self-efficacy for deaf patients, allowing them to control their own care.

According to research undertaken by Orima Research (2004) on behalf of the Australian government, deaf Auslan users identified that between 83% and 87% of respondents required an interpreter during medical consultations (depending on consultation type), but only 44% of those requiring an interpreter during a doctor's consultation were able to access an interpreter on each occasion they required it. The figures remained similar for consultations within public and private hospitals, with 34% of individuals attending a public hospital appointment and 41% attending a private hospital were not able to access translation services as required. Individual GPs consulted as part of the same study acknowledged that there was a substantial risk of misunderstanding and incorrect treatment or management of the condition if an Auslan interpreter was not present during more complex medical consultations.

Overall, of the 50,000 medical service appointments established by survey respondents for which an interpreter was required, a professional interpreter was provided in only 41% of instances. In 30% of instances family and friends were required to serve as interpreters, while 29% of appointments were either rescheduled or continued without the presence of an interpreter.

"I would like to see more interpreters made available in hospitals. I had surgery for my cochlear implant. My parents stayed in a hotel while I had the surgery and a doctor came to visit me to check up on me, and even though I had the cochlear implant, it was so new. I did not register any sound properly and they assumed I would be able to hear them at that time. They did not bring an interpreter with them to communicate with me, and because my parents were in a hotel, I could not understand them"

There is an evident need to ensure a more culturally affirming approach to service delivery is provided in healthcare settings, which will lead to increased health literacy and improved health outcomes.

Recommendations:

- Healthcare staff must always engage suitably qualified Auslan interpreters in all settings and give as much notice as possible to allow booking officers to source interpreters; it is not appropriate to expect deaf people to communicate complex subject matters in the written form.
- Healthcare staff must provide appropriate Video Remote Interpreting (VRI) facilities.
- Healthcare staff must not assume family other supports and indeed health care staff members can and will interpret for their deaf family members as this is a breach of privacy and a conflict of interest.
- Healthcare staff must undertake regular deaf awareness training with greater emphasis on interpreter booking procedures and increased awareness of supply and demand issues.
- Healthcare staff must be aware of relevant language services policies and guidelines including implementation of Disability Inclusion Action Plans (DIAP) for deaf individuals.
- Healthcare service providers must apply additional considerations in service delivery for deaf individuals e.g., it may not be appropriate to make a Deaf person 'wait their turn' in busy clinical settings if interpreters are booked for specific timeframes.

MENTAL HEALTH SERVICES

There are several factors that can contribute to a lack of accessible mental health services and treatment for deaf people, with communication difficulties throughout life being suggested as a common causal factor (Fellinger et al., 2012). Communication barriers begin in the home and are the catalyst for ongoing mental health issues throughout many stages of life. As mentioned previously, over 90% of deaf children are born to hearing parents[4], and as such, most deaf children are not exposed to Auslan early enough in their lives; consequently, they often do not acquire a language to native fluency. Communication barriers in the home resulting from a lack of options being presented during early intervention, and funding being denied for Auslan in the home can have detrimental impacts on a deaf child's mental health and wellbeing. Deaf children who are not understood by their family are four times more likely to be affected by mental health issues than those from families who successfully communicate (Fellinger et al., 2009).

Historically, deaf people have had inadequate access to quality education and there continues to be a limited supply of Teachers of the Deaf who are fluent in Auslan, as well as a limited supply of deaf role models in schools. The prevalence of mental health issues in deaf children is significantly related to adverse experiences at school through exclusion and isolation and language deprivation. In adolescence, level of language used with others at school, whether signed or spoken, is associated with peer relationship difficulties. In late adolescence and adulthood, social environments continue to be important. However, involvement with a deaf community contributes positively to self-esteem and social relationships (Jambor, 2005). If hearing families are not presented with these options during early intervention, children struggle to meet deaf peers, mentors, and role models who are crucial in influencing and actualising their deaf identity and culture, otherwise known as Deafhood.

"We do not have access to counselling, which is another gap we need to tell the government that you need to fund supports for deaf people, male or female, to be able to access crisis supports because currently they are all phone based"

Deaf people often experience difficulties with finding a mental health professional with an understanding of deaf issues, culture, and historical context. Mental health professionals need to be aware that their clients are members of a community where deafness is a culture and not a disability. Currently, there are a limited number of mental health professional who are fluent in Auslan or understand deafness. As there are not enough trained mental health professionals to meet current demand[5], waitlists can be exceedingly long, further intensifying mental health issues that are left untreated. However, deaf people can also be reluctant to access services provided by deaf mental health professionals due to privacy and confidentiality reasons. Deaf people also report fear, mistrust, and frustration in health-care settings (Steinberg et al., 2006) which can inhibit them from accessing services at all. Introducing an interpreter to the assessment process can create interpersonal complications in therapy between the client and practitioner, particularly if the client's preferred interpreter has not been arranged. Furthermore, the use of underqualified interpreters can lead to diagnostic errors during assessment. Mental health practitioners do not always recognise the importance of using interpreters who are appropriately skilled and credentialled; often family members who can sign are asked to interpret for the deaf person which breaches ethical codes and compromises privacy and confidentiality.

Interventions, techniques, and services that work for hearing clients are not equally effective for deaf people, and standardised tests and mental health measures designed for hearing people are often invalid when used with deaf people; this can lead to higher risks of miscommunication and misdiagnosis. When mental health practitioners appreciate deafness as a cultural

4 https://www.aussiedeafkids.org.au/perspectives-of-deafness.html

5 https://www.abc.net.au/news/2021-10-10/mental-health-support-when-youre-deaf/100382694

experience it becomes clear that many of the standard assessment tools have both cultural and linguistic biases and limitations. Several reports of adaptations and sign language translations of standard mental health screening and research instruments, such as the General Health Questionnaire, show acceptable validity and reliability (Fellinger et al., 2005). In the Australian context, both the Youth Self-Report (Cornes et al., 2006) and Outcome Rating Scale (Munro & Rodwell, 2009) have been developed in Auslan, demonstrating acceptable reliability and validity and is a user-friendly instrument for Auslan users.

