Accessible Services for Deaf People who use Auslan in Hospitals and Health Services

Prepared for Department of Health

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Introduction

Access to health services is a basic and fundamental right for every person in Australia and globally. It is critical that each citizen is informed about their health and wellbeing in order to make informed decisions and manage health care and wellbeing.

Deaf people who use Auslan (Australian Sign Language) as their main language are no different from others, yet there have been systemic failures reported by consumers regarding the provision of adequate communication supports for deaf people who use Auslan, in order to understand and make informed decisions about their health care.

Some hospitals have developed a wide range of supports for deaf people, however, these supports are often implemented without consultation with the deaf community and issues regarding due processes in delivering effective interpreting services have been experienced. Significant improvements are needed for delivery of this support to achieve 'like for like' outcomes that are experienced by the wider community.

Consistent policy, governance and adequate provisioning of communication support are severely lacking.

There are stories in every part of Australia where deaf people are frustrated by the lack of access to information and support resulting in experiences of trauma due to inadequate health care services they received. Deaf people widely report little or no faith in the health sector addressing this important matter.

The current complaint mechanism offers them inadequate redress and complaints are often ineffectively managed.

Deaf Australia acknowledges that the medical profession's first and foremost focus is patients' health and wellbeing. It is equally important that individuals receiving care are aware of what is happening to their body. Lack of access to information and ability to actively participate in one's primary language can lead to poor treatment and inappropriate post-care that would increase the likelihood of reinjuring or recurrent health episodes that impacts recovery, health and wellbeing.

In addition, the national commission and medical board have developed national standards, guidelines and code of conducts in the provisioning of communication supports, namely:

- Australian Commission on Safety and Quality in Health Care
- The Australian Charter of Healthcare Rights and
- Medical Board – Good medical practice: a code of conduct for doctors in Australia

Some states and territory have in place a legislation that clearly outline responsibilities of healthcare providers when providing medical care for deaf and hard of hearing people, for example, the Victorian Government's Equal Opportunity Act (2010) and Charter of Human Rights and Responsibilities Act (2006).

It is clear that accessing provisioning of interpreter supports outlined in the said documents have not been adhered and complied.

Deaf people who use Auslan access medical services ranging from Emergency to day patient services, traditional and alternative practitioners, and general health services such as dental and allied health services. Deaf people report fraught experiences where access to interpreting is like playing Russian roulette. In addition, Deafblind people (that is, people who have no or low vision in addition to hearing loss and use Tactile or hand-over-hand Auslan) often do not have access to appropriate services.

The inadequate assurance of accessibility to interpreting services within the health system has culminated in anxiety, depression, and family dysfunction.

Interpreters who are trained and qualified for medical settings are equipped to convey information between two languages – Auslan and English. There are also specialist interpreters who are trained to provide tactile interpreting for deafblind patients. Australian Sign Language Interpreters are accredited through the National Accreditation Authority for Translators and Interpreters (NAATI) just like spoken language Interpreters.

Reliance on family members or friends to interpret for deaf patients is a common occurrence that should cease because of the danger of miscommunication and the consequences this practice poses for the patient. In addition, there are risks to the medical practitioner, health service and government department where lack of adequate communication and dialogue with a patient could result in compromised or non-existent informed consent and lead to malpractice or litigation.

Advancement in technologies (Video communication) such as Telehealth is to be commended yet problems with access to basic communication for those deaf people who live in rural and remote areas where there is little, or no communication arrangements leaves deaf people at greater risk than other citizens.

Communication is an inherent right, but it is currently lacking with medical services. The current advancement in technology could be utilised for deaf people to be treated in a respectful and dignified manner alongside all citizens, irrespective of their race, background, religion, creed and more importantly, their disability.

Access to communication, in a general context, has been poorly considered, designed and accommodated. Generally, when communication access is considered, designed and regularly reviewed, not only will deaf people benefit from the design, but everyone would also benefit and reduce exclusion.

