



A Snapshot of Deaf People's Experiences

Briefing Paper

DISABILITY ROYAL COMMISSION SUBMISSION

February 2023

Censored version with potentially identifiable data removed.

About Deaf Australia

Deaf Australia acknowledges the Traditional Owners and Custodians of the lands on which we work and pay our respects to Indigenous Elders past and present. Sovereignty has never been ceded. It always was and always will be, Aboriginal land.

We recognise the past atrocities against Aboriginal and Torres Strait Islander peoples of this land and that Australia was founded on the genocide and dispossession of First Nations people. We acknowledge that colonial structures and policies remain in place today and recognise the ongoing struggles of First Nations people in dismantling those structures, especially Deaf, Deafblind and hard of hearing First Nations peoples.

We also acknowledge and respect the members of the Deaf Community in Australia, who preserve our rich heritage, culture, and language Auslan. We acknowledge our Auslan teachers and educators, who work to promote awareness and equality for deaf signing peoples, and access through our sign language.

Deaf Australia was founded in 1986 as a not-for-profit organisation that represents all Deaf, Deafblind, and hard of hearing people, and others who are fluent and knowledgeable about Auslan. We aspire to achieve equity for Deaf people across all areas of life. The focus has and continues to be on developing access to information and accessible communication. We work with Australian governments and collaborate with key stakeholders to make sure that Australia complies with the United Nations Convention on the Rights of Persons with Disabilities. The UN Convention and the National Disability Strategy guides our work.

Deaf Australia advises that the December 2022 version document submitted to the DRC may not be publicly distributed.

Deaf Australia advises that the February 2023 version document (with potentially identifiable information removed) may be publicly distributed.

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Key Note

This document provides a brief overview of the information and results of Deaf Australia's *Deaf Census 2022*, an online survey that included questions about the access and inclusion experiences of Deaf, Deafblind and hard of hearing people who use Auslan. The Deaf Census is a global first in collecting information about Deaf, Deafblind and hard of hearing people at a national level. This document also provides key snapshots from in-depth informant interviews with approximately 30 Deaf, Deafblind and hard of hearing people from around Australia who use Auslan.

This document has been developed specifically for the Disability Royal Commission and does not contain an exhaustive view from the interviews or Census. This was due to the deadline of 31 December 2022 for submissions to the DRC.

Introduction

In 2021, Deaf Australia received funding from DSS for an Information, Linkages and Capacity Building (ILC) activity. We chose to focus on creating an evidence-based Accessibility and Inclusion Toolkit that would be freely available to everyone online. We employed one Deaf part time staff project officer, one hearing part time staff researcher and one Deaf freelance researcher to create this resource. The project concept was developed by the Deaf freelance researcher in collaboration with Deaf Australia. One researcher focused on collecting qualitative data by inviting Deaf, Deafblind and hard of hearing Auslan signers for an in-depth interview about their access and inclusion experiences. The other researcher focused collecting quantitative data through creation of the Deaf Census, an online survey in Auslan and English that included 85 questions. We received 1216 completed Census responses – a record in the history of research about Deaf people in Australia.

Out of 1216 respondents to the 2022 Deaf Census:

- The majority of respondents were between 25 and 59 years of age (72%).
- Nearly half of all d/Deaf, d/Deafblind or hard-of-hearing respondents (45%) are the only deaf person in their immediate family.¹
- Nearly two thirds of all d/Deaf, d/Deafblind or hard-of-hearing respondents (58%) have a hearing spouse or partner.
- 82% of respondents used Auslan in the home, with 51% using spoken English.
- 93% of respondents used Auslan when socializing with other d/Deaf, d/Deafblind or hard of hearing people.
- 25 respondents (3%) were Aboriginal or Torres Strait Islander.
- 160 respondents were born outside of Australia, 9% came to Australia as an asylum seeker.

1 Note that people answering this question likely assumed that the question referred to the family they were born into, and not their current familial set-up, which often does include more than one deaf person. The exact wording of the question was: *Are you the only Deaf, Deafblind, or hard of hearing person in your immediate family (parents, guardians, siblings, spouse/partner, children)?*

The information contained within this briefing paper is summarised at the end as **red alerts**. This means it is information that needs to be taken seriously and urgently by the government and all other people involved in human services. **We have identified three red alerts: safeguarding, education, and interpreting.** We provide evidence for each alert relating to education, employment, healthcare, language policy, and interpreters and the interpreting industry.

