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9 October 2009

To Whom It May Concern:

RE: Inquiry into Hearing Health in Australia

Please find attached a submission from the Deaf Society of New South Wales on the Inquiry into Hearing Health in Australia.

For any queries please contact me on my direct line 02 8833 3613 or emailing severson@deafsociety.com.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Sharon Everson".

SHARON EVERSON

Chief Executive Officer



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Inquiry into Hearing Health in Australia Submission

The Deaf Society of New South Wales

ABOUT US

The Deaf Society of New South Wales (DSNSW) is NSW's primary provider of services to deaf people who use Australian Sign Language (Auslan) as their first or preferred language. DSNSW is one of six state Deaf Societies across Australia that form the Australian Federation of Deaf Societies (AFDS).

INTRODUCTION

DSNSW fully supports recommendations that improve access for people with a hearing impairment and for late-deafened adults. However, in line with the needs of our primary client group, this submission provides recommendations relating to the needs of pre-lingually deaf children and adults who use Auslan (Australian Sign Language) as their first or preferred language. The issues we address are relevant to our client base in NSW however many issues are common nationally.

Articles within the UN Convention on the Rights of People with Disability, recently ratified by Australia, set out the principles of equal access and the value of signed language and deaf community and culture for both deaf adults and children.

COMMENTS and RECOMMENDATIONS

1. the extent, causes and costs of hearing impairment in Australia;

Extent

The Access Economics report "*Listen Hear! The Economic Impact and Cost of Hearing Loss in Australia*" noted that in 2005, the prevalence of hearing loss was estimated at 3.55 million people. However, the number of those who use Auslan is a small minority within this larger group. Accurate data is difficult to obtain, but estimates vary from 6,500 to 15,000 people. (Access Economics, 2006)

Causes

The causes of deafness for those who identify with the deaf community include maternal illness, infection, and genetic conditions. Many people who acquire a hearing loss as adults do not generally identify with the deaf community, so the prevalence of noise injury as a cause of deafness within the signing deaf community is very low.

Costs

Accurate data on the costs of hearing loss in this group specifically are difficult to obtain. Indirect costs to the deaf individual and to the community include the costs of unemployment and underemployment, lost time and opportunities due to discrimination in the areas of employment, education, and leisure activities. They also include the indirect costs to family and friends who act as carers (especially for deaf people with severe language deprivation and with additional disabilities), and the costs associated with higher rates of mental and physical illness.

Direct costs for services to this group are somewhat more quantifiable. NABS, which provides interpreting services for private medical appointments Australia-wide, spent an estimated \$4.6 million in 2006, and Deaf Societies across Australia provided services to an estimated cost of \$13.6 million in the 2004/2005 financial year (Access Economics, 2006). It should be noted that Deaf Societies, whose primary client group is those who use Auslan, do provide a small percentage of services to those who do not. The figures above do not include interpreting or other community services provided by other organisations such as health care interpreting services, the Community Relations Commission, community and migrant welfare organisations.

2. The implications of hearing impairment for individuals and the community;

Financial and social implications fall into two distinct categories: necessary financial implications, as well as a large number of preventable social and financial implications.

Necessary financial implications include some of the costs associated with welfare, education, captioning, and interpreting services, and the costs of some technologies such as hearing devices and building alterations. In so far as deafness often leads to the formation of a different cultural identity and the use of a different language, it cannot be "cured" or viewed within a health services paradigm. Some of the financial costs of deafness services are therefore necessary and ongoing, especially the provision of Auslan interpreters.

Many other implications, both social and financial, are preventable. These include problems associated with delayed language acquisition, problems of access to social and leisure activities, and problems of access in areas such as law, employment and education.

Problems of delayed language acquisition

Many welfare services are necessary because of poor mental health, poor living skills, poor language skills (both written English and Auslan signing skills) among some members of the deaf community. Such problems are overwhelmingly prevalent for those deaf people who have had delayed language acquisition.