Issues and Challenges

A. Hospitals

Hospitals (both public and private) throughout Australia have developed various strategies for providing communication / interpreting support. This support may differ, from each hospital having its own arrangement or state governments contracting interpreting providers to provide interpreting support for hospitals in the area/ region.

Deaf people throughout Australia have shared many (often negative) experiences on social media repeatedly asking what they can do next and how they can address these issues because their experience of making a direct complaint has not been effective.

Their medical experiences range from accessing the Emergency Department (ED) to recovery, from day-patient to overnight stays, and for follow-ups. The common frustration reported is the lack of transparency in relation to communication supports. This, together with hospitals not accepting responsibility for arranging and providing communication supports – mostly Auslan interpreters.

More often than not, hospital staff do not know the process and/or do not accept any responsibility stating that the provisioning of support is not part of their remit to patients. The response from hospital staff is often budgetary (the claim is often that the request belongs to different department and they must approve it or that they are unable to book for one in short notice) or an incorrect assertion that interpreters cannot be provided at short notice, in regional/rural areas or after hours.

All of these claims are false as some interpreting agencies have a 24-hour number and interpreters on call to provide onsite or video remote interpreting in emergency situations. To our knowledge most of these services are self-funded.

That said, the process for hospital staff to understand how to book interpreters is unnecessarily complex due to the myriad of funding and provision models as described above. Even hospital staff motivated to provide access find the process confusing which leads to poor service for deaf people when they most need interpreter support and often when they are the least able to advocate for themselves.

Some deaf people have reported incidents where they were asked to use their NDIS plan to pay for an interpreter in the public hospital system when it was clearly the hospital's responsibility to provide for one.

Despite hospitals' obligation to provide access, for some deaf people, it is easier and more reliable to organise the interpreter booking themselves and use their NDIS plan because at times, the hospital may only provide an interpreter for 90 minutes (when the service is required for longer). This sets a very dangerous precedent as not everyone has an NDIS plan and the expectation that hospitals are relying on deaf people to use their NDIS plan is not appropriate.

Deaf people have outlined situations where hospital staff have asked unqualified or unskilled family members (including children) or friends of deaf patients to interpret for the doctors, nurses or other medical professionals.

The family and friends are there to provide moral and spiritual support and care for deaf patient and not to serve as communication liaison between the hospital staff and the patient. Family and friends are not suitably equipped or qualified to provide an interpreting service. This practice has a negative effect on post-care support for deaf patients who have been traumatised by this experience. This is in addition to the obvious legal implications of using those without an interpreting credential in a healthcare setting.

There have also been examples where a patient (who is not deaf) has had requests for interpreters for their support person (who is deaf) denied because the deaf person is not the patient. This may include the patient's deaf parent, partner, guardians or carers who may have legal responsibility for the patient as a dependent (child, partner or parents). There are obvious concerns here in terms of the ability for informed decisions to be made who may not be deaf have been refused interpreters because the patient themselves is not deaf.

These anecdotes are commonly experienced by many deaf people across Australia leaving hospitals open to negligence in their duty of care.

The current complaint mechanism relies heavily on a patient's ability to converse or write in English which is not accessible for deaf people where Auslan is their main language. The complaint mechanisms offer no assurances that their concerns and issues will be resolved in ways where a person can understand the response clearly. This may explain why hospitals have received few or no complaints from deaf people because deaf people have little or no faith in the complaints handling processes or even be clear about how to go about making a complaint.

Key points:

- Lack of consistency and guarantee in the way supports are secured, funded and provided.
- Lack of choice in communication options for accommodating deaf, deafblind and hard of hearing individual communication needs.
- Lack of clear and effective complaint mechanisms to enable deaf people to make complaints in their language (Auslan).

B. Medical and Allied Health Services via National Auslan Payment and Booking Services (NABS)

NABS was established as a result of national campaign led by Deaf Australia (then Australian Association of the Deaf) with several interpreting agencies and because of a discrimination complaint in accessing medical and allied health services. NABS has been funded by the Department of Social Services (DSS) to provide access for deaf people to access interpreters for medical appointments in the services listed below.