At times, it can be crucial to have a signing specialist who is skilled in undertaking examinations. An example of best practice, indicated in Figure 1, includes:

- assessment of language use
- communicative behaviour
- cognitive functioning

***Panel 2:* Mental state examination of deaf individuals ideally undertaken by signing specialist**

Appearance
Deaf people using visual communication modes (sign language, gestures) might give a misleading impression of being agitated. Nevertheless, some seem to be withdrawn or anxious, potentially because of a reaction to the inability to communicate with medical staff and so a result of the situation and not a symptom of a mental health disorder.

Affect
In sign language, facial expressions not only represent emotions but also have specific linguistic functions. Some problems such as low drive can be made clear by the clinician imitating the symptoms—eg, looking listless and apathetic. Judgment of whether the patient shows affect appropriate to the topic being discussed could be hindered by poor communication.

Thought
Language dysfluency might be wrongly believed to be a result of thought disorder. There is evidence that thought disorder often manifests itself in sign language in a bizarre quality and a meaningless repetition of signs. Signing to oneself might be a symptom of psychosis.

Cognition
Many deaf people have reduced access to information. Poor knowledge should never be attributed to low intelligence without proper assessment. In many cases, information from external sources about behavioural and language functions is helpful, but such outside information should not prevent the patient from being able to express himself or herself.

Figure 1 (Source: Fellinger et al., 2012)

Mental health practitioners without an understanding of deafness can easily misconstrue cultural and linguistic nuances, leading to diagnostic errors and improper treatment.

"I would like bring up a story that happened in this community, I am here to share as it really gets to me. There were a person who was struggling with home and work life. Difficult to access counselling. We thought he was still okay and still solid. If he had that support, he will still be here today. Therefore, as you can see a lack of supports, accessible supports can result in things like this, and that is something that we hope the government will recognise as a major gap in the system. Because at the end of the day, the responsibility lies with the government to provide equal access and opportunity to supports. Therefore, they need to know these things"

Recommendations:

- **Australian governments must fund peer-based models for deaf mental health and provide training and support to increase the skills and awareness of communication support professionals working with deaf people within the mental health system.**
- **States and territories must allocate more funding to develop accessible resources, and diagnostic and treatment tools for deaf people who are utilising mental health services.**
- **Deaf awareness training and ongoing professional development must be made mandatory for mainstream mental health professionals.**
- **Visual cues and tools must be developed to work with deaf patients who have language deprivation including the use of Deaf interpreters where applicable.**

THE NATIONAL DISABILITY INSURANCE SCHEME

The NDIS is an invaluable support system for deaf people and their families. Deaf Connect have been heavily involved in the implementation and rollout of the NDIS since its inception and have a deep understanding of the barriers experienced by the deaf community. Interestingly, the NDIA have not afforded the deaf community similar considerations as indigenous and CALD communities, despite identifying as a cultural linguistic minority.

Inconsistencies are common amongst plans for deaf people, particularly children. Some planners provide access to cochlear implants and Auslan tutoring without question, while other planners view this as "double dipping," stating a child who has a cochlear implant does not need access to Auslan. Deaf connect staff have witnessed instances where NDIA staff have stated that Auslan is not an effective language at all. This inconsistent approach to plans means that if the oral pathway is unsuccessful, and Auslan tutoring is not included in the plan as requested, deaf children are at risk of linguistic deprivation.

Auslan can be used to teach, and support spoken English. It should also be noted that when a child receives a cochlear implant, all residual hearing is lost. Without wearing their cochlear implant processor, the child is effectively profoundly deaf. If the child or the child's parents do not know Auslan, the family are unable to communicate when the processor is not being worn. There are times when processors need to be removed (for example during contact sport or swimming) or repaired, and at such times, the child needs Auslan to communicate.

> *"Deaf children who are not provided with a sign language early in their development are at risk of linguistic deprivation; they may never be fluent in any language, and they may have deficits in cognitive activities that rely on a firm foundation in a first language. These children are socially and emotionally isolated. Deafness makes a child vulnerable to abuse, and linguistic deprivation compounds the abuse because the child is less able to report it. Parents rely on professionals as guides in making responsible choices in raising and educating their deaf children. Lack of expertise on language acquisition and overreliance on access to speech often result in professionals not recommending that the child be taught a sign language or, worse, that the child be denied sign language"* (Humphries et al., 2012).

The developing brain is negatively affected by a lack of necessary stimuli early in life. Such deprivation of required sensory experiences can alter brain organisation (Nelson, 2000; Twardosz & Lutzker, 2010). One such necessary stimulus is language input, which is critical during the early years because it builds neural connections that aid in overall neurocognitive growth. As Szarkowski (2019) asserts, language input, regardless of modality, is vital for cognitive development. Language acquisition occurs most readily in the first few years of life due to elevated levels of neuroplasticity (Friedmann & Rusou, 2015; Kuhl, 2010), and early language exposure is essential for the development of language processing circuitry in the brain.

A holistic, transdisciplinary approach ensures language acquisition occurs at the same rate as hearing children, whether this be in Auslan or spoken English. Auslan can be accessed before speech, and therefore provides foundational knowledge for deaf children. For example, using one language to support the learning of another provides context for the deaf child; a deaf child can learn the sign for "*eat*" and then learn to say the word through speech therapy. The speech pathologist is not then left with the additional task of instructing the child, conceptually, what the term "*eat*" means because the child has already learnt the meaning through Auslan.