A note about the term 'deaf' in this briefing paper

In this submission, Deaf Australia uses 'deaf person/people/community' to refer to all d/Deaf, Deafblind, and hard of hearing people who use Auslan as their language of preference, unless otherwise stated.

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Education

DEAF CENSUS DATA

- 12% of respondents did not complete secondary school.
- One in four respondents were offered no communication access options at all in primary school.
- One in three respondents were offered no communication access options at all in secondary school.
- Only 37% of respondents who went to TAFE had in-person Auslan interpreters.

Deaf early, primary, and secondary education system is repeatedly failing deaf children and preventing them from realising their full potential academically and emotionally.

Language deprivation is prevalent. Being denied access to learning a full, first language leads to emotional and social deprivation, poor mental health outcomes as teenagers and adults. In addition to the academic factors, deaf children are also not given opportunities to learn about emotional awareness, such as how to de-escalate conflict, personal boundaries, human rights, etc. They are trapped in vulnerable positions where often there are only one or two other adults who claim to understand them and then often abuse these positions, e.g., interpreters, teachers.

Deaf children receive only limited Auslan support for a few hours per week, when they need that support all school hours. Deaf children fall behind their hearing peers at school because they cannot keep up in an environment without equitable access to communication. Barriers to deaf people adopting deaf children even though they can offer them a safe and language-rich home environment. Deaf adults pay thousands of dollars for education they missed out on at school as children. We received reports of historical cases of childhood sexual abuse in school institutions due to lack of communication and safeguarding.

Teachers of the Deaf not fluent in Auslan yet policing deaf children's language and communication choices. Teachers and interpreters not admitting mistakes in translation or understanding when they occur, but instead brushing over them or pretending they did not happen. Deaf children forced to learn how to work with interpreters while also studying and learning. Deaf children's language and communication preferences policed at school, often forcing them into a non-preferred form of communication.

Historical case of one student threatened with expulsion because they insisted on writing responses in English on the board instead of speaking. Another student's cochlear implant confiscated by the teacher when the student removed it and placed it on her desk for a listening break. An Aboriginal student's teacher claiming that as the student is Aboriginal she did not deserve to have something so expensive (hearing devices). Historical cases of a school principal assaulting a deaf child in the classroom for "ignoring" them even though the child just did not hear the principal, then the child's parent assaulting the principal and going to lockup for it. Teachers not supporting students to have a repertoire of communication practices just like their hearing peers do.

One student was assessed by a non-fluent interpreter as not being fluent enough to work with interpreters at school. Deaf students with speech privileges (i.e., deaf people whose speech is intelligible to non-deaf people) being told the school must prioritise interpreters for those who do not speak, rather than all who need them. Interpreter demand influences what subjects deaf students can take, directing them away from their natural interests and into whatever is convenient for the school. Deaf students capable of going to university but not supported to do that, forced into vocational pathways instead. Deaf children with motivation and ambition are having this knocked out of them.

Deaf education system is even more dangerous for Indigenous deaf children and adults.

Racism is prevalent in the deaf education system. Indigenous deaf people in remote areas are often removed from their families as young as two, losing their chances to learn their own family languages and build their own cultural understandings the same as their hearing peers. Deaf Aboriginal children being assaulted and manhandled by hearing non-Indigenous teachers on a daily basis, and no-one thinking twice about it even when broadcast on national TV.

Schools in remote areas often have assistive listening technology for deaf Indigenous children, but this is often not turned on, or kept away from children as “they might break it” or because “they are too dirty.” This means that if the child cannot hear at home, they then get into trouble and do not go to school. Living conditions in many areas are contributing to chronic Otitis Media even when it does not need to be a chronic condition.

Lack of understanding how Aboriginal children learn (e.g., through observation), which can be very different to children from Western families (e.g., through asking questions). Photos of Aboriginal children winding up on Facebook from non-Indigenous Teachers of the Deaf and others using them in tokenistic ways without consent. No cultural advice on how teachers need to deal with different non-nuclear family structures and how their actions can harm children from these family structures.

Deaf children and families continue to be denied access to learning Auslan.

The NDIS is failing deaf children and their families. NDIS criteria is being used against children and families, and unqualified professionals are advising NDIS on areas they have no expertise in. For example, speech therapists claiming a deaf child has age-appropriate Auslan skills when the speech therapist does not have any expertise in assessing children’s Auslan development.