GP and Specialists	Acupuncture	Audiologist
Aboriginal Health Worker	Chiropractor	Dentist
Diabetes Education	Dietician	Exercise Physiologist
Endocrinologist	Family Planning / Sexual Health	Gynaecologist / Obstetrician / IVF
Iridologist	Medical Imaging	Mental Health Worker
Naturopath	Occupational Therapy	Optometrist
Osteopath	Paediatrician	Psychiatrist
Psychologist	Physiotherapist	Podiatrist / Chiropodist
Remedial Massage	Speech Pathologist	

Source: NABS.org.au/nabs-for-health-care-provider.html

Note that NABS does not provide interpreters for public hospital services, however, does provide all interpreting services for Aboriginal and Torres Strait Islander Auslan sign language users for both public and private health care appointments including hospitals.

NABS provides every deaf person access to interpreters for the medical appointment types listed above and offers professional development and training for interpreters employed by NABS to better equip them with medical knowledge when interpreting for these appointments.

NABS is one of the 17 national programs that the Government has decided to transition into NDIS.

Deaf Australia believes the transition should **not** have taken place due to the fact that sign language is recognised as a human right to access communication (United Nations' Convention on the Rights of Persons with Disabilities Article 2). The philosophy of NDIS is 'reasonable and necessary' which implies that access to interpreter is seen to be a choice rather than a right. For this reason, Deaf Australia has not supported the transition of NABS into NDIS in the absence of a clear delineation between a choice and a right.

From 1 April 2021, eligible deaf people who are using NABS will be required to become NDIS participants in order to receive funding for interpreters. If a deaf person has not registered, or receives NDIS support, they will be ineligible to access NABS unless they can demonstrate that they are:

1. over 65 years of age, and/ or,

2. not eligible for NDIS (by showing proof by way of a letter advising them of their ineligibility).

If they do not have either, their access to interpreters for medical appointments will have become non-existent leaving them without any communication support service.

NABS will continue to provide free interpreting services for seniors (over 65) and those who are ineligible for NDIS. For NDIS participants like other interpreting service agencies, NABS will charge deaf people to access interpreters for medical appointments and other activities.

Under these new NDIS arrangements, when deaf people are using their NDIS plan to access interpreters for their medical appointments (in services as listed above), there is no guarantee that these interpreters will be trained and experienced in these medical settings if the deaf person has to organise their own interpreters. This creates serious risks for deaf individuals utilising untrained interpreters in these settings.

Interpreting agencies around Australia may be able to provide skilled and trained interpreters, however, due to the high demand for interpreting, appointments need to be booked in advance to secure an interpreter. It has been reported that some appointments require booking to be done at least 5 weeks in advance in order to secure an interpreter. This offers no assurance for deaf people needing to visit the GP or other allied health professional immediately or at short notice.

The lack of forethought in transitioning of NABS into NDIS has increased the risks for deaf people accessing medical and allied health services, especially for those who have yet been registered as a NDIS participant.

It is worth noting that DSS also funds interpreting services for migrants who use different languages for similar programs listed above through Translating and Interpreting Services (TIS) provided by Department of Home Affairs. This program remains unchanged. TIS do not provide Auslan / English interpreters which creates an inequitable situation for deaf Auslan users.

Key Points:

- Interpreters appointed using participants' NDIS plan may not be trained for medical settings.
- Deaf people do not have any way of knowing if an interpreter is well equipped or trained to interpret in medical settings and there is a risk of irreversible damage to their health and wellbeing if an inappropriate interpreter is used.
- Auslan / English interpreters may be accredited through the National Accreditation Authority for Translators and Interpreters (NAATI), however, with NDIS, there is no guarantee that the interpreters may have obtained accreditation or have received professional development or training for medical settings.
- Interpreters may not be given opportunities by Interpreting service providers for professional development / training to equip them with knowledge and skills to adequately provide quality interpreting service in these settings.