Parents of deaf children should have access to Auslan tutoring as soon as possible. It is imperative that parent's Auslan fluency is ahead of their deaf child's. This allows parents to provide positive role modelling and supports healthy language development, in line with appropriate milestones. Parents whose Auslan is not ahead of their child's are at risk of being taught Auslan by their deaf child rather than modelling and educating their child, resulting in the deaf child experiencing language deprivation and isolation. The NDIS ECEI approach recognises that every child, regardless of their needs, has the right to participate fully in their family and community life and to have the same choices, opportunities, and experiences as other children. The funded supports in a NDIS plan should not inadvertently reduce their community or mainstream participation. However, one plan stated the following:

"The NDIS funds Auslan interpreting for essential communication only where the communication of information is crucial, such as financial, medical and legal appointments, not for everyday communication such as football training or communicating with family"

The NDIA needs to understand that deaf children's access to Auslan interpreters is crucial.

Additional inconsistencies have been cited amongst plans where some deaf children have been denied access to Auslan interpreters by the Agency whilst others have not. Some families reported the NDIA expects the parents to interpret for their child.

"Funding an Interpreter may cause her to become more dependent on an interpreter rather than use and develop her oral skills"

Deaf children who use Auslan require access to professionally trained, credentialled interpreters who adhere to the ASLIA Code of Ethics and Guidelines for Professional Conduct. This is to ensure communication can be appropriately facilitated between English and Auslan. It is inappropriate for parents to assume the position of interpreter for their child, particularly as parents learning Auslan do not have the proficiency, speed, and vocabulary of a credentialled interpreter. Deaf children benefit greatly by having access to Auslan interpreters as they provide incidental learning, familiarising deaf children with the role of a professional interpreter. Auslan interpreters also provide access to additional vocabulary, educate the child on how to articulate themselves and conduct interactions with hearing people; interpreters empower deaf children from hearing families to advocate for themselves and socialise in the community.

With the cashing in of the National Auslan Booking Service (NABS) to the NDIA, any child who does not have allocated funding in their plan for Auslan interpreters is unable to access an interpreter when consulting with their GP. Whilst a young child may not understand all the vocabulary associated with a GP consultation via an interpreter, provision of an interpreter allows the child to see how such interactions are held and provides access to new vocabulary otherwise missed, in the same way hearing children do when attending appointments with their parents.

Another major barrier is navigating the NDIS itself. Accessing the ARF requires digital literacy and literacy in written English, however literacy is varied across the deaf community. Deaf people do not have phonics to aid with the spelling of written English and do not hear English spoken daily to reinforce English grammar. It is our experience that deaf individuals also do not receive an adequate explanation regarding their care needs unless an active deaf organisation has provided such information or if the delegate or planner they are communicating with is familiar with Auslan, and/or deaf culture, which is rarely the case. This has significant impacts on plans and is evident for deaf participants accessing support coordination. Of the 17 specialist cohorts listed by the NDIA, deaf participants are listed 15th to receive support coordination in their plans[6]. On average across all cohorts, 40% of NDIS participants receive support coordination, however for deaf participants, the average is only 14%. In certain regions, there is a direct correlation between a lack of support coordination for deaf participants and plan underutilisation and delay. For example, Partners in the Community (PITC) have made comment that in Far North Queensland, deaf participants are not using their plans at the rate of other cohorts. Without support coordination in their plans, it is impossible for some deaf people to execute delivery of supports due to low digital literacy and written English literacy. This then leaves some deaf participants relying on informal supports which are often hearing family members or acquaintances who lack Auslan proficiency. Without at least proficiency in Auslan, informal supports are unable to articulate processes and system navigation, therefore managing plans and supports for deaf people rather than enabling them to navigate it themselves. This behaviour repeats an ongoing, paternalistic cycle whereby the deaf participant remains disempowered because they cannot execute their NDIS independently.

Strategies and terminology used by the NDIA including the category "*Hearing Impairment*," "*Hearing Pathway*" and "*Hearing Tool Kit*," also create other obstacles; these terms are counterintuitive, audist and are deeply rooted in pathology and negative stigma, which centres hearing over deafness. The term "*Hearing Impaired*" itself is considered by many deaf people to be derogatory, as it implies deafness is lesser or incomplete. However, dotted

6 Page 15 of https://www.ndis.gov.au/community/we-listened/improving-support-coordination-participants

throughout all NDIA materials, deaf people are referred to as "*Hearing Impaired*;" at no point is the term deaf used by the NDIA. Given the name of these toolkits and strategies, culturally deaf people understand them to be intended for hearing people. They do not identify with the term '*hearing*' or the hearing community, rather as a cultural and linguistic minority group and members of the signing Deaf community.

The interface between NDIS and non-NDIS services such as health, education, justice, employment, and housing has remained a major challenge since the implementation and roll-out of the NDIS, with concerns about cost-shifting. The unfortunate consequence of shifting responsibilities and costs is that deaf people are left without support or with inadequate support.

In the context of hospital care, there are often additional barriers for deaf people when accessing services, including the following:

- Communicating with healthcare professionals who do not know how to communicate with a deaf person
- Unconscious bias and attitudes about the deaf person's quality of life
- Failure to understand decision-making capacity or apply supported decision-making principles
- Deaf people may require more complex communication support than what is routinely available in hospitals due to limited access to general health information
- Availability of interpreters and the healthcare worker's general understanding of their role and importance of booking them in advance
- A general lack of training and awareness for healthcare workers in how to support deaf people.

Having a trusted and trained NDIS-funded support worker in hospital can assist in preventing these issues, as the support worker is able to assist with communication and identify how best to deliver support. Supporting people with complex needs in hospitals requires comprehensive planning and effective communication to achieve the best health outcomes for deaf patients, and to minimise any harm. Whilst provision of an Auslan interpreter remains the responsibility of the health care provider, the role of the interpreter is to facilitate communication; they are not support workers or advocates. Therefore, planning and communication support are best done by a trusted support worker fluent in Auslan who understands the unique needs of the deaf individual, as well as the cultural context in which critical information is received.