Deaf children and families receive none or only interrupted opportunities to learn Auslan, with this changing depending on NDIS funding and battles between the NDIA and Education Departments about who is responsible for funding Auslan lessons. Few opportunities for children and adults to develop age-appropriate Auslan competencies. Deaf children with interrupted Auslan opportunities end up with Auslan skills that are appropriate only for much younger children. It is common to see children who are 12 or 13 and signing like a 5-year-old.

Hearing families from ethnic minority backgrounds, such as migrant families and families with home languages other than English, being subject to racism from other parents in Auslan classes, and thereby discouraged from learning Auslan with and for their deaf children.

Deaf adult migrants, including refugees and asylum seekers, are not supported to learn Auslan and/or English despite being desperate to do so. Early programs that were

successfully run by deaf organisations under AMEP were defunded and are no longer supported. This means new arrivals in the deaf community have no formal pathways to learning Auslan, as regular community Auslan classes depend on already knowing English.

Deaf children and teenagers are at extreme risk of the school-to-psych ward or school-to-prison pipeline.

Deaf children and teenagers are being channelled into either prison or a psychiatric ward. For example, deaf teens forced to live in very unsafe refuge or foster care environments with no communication access provided. Deaf children and teenagers with language deprivation prevented from developing healthy emotional self-regulation and relationships, which can and do lead to extreme mental illnesses such as Complex PTSD, Borderline Personality Disorder, Bipolar Disorder, etc. Deaf teenagers are particularly at risk of suicidal ideations and poor mental health outcomes, but with no targeted and deaf-specific support. Deaf Aboriginal teenagers and adults misunderstood and brutalised by the juvenile detention and prison system, e.g., kept on remand indefinitely for years and years because no suitable interpreter can be found.

Deaf TAFE and university students continue to be denied access to equitable learning opportunities as their hearing peers.

Deaf students are essentially barred from progressing in their higher education. For example, university students are not supported to participate in the same activities as hearing peers, such as a deaf students being denied funding for interpreters for an overseas study trip with their hearing peers and therefore missing out on the experience.

The Training and Education (TAE) course for deaf Auslan teachers is too hard when taught the hearing way with access provided via interpreters or captions. This means many deaf Auslan teachers are barred from undertaking their TAE. Deaf students at university are not supported to develop academic English even though they have received subpar primary and secondary education, and therefore failing or receiving low marks.

Deaf Teachers of the Deaf and Educational Assistants continue to be oppressed, under-supported and disrespected in deaf education contexts.

Deaf Teachers of the Deaf and Educational Assistants are frequently oppressed, silenced and dismissed in deaf education environments, even though they are the experts in deaf education and the needs of deaf children. No opportunities for career development and advancement. Many are burning out after about ten years and not returning to their positions. Brain-drain of qualified and talented professionals to better jobs overseas. Historical cases of deaf people being eliminated from becoming a Teacher of the Deaf in a competitive program because of their English skills were considered not competitive. Deaf staff are often not respected and vastly underpaid for the work that they do, such as being able to recognise the difference between global language delays and language deprivation.

Employment

DEAF CENSUS DATA

- Almost three out of four respondents are in the workforce.
- One in ten respondents owns their own business.
- 6% of respondents are parenting and/or caring at home.
- 36% of respondents are in full-time employment.
- 20% of respondents are in part-time employment.
- 14% of respondents are in casual employment.
- Just over half of respondents (55%) have EAF.
- 9% of respondents do not know what the EAF is.
- 30% of respondents say that their employer only sometimes supports them properly to do their job.
- 59% of respondents are provided with an in person Auslan interpreter by their employer, although there is no data on how many hours or whether it is sufficient for the person.
- 45% of respondents work with other Deaf people.
- 35% have colleagues who sign with them.

Workplaces are often sites of audism, racism, and other social oppressions.

Some deaf people experience both racism and audism at work. Deaf Awareness Training is usually not compulsory, only optional. Deaf people are often isolated at work with no-one to talk to, and then when they do interact with someone who signs, they are noticed and reprimanded for talking at work. Over-policing of deaf people's communication methods at work, such as employers controlling who communicates and how. Lack of communication policies for deaf people at work. Staff who get trained in deaf awareness see positive impact, but then move on and the cycle of training begins again for the deaf person at work.