C. Telehealth Service

Due to Covid-19, there has been a large uptake of the Telehealth service, however, this is not an appropriate service for deaf people using Auslan. Deaf Australia wrote an issue and challenge paper in April 2020 raising concerns about accessing health services using telehealth with interpreter to be linked in as a 3rd party.

The video platform that may be included in the telehealth service does not allow a 3rd party connection. This means that deaf people are unable to utilise interpreters when discussing medical issues directly with a doctor because we need to use a video platform to see the interpreter.

If the GP and allied health providers are able to use a video platform and link to a 3rd party to allow for a 3-way video connection, then the GP and/or allied health provider can see the deaf patient during their consultation with the interpreter visually present to interpret the interaction. This is particularly important due to nuances of body language that the GP and/or allied health providers can identify from the patient.

It has become the norm that deaf people use their NDIS plan to pay for interpreters for these consultations, and as discussed earlier in this paper, there is no guarantee the level of competency and availability of interpreter/s for these settings, making Telehealth the most inaccessible service for deaf people.

Key Points:

- Telehealth is not an accessible service for deaf people due to the lack of an interoperable system between GP/ Allied Health, deaf client and interpreter.

- The application of Telehealth, with modifications, could be used effectively in various settings in hospitals (particularly useful for those living in rural and remote regions) to access an interpreter at the same time via video. Health service facilities require a robust and stable wireless connection.

D. National Relay Service

The National Relay Service (NRS) is funded by the Department of Communications (*Cwth*) to provide telecommunication access for deaf, hard of hearing people and people with speech impairments. The NRS service is text based meaning a relay officer types what is said to the deaf/hard of hearing person and uses speech to relay to the third party what has been typed by the deaf/hard of hearing person.

The NRS also offers a Video Relay Service (VRS) which functions more like a video call for the relay officer (who is a NAATI certified Auslan/English interpreter) and the deaf person with the third party on a normal voice call with the relay officer who interprets the conversation back and forth. However, even though the NRS/VRS is an 'on-demand' service (albeit often with long wait times), the service cannot be used for scheduled appointments, interviews or remote interpreting (with the client being in same room with GP).

There is a growing trend where a small number of deaf people use the NRS/VRS for these appointments regardless, however, Deaf Australia is concerned about the competence of interpreters available via the VRS and the inappropriate use of the service.

Key points:

- Deaf Australia does not think that National Relay Service is an appropriate interpreting service to utilise for medical settings.

Recommendations

Deaf Australia recommends that:

1. Department of Health note Deaf Australia's concerns about the inadequacy of the current and proposed arrangements for appropriately qualified interpreters for deaf, deafblind and hard of hearing people in health and medical settings.

2. Department of Health undertake investigation to ensure the following:

    a. communication access to hospital and other health services is consistently employed by all providers (including obligation, funding and processes) via national consistent policy,

    b. appropriate funding and resourcing for interpreters to be trained to work in medical settings to ensure that deaf people are receiving skilled interpreter practitioners, so they and can make informed decisions about care; and

    c. improvement in the functionality of the Telehealth service to ensure capability of 3-way video connections and wireless connectivity.

3. Department of Health require:

    a. hospitals (both public and private) to improve their services to cater for the communication needs of deaf people and to accept responsibility for providing deaf people with access to services as required under the Disability Discrimination Act (*Cwth 1992*),

    b. hospitals (both public and private) and all medical offices to improve their complaint mechanism to allow deaf people to make complaints in their language (Auslan),

    c. hospitals, GPs and allied health offices be equipped with video enabled tablets and stable internet (wireless or SIM card enabled) connectivity with a direct link to interpreter provider(s) who can provide:

        . immediate interpreting support,
        . interpreters who are competent and trained for these settings, and
        . interpreters who are available and accessible in rural and remote areas.

4. Department of Health provide funding for Deaf Australia to communicate with Deaf members about the processes for accessing health services.