Due to high staff turnover, a lack of awareness and understanding of deafness, and other systemic barriers, deaf people's access and utilisation of the NDIS is severely limited. The NDIA must understand that:

- Auslan is an effective language.
- By the age of 19 months, a hearing child will have been exposed to approximately 4,380 waking hours of oral language. Deaf children do not have access to this level of incidental learning.
- Any delay to language acquisition during early intervention either in Auslan or spoken English may result in permanent and irreversible language deprivation.
- The crucial window of language development is 0 to 3.
- Speech is not a language but a modality of expressing a language.
- Hearing parent's acquisition of Auslan needs to be ahead of their deaf signing children's. A community class will not give parents the specific vocabulary required to love, support, honour, educate, praise, or discipline their deaf child. One on one Auslan tuition in the family home and other natural settings that can use visual cues to prompt language development is crucial.
- Tablets and iPads of a medium to large size with at least 4G and data are essential and are at times the only option for deaf participants to receive supports in regional and remote areas.

Recommendations:

- National Disability Insurance Agency (NDIA) and Partners in the Community (PITC) staff must receive mandatory deaf awareness training annually, at minimum.
- The NDIA must employ deaf staff or staff with a background and understanding of deafness to build plans for deaf participants. This enables staff to link deaf participants to deaf led and deaf friendly, culturally appropriate community supports who can suggest more effective and appropriate solutions, as opposed to referring to generalist staff with no knowledge of the deaf community or the communication needs of deaf individuals.
- The NDIA must ensure service providers with hearing staff that are supporting deaf participants are either:
  a. Deaf themselves or,
  b. Are from a deaf family, or
  c. Have completed accredited Auslan training and have demonstrated proficiency in Auslan.
- NDIA staff and partners must cease making "either or" decisions relating to language acquisition for deaf children and adopt a holistic, transdisciplinary approach to early intervention.
- The NDIA must recognise that tablets and iPads of a medium to large size with at least 4G and sufficient data are essential and are often the only option for deaf participants to receive supports in regional and remote areas.
- The NDIA must stop reducing deaf people's plans because of underutilisation; this is due to the known workforce shortage impacting deaf people's ability to secure interpreters and professionals with Auslan skills.
- The NDIA must embed and approve the provision of appropriate communication devices with at least 4G where there are supply issues and service gaps. This will enable deaf participants to access Auslan interpreters and other signing supports remotely where there are none available locally.
- The NDIA must use additional deaf specific assessment tools based on literacy and digital literacy to determine if support coordination for deaf participants is required.
- The NDIA must continue making resources and information accessible in Auslan regarding the NDIS and system navigation.

AUSLAN INTERPRETER WORKFORCE: COST, QUALITY, SHORTAGES AND REGULATION

Currently there is a national shortage of Auslan interpreters, which restricts access to communication for Deaf, Deafblind, and hard of hearing people. Whilst the NDIA is approving and funding plans that include interpreting services, the current supply of trained Auslan interpreters cannot meet rising demand. This continues to present a threat to the effectiveness of the NDIS and access to civic and social services for deaf people, and carries risks around service utilisation, quality, timeliness, cost and work health and safety.

Auslan interpreting is a complex task requiring:

- Fluency in both English and Auslan
- Skills in message transfer between languages
- Deep knowledge of both cultures
- Adherence to a high standard of professional ethics
- Specialist knowledge of the setting/s in which interpreting occurs (vocabulary, protocols etc.).

In most situations where interpreting occurs, the interpreter is the only person who fully understands what is happening in both languages. Other parties are usually unable to fully judge the accuracy of the interpretation as they do not have access to both languages. Additionally, either party may miss the subtle nuances of the other's language which can be lost in translation. Interpreter accreditation is therefore essential in providing quality assurance for all parties involved in the interpreted setting.

Credentialing for both spoken and signed languages is conducted by the National Accreditation Authority for Translators and Interpreters (NAATI). Currently NAATI offers the following credentialing for interpreters working in the Deaf Community[7]:

- Certified Paraprofessional Interpreter
- Certified Interpreter
- Certified Specialist Health Interpreter
- Certified Specialist Legal Interpreter
- Certified Conference Interpreter
- Deaf Interpreter Recognition

NAATI provides the following distinctions:

Certified Paraprofessional Interpreter (formerly known as Level 2):

This represents a level of competence in interpreting for the purpose of general conversations. Paraprofessional Interpreters generally undertake the interpretation of non-specialist dialogues. Practitioners at this level are encouraged to obtain Professional-Level accreditation.

Certified Interpreter (formerly known as Level 3):

This represents the minimum level of competence for professional interpreting and is the minimum level recommended by NAATI for work in most settings, including banking, law, health, and social and community services.

Most people interested in a career in Auslan interpreting require study to achieve the necessary language fluency and interpreting skills. Language fluency and the ability to interpret are two separate skills and both are required for successful accreditation and employment as an Auslan interpreter. Language fluency must be acquired before interpreting training begins.

The typical training pathway for an Auslan interpreter is:

- Certificate II in Auslan (6 months)
- Certificate III in Auslan (6 months)
- Certificate IV in Auslan (6 months)
- Diploma of Auslan (6 months)
- Diploma of Interpreting (9 months-12 months) → NAATI Paraprofessional Interpreter Accreditation
- 2 years' experience in the field (minimum)
- Postgraduate Diploma of Auslan/English Interpreting (2-4 years part time) → NAATI Professional Interpreter Accreditation
- Substantial years of wide ranging and high-level experience → application for NAATI Conference Interpreter Accreditation

For entry level accreditation (Paraprofessional level) the minimum length of study is approximately 3 years but can sometimes take longer if courses are not offered regularly.

7 https://www.naati.com.au/become-certified/certification/

Typically, a further 6 years of experience and study would be required for Professional Interpreter level accreditation. The total time required to train a professional interpreter can be up to 9 years.

