



Public exhibit: Notes from informal consultation, held on 15 June 2022, of the ECI Committee with members of the ACT Deaf community.

1. Introduction

- 1.1. There is a dearth of positive experiences for the Deaf community in the ACT regarding access to services and information.
- 1.2. Generally, Deaf people prefer face-to-face over remote engagement (for example, an interpreter in the room is preferred over an interpretation over video link). This suggests a need for more local interpreters. However, access to any interpreting services is a crucial first step.
- 1.3. COVID-19 mask mandates have created issues regarding lip-reading and communicating with hearing people who do not use Auslan. This is particularly concerning for interactions with the police and the courts.
 - For example, the police came to the house of a Deaf person to provide information relating to COVID. The person was required to physically remove the officer's mask to be able to read their lips.
 - There have been instances where a Deaf person or an associate has been held at gunpoint by a police officer, with the officer not removing their mask to explain the situation.

2. Government services (general)

- 2.1. Phone (call) and text are the standard modes of communication with service providers. These are not accessible for many Deaf people who do not text and may use Auslan as their primary means of communication. For example:
 - Accessing services (such as electricians) through providers such as Access Canberra or My Aged Care can be difficult, due to their over-reliance on phone and text.
 - Non-inclusive modes of communication pertaining to regular servicing or repair (such as smoke detectors) may lead to health and safety issues.

- 2.2. Information provided by text is often too long and/or complex. Deaf people require shorter, more easily digestible information—particularly in an emergency.
- 2.3. Mandating information in Auslan/other accessible formats works well. However, leaving such matters to discretion or to granular policy only, may not.
- 2.4. Obtaining official documentation through Access Canberra (for example, licenses) can be difficult for members of the Deaf community.
 - Recent changes associated with COVID-19 and the introduction of new technology have made things difficult in some cases. However, there are processes in place (for example, priority access) to support the Deaf community.

3. Public service (employment)

- 3.1. Fire drills and other important announcements are often not communicated effectively. They are often communicated orally or aurally with insufficient attempts made to engage Deaf employees.
- 3.2. There is a 'lot of talk' about improving conditions for Deaf employees, without much action as cost consideration seems to outweigh the need for access.

4. Airports

- 4.1. Airport announcements are mainly oral. Further initiatives are required to ensure Deaf travellers are made aware of flight announcements.
- 4.2. Airport staff are not necessarily helpful, suggesting a need for more training in Deaf awareness and sensitivity.
- 4.3. The same issues arise for Deaf people on train and bus journeys—leading to missed stops and becoming stuck in unfamiliar locations. This causes anxiety for members of the Deaf community.

5. Emergency services

- 5.1. Emergency services are sufficient in terms of access.
- 5.2. Emergency announcements on television are often accompanied by an Auslan interpreter. However, Deaf people may not be aware of an emergency unless watching the television at the time of the announcement.
 - For example, during the 2003 bushfires, there were no announcements made that were accessible to the Deaf community. Instead, members of the community were reliant on neighbours.
 - There is limited capacity to access emergency alerts in real time on weekends, especially where news is broadcast from another state and without an Auslan interpreter.
- 5.3. Even if 'urgent' announcements are made in an accessible way, additional information can be inaccessible. Initial COVID-19 announcements were accompanied by an Auslan interpretation. Current information is not.

