



Australian
Human Rights
Commission

everyone, everywhere, everyday

Inquiry into hearing health in Australia

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Australian Human Rights Commission Submission
to the Senate Community Affairs Committee

16 October 2009

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1 Introduction

1. The Australian Human Rights Commission (the Commission) makes this submission to the Senate Community Affairs Committee in its Inquiry into hearing health in Australia.

2 Summary

2. This submission is based on research conducted by the Commission into hearing impairment and deafness in Aboriginal and Torres Strait Islander communities in 2009. The submission therefore focuses exclusively on hearing health in Aboriginal and Torres Strait Islander communities. The Commission only commenced this research recently but it is expected to be completed by December 2009.
3. Aboriginal and Torres Strait Islander peoples experience disproportionately higher levels of hearing impairment and deafness when compared with the Australian community generally. This limits their rights to health, as well as related rights to education, livelihood and participation.
4. The high levels of socio-economic disadvantage and discrimination faced by Aboriginal and Torres Strait Islander peoples raise specific barriers to accessing necessary health, education, housing and other services to prevent or accommodate hearing impairment and deafness.
5. Hearing impairment and deafness contributes significantly to the social exclusion of Aboriginal and Torres Strait Islander peoples affected by it. This exclusion that can manifest in the spheres of health, education, training, employment, the criminal justice system and social and cultural participation.
6. A rights-based analysis of hearing impairment and deafness in Aboriginal and Torres Strait Islander communities highlights the specific contributing factors and impacts, as well as appropriate measures to address specific needs.

3 Recommendation

7. The Australian Human Rights Commission recommends that the Australian Government address the specific needs of Aboriginal and Torres Strait Islander peoples with hearing impairment and deafness by supporting and providing for measures that:
 - Address the socio-economic determinants of hearing impairment and deafness, such as housing, diet and education;
 - Address the discrimination faced by Aboriginal and Torres Strait Islander peoples with hearing impairment and deafness primarily in terms of disability and race;

- Ensure adequate provision of accessible, affordable and culturally appropriate services in the areas of health, housing, education, employment and the criminal justice sector; and
- Support further research in Indigenous hearing and communication and develop the evidentiary base for understanding the impact of hearing impairment and deafness on Aboriginal and Torres Strait Islander communities.

4 Incidence of hearing impairment and deafness in Aboriginal and Torres Strait Islander communities

8. Aboriginal and Torres Strait Islander peoples experience disproportionately higher levels of hearing impairment and deafness in comparison to non-Indigenous peoples:
- In 2004-2005, a higher proportion of Aboriginal and Torres Strait Islander peoples than non-Indigenous people reported ear and hearing problems for all age groups under 55.¹
 - The prevalence of hearing conditions for Aboriginal and Torres Strait Islander children (prenatal to three years of age) was three times higher than for non-Indigenous children.²
 - For children aged 0-14, the comparative rate was similar, except for deafness which was 5 times higher.³
 - Up to 40 percent of Indigenous children in remote areas suffer from a chronic form of otitis media (CSOM).⁴ The World Health Organization states that a prevalence of CSOM of greater than four percent is a major public health problem.⁵

¹ Australian Bureau of Statistics and Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, ABS Release 4704.0 (2008), p 134. At <http://www.aihw.gov.au/publications/ihw/hwaatsip08/hwaatsip08.pdf> (viewed 1 October 2009).

² Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2007*, (2007) p 5.25. At http://www.pc.gov.au/_data/assets/pdf_file/0004/64750/keyindicators2007.pdf (viewed 14 January 2009).

³ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2007*, (2007) p 5.25. At http://www.pc.gov.au/_data/assets/pdf_file/0004/64750/keyindicators2007.pdf (viewed 14 January 2009).

⁴ Australian Indigenous Health Info Net, *Review of ear health and hearing*, (2006) par 2. At <http://www.healthinfonet.ecu.edu.au/other-health-conditions/ear/reviews/our-review> (viewed 13 January 2009).

⁵ Australian Indigenous Health Info Net, *Review of ear health and hearing*, (2006) par 2. At <http://www.healthinfonet.ecu.edu.au/other-health-conditions/ear/reviews/our-review> (viewed 13 January 2009).

9. However, the Productivity Commission has noted that there is still a lack of sufficient data which has made it difficult to assess the full extent of ear infections and consequent hearing loss in Indigenous and non-Indigenous populations.⁶

5 Specific contributing factors and impacts of hearing impairment and deafness in Aboriginal and Torres Strait Islander communities

5.1 Contributing factors

10. One of the primary causes of hearing impairment and deafness in Aboriginal and Torres Strait Islander children is otitis media. In its milder forms, otitis media causes temporary hearing impairment and is generally painless. For this reason, people with the infection often do not realise they have a hearing impairment. However, permanent hearing damage can result if it re-occurs regularly and becomes a chronic condition.⁷ The condition is particularly harmful when it is carried from childhood into adolescence.⁸
11. Aboriginal and Torres Strait Islander children frequently experience re-occurring infections from very early ages (within weeks of birth) and in higher levels of severity. Aboriginal and Torres Strait Islander children and young adults between the ages of 2 and 20 years experience an average of 32 weeks of middle ear disease compared with two weeks for non-Indigenous children and young adults.⁹
12. The reasons for such a high prevalence of ear infections among Aboriginal and Torres Strait Islander children are closely tied to the broader socio-economic disadvantages commonly experienced in Aboriginal and Torres Strait Islander communities. The Productivity Commission noted that high rates of recurring ear infections are associated with poverty, crowded housing