The interpreting workforce is also considered to have a relatively high turnover, however there is a lack of nationwide empirical data. A report undertaken by the NMIT Centre of Excellence for Students who are Deaf or Hard of Hearing (Clarke, 2006) investigated employment models for interpreters in TAFE settings in Victoria. It was concluded that there was a high attrition rate of interpreters from the field due to poor working conditions with an average turnaround for interpreters of three years.

The interpreter workforce is subject to several factors which make it an unattractive long-term career prospect:

- It is highly casualised, with little financial stability
- It is somewhat seasonal, with demand peaking during TAFE/University semester time
- There is an elevated risk of Occupational Overuse Syndrome (OOS) without adequate Work Health and Safety (WHS) protection
- Some interpreters feel pressured by employers to accept poor working conditions (e.g., working long shifts alone) which create stress and can cause injury
- While the hourly rate is high, the number of hours that are physically possible in a week are limited (the national Australian Sign Language Interpreters Association (2012) policy recommends no more than 5 hours a day in a 5-day working week, i.e., 25 hours per week) so pay from interpreting work alone rarely equates to a full-time professional wage
- Preparation time for many assignments can be substantial, and is very rarely paid
- Interpreters, especially freelance interpreters, tend to work alone and often lack collegial support

This makes the workforce situation for deaf supports unique. Workers can be trained in other adaptive communication techniques within short timeframes, however, the acquisition of Auslan, like any other language, takes years; the acquisition of interpreting skills takes longer still. This is very problematic for addressing supply issues because the timeframe for training the Auslan workforce is necessarily longer, and the investment needs to be sustained. As a result, the Auslan training system nationwide has also not produced enough Auslan interpreter graduates to keep pace with sharply rising demand. This has detrimental impacts on the quality and timely access to interpreters, placing further pressure on already thin markets and lean workforce. Plan utilisation is therefore impacted as there are simply not enough Auslan interpreters available to meet demand. There is also a reluctance by the NDIA to provide access to data and appropriately sized tablets with 4G to deaf participants as this is seen as an everyday item. As 45% of people with a disability live close to the poverty line[8] and are therefore unable to afford what some may deem as an everyday item, appropriate assistive technology devices, such as tablets and laptops, are often overlooked as reasonable and necessary in NDIS plans. Provision of such communication devices would allow Deaf and hard of hearing participants to book an interpreter via Video Remote Interpreting (VRI) for a minimum of one hour, rather than the two-hour minimum which is required when booking an interpreter for face to face. Using VRI and removing travel time frees up an already limited resource and allows participants to access interpreters in regions where there are none or very few available. Denial of communication devices and data is counterintuitive. Continued, significant investment to develop, attract and retain the Auslan workforce is required, as well as provision of appropriate devices and data.

8 https://inclusionmelbourne.org.au/disability-and-poverty/

Recommendations:

- Auslan interpreting must be recognised nationally and in every jurisdiction as a priority workforce area and courses should be made free or heavily subsidised to attract and retain eligible students to grow the workforce.
- Schools must develop traineeship pathways for currently unqualified educational interpreters to ensure they receive appropriate training and pathways to accreditation.
- NAATI accreditation should be embedded in the Diploma of Interpreting course fee structure and NAATI exams must also be further subsidised.
- Governments must increase funding to RTOs to develop accessible learning pathways including lesson plans and materials for deaf interpreters and translators.
- Interpreters who participate in or promote sharp practices within the NDIS must be monitored and regulated by the NDIA in partnership with the Australia Sign Language Interpreters' Association (ASLIA) to ensure participant choice, control and service quality is preserved and maintained.

INFORMATION ACCESS AND BROADCASTING

Australia ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008. The UNCPRD requires governments to take all appropriate measures to ensure deaf people receive information, on an equal basis with others, through the provision of sign language interpreters. Consequently, Australian governments have a responsibility to ensure that Deaf Australians have access to all government information and announcements in Auslan, on an equal basis with others, not only when there is a health crisis or natural disaster. This enables deaf people to fully participate in social, economic, and civic life.

Free to air networks do have a code of practice they must adhere to, stating all reasonable steps must be taken to ensure Auslan interpreters are included in the camera shot when they are present at a news conference, official briefing regarding an emergency or a public announcement of national significance and other events, and all key employees must be aware and familiar with these guidelines[9]. However, these guidelines are not mandatory and have no consequences if broadcasters fail to comply. This offers no assurance or confidence for deaf people that broadcasters will adhere to these guidelines.

Throughout the COVID-19 pandemic, Auslan interpreters were spotlighted, becoming permanent fixtures on Australian television screens. Most major free to air broadcasters complied with the code of practice, ensuring interpreters were in frame; however, commitment from governments to provide interpreters waned as pandemic announcements eased. This was particularly evident in New South Wales in October 2021 with a spokesperson from government stating, *"As NSW returns to a more normal setting, there will be some media events where the services of Auslan interpreters will not be requested[10]"*. However, as a signatory of the UNCRPD, Australian governments are required to ensure deaf people receive information on an equal basis with others through the provision of interpreters; this must be demonstrated by all States and Territories during Australian government announcements and briefings, so deaf Australians are fully informed and able to participate in all aspects of social, economic, and civic life.

It should be noted that SBS offers impartial and independent Australian news, current affairs, business, sport, culture, and community profiles in over 60 different languages through its various radio platforms; unfortunately this service does not extend to Auslan. There is however a sizeable culturally Deaf population in Australia of approximately 30,000. According to NAATI, Auslan is one of the top 10 credentialled languages currently held in Australia, alongside Mandarin and Arabic[11] for which there are dedicated language specific programs. There is a demonstrated need to provide increased news and current affairs programming in Auslan for the deaf community to ensure information access is provided on an equal basis with others, as per Article 21 of the UNCPRD.