6. Aged care services

- 6.1. There appear to be no aged-care facilities in the Act designed to cater for Deaf people. It is a highly likely for a member of the Deaf community to be the only Deaf person in a facility. This is very isolating and can result in poor mental health outcomes.
 - The name of a particular facility was named as an example of things ‘going wrong’. There was only one Deaf person in the facility and no access to Auslan interpreters. In addition, there were staff shortages and restricted visitor access due to COVID-19. This led to the Deaf person becoming very isolated and depressed.
- 6.2. Deaf people want access to an aged-care service that is *culturally* Deaf, or at a minimum sensitive to Deaf culture—as distinct from simply using Auslan or communicating with elderly people with hearing loss (noting that hearing loss affects around 90 per cent of aged care residents).
- 6.3. Deaf people in aged care settings need to know with confidence that they can communicate with staff and with other residents.
- 6.4. Most Deaf people who grew up in Australia learned to lip read an Australian accent. English spoken in other accents can be very difficult to lip read. This has implications for staff in aged care services—many of whom speak English as a second language.
 - This should not act as a barrier to people from other countries accessing employment in aged care. However, it should be considered when staffing aged-care facilities which cater for the Deaf Community.
- 6.5. Deaf people in aged-care settings often face other challenges, such as vision impairment and Alzheimer’s. Associated dangers include an inability to understand medications, for example. This makes it especially important for Deaf people to be able to communicate with support workers.
- 6.6. Older Deaf people may ‘revert back’ to their original method of communication. This may not always be Auslan. This needs to be understood when planning for aged care.
- 6.7. Aged-care facilities are often run for profit. There will likely be a need for government funding to ensure access to Auslan interpreters, qualified and culturally sensitive staff and the fulfilment of other needs.
- 6.8. There is a need for appropriate recreational supports for Deaf people in aged-care settings.
- 6.9. Community access in aged care facilities may be very restricted for Deaf residents, for example, only church attendance is supported by an Auslan interpreter.
- 6.10. There is a need for at least part of an aged-care facility in Canberra dedicated to Deaf people. This is to ensure Deaf people can remain in community and have access to staff who understand Deaf culture and can communicate effectively.
 - Deaf people in mainstream aged care services may wish to move into a specialised facility to have access to community, etc.
- 6.11. There is a Deaf aged-care facility in Blacktown (Sydney) which may serve as a useful model. It has Deaf people on staff and is culturally sensitive through its provision of access to

Deaf clubs. Overall, community access is tailored to Deaf residents and this enables a positive experience. Another example is the Lake Park facility in Melbourne.

- Further, facilities of this type provide jobs for Auslan users and members of the Deaf community.

7. School settings

- 7.1. Deaf students are generally placed in mainstream schools and are often the only Deaf person at the school, or one of only a few Deaf people. This can be very isolating.
- 7.2. Deaf children need access to communities of peers, as well as support, including Auslan. It can be difficult for Deaf children to build friendships with hearing children. This is of particular concern where the school community is not educated about deafness and Deaf culture. Ignorance may lead to Deaf students being bullied.
- 7.3. Access to interpreters in ACT schools can be quite good. However, this depends on the school.
- 7.4. Decisions about education for Deaf students are often made by hearing people, with little or no attention paid to the views of the Deaf community.
- 7.5. Teachers are often not trained in Auslan. This means that the Auslan interpreter can be forced to fill the role of teacher as well as interpreter.

8. Sports

- 8.1. Sports and other activities organised for the Deaf community are often rare or one-off events. There is little focus on community- and relationship-building for Deaf young people.

9. NDIS

- 9.1. There is limited, if any, funding for Auslan interpreters and other supports needed by Deaf people to enable social and economic participation.

10. Hospitals and other healthcare settings

- 10.1. At doctors' offices and hospitals, patients are expected to wait in a sitting area until called. Deaf people are unable to hear calls and announcements and may miss appointments.
- 10.2. Emergency departments (EDs) lack protocols for contacting interpreters, and staff have not been trained in this area. This is exacerbated by high turnover of staff.
 - There is not necessarily a need to have interpreters on staff. However, hospital staff should be aware, at a minimum, of how to contact an interpreter—including by video (VRI) link.
 - There is no reason an interpreter should not be available, at least by video link.

- 10.3. The lack of Auslan interpreters leads to information gaps as medical personnel may not write everything down.
- 10.4. There appears to be little guidance in health care settings concerning how an Auslan interpreter is funded, despite the reasonable assumption that such that funding should come from the hospital's budget.
- 10.5. Posters around wards/hospitals generally are confusing. Often, posters provide a number for interpreting services which links to the Translating and Interpreting Service (TIS).
- TIS provides interpreting for spoken languages other than English, not Auslan interpreters.
 - TIS staff are often confused when contacted for interpreting services for a Deaf person, and do not know how to respond.
 - Contact information is often a phone number, which is not accessible for Deaf people.
- 10.6. In some walk-in clinics, forms often indicate that interpreters are available. However, it appears that interpreters are not always on staff (for example, on weekends). This leads to anxiety and embarrassment for members of the Deaf community.
- In some cases, centre staff have a basic level of Auslan. However, this does not denote access. Deaf community members should not have to literally 'spell out' their needs. Moreover, if staff are not fluent in Auslan, important information can be missed.

11. Access to Auslan and the Deaf community for children and young people

- 11.1. Often, parents of Deaf children are told a Deaf child has 'failed' their hearing test. This can be demoralising, and positions Deafness as a 'failure' to hear, rather than an identity with its own community and strengths.

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July 2022