⁶ Steering Committee for the Review of Government Service Provision, *Overview: Overcoming Indigenous Disadvantage, Key Indicators 2009*, (2009), p 6.47. At http://www.pc.gov.au/_data/assets/pdf_file/0003/90129/key-indicators-2009.pdf (viewed 1 October 2009).

⁷ Australian Bureau of Statistics and Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*, ABS Release 4704.0 (2005), p 22. At <http://www.aihw.gov.au/publications/ihw/hwaatsip05/hwaatsip05.pdf> (viewed 14 January 2009).

⁸ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2007*, (2007) p 27. At http://www.pc.gov.au/_data/assets/pdf_file/0004/64750/keyindicators2007.pdf (viewed 14 January 2009).

⁹ Australian Bureau of Statistics and Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008*, ABS Release 4704.0 (2008) p 134. At <http://www.aihw.gov.au/publications/ihw/hwaatsip08/hwaatsip08.pdf> (viewed 13 January 2009).

conditions, inadequate access to clean water and functional sewerage systems, nutritional problems and access to health care.¹⁰

- Poverty can limit the capacity of families to maintain healthy and hygienic environments, particularly in terms of housing and diet, which in turn places family members, especially children and youth, at increased risk of disease.
- Houses without working taps and showers, or with poor access to water, sewage and waste removal systems make living with good hygiene very difficult and increase the exposure of children to bacteria that lead to ear infections.¹¹
- Overcrowding exposes children to other family members who may have ear infections and poor health conditions.¹² Overcrowding also increases the noise level of the home environment, which may cause further hearing damage and render hearing aids ineffective as a result of the increased background noise.¹³
- Poor diet can contribute to lower immunity levels.¹⁴

13. The other significant contributor to high levels of otitis media and consequent permanent hearing damage is the lack of access to affordable and culturally appropriate health services.

¹⁰ Steering Committee for the Review of Government Service Provision, *Overview - Overcoming Indigenous Disadvantage, Key Indicators 2009*, (2009), p 32. At http://www.pc.gov.au/__data/assets/pdf_file/0013/90130/overview-booklet.pdf (viewed 1 October 2009).

¹¹ In the 2006 Census there were 20,739 Indigenous households that were experiencing moderate overcrowding, representing 14% of Indigenous Australian households. At 30 June 2008 there were 295 (2%) Indigenous community housing (ICH) dwellings not connected to an organised supply for water, 402 (2%) dwellings not connected to an organised supply of sewerage, and a further 338 (2%) dwellings not connected to an organised supply of electricity. Australian Institute of Health and Welfare, *Indigenous Housing Needs 2009* (2009), pp 13, 33. At <http://www.aihw.gov.au/publications/hou/hou-214-10635/hou-214-10635.pdf> (viewed 12 October 2009).

¹² Australian Indigenous Health Info Net, *Review of ear health and hearing* (2006) par 11. At <http://www.healthinfonet.ecu.edu.au/other-health-conditions/ear/reviews/our-review> (viewed 13 January 2009).

¹³ S Burrow and N Thomson, 'Summary of Indigenous Health: Ear Disease and Hearing Loss' *Aboriginal and Islander Health Worker Journal* (2006) Vol 30(1), p 10-12.

¹⁴ Aboriginal Disability Network of NSW, *Telling it like it is, a report on community consultations with Aboriginal people with disability and their associates throughout NSW, 2004-2005* (2007), p 12. At http://www.pwd.org.au/adnsw/news/telling_it_like_it_is.doc (viewed 19 January 2009). The issues of access to affordable fresh food in Aboriginal and Torres Strait Islander communities has also been considered by the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, in the Inquiry into community stores in remote communities. See a discussion of these issues in Western Australian Department of Communities, Submission 88, p 2. At <http://www.aph.gov.au/house/committee/atsia/communitystores/subs/sub0088.pdf> (viewed 3 October 2009).

Despite strong evidence of the high prevalence rates for hearing impediments in Indigenous children, particularly in remote areas, the hospitalisation rate for middle ear and mastoid disease for Indigenous 0–3 year olds (8.9 per 1000) was below that for non-Indigenous 0–3 year olds (9.7 per 1000) in 2006-07.¹⁵

14. Specifically the lack of access to appropriate health services can include a lack of trained professionals with an understanding of conductive hearing loss, limited provision of audiological services, as well as lack of access to speech therapy, amplification, special education and mentoring services.
15. Access to hearing screening can be critical to early detection and treatment of ear diseases. It can reduce the likelihood of children experiencing chronic ear disease and consequent permanent hearing loss and/or auditory processing problems in adulthood. Screening for hearing loss is also crucial for children to obtain referrals for surgery or rehabilitation.
16. While most forms of otitis media are preventable and treatable through surgery or long-term courses of antibiotics, the lack of access to health services prevents such diagnosis and treatment from occurring.