Many argue that closed captions are available in the absence of an Auslan interpreter, thus eliminating the need to provide interpreters at all. Whilst closed captions are an effective tool for deaf people whose first language is English, they are not an appropriate solution for culturally deaf people who primarily use Auslan, particularly if the content is new or unfamiliar. Closed captions fail to convey tone and meaning, are often delayed or incomplete, and can be riddled with transcription errors. Closed captions do not have the capacity to capture cultural and linguistic nuances that would otherwise be conveyed through an Auslan interpreter and are not an acceptable substitute.

9 https://www.freetv.com.au/wp-content/uploads/2019/12/FINAL-Amended-Advisory-Note-Emergency-Information-12-June.pdf

10 https://www.sbs.com.au/news/article/lack-of-auslan-interpreters-at-nsw-press-conferences-slammed/18nmyen9k

11 https://www.naati.com.au/wp-content/uploads/2021/11/Annual-Report-2020-2021-1.pdf

Recommendations:

- Australian governments must genuinely commit to ensuring all announcements are accessible in Auslan.
- The Australian government must invest considerable funding to enable SBS to increase its language service offerings to include Auslan.
- The Australian Communications and Media Authority must monitor adherence to the Australian Commercial Television Code of Practice to ensure broadcasters are providing access to Auslan interpreters on screen. Failure to adhere to the Code of Practice must result in a penalty.
- Australian governments must designate in-house Auslan interpreters for the broadcasting of parliamentary proceedings and the Prime Minister's media centre.

INACCESSIBLE TRANSPORT SERVICES

The travel industry is globally designed for hearing and able-bodied travellers; deaf people are disabled by the societal attitudes and entrenched barriers to access and inclusion encountered in the community, not by their deafness. Deaf people face accessibility issues when accessing transport services and airports, particularly when messages are broadcast in the event of an emergency or disruption. This is compounded by additional barriers such as inaccessible trip planning, ticket purchasing, orientation and interactions with other travellers and staff.

Public address systems require equivalent mechanisms to broadcast messages simultaneously for deaf passengers such as SMS alerts or on-screen updates, so they can expect to receive information at the same time as hearing passengers. In the event of an emergency where only public address systems are utilised, deaf people miss crucial information, relying on visual cues around them and following the lead of hearing passengers.

Recommendations:

- **State and Territory transport services such as train stations must implement SMS alerts and accessible on-screen travel information including delay and disruption updates in real time.**
- **Airports must provide accessible on-screen travel information and adopt SMS alert systems.**
- **Transport services staff must undertake regular deaf awareness training.**

"I have many negative experiences with airlines. I think the worst experience we had was at the international airport. My wife and I took our son to the airport; we received boarding passes that have the gate details so we just walked around the airport until our plane was almost ready to board. There were an announcement and something felt funny to us, something not right. I noticed that many people suddenly leave the boarding lounge and it was confusing. We did not know who to talk to find out what was going on. Therefore, we went to the Services Desk even though it was for a different airline and asked what was happening and they had a look at their screen but the information was the same as what was on the boarding pass. Therefore, I went back and asked where I could find the Services desk for our airline, they gave us directions, and we made our way there. The customer services officer said, "oh we have been calling your name, where have you been?" Turns out that they have been calling out our name over the loudspeaker but as my son was little, about 3 or 4 years old and he would not have known to listen for the announcement or calling of our names. He is too young. They need to have better communication accessibility. I feel that there should be a guideline for any sort of stuff like how to provide accessibility for the airline staff to easily access to that information"

EMERGENCY PLANNING AND RESPONSE

Deaf communities around Australia face several challenges in effectively preparing for and responding to natural disasters and hazards, most of which stem from communication barriers. Deaf communities have limited access to disaster information in Auslan, and emergency messages are usually broadcast via television and radio, door-to-door messaging, loudspeaker alerts, sirens and social media posts which are often not translated into Auslan. Consequently, deaf people are frequently unaware of evacuation shelter locations, unsure of whom and how to ask for help, and are more likely to return to unsafe homes and conditions. This is further compounded by emergency services being unable to communicate with deaf people, ultimately increasing vulnerability and marginalisation.

Recommendations:

- **Regular deaf awareness training must be mandated for emergency services staff.**
- **Emergency services must deliver regular workshops for deaf communities to improve awareness and understanding of disaster preparedness.**
- **Emergency services must provide more information in Auslan on disaster preparedness and management, in addition to utilising visual cues and plain English.**
- **States and Territories must create an emergency services SMS number for fire, police, and ambulance.**
- **Emergency services must consult regularly with deaf communities to determine their needs.**

DEAF PEOPLE AND THE JUSTICE SYSTEM

Deaf people come to the justice system from a position of entrenched disadvantage that is created by wider systemic issues. This position of entrenched disadvantage makes deaf people vulnerable to abuses within the justice system.

Courts generally fail to conduct a proper assessment of the communication needs of deaf, hard of hearing and deafblind people. This leads to:

- Failure to book interpreters
- Extremely late booking of interpreters, leading to availability problems and postponements of hearings
- Failure to book deaf relay interpreters where these are needed
- Booking of interpreters who are not sufficiently skilled or experienced in court work.

Access in prisons is typically extremely poor. A lack of contact with other signers for deaf people in prisons should be understood as a type of solitary confinement. This is not sufficiently recognised and leads to disproportionate punishment.

Other aspects of access in prisons are also extremely poor according to anecdotal evidence. For example, batteries for hearing aids are not generally allowed because the batteries themselves are considered to pose a threat. Lack of access to training or rehabilitation programs, and even simple things like captioned television, mean that for deaf people, their skills, and abilities during a period of detention are likely to decline rather than improve. This voids any possibility of rehabilitative outcomes while incarcerated.

