



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON EDUCATION AND COMMUNITY INCLUSION
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Submission Cover Sheet

Inquiry into access to services
and information in Auslan

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Serving our community.
Sharing our culture.

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Inquiry into access to services and information in Auslan

Deaf Connect
July 2022

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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 is 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).
- According to the 2021 Census, there are 16,242 Auslan users in Australia.

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 communicate¹.

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.

INTRODUCTION

Deaf Connect welcomes the opportunity to make a submission to the Standing Committee on Education and Community Inclusion's inquiry into access to services and information in Auslan. 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. Deaf Connect thanks the ACT Government for the opportunity to share this submission and for its interest and commitment to engage with the deaf community across the ACT.

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

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 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.

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).

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.

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 operating in the ACT must adopt holistic, transdisciplinary approaches to early intervention and undertake 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.

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:

- The ACT government must work proactively towards building inclusive and consistent education standards for deaf students including the employment of credentialled Auslan interpreters.
- The ACT government 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.

- Credentialed 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 credentialed interpreters and note takers.
- The ACT government 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 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 1996² by the Australian Human Rights Commission and no such tool currently exists.

There are currently over 3,100³ 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

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>

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 workplace fall short of receiving the support they need for the entire year as the funding provided by JobAccess is inadequate. EAF amounts have not been reviewed since 2007 however interpreting costs have increased by 21% during that period.

Recommendations:

- The ACT must support lobbying of the Department of Social Services (DSS) to 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. These rates have not increased since 2007 while the cost of interpreting has risen by 21%.
- 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.
- 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 CRPD 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.

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 uncredentialed 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.

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 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 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.

- Health resources must be made available in Auslan and provided to deaf communities to increase health literacy; current access to health information is complex and prohibitive.
- Deaf awareness training must be embedded into Australia's medical curriculums, and governments should ensure all healthcare professionals are trained in deaf awareness including cultural competency and working effectively with professional interpreters as part of their formal training.

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 parents⁴, 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.

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 professionals who are fluent in Auslan or understand deafness. As there are not enough trained mental health professionals to meet current demand⁵, 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

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>

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 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.

Recommendations:

- The ACT government 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.
- The ACT government must allocate 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.

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 Community⁶:

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

⁶ <https://www.naati.com.au/become-certified/certification/>

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 month-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. 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 (Clark, 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. Continued, significant investment to develop, attract and retain the Auslan workforce is required.

According to the 2021 Census data, the ACT recorded 244 Auslan users⁷ and according to NAATI, there are currently a total of 9 credentialed interpreters in the territory, with only one Certified Interpreter. NAATI also reports that there are in fact no Deaf interpreters in the Territory. This poses a significant risk for the ACT government as a lack of interpreters impedes on the community's ability to access critical services such as health care, mental health services, employment, and education as well as participate in social activities. With only one certified interpreter and no Deaf interpreters in the territory, the ACT government must appropriately fund study and accreditation pathways to increase the supply of both Deaf, paraprofessional, and certified interpreters for the community.

Recommendations:

- Auslan interpreting must be recognised by the ACT government as a priority workforce area and courses should be made free to attract and retain eligible students to grow the workforce.
- The ACT government must fund scholarships and mentoring programs for Deaf interpreters to become credentialed and for Certified Paraprofessional Interpreters to pursue Certified Interpreter pathways
- 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.
- The ACT government must increase funding to RTOs to develop accessible learning pathways including lesson plans and materials for deaf interpreters and translators.

⁷ <https://www.abs.gov.au/census/guide-census-data/census-dictionary/2021/variables-topic/cultural-diversity/language-used-home-lanp>

- The ACT government must provide additional funding to RTOs to appropriately train and upskill deaf Auslan teachers to ensure the teaching workforce can meet student demand.

INFORMATION ACCESS AND BROADCASTING

Australia ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2008. The CRPD 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 guidelines⁸. 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”*⁹. However, as a signatory of the CRPD, 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 Arabic¹⁰ 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 CRPD.

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

⁸ <https://www.freetv.com.au/wp-content/uploads/2019/12/FINAL-Amended-Advisory-Note-Emergency-Information-12-June.pdf>

⁹ <https://www.sbs.com.au/news/article/lack-of-auslan-interpreters-at-nsw-press-conferences-slammed/18nmyen9k>

¹⁰ <https://www.naati.com.au/wp-content/uploads/2021/11/Annual-Report-2020-2021-1.pdf>

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.

Recommendations:

- The ACT government 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 broadcasted 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:

- ACT 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.
- ACT transport services staff must undertake regular deaf awareness training.

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 broadcasted 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 ACT 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.
- The ACT government 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 CRPD, 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.
- The ACT Jury Act 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 ACT 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).

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 services¹¹. 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.

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.

¹¹ <https://www.health.gov.au/ministers/senator-the-hon-richard-colbeck/media/national-sign-language-interpreting-service-for-aged-care>

- 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.

RECOMMENDATIONS FOR THE ACT GOVERNMENT

Deaf Connect recommends the establishment of an Auslan Taskforce within the ACT government and to invite key stakeholders in the ACT deaf community including community leaders, service providers and peak body organisations to participate and co-design a territory-wide Auslan strategy. The taskforce should be responsible for identifying opportunities to strengthen and legislate policies to increase the provision of services in Auslan throughout the ACT and publicly report on its progress annually.

CONCLUSION

We would like to thank the ACT government for the opportunity to participate in this inquiry. Deaf Connect welcomes and encourages opportunities for the ACT deaf community to be involved in any consultations to co-design strategies to address the issues raised in this submission. Furthermore, Deaf Connect is happy to engage with the ACT government on the design and implementation of key recommendations in conjunction with the ACT deaf community.

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