5.2 Impacts

17. High levels of hearing impairment in Aboriginal and Torres Strait Islander communities have been known for some time. What is less well established is how hearing impairments impact on whole-of-life outcomes for individuals, families and Aboriginal and Torres Strait Islander communities overall. Some data has been emerging that indicates the impacts are wide-ranging, significant and inhibit the enjoyment of many human rights including the rights to health, education, employment and participation.
18. The Productivity Commission noted that while Aboriginal and Torres Strait Islander children under three are at the highest risk of ear disease, this is also the most critical development period for speech and language development, underpinning communication, learning, and social and emotional development.¹⁶
19. The Australian Institute of Health and Welfare and the Australian Bureau of Statistics has examined the impact of hearing problems on educational achievement and noted:

Poor health among young people may also impact on their opportunity to attend and succeed at school. As outlined in the 2005 edition of this report, health conditions such as otitis media (middle ear infection) and poor nutrition

¹⁵ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2009* (2009), p 6.38. At http://www.pc.gov.au/_data/assets/pdf_file/0003/90129/key-indicators-2009.pdf (viewed 1 October 2009).

¹⁶ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2009* (2009), p 6.40. At http://www.pc.gov.au/_data/assets/pdf_file/0003/90129/key-indicators-2009.pdf (viewed 1 October 2009).

have been shown to negatively affect educational attainment. In 2004–05, young Indigenous people who had left school at Year 9 or below were around twice as likely as those who had completed Year 12 to have ear/hearing problems and heart/circulatory diseases. These conditions—if present from childhood—may have had a significant impact on both school performance and attendance.¹⁷

20. In 2003 National Aboriginal Community Controlled Health Organisation (NACCHO) found that school attendance levels were far lower for Aboriginal and Torres Strait Islander children with CSOM than for other Aboriginal and Torres Strait Islander children.¹⁸ Classroom buildings are often not designed to provide for the needs of children with decreased hearing levels.¹⁹ If these needs are not addressed in schools it is likely that children who struggle to hear well will become disruptive and poorly behaved. As a result children with hearing impairment or deafness are often labelled ‘trouble makers’, suspended or expelled, or otherwise inappropriately placed in special education classes.²⁰
21. A negative impact on educational achievement can have further negative life repercussions as educational achievement has been found to be linked with a number of future life outcomes:

People who have participated in post secondary study have greatly improved employment prospects. They are also more likely to earn higher incomes. An individual’s education can also affect their health, and the health of their children, as well as their ability to make informed life decisions.²¹
22. In relation to a link with health outcomes, ‘ear problems’ have been identified as one of seven long-term health conditions responsible for much of the ill-

¹⁷ Australian Bureau of Statistics and Australian Institute of Health and Welfare, *The Health and Welfare of Australia’s Aboriginal and Torres Strait Islander Peoples 2008*, ABS Release 4704.0 (2008), pp 25-26. At <http://www.aihw.gov.au/publications/ihw/hwaatsip08/hwaatsip08.pdf> (viewed 1 October 2009).

¹⁸ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2007* (2007) p 5.3. At http://www.pc.gov.au/_data/assets/pdf_file/0004/64750/keyindicators2007.pdf (viewed 14 January 2009).

¹⁹ K Bethune, *Impact of ear disease*, (Speech delivered at the 3rd National Deafness Sector Summit, Brisbane, May 2004) pp 1-3. At http://www.deafnessforum.org.au/word/summit04/trans_Kathy%20Bethune.doc (viewed 27 January 2009).

²⁰ Aboriginal Disability Network of NSW, *Telling it like it is, a report on community consultations with Aboriginal people with disability and their associates throughout NSW, 2004-2005* (2007) p 22. At http://www.pwd.org.au/adnsw/news/telling_it_like_it_is.doc (viewed 19 January 2009).

²¹ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2007* (2007) p 14. At http://www.pc.gov.au/_data/assets/pdf_file/0004/64750/keyindicators2007.pdf (viewed 14 January 2009).

health experienced by Aboriginal and Torres Strait Islander peoples.²² Hearing impairment can also lead to high levels of frustration and anger, anxiety, depression, stress and low self esteem.²³ Consequently, the lack of support and assistance to address these social and emotional well being issues can contribute to the high prevalence of mental health issues among Aboriginal and Torres Strait Islander peoples with hearing impairments.