Additional anecdotal obtained through consultation with Deaf Connect staff indicated the following:

- Courts not alerting or documenting to correction centres that the inmate they are receiving is deaf.
- All announcements are made over a PA leaving deaf inmates not knowing what is going on. Deaf inmates reported having to ask other inmates to write what the announcement was, stating they were not sure whether to trust the inmate or if the information was accurate.
- There are no visual alarms placed in any correctional centre to alert deaf inmates of emergencies such as fire.
- Inmates are advised that they have visitors scheduled for that day over PA. Deaf inmates are advised once the visitor has arrived, leaving no time for showering or preparation.
- Deaf specific services providers being unable to promote their service in the form of posters as other services do, advised there are few deaf inmates, and it is not necessary.
- Only one correctional centre has its induction translated into Auslan, leaving inmates without knowledge of the "dos and don'ts" as well as their rights.
- Internet connectivity is poor in centres, leaving solicitors to lobby to have their deaf clients access the legal or medical room to access Wi-Fi for virtual meetings, including with family members. The camera is set to identify the individual but does not allow for the signing space of a deaf person.
- In areas where other inmates can conveniently make calls to family members, the internet connectivity is too poor to support fast moving Auslan.
- On occasions where devices are supplied to deaf inmates to make video calls, the device itself is often not updated and does not support the platform.
- At the height of the pandemic when families were no longer able to visit inmates, television screens were set up in the same area where phone calls were made to connect inmates to families virtually. The internet was fast and the visuals clear. This option was only made available during the pandemic but was not an option to a deaf inmate who required this access once they were placed in the correctional centre.
- Deaf inmates are forced to ask hearing inmates to make phone calls on their behalf, breaching confidentiality and allowing for communication breakdown.
- Staff do not allow deaf inmates to use the remote control (viewed as a weapon) to access closed captions.
- Hearing inmates can access stimuli in the form of radio, however deaf inmates are unable to access visual stimuli such as internet; this leaves deaf inmates without stimulation leading to language deprivation.
- Interpreters not being provided for rehabilitation courses to allow deaf inmates to access shorter sentences.
- Psychologist not engaging interpreters when consulting with deaf inmates, rather using pen and paper to communicate.

- Either correctional staff not notifying hospital staff that the patient coming from the centre for consult is deaf or the hospital not engaging an interpreter.
- Inmates not receiving interpreters when visiting hospitals.
- Parole staff never booking interpreters, this has led to some deaf inmates reoffending as they have not understood the conditions of release.

There also appears to be a lack of deaf-specific roles in the correctional justice system. There are no deaf-specific roles for parole officers or frontline prison staff, meaning deaf people in the prison system are often not understood or given appropriate access. Culturally appropriate services like Murri Watch for indigenous offenders needs to be made available to deaf offenders.

Another major systemic barrier for deaf people to exercise their rights to participate in civic duties is the jury system. Currently in Australia, deaf people who use Auslan and need access to Auslan interpreters are automatically excluded from jury duty. The most common reason cited is that interpreters are seen as an 'additional' or '13th' member of the jury and the court does not allow an additional person when the jury deliberates the case. State and territory Jury Acts must be amended to allow reasonable adjustments, in accordance with the Disability Discrimination Act, enabling deaf people to exercise their roles as jurors. Australia is a signatory of the UNCRPD, with Article 13 stating that in order to have effective access to justice on an equal basis as others, to participate direct and indirect, including as witnesses, in all legal proceedings, deaf people must have the right to use Auslan, yet we continue to see deaf people excluded from participating as jurors.

Recommendations

- **Police must book interpreters when engaging with deaf people at any premeditated time, not only when they are the accused or being charged.**
- **Police must use appropriately credentialled interpreters, including the use of Deaf interpreters where appropriate and not rely on hearing minors to interpret for their deaf parents or use the aggrieved hearing person to interpret the accused's statement.**
- **Courts must book interpreters for all hearings and understand the importance of booking in advance due to the limited availability of interpreters.**
- **Culturally appropriate prison services must be established for deaf offenders.**
- **State and Territory Jury Acts must be amended to enable deaf people to utilise Auslan interpreters to undertake their role as jurors.**
- **Deaf awareness training must be mandated in the justice sector for all staff.**

AGEING DEAF COMMUNITIES AND ACCESS TO SERVICES

Anecdotally, deaf people prefer to age in place, ultimately delaying moves to aged care facilities due to communication barriers and isolation issues. A major barrier experienced by deaf residents in aged care is the lack of staff with an understanding of deafness or Auslan skills. Staff at aged care facilities need specialist training to ensure they can appropriately interact with and care for deaf residents. Unfortunately, the Australian aged care sector suffers from high staff turnover due to poor working conditions and pay. As a result, it is difficult to ensure staff receive access to timely and regular deaf awareness training, especially given the highly casualised and insecure nature of aged care work. Aged care staff are unable to provide adequate care in short contract hours and need to work at the facility on a permanent and regular basis for an extended period even before a training opportunity arises. Without access to appropriately trained aged care workers, deaf people's access to appropriate pain management and communicating care needs can be significantly impacted. Another major barrier is isolation; whilst there are some aged care facilities with deaf units, these do not offer enough variety to appropriately cater to the various needs and desires of deaf people entering residential aged care (Willoughby 2014).

"I do not want to be the only Deaf person; I do not want to be alone in my room. Not being able to participate in activities at the nursing home like Bingo and all these crafts activities. I want to feel safe and included. I do not think that many nursing homes today, offer that safe or inclusive environment for Deaf residents"

Deaf people who turned 65 before the rollout of the NDIS were deemed ineligible, forcing them to turn to the aged care system to access the disability-related support they need. However, the absence of sign language interpreting services in the federal government's aged care system was a major oversight, leaving deaf people over 65 without access to interpreters to navigate the very same aged care system they had been referred to. This issue was highlighted in the Royal Commission into Aged Care, resulting in the federal government announcing free Auslan interpreting for deaf people over 65 in 2020 to navigate aged care services[12]. However, access to assistive technology is not currently covered by aged care services or the Hearing Services Program, thus disability specific devices such as alarms and other modifications and support are unfunded.