Delayed language acquisition is common and arises often through inappropriate choices of an oral education for a child who has insufficient assisted hearing to access spoken language in the classroom. Auslan is seen as the “last resort” and the deaf community becomes the “dumping ground” for those deaf people who fail to be cured of their deafness through health interventions and oral education. Should this state of affairs continue, the Deaf Societies will continue to bear the burden of the costs of services in areas such as language development, living skills, social integration, employment, negotiating access to generic services, and specialised support for deaf people with minimal language competence.

These costs are preventable through early intervention programs which value Auslan as complementary rather than opposed to speech and lipreading. Auslan is fully accessible to a deaf child, whereas speech may or may not result in being accessible to the deaf child. Primary and secondary education programs must focus on the needs of the deaf child first and provide real choices to parents rather than choosing one educational methodology over another. No single method works for every deaf child and Auslan will be the most appropriate language of instruction for a sub-section of deaf and hard of hearing children. Providing timely access to Auslan will prevent many problems and costs later in life.

See below for specific recommendations relating to early intervention and education programs in New South Wales.

Problems of social access

Members of the signing deaf community as well as those with hearing loss share similar barriers to access. These include access to captioned movies, access to transport (such as announcements on trains and buses), access to emergency services (there is still no way a deaf person can contact emergency services via a mobile phone), tourism (caption-capable TVs are not standard for hotels), and access to services provided by small businesses. Many small businesses, such as accountants and real estate bodies face undue hardship in making their services accessible to deaf and hard of hearing people, therefore these services, for the most part, remain inaccessible by deaf people.

Recommendation: adopt the recommendations of Deafness Forum with regard to issues of access affecting both deaf people and those with a hearing impairment.

Problems of access in the public sphere

Private Legal Interpreting

Deaf people wishing to utilise the services of a private legal practitioner do not enjoy the same access as their hearing peers.

The unwillingness of most private legal firms to bear the additional cost associated with the use of an interpreter combined with the lack of government funding means that it is primarily the member organisations of the Australian Federation of Deaf Societies who are forced to absorb the cost of interpreting for such appointments on behalf of their deaf clients.

Article 9 of the UNCRPD sets out Australia's obligations with regard to accessibility which include the provision of professional sign language interpreters.

Recommendation: make funds available to ensure provision of Auslan interpreting for private legal appointments.

Auslan in the Workplace

The Auslan for Employment (AFE) program, while effective and very welcome, has its limitations. The provisions in the program are unrealistic as they appear to expect that the need for interpreters will cease once a deaf person has been established in a job. After the funding cap is reached, or the time limit expires, the employer is obliged to pay for interpreters in the workplace. This remains a serious disincentive to employers considering employing deaf people.

Recommendation: That the funding cap on the AFE program be removed.

Ageing

The deaf community, as is the wider community is ageing. Isolation is common among elderly people who are able to hear and communicate in spoken English. For the fast growing number of elderly signing deaf people, the problems of isolation are compounded due to staff in aged care facilities and services who are unable to communicate in Auslan or fingerspelling and who have little awareness of what is culturally appropriate when interacting with deaf people.

Recommendation: make funds available to allow for the training of staff whose clients are deaf.

3. The adequacy of access to hearing services, including assessment and support services, and hearing technologies.

The services which are of most importance to deaf people who use Auslan are not primarily health-related services. General health services, and a range of hearing services will be accessed by members of the deaf community, but their primary service needs stem from difference of communication (i.e. difference in language) and therefore

should not be treated as a health problem. Rather, deaf people require services such as bi-lingual education, interpreting and captioning which fall under the umbrella of the social services rather than of health. These are discussed in section 4 below.

For some members of the deaf community (as for many hard of hearing people) the cost of hearing aids for deaf people of working age is of great concern.

Recommendation: the extension of affordable access to hearing technologies and hearing services to include all people who are deaf or hard of hearing.

4. Support services, and hearing technologies; the adequacy of current hearing health and research programs, including education and awareness programs.