23. In relation to employment, a study in a remote Aboriginal community found that 60 percent of the Aboriginal workers had some degree of hearing impairment and that this impacted upon workplace relationships, ability to communicate with others and ability to understand and perform workplace duties.²⁴ These employees also reported experiencing higher levels of frustration and depression compared with other employees. The study also found that none of the supervisors or employers had any awareness of hearing impairment among their workers.
24. As far back as 1991, the Royal Commission into Aboriginal Deaths in Custody recognised that hearing impairment leading to low levels of education can be an indicator for increased contact with the criminal justice system.²⁵ Recent studies also indicate high levels of hearing impairment amongst Aboriginal and Torres Strait Islander prison populations:
- A study in Darwin prison found that 90 percent of Aboriginal prisoners had some level of hearing impairment.²⁶
 - A study in 5 prisons across Victoria found that over half the Aboriginal and Torres Strait Islander inmates (58%) reported hearing problems sometimes, 4% reported a lot of hearing trouble, and 12% of prisoners had a hearing loss in at least one ear - compared with 5% in an age-matched Australian adult population.²⁷

²² Australian Bureau of Statistics and Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, ABS Release 4704.0 (2008), p xxii. At <http://www.aihw.gov.au/publications/ihw/hwaatsip08/hwaatsip08.pdf> (viewed 1 October 2009).

²³ D Howard, 'Indigenous hearing loss and the criminal justice system: a background paper' p 5. At <http://www.eartroubles.com/attachments/Crinal%20justice%20and%20hearing%20loss-%20background.pdf> (viewed 27 January 2009).

²⁴ Howard D, *Occupational issues for the many indigenous workers who are hearing impaired*, (Speech delivered at the 5th National Deafness Sector Summit, Canberra, 24-25 May 2008) pp 3-4. Available at http://www.deafnessforum.org.au/files/u1/Damien_HOWARD_transcript_0.doc (viewed 4 February 2009).

²⁵ Royal Commission into Aboriginal Deaths in Custody. *Final Report* (1991) Vol 2, p351. Available at <http://www.austlii.edu.au/au/other/IndigLRes/rciadic/> (viewed 1 October 2009).

²⁶ A Yonovitz, *Hearing loss and communication disability within the criminal justice system* (Poster presented at the Australasian Audiology Conference, Brisbane, 2004), cited in D Howard, *Communication, listening and criminal justice*, (Presentation to NT Magistrates, Darwin and Alice Springs, March 2006).

²⁷ S Quinn and G Rance, 'The extent of hearing impairment amongst Australian Indigenous prisoners in Victoria, and implications for the correctional system', *International Journal of Audiology* (2009), Vol 48(3) pp 123-134.

25. There also appears to be a complex interplay between hearing impairment and cognitive disabilities. Recent research on Aboriginal and Torres Strait Islander young people with cognitive disabilities involved with the criminal justice system suggests that some Aboriginal and Torres Strait Islander young people with hearing impairment are incorrectly labelled as having cognitive disability because their hearing impairment is not taken into account during assessments.²⁸ This means that these Aboriginal and Torres Strait Islander young people are unlikely to receive the appropriate support and treatment to address their hearing impairment, compounded problems around engagement and participation.
26. As hearing and listening problems can impact on a persons ability to communicate, learn and socialise, hearing impairments have the potential to cause negative impacts, both in the short- and long-term, over a wide range of life outcomes. These may include, amongst other outcomes:
- Negative impact on emotional and social wellbeing
 - Negative impact on the early development of children and social interaction
 - Negative impact on education
 - Negative impact on employment
 - Increased chances of involvement with the criminal justice system
 - Exclusion and limited participation in community life
27. In relation to emotional and social well being, there is emerging evidence of widespread hearing loss in Aboriginal and Torres Strait Islander communities contributing to the higher incidence of mental health problems among Aboriginal and Torres Strait Islander peoples.²⁹
28. Conductive hearing loss can also impact on a person's ability for intercultural communication. Aboriginal and Torres Strait Islander peoples with conductive hearing loss can often cope with their communication difficulties by avoiding or minimizing their involvement in intercultural communication. This can mean they are less likely to engage with service providers that are culturally unfamiliar.³⁰ Local programs, based on what is culturally familiar, will have more success than externally imposed, one-size-fits-all, national programs that are inevitably unfamiliar.
29. While hearing problems commonly emerge as a result of health issues, they ultimately have an impact on education, training, employment, judicial, social, emotional and cultural outcomes. Hearing impairment and deafness needs to be addressed not only in the health sector, but through all of these sectors.

²⁸ Aboriginal and Torres Strait Islander Social Justice Commissioner *Preventing Crime and Promoting Rights for Indigenous Young People with Cognitive Disabilities and Mental Health Issues* (2008) p 46.

²⁹ D Howard, *Hearing loss and Indigenous social and emotional wellbeing* (Paper to the 44th Australian Psychological Society Annual Conference, Darwin, 30 September 2009).

³⁰ D Howard, 'Intercultural communications and conductive hearing loss', *First Peoples Child and Family Review* (2007) Vol 3, No 3, pp 96-105.