"A lot of us are over 80 years old and we have some issues. For example, when we need modifications in our homes, we actually have to pay for them. We are struggling with this, as we do not have a lot of money to spend. Aged Care funding does not help much compared to what NDIS could. Why are there no NDIS for over 65 years old? I need modifications in the house to be able to stay at home but I cannot afford to pay for them myself. I am on the pension, which is not much money. I am spending so much money on bills and living costs so I do not have the money for these necessary modifications. That is a huge problem for many of us"

12 https://www.health.gov.au/ministers/senator-the-hon-richard-colbeck/media/national-sign-language-interpreting-service-for-aged-care

Recommendations:

- Australian governments must improve the level of access to assistive technologies including heavily subsidised data plans and support services for deaf Australians over 65 who are ineligible for the NDIS.
- Australian governments must improve their understanding of the challenges faced by deaf seniors, their families and carers when navigating ageing and the aged care system and must provide access to information and resources in Auslan.
- Australian governments must fund aged care providers to develop deaf units in a variety of locations, care levels and price points in consultation with the deaf community.
- Deaf awareness training must be embedded in aged care training and provided regularly to service providers.
- Auslan resources and workshops must be made available to educate and inform deaf seniors about the Community Home Support Program (CHSP) and Home Care Package (HCP) program.
- The CHSP and HCP programs requires more access to culturally appropriate and suitably qualified staff with Auslan skills to support deaf people to age in place.
- The Community Visitor Scheme (CVS) must be expanded to provide a dedicated service for deaf seniors in receipt of CHSP and HCP packages and in residential aged care.
- Culturally appropriate assessment tools must be developed for home support assessments undertaken by Regional Assessment Services (RAS) and for comprehensive assessments with Aged Care Assessment Teams (ACAT). These are not currently deaf friendly and result in inaccurate assessments.

CONCLUSION

We would like to thank the Royal Commission for the opportunity to participate in this submission. Deaf Connect welcomes and encourages opportunities for the deaf community to be involved in any consultations to co-design strategies to address issues raised in this submission.

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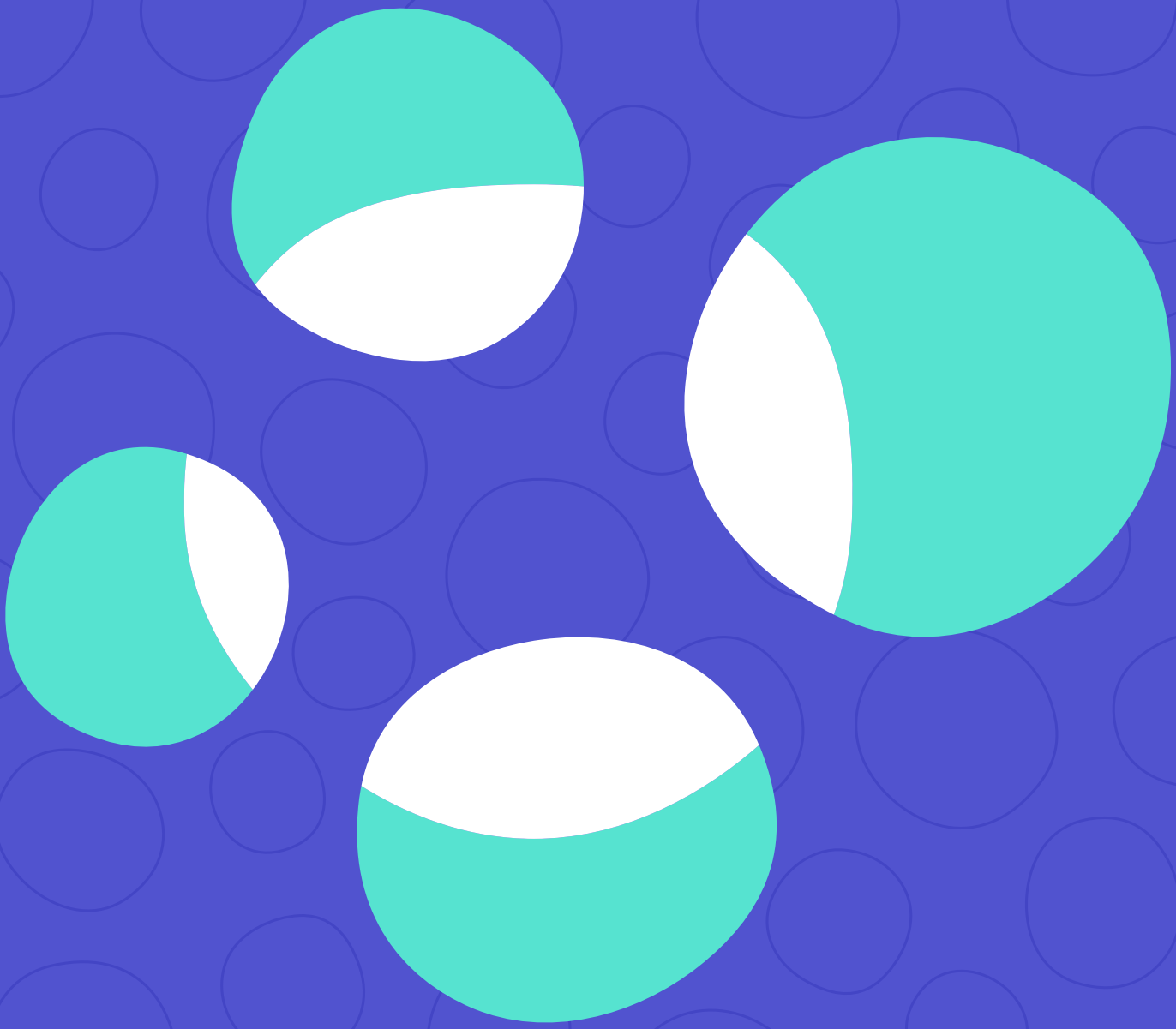

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