Fire alert systems are usually not fully accessible and require deaf people to depend on someone else. Workplaces with more than one deaf person can be difficult to manage equitably when one deaf person has speech privileges, and the other deaf person does not. Bullying and harassment at work, but not clear why and being told they cannot discuss with anyone, so there is no way of finding out what happened or how to defend oneself.

Lack of panel or procurement for interpreting agencies for Auslan in Government services. The Government utilises interpreters from TIS National who specialise in spoken language interpreting. Many interpreters who may not receive regular assignments from reputable Auslan interpreting agencies tend to sign up to work at spoken language interpreting services such as TIS, where they may receive more regular work and are under less scrutiny from user groups familiar with Auslan competencies and compliance with the ASLIA Code of Ethics.

Deaf employees are often forced to get three quotes to use interpreter or caption services, and then questioned why they do not accept the lowest quote, when it may be that a higher quote is necessary because there is a need for a properly qualified interpreter to travel from Victoria or NSW to another state. No support for deaf staff bullied and/or sexually harassed at work, no chance to feel safe at work. Use of Webex by Cisco and Microsoft Teams for security in Government and legal procedures, but this platform is not suitable for use with sign language and is therefore not accessible. Refusal of employers and Government services to use interpreters in case of breach of confidentiality, even though interpreters are ostensibly bound by a Code of Ethics that includes confidentiality, and there are possibilities to employ in-house interpreters that would have to follow the same confidentiality protocols as any other employee.

Reasonable Adjustment policy is often used to avoid providing access.

Reasonable Adjustment policies are used to further disadvantage deaf people. For example, either there are no reasonable adjustments provided or deaf people are offered "adjustments" that are against their wishes, such as being told to read a textbook instead of being included in a group workshop via interpreters, and therefore excluded from interacting and networking with peers.

Hearing staff and colleagues who know basic signs being asked to fingerspell meetings rather than booking a qualified interpreter for deaf employees. Automatic captions are often used, even though they do not provide genuine and proper access, let alone a discourse that the deaf person can be engaged in. These are not reasonable adjustments; they are breaches of human rights.

Lack of employment opportunities especially in regional, rural, and remote areas.

Deaf people in non-urban areas are under-employed. For example, no other signing or deaf people in regional and remote areas limits possibilities for hearing people to understand and learn about deaf communication. Many deaf people work as Auslan teachers in the city and in the regions, even without qualifications and even though they may prefer to be doing other work. The TAE qualification is inaccessible and difficult for many deaf people to achieve this qualification even though there is a huge demand for Auslan teachers.

Employers often financially abuse, take advantage, or suppress career advancement of deaf employees.

Employers often see deaf employees as easy to manipulate and take advantage of. For example, underpaying or not paying deaf staff in their workplace. Deaf employees under-paid and under-valued especially in early childhood education contexts. Deaf employees working many years at the same pay grade and not supported for promotion, such as when promotion involves a role that requires more meetings, which is seen as difficult in terms of providing access through interpreters. Deaf staff seen as not capable even though they are demonstrating and meeting all job requirements.

Employment services have low expectations of deaf clients seeking employment.

Deaf-specific employment services often have low expectations that perpetuate harmful ideologies about the capabilities of deaf people. For example, some employment services see Deaf people over 50 and Deafblind people with Ushers Syndrome as being unable to work jobs that align with their interests and life goals. Deaf people, especially deaf teenagers, with an interest in photography or film being told they cannot do that. This is a continuation of the low expectations prevalent in deaf education contexts.