6 Human rights analysis of hearing impairment and deafness in Aboriginal and Torres Strait Islander communities

30. Six of the important human rights instruments that Australia has agreed to be bound by identify the human rights standards which are relevant to Aboriginal and Torres Strait Islander peoples with hearing impairments and deafness. These human rights instruments are:
- *International Covenant on Economic, Social and Cultural Rights* (1966)
 - *International Covenant on Civil and Political Rights* (1966)
 - *Convention on the Rights of Persons with Disabilities* (2006)
 - *UN Declaration on the Rights of Indigenous Peoples* (2007)
 - *Convention on the Rights of the Child* (1989)
 - *Convention on the Elimination of all forms of Racial Discrimination* (1965)
31. At the individual level, Aboriginal and Torres Strait Islander peoples with hearing impairments and deafness may have their individual rights to health, education, employment and participation affected. Individually, they can also face discrimination on the basis of their disability.
32. The multiple levels of disadvantages faced by Indigenous peoples with hearing impairment and deafness are acknowledged by a number of international human rights instruments, as well as human rights bodies:

UN Declaration on the Rights of Indigenous Peoples: 'particular attention shall be paid to the rights and special needs of indigenous ... persons with disabilities in the implementation of this Declaration'.³¹

Convention on the Rights of Persons with Disabilities: The State Parties to this Convention... 'Concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status'.³²

Committee on the Rights of the Child: 'The Committee, through its extensive review of State party reports, notes that indigenous children are among those children who require positive measures in order to eliminate conditions that

³¹ *UN Declaration on the Rights of Indigenous Peoples*, 2007, art 22 (1). At <http://www1.umn.edu/humanrts/instatee/declaration.html>, (viewed 3 March 2009).

³² *Convention on the Protection and Promotion on the Rights and Dignity of Persons with Disabilities*, 2006, Preamble. At <http://www1.umn.edu/humanrts/instatee/disability-convention2006.html> (viewed 6 May 2009).

cause discrimination and to ensure their enjoyment of the rights of the Convention on equal level with other children'.³³

33. At a systemic level, the high levels of socio-economic disadvantage and the low level of accessible, and culturally appropriate services for Aboriginal and Torres Strait Islander communities increases the prevalence and compounds the impacts of hearing impairment and deafness in these communities.
34. For government to meet its human rights obligation, Federal, State, Territory and local governments need to meet the specific needs of Aboriginal and Torres Strait Islander peoples with hearing impairments and deafness and ensure their rights are realised without discrimination. Some of the international human rights instruments and bodies outline what kinds of measures State parties can take to realise such specific needs:

Convention on the Rights of Persons with Disabilities, Article 25 – Health: States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- a. Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
- b. Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c. Provide these health services as close as possible to people's own communities, including in rural areas;
- d. Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- e. Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- f. Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

³³ Committee on the Rights of the Child, *General Comment No. 11 (2009) – Indigenous Children and their Rights under the Convention*, UN doc CRC/C/GC/11 (2009), par 25. At http://www2.ohchr.org/english/bodies/crc/docs/GC.11_indigenous_New.pdf (viewed 18 March 2009).

Committee on the Rights of the Child: ‘...State parties are urged to consider the application of special measures in order to ensure that indigenous children have access to culturally appropriate services in the areas of health, nutrition, education, recreation and sports, social services, housing, sanitation and juvenile justice’.³⁴

Committee on Economic, Social and Cultural Rights: ‘The right to physical and mental health also implies the right to have access to, and to benefit from, those medical and social services - including orthopaedic devices - which enable persons with disabilities to become independent, prevent further disabilities and support their social integration... Similarly, such persons should be provided with rehabilitation services which would enable them to “reach and sustain their optimum level of independence and functioning”... All such services should be provided in such a way that the persons concerned are able to maintain full respect for their rights and dignity’.³⁵

35. A rights based approach requires setting targets and indicators for the progressive realisation of these rights.³⁶ In March 2008, the Australian government signed the *Close the Gap Statement of Intent* at the National Indigenous Health Equality Summit. The government committed to work together with Indigenous and non-Indigenous health organisations to achieve equality in health status and life expectancy between Indigenous and non-Indigenous Australians by the year 2030. As a part of this effort they agreed to ensuring the primary health care services and health infrastructure for Indigenous Australians were capable of bridging the gap in health standards by 2018. Importantly, they also committed to measuring, monitoring, and reporting on their joint efforts in accordance with a range of supporting sub-targets and benchmarks.
36. The Steering Committee of the Close the Gap Campaign on Indigenous Health Equality, has developed the Indigenous Health Equality Targets to guide policy decisions and target-setting for Indigenous health equality over the next 25- years. The specific health targets for aural health include:
- By 2013: Performance indicators for hearing service providers under the Commonwealth Hearing Services Program are developed to improve hearing services provision and rehabilitation services;
 - By 2013: That the capacity of all State and Territory health services to monitor ear disease and ensure the testing of the hearing ability of

³⁴ Committee on the Rights of the Child, *General Comment No. 11 (2009) – Indigenous Children and their Rights under the Convention*, UN doc CRC/C/GC/11 (2009), par 25. At http://www2.ohchr.org/english/bodies/crc/docs/GC.11_indigenous_New.pdf (viewed 18 March 2009).

³⁵ Committee on Economic, Social and Cultural Rights, *General Comment No 5 (1994) – Persons with Disability*, UN doc E/1995/22 at 19 (1994), par 34. At <http://www1.umn.edu/humanrts/gencomm/epcomm5e.htm> (viewed 18 March 2009).