Support programs for parents of deaf children

Parents frequently report that they face a maze of services, a plethora of conflicting opinions with their deaf child, as well as an alarming frequency of biased unhelpful, overly pessimistic or overly optimistic advice on the prospects of their deaf child. This is unnecessary, and can lead to severe delays in families getting the help that they need to prevent delays in language acquisition and social development of their deaf child.

Recommendation: establish a parent-to-parent mentoring program to support parents, counter the bias of service providers and provide a holistic view of the potential of the deaf child.

Education Programs

The Deaf Society of NSW's concerns relate particularly to education practices in NSW but our recommendations would have benefit being implemented at a national level.

DSNSW has long been concerned that educational programs in NSW do not take account of the risks posed by the potential of delayed language acquisition in pre-lingually deaf children. Three problems are of critical concern:

1. Some early intervention programs do not appear to take seriously the risk of delayed language acquisition or the potential for early Auslan programs to eliminate this risk.
2. In some states staff who teach or support students who use Auslan are not required to be fluent in Auslan.
3. NSW lags behind other states in the adoption of Auslan as a language of instruction for deaf children who can benefit from it.
4. The push towards mainstreaming (deaf children attending their local schools with minimal support) is made without regard to the needs of deaf children, many of whom benefit from the "Hearing Unit" model which allows a peer group of deaf as well as hard of hearing children access to the full curriculum.

These problems give rise to serious risks in the educational and psycho-social development of deaf children. They constitute a threat to the integrity of public

education providers and to the ability of individual schools to fulfil their obligations to deaf students who access the curriculum using Auslan.

Article 24 of the UNCRPD sets out that 'state parties shall take appropriate measures including; facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community.' Appropriate measures also include 'ensuring that the education of persons, and in particular children, who are blind, deaf or deaf-blind, is delivered in the most appropriate languages and modes and means of communication for the individual and in environments which maximise academic and social development.'

Recommendations:

- 1. The introduction of a language acquisition “Bilingual Safety Net”¹ policy for early intervention programs for deaf or hard of hearing children identified through national newborn screening programs.***
- 2. The adoption of a national benchmark for fluency for staff employed to work with children who access the curriculum using Auslan, whether teacher aides, learning support officers, interpreters or teachers of the deaf. This benchmark should be NAATI Paraprofessional level accreditation or recognised Deaf Relay interpreter training or accreditation as a minimum.***
- 3. The provision of bi-lingual-bi-cultural programs in support units (hearing) across NSW where there is a “critical mass” of students who use signed communication to access the curriculum, in order that these programs become centres of excellence for the education of children who access the curriculum through Auslan or other forms of signing.***
- 4. That “hearing units” be viewed as “Centres of Excellence” for deaf education, and that they be funded accordingly.***

Awareness programs

There is a lack of awareness by many bodies of the deaf community being a culturally and linguistic minority within Australia. Awareness about the deaf community and its culture should be actively promoted. Article 8 of the UNCRPD states that state parties should undertake to adopt measures to 'promote awareness of the capabilities and contributions of persons with disabilities' and 'promote positive perceptions and greater social awareness towards persons with disabilities.'

Recommendation: promote awareness raising programs regarding deafness and the rights of people with disability

Deaf people with additional disabilities

Services for deaf people with multiple disabilities require improved co-ordination. This includes services for people who are deaf-blind and deaf people with mental illness.

¹ A “Bilingual Safety Net” refers to the need for children to have access to a visual language to eliminate any risk that might arise from their not acquiring spoken language at an age-appropriate rate.

Recommendation: Investigate programs to encourage partnerships between services providers in the deafness sector and service providers in vision impairment and mental health.

5. Specific issues affecting Indigenous communities.

The primary area of concern for DSNSW is the lack of data available on deaf people who use signing in indigenous communities. Possible action includes further research on the identification and needs of deaf people in indigenous communities and further awareness of the specific needs of signing deaf people for those working with indigenous communities.

References:

Access Economics (2006) *Listen Hear – The Economic Impact and Cost of hearing loss in Australia.*

United Nations Convention on the Rights of Persons with a Disability