



Serving our community.
Sharing our culture.

**Joint Standing Committee on the National Disability Insurance Scheme:
Current Scheme Implementation and Forecasting for the NDIS**

Deaf Connect February 2022

ABOUT US

Established in 1903 (Deaf Services Limited) and 1913 (The Deaf Society) respectively, Deaf Connect, is a not-for-profit 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.

EXECUTIVE SUMMARY

Deaf Connect welcomes the opportunity to make a submission to the Joint Standing Committee on the National Disability Insurance Scheme's (NDIS) '*Current scheme implementation and forecasting for the NDIS*'. As a national, deaf-led social impact organisation and service provider, Deaf Connect has held a strong interest in the rollout of the NDIS. Since the implementation of the Scheme, we have observed significant challenges in its implementation for Deaf, Deafblind, and hard of hearing participants including:

- Inequitable plan variations, particularly in the provision of Auslan appropriate supports
- Lack of awareness of deafness and Auslan amongst delegates and access partners
- Auslan workforce issues and thin markets
- Disconnect between State and Federal funded programs, and
- Overall lack of language appropriate resources

We hope that discussions raised in this submission will serve as a catalyst for further improvement.

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.
- Auslan is recognised as a community language¹ (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 priority² (Access Economics, 'Listen Hear', 2006).

¹ Dawkins, J (1991). Australia's Language: The Australian Language and Literacy Policy. Australian Government Printing Service: Canberra

² <https://catalogue.nla.gov.au/Record/3721645>

DEFINITIONS

Deaf

The term “Deaf” refers to those who use a sign language as their primary language. 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.

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 communicate³.

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.

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 in its own right 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.

Limitations and access barriers to non-NDIS service provision

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, Deafblind, and hard of hearing people are left without support or with inadequate support.

In the context of hospital care, there are often additional barriers for Deaf, Deafblind, and hard of hearing people when accessing services, including the following:

³ <https://www.deafblind.org.au/deafblind-information/deafblindness-in-depth/>

- 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, Deafblind, and hard of hearing 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
- A general lack of training and awareness for healthcare workers in how to support Deaf, Deafblind, and hard of hearing 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, Deafblind, and hard of hearing 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.

With regards to employment, interpreting funding in the workplace is covered by the Employment Assistance Fund, comprising of \$6000 of interpreter funding per calendar year. This equates to one hour of interpreting per week in the workplace per annum. In many cases, this funding is inadequate for Deaf professionals who exceed the cap within relatively short timeframes, therefore missing opportunities to attend meetings, professional development opportunities, team building activities and incidental workplace conversations. Under the applied principles to determine responsibilities, funding for Auslan interpreters in the workplace does not fall under the remit of the NDIS, as using NDIS funds to access interpreters in the workplace is considered 'fraudulent activity'. Regardless, Deaf professionals should not be required to draw down on their NDIS funds for employment purposes. Consequently, Deaf, Deafblind, and hard of hearing people 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 Job Access is inadequate.

In the education sector, more than 85% of Australian deaf children are educated in mainstream, inclusive educational programs⁴ however education providers employ "educational interpreters" who are not credentialled interpreters. There is no requirement for educational interpreters to have a formal qualification; schools responsible for hiring them often do not have the necessary skills to assess their ability to perform the role. Additionally, educational interpreters work in a dual role of interpreter and teacher's aide. As a result, deaf students exit the education system often with poor education and language skills compared to their hearing peers and do not understand the role of professional interpreters. This then impacts on prospective employment opportunities, as well as potential transition to tertiary education. The education and early intervention systems require major reform nationally to ensure language acquisition and education outcomes are consistent across the country, and staff are appropriately skilled and credentialled to provide classroom support.

⁴ <https://www.aph.gov.au/DocumentStore.ashx?id=20035d69-0367-4e09-8d31-8f14d1be41ed&subId=401002>

Information, Linkages and Capacity Building grants program sustainability

To date, \$15 million has been allocated to Deaf and Deafblind organisations through the Information, Linkages and Capacity Building (ILC) grant funding from the total NDIS funding of \$30 billion (as forecast in the 2021-22 Federal Budget). Whilst there have been many meaningful activities funded through the current approach, limited attention on practical support for Deaf, Deafblind, and hard of hearing people ineligible for individual packages from the scheme has not been addressed.

ILC is expected to support all people with a disability ineligible for the NDIS, provide information, resources, peer support and capacity building for individuals, as well as deliver mainstream and community capacity building. With such a large and broad remit, the funding is not adequate to deliver initiatives in any long-term and meaningful capacity given projects are short term and relatively small in scale.

Accessibility of NDIA resources

Accessing the ARF requires digital literacy and literacy in written English, however literacy is varied across the Deaf, Deafblind, and hard of hearing 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 cohorts listed by the NDIA, Deaf participants are listed 15th to receive support coordination in their plans⁵. Given English literacy and digital literacy vary greatly in the Deaf, Deafblind, and hard of hearing community, support coordination is crucial to navigate the NDIS and execute plans.

Strategies and terminology used by the NDIA including the category *“Hearing Impairment”*, *“Hearing Pathway”* and *“Hearing Tool Kit”*, also create another stumbling block; these terms are counterintuitive and audist, as they are deeply rooted in pathology and negative stigma, which centres hearing over deafness. 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.

Auslan interpreter workforce shortages, plan utilisation impacts and thin markets

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 for Deaf, Deafblind, and hard of hearing people, and carries risks around underutilisation, quality, timeliness, cost and work health and safety.

Auslan interpreting is a complex task requiring:

⁵ Page 15 of <https://www.ndis.gov.au/community/we-listened/improving-support-coordination-participants>

- 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 not usually able fully to 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

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)

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

- Certificate IV in Auslan (6 months)
- Diploma of Auslan (6 months)
- Diploma of Interpreting (1 year) → 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 (2006)⁷ 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 a high risk of Occupational Overuse Syndrome (OOS) without adequate 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 policy recommends no more than 5 hours a day in a 5-day working week, i.e., 25 hours per week)⁸ 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

⁷ Centre of Excellence for Students who are Deaf or Hard of Hearing (2006) There's a hole in the bucket!

⁸ Australian Sign Language Interpreters' Association (2012) ASLIA Occupational Health & Safety Policy <http://aslia.com.au/index.php/docs/policies-a-procedures> (accessed 24 August 2015)

reluctance by the NDIA to provide access to data and appropriately sized tablets with 4G capability to Deaf participants. 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.

The importance and benefit of the Auslan pathway and language acquisition for 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, A Multi-disciplinary approach) which is designed to optimise age appropriate first language acquisition⁹.

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, Deafblind, and hard of hearing 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. Kecman¹⁰ 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 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 DHH 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.

⁹ Friedmann, N., & Rusou, D. (2015). Critical period for first language: the crucial role of language input during the first year of life. *Current opinion in neurobiology*, 35, 27–34.

¹⁰ Kecman, E. (2019). Old challenges, changing contexts: reviewing and reflecting on information provision for parents of children who are deaf or hard-of-hearing. *Deafness and Education International*, 21(1), 3-24

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.

Conclusion

We would like to thank the Committee for the opportunity to participate in this consultation. Deaf Connect will be available upon request to provide additional information about any of the matters raised in this submission.

Contact

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