³⁶ Committee on Economic, Social and Cultural Rights, *General Comment No 3 (1990) – The nature of States parties obligations (Article 2, par 1)*, UN doc E/1991/23, par 2. At [http://www.unhcr.ch/tbs/doc.nsf/\(symbol\)/CESCR+General+comment+3.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(symbol)/CESCR+General+comment+3.En?OpenDocument) (viewed 15 October 2009).

Indigenous Australian children by 3 years of age, shall form part of the criteria for service accreditation;

- By 2013: Targets for State and Federal bilateral financing agreements on health equity within mainstream programs are developed and agreed to under the Health Care Agreements including for Commonwealth Hearing Services Program;
- By 2018: 90% of Aboriginal and Torres Strait Islander children have a hearing assessment prior to school entry.³⁷

7 Specific measures required for preventing and accommodating hearing impairment and deafness in Aboriginal and Torres Strait Islander communities

7.1 Positive government policies

37. There are elements of the current government policy framework that can positively contribute to addressing hearing impairment and deafness in Aboriginal and Torres Strait Islander communities. These include:
- a. Social Inclusion Policy: There are three priority areas that the government has identified within the social inclusion policy which are relevant to Aboriginal and Torres Strait Islander peoples with hearing impairment and deafness:
 - Closing the gap between Indigenous and non-Indigenous Australians and overcoming Indigenous disadvantage has been identified as a priority area. Within this priority area, the government has set targets related to life expectancy, child mortality, access to early childhood education, educational attainment and employment outcomes.³⁸
 - Employment for people with a disability. This includes increasing the opportunities for people with disabilities to participate actively in society through better access to education and training. In addition the government is aiming to build stronger community understanding and support for people living with a disability.³⁹
 - Supporting children at greatest risk of long term disadvantage. This includes protective measures to address the serious ways in

³⁷ Aboriginal and Torres Strait Islander Commissioner and the Steering Committee for Indigenous Health Equality, *Close the Gap National Indigenous Health Equality Targets* (2008) pp 32, 34-35. At http://humanrights.gov.au/social_justice/health/targets/index.html (viewed 1 October 2009).

³⁸ Australian Government, *Closing the Gap for Indigenous Australians*, <http://www.socialinclusion.gov.au/Priorities/Pages/ClosingtheGap.aspx> (viewed 27 May 2009).

³⁹ Australian Government, *Employment for people living with a disability or a mental illness*, <http://www.socialinclusion.gov.au/Priorities/Pages/disabilityormentalillness.aspx> (viewed 27 May 2009).

which multiple levels of disadvantage faced in childhood impact upon whole-of-life outcomes.⁴⁰

b. 2009-2010 Budgetary commitments:

- \$58.3 million over four years to expand eye and ear health services to improve education and employment outcomes for Aboriginal and Torres Strait Islander people. The measure commenced in July 2009 and will be administered by the Department of Health and Ageing.⁴¹
- \$131.1 million over three years to fund increased primary health care and health-related services as part of the Closing the Gap commitments in the Northern Territory.

The measure also provides for the completion of follow up services for dental and ear, nose and throat conditions that were identified through Northern Territory Emergency Response child health checks. In addition, the measure provides for the expansion of the current Mobile Outreach Service to respond to child abuse-related trauma and for the continuation of alcohol and other drug treatment and rehabilitation services.⁴²

- c. The National Disability Strategy aims to address the barriers that are faced by Australians with disability and promote social inclusion. The Strategy will be an important mechanism in ensuring the principles underpinning the Convention on the Rights of Persons with Disabilities are integrated into policies and programs affecting people with disability, their families and carers.⁴³

7.2 Successful Projects

In addition there are examples of successful projects that have made a real difference in the lives of Aboriginal and Torres Strait Islander peoples with hearing impairments and deafness. The Productivity Commission has profiled several such

⁴⁰ Australian Government, *Supporting children at greatest risk of long term disadvantage*, <http://www.socialinclusion.gov.au/Priorities/Pages/Supportingchildren.aspx> (viewed 27 May 2009)

⁴¹ Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs, *Budget 2009-10, Closing the Gap - Improving eye and ear health services for Indigenous Australians*, At http://www.fahcsia.gov.au/about/publicationsarticles/corp/BudgetPAES/budget09_10/indigenous/Pages/05_ImprovingEyeEarHealthServices.aspx (viewed 27 May 2009).

⁴² Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs, *Budget 2009-10 Closing the Gap - Northern Territory - Indigenous health and related services*. At http://www.fahcsia.gov.au/about/publicationsarticles/corp/BudgetPAES/budget09_10/indigenous/Pages/33_NT_IndigenousHealthRelatedServices.aspx (viewed 27 May 2009).