Healthcare

DEAF CENSUS DATA

- Only 1% of respondents have a GP who uses Auslan.
- 2% of respondents state that they cannot communicate with their GP at all.
- 16% of respondents bring a hearing family member or friend to their GP appointments.
- 41% of respondents reported using an in-person Auslan or Deaf interpreter when they see their GP, although we do not have data about who funds the interpreters, who books them, or whether the deaf person had interpreters for every GP appointment they attended.
- 20% of respondents use a VRI (Video Remote Interpreter) Auslan interpreter in their GP appointments.
- 55% of respondents who have seen a specialist doctor in the past 12 months had a hearing Auslan interpreter or a Deaf interpreter for their appointments.
- 58% of respondents who have a diagnosed mental health condition reported that they were not provided with access to mental health support and care as a Deaf, Deafblind or hard of hearing person who uses Auslan.
- 14% of respondents reported having an undiagnosed mental health condition, and half of these attribute their lack of diagnosis to healthcare professionals not understanding Deaf needs.
- Only 35% of respondents who have been to hospital in the past 12 months had access to an in-person hearing Auslan interpreter or a Deaf interpreter.
- Only 14% of respondents who have been to hospital in the past 12 months had access to an Auslan or Deaf interpreter via VRI (note that the people who reported this may overlap with the group who reported using in-person interpreters, as often a combination of in-person and VRI is experienced).
- No respondents who have been to hospital in the past 12 months encountered a doctor or nurse who uses Auslan. Imagine going to the hospital in an emergency and never encountering anyone who knows your language.

No communication access support for deaf seniors*

**When we refer to seniors here, we are specifically referring to deaf people over 65 or retired. This does not make any assumptions about their independence or lack of.*

Deaf people over 65 years of age not eligible for NDIS. Deaf seniors often need one-to-one Case Worker support as they do not have strong English or technology literacy. For example, it is common for deaf seniors to not know how to fill out a form, or how to use a QR code in the pandemic era. Government services websites, such as Medicare, are too complicated and not accessible for most deaf people. Elderly deaf people in remote areas are often forced to move to be closer with family, but then lose their social connections built in their area in addition to connections to Country.

The NDIS era means organisations and service providers no longer know how to work together to provide collective and cohesive support to deaf communities. Deaf seniors face choice paralysis in service delivery because they have never experienced this kind of choice landscape and do not know which services to choose from now. Deaf seniors prefer to follow the Case Worker or Support Worker they have built relationships with over time, regardless which organisation they work for. They want to be able to move their funding to follow where the Support Worker works.

No deaf-specific and culturally safe support for deaf Indigenous people and deaf people from other ethnic minority groups.

Most service providers for deaf people are operated and served by white people who typically do not identify as Indigenous, or as another ethnic background. This makes the service delivery spaces culturally unsafe for Indigenous people and people from other ethnic minorities. And at the other end of the spectrum, those service providers that do accommodate Indigenous or ethnic minority groups do not have any deaf-awareness or Auslan-fluent providers, making these also culturally unsafe and inaccessible from a culturally deaf perspective, and/or inaccessible due to their lack of disability awareness. Deaf people who are also Indigenous or from a minority ethnic background are often forced to choose which aspect of their lives and health to prioritise: the cultural ethnicity side or the culturally Deaf side.

We also received reports of how deaf Indigenous people felt their experiences, specifically as deaf Indigenous persons, has led to extreme negative outcomes in their life. For example, depression and abuse of deaf Indigenous people leading to alcoholism. This is deaf Indigenous people telling us that they are experiencing both audism and racism on a systemic scale, and that it is inescapable. In other words, the negative outcomes are not due to being Indigenous or Deaf, they are due to systemic oppressions working to force deaf Indigenous people into adverse life circumstances.

Lack of interpreters in hospitals or medical health clinics.

There are no Auslan interpreters available for most medical contexts. For example, hospitals lack awareness about the need for Auslan interpreters, how to book them, how to work with them, and also how to communicate equitably and safely with deaf people when there are no interpreters available. We received multiple reports of medical professionals refusing to remove masks to replace with clear visors, or to type/write down information, or deaf people being directed to make voice phone calls.

Regular hospital interpreting services do not always include Auslan. Booking officers need to source interpreters from another booking agency, usually those who specialise in spoken languages, who usually can be booked on command, which does not apply to Auslan interpreters. Advance notice is typically required. NABS was considered good and preferred by deaf seniors, who complained that other new services are too slow. Funeral interpreting services are very poor and result in stressful experiences for grieving deaf people, including missing out altogether on the information shared at funerals and memorial services.

Lack of deaf awareness in communication from hospitals and medical health clinics.

Hospitals and medical health clinics do not communicate effectively with deaf people from the start to end of service. For example, we received reports of hospital services not communicating with deaf people when interpreters are or are not booked, or cancelled, often resulting in wasted time and energy for deaf people travelling to appointments they cannot access. Few GPs can communicate safely with deaf people.

We received a report of one doctor with students at the hospital who came and arrogantly dismissed and talked over a deaf person in their bed without their permission, while ignoring their request for an interpreter to understand what was going on. We received reports of ICU nurses not supporting accessible communication for deaf people in critical care. Historical cases of deaf people who did not know they had a life threatening illness until it was almost too late, due to lack of accessible communication with their GP and later specialist doctors.

Lack of deaf-specific mental health services is harming deaf people.

Deaf people experience adverse mental health outcomes at an extremely high rate. This is not just pre-existing conditions; it is also conditions exacerbated by trying to access the mental health system. For example, mental health in-patient services require deaf people to answer hundreds of English questions at intake even though these are inaccessible, and then forcing deaf people to re-explain their mental health history each time they need to access mental health services.

Many deaf people have not had a chance to learn about boundaries, consent, how to keep safe, how to name emotions. For example, anger often hides embarrassment at not understanding what was said or what is going on. Wrong diagnoses due to poor communication, such as a psychiatrist assuming anger is due to a specific mental health condition, rather than an interpreter not being provided, and then misdiagnosing the deaf person. Interpreters severely misunderstanding what deaf people are signing, which has potentially dangerous outcomes for deaf people (such as being institutionally admitted instead of counselled).

No access to culturally safe mental health services, including psychiatric services. Services for deaf people are based on norms for hearing people, even though they may be very different, e.g., mental health assessments, language assessments. Deaf people must constantly deal with battles about communication access when trying to access emergency care in a crisis, and in other times. Many deaf people are forced to rely on VRI services when they would prefer in-person services.

No mental health crisis services for deaf people. No suicide awareness and prevention, and post-suicide care. No training for interpreters in mental

health contexts. No safe spaces for different deaf community groups. Most afterhours services claim that interpreters are too expensive to provide.

Children are routinely denied agency in their own medical care, with no information about their care shared with them unless a Deaf advocate is present, which is rare. Deaf teenagers are at risk of suicidal ideation and self-harm, but no targeted support is provided for them at this age, or support is directed to an adult who is already wearing several hats (e.g., interpreter and mentor), thus making the deaf teenager even more vulnerable. Teenagers being advised that it is normal to have suicidal ideation. Too much trust placed in specific adults who are the only people who can communicate directly with the deaf child.

Language Policy

DEAF CENSUS DATA

- Nearly three quarters of respondents (73%) reported having been forced to speak or write English rather than using their preferred and most accessible language Auslan.
- The most common settings in which respondents reported being forced to use English instead of Auslan are school (43%), medical appointments (41%), hospital (39%), family events (38%), and shopping (37%).
- 76% of all respondents (including hearing respondents) reported using Auslan at home.

Racism inherent in how language policy is enacted for deaf Indigenous people.

Many language policies affecting deaf Indigenous people perpetuate systemic racism. For example, Indigenous Elders are not permitted to lead decision making in the education of deaf children in their communities, or alternatively not having enough information and thus having to make decisions without all the information they should have access to. Auslan essentially forced onto Indigenous communities, even though they have their own signed languages. Police brutality against deaf Indigenous people, such as not allowing pen and paper to communicate in lockup. Deaf Aboriginal men being sent to jail where there is no language for them and/or because they are seen as having no language, while white interpreters profit from "interpreting" in these settings, even though they are inappropriate interpreters, both culturally and skill-wise.

We received reports from deaf Indigenous people that mysteriously interpreters tend not to be available for them when requested, but they notice that white deaf people manage to get interpreters when they need them. This leads us to believe there is racism inherent in interpreter booking processes, and in the people responsible for making bookings at interpreter agencies.

Deaf people at risk from audist behaviours from hearing people in positions of power, e.g., teachers, doctors, nurses, police, legal officers.

People who work in positions of power are often dangerous to deaf people. For example, deaf people are often subject to violence and abuse from hearing

people who do not understand communication differences, such as when communication frustrations are misinterpreted as behavioural issues.

Anti-Islam actions are oppressing deaf Muslim people.

There is not enough information and support available to deaf Muslim people. For example, it is unclear how many deaf Muslim people are in Australia, and it is hard to collect this data because people may not know what specific terms mean and how to self-report. The misunderstandings about what Islam is (religion versus culture) from non-Muslim communities, combined with Islamic communities being unaware of the needs of deaf people, leaves deaf Muslim people in a difficult position. For example, deaf and hard of hearing Muslim women are often extremely isolated, and often do not know there are other Muslim women like them in their communities.

Complex language and communication repertoires of ethnic minorities not recognised or reflected in language policy, e.g., deaf education, speech therapy, etc.

There is a prevailing assumption that deaf education is about speaking, reading and writing English, and sometimes also signing Auslan. This does not suit the needs of families and deaf children who use languages other than English. For example, many families are multilingual and multicultural, and so access to language for their deaf children is not just a matter of English and Auslan, it also includes their home/cultural languages, e.g., Arabic, Greek, Vietnamese, and many Indigenous languages from across the nation.

Poor language and communication services for deaf people in remote areas.

Deaf people in regional, rural and remote areas are disadvantaged by social views and technology. For example, there is usually only poor access to the internet, no disaster risk reduction training, and audist views of deaf people as 'stupid' remain prevalent across all areas of society. NDIS funding is provided to people in remote areas but there are no services to spend it on, so this is not effective. The NDIS service provider environment is described as like sharks waiting to catch fish in a barrel. With some service providers, there is no way of knowing if you will get a skilled interpreter or poor interpreter.

Many deaf people are forced to use English captions and automated speech-to-text software even if they are not accurate and require a high level of English. Country families are forced to drive a long way or relocate to urban areas to access services for their deaf children. Claims that emerging signed language technologies such as avatars and signed language recognition will provide solutions are not realistic for deaf people in urban areas, and offer absolutely nothing for people in more remote circumstances, when they are lacking basic telecommunications infrastructure such as internet.

Interpreters

DEAF CENSUS DATA

- Only 52% of respondents who use Auslan interpreters reported reliably accessing Auslan interpreters when they need them.
- 84% of respondents who use Auslan interpreters reported having to book them at least one week in advance, with 21% reporting that they have to book them more than two weeks in advance.
- Respondents who use Auslan or Deaf interpreters report that the most common factor (77%) limiting their access to interpreters is that there are not enough qualified interpreters. The second most common factor limiting access (61%) is the short notice.
- 19% of respondents never use Auslan interpreters.
- Of the respondents who use Auslan interpreters, 71% use them for medical appointments, while 63% use interpreters for events and 57% for work. Some people may use interpreters in all of these contexts.
- 25% of respondents who use Auslan interpreters also use them in their own home.
- 20% of respondents use Deaf interpreters, who are in practice more specialised than hearing Auslan interpreters.
- 39% of respondents who use Deaf interpreters use them at social events. This context was also the greatest use of Deaf interpreters reported in the Census.

Existing Auslan interpreting industry is actively harming deaf Indigenous people.

There are not enough interpreters for everyone, including and especially deaf Indigenous people. The high demand affects interpreting standards, whereby unqualified and/or poor interpreters are servicing critical cases, which in turn contributes to skewed market conditions. For example, the lack of Indigenous interpreters and teachers and lack of interpreters and teachers who have Indigenous knowledge means that deaf Indigenous people are often excluded and harmed in every part of their lives where they need communication access via interpreters. There are four to five Indigenous informal interpreters in one region, but they cannot afford the NAATI test and do not want to work for non-Indigenous organisations. White colleagues/community members often do not or will not communicate with Indigenous deaf people.

Neoliberal ideologies that determine who pays for communication access is harming deaf people who need interpreters.

Deaf people are frequently told that interpreting (and therefore their access to communication and information) is too expensive. For example, Centrelink, JobAccess, and other Government services complain about the cost of interpreters and look for ways to deny people access to the interpreters by restricting or denying funding. The EAF is capped at \$6000 per year for Auslan interpreting, and has specific criteria that must be met, locking deaf people out

of communication access in the workplace. This prevents deaf people from doing their job properly and advancing in their career, and therefore contributing to the economy.

Not enough male interpreters, including not enough male Indigenous interpreters, is harming deaf men who need interpreting services.

Deaf men are at risk from lack of representation in the Auslan interpreting industry. For example, there are not enough male Indigenous interpreters, and there is no financial support for training hearing and deaf Indigenous interpreters to work in their own communities. This means that male Indigenous deaf people often must work with white female or male interpreters, even in circumstances where this is culturally inappropriate and insensitive. The existing interpreting industry creates barriers for all deaf men trying to access the mental health system for support.

Auslan interpreting industry is largely shaped by ideologies of controlling deaf people's