⁴³ Department of Families, Housing, Community Services and Indigenous Affairs, *National Disability Strategy*, <http://www.fahcsia.gov.au/sa/disability/progserv/govtint/Pages/nds.aspx> (viewed 3 Jun 2009).

projects in its recent report entitled *Overcoming Indigenous Disadvantage: Key Indicators 2009*:

- An education and screening program for otitis media in Aboriginal children. The program is providing a culturally appropriate health service for Aboriginal children resulting in improved access to early intervention and early treatment for ear disease, improved hearing and learning for children and an improved health status of children;
- Swimming pools in remote communities - have reduced prevalence of skin infections and rates of ear disease;
- Ear health programs - that increase awareness of the importance of ear disease and hearing loss as issues in health and education;
- Educational tools - Development of in-class hearing assessment tools for teaching staff, hearing assessment games for parents and professional development for both teachers and parents to identify any hearing loss. This has resulted in early detection of students with conductive hearing loss. This has meant that students receive educational support and referral for treatment more quickly. It has also resulted in a reduction in behavioural problems in the classroom.⁴⁴

The Northern Territory Health Department's video on ear surgery procedures is an example of a successful program for the provision of ear surgery:

NT Health developed an innovative video that walks children and family members through what is involved in an ear surgery. Children and adults with hearing loss often become anxious about participation in unfamiliar processes. One way of coping with this is to avoid involvement such processes.

This type of information resource is an important means of making the surgery process familiar, thereby relieving the anxieties, and improving both rates of participation in surgery as well as after treatment compliance. The video is the first health information resource that addresses this largely unrecognised link between hearing loss, anxiety and non-attendance/non-compliance of Indigenous patients.⁴⁵

Successful programs have also been conducted in the area of employment:

A study found that 60 percent of remote Aboriginal workers experience occupationally significant conductive hearing loss and as a result, in comparison with their colleagues, were experiencing: poorer overall work performance; less proficiency in oral English and literacy; and more difficulty following verbal instructions and learning on the job.

In response the Group Training Northern Territory was funded by the Federal Department of Education, Science and Training to deliver the 'Better Aboriginal

⁴⁴ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2009*, Productivity Commission, (2009), pp 6.41-6.42. At http://www.pc.gov.au/_data/assets/pdf_file/0003/90129/key-indicators-2009.pdf (viewed 1 October 2009).

⁴⁵ D Howard, *Ear disease, anxiety and Indigenous access to health and education services* (Paper to the Kalgoorlie Ear Health Conference, Kalgoorlie, May 2009).

training and employment outcomes' Project. The Project involved developing and delivering a model of organisational and individual intervention consisting of:

- Audits of workplace acoustics and communications processes.
- Supervisor training and mentoring.
- Wellness planning with workers.

The occupational disadvantages experienced by Aboriginal workers with hearing loss were shown to be minimised when supervisors understood communication problems related to hearing loss and used more effective communication strategies. Workers also received help to address the social and emotional challenges related to listening problems.⁴⁶

38. The Productivity Commission has clearly identified a need to collect data to enable the assessment of the true burden of hearing loss and the type and severity of ear infections in the Aboriginal and Torres Strait Islander population.⁴⁷
39. There would also be value in the government supporting further research in Indigenous hearing and communication. There is a need to develop further multidisciplinary, cross cultural research and reviews of different jurisdictions (i.e. in health, education, criminal justice and employment). Such research could promote awareness of Indigenous hearing loss and its outcomes, inform evidence based government policy and service delivery, and support the highly mobile non Indigenous workforce, especially in remote areas, to improve service delivery.

7.3 Additional measures to close the gap

40. Addressing the specific needs of Aboriginal and Torres Strait Islander peoples with hearing impairment and deafness requires a comprehensive and integrated range of culturally appropriate measures.
41. Taking time to understand local perspectives and contexts is an essential part of developing services or supports in partnership with individual, family or community that are culturally relevant, acceptable and likely to be effective.⁴⁸ Given the difficulties with intercultural communication faced by Aboriginal and

⁴⁶ Information provided to the Commission by D Howard, Phoenix Consulting (2009).

⁴⁷ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage, Key Indicators 2009*, Productivity Commission, (2009), p 76. At http://www.pc.gov.au/_data/assets/pdf_file/0003/90129/key-indicators-2009.pdf (viewed 1 October 2009).

⁴⁸ Western Australia Disability Services Commission, *Aboriginal people with disabilities, getting the services right*, (2006) p 7. At [http://www.disability.wa.gov.au/dscwr/_assets/main/guidelines/documents/pdf/getting_services_right_\(id_3565_ver_1.0.0\).pdf](http://www.disability.wa.gov.au/dscwr/_assets/main/guidelines/documents/pdf/getting_services_right_(id_3565_ver_1.0.0).pdf) (viewed 14 January 2009).

Torres Strait Islander peoples with conductive hearing loss it is critical that culturally responsive services are made available.⁴⁹

42. The Aboriginal Disability Network of NSW provided the following description of the problems associated with previous strategies to address disability within Indigenous communities:

Historically much of the focus on Aboriginal people with disability has been from a health perspective...(this) has come at the cost of failing to recognise the social aspects of Aboriginal disability. This has meant that the barriers that produce discrimination against Aboriginal people with disability remain firmly entrenched and the general well-being of Aboriginal people with disability has not improved in any meaningful way.

The experiences of many Aboriginal people with disability is that their disability is often medicalised. Interventions often simply treat the individual's health condition without considering the broader implications of their condition, i.e. the social barriers to participation. This is an ongoing problem as significant funds are continually poured into Aboriginal health programs without the foresight to consider the broader social needs of Aboriginal people.

As one Aboriginal person with disability put it at one of the community consultations, 'getting a wheelchair helps me around my home but it doesn't help my whole life; I still can't get down to the shops and go to places I want to go because the footpath is too bad'. This response acts as a powerful analogy for the problem of dealing with only one aspect of the life of an Aboriginal person with disability, that is dealing only with the health aspects through the provision of a technical aid without addressing the systemic barriers that impact the person's life, such as an inaccessible community.

Aboriginal people with disability are significantly under-represented on a population basis in participation in beneficial social programs (including health, community and disability services) due to a number of policy and structural failures. These failures include services that are poorly targeted and located, as well as culturally insensitive or inappropriate. Furthermore, there are very few Indigenous specific disability services, or non-Indigenous disability services with Aboriginal staff. In many cases, particularly in rural and remote communities, Aboriginal people with disability are the victims of institutional racism that often results in little or no service provision. Today sadly this remains a major barrier for Aboriginal people with disability in their desire to be able to meaningfully participate in the wider community.⁵⁰

43. The range of additional measures required, which combine health and medical interventions with social and economic strategies, include:

⁴⁹ D Howard, 'Intercultural communications and conductive hearing loss', *First Peoples Child and Family Review* (2007) Vol 3, No 3, pp 96-105.

⁵⁰ Aboriginal Disability Network of NSW, *Telling it like it is, a report on community consultations with Aboriginal people with disability and their associates throughout NSW, 2004-2005* (2007) pp 2-3. At http://www.pwd.org.au/adnsw/news/telling_it_like_it_is.doc (viewed 19 January 2009).

- Addressing the socio-economic determinants of hearing impairment and deafness, such as housing, diet and education. This could include programs that focus on improving overcrowding, personal hygiene and water and sanitation systems in houses, encouraging breastfeeding, discouraging smoking and encouraging swimming and vaccination;
- Addressing the discrimination faced primarily in terms of disability and race;
- Ensuring adequate provision of accessible, affordable and culturally appropriate services including:
 - Diagnosis and effective medical and audiological management of Aboriginal infants with otitis media and conductive hearing loss;
 - Community education regarding strategies for reducing adverse developmental consequences associated with hearing loss;
 - Early intervention services at health clinics - conducting otoscopic examinations for otitis media at least every 3 months at well-baby visits, and including otoscopic examinations for otitis media in any assessment of a sick child; implementing a universal neonatal hearing screening as part of a comprehensive population-based approach to family, maternal and child health (see the National Aboriginal and Torres Strait Islander Child and Maternal Health Policy Framework, which is currently under development);⁵¹
 - Providing support services for families with children with hearing difficulties;
 - Providing regular hearing screening in child care facilities;
 - Developing school-based strategies to help prevent and combat the effects of ear disease such as: regular hearing screenings; health screenings and ear examinations in schools; installation of sound field amplification systems in classrooms to create enhanced listening environments;⁵² teacher training should include components on identifying hearing impairment among students and communication skills and teaching strategies to support students with hearing impairment and deafness; and establishing mechanisms for the direct involvement of parents, carers and other associates of students with

⁵¹ HealthInfoNet. *Review of ear health and hearing*. (2006) pars 31-35. At http://www.healthinonet.ecu.edu.au/html/html_community/ear_health_community/reviews/ear_our_review.htm (viewed 13 January 2009).

⁵² Australian Bureau of Statistics and Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*, (2005), ABS Release 4704.0 p 23. At <http://www.aihw.gov.au/publications/ihw/hwaatsip05/hwaatsip05.pdf> (viewed 14 January 2009).

disability in determining their needs – including communication between health and education services for particular students identified with hearing impairment issues;⁵³ and

- Developing and funding employment based programs that provide for audits of workplace acoustics and communications processes, supervisor training and mentoring and wellness planning with workers.

44. The Commission recommends the government address the specific needs of Aboriginal and Torres Strait Islander peoples with hearing impairment and deafness by supporting and providing for measures that:

- Address the socio-economic determinants of hearing impairment and deafness, such as housing, diet and education;
- Address the discrimination faced in primarily in terms of disability and race;
- Ensure adequate provision of accessible, affordable and culturally appropriate services in the areas of health, housing, education, employment and the criminal justice sector; and
- Support further research in Indigenous hearing and communication and develop the evidentiary base for understanding the impact of hearing impairment and deafness on Aboriginal and Torres Strait islander communities.

⁵³ Aboriginal Disability Network of NSW, *Telling it like it is, a report on community consultations with Aboriginal people with disability and their associates throughout NSW, 2004-2005* (2007) p 22. At http://www.pwd.org.au/adnsw/news/telling_it_like_it_is.doc (viewed 19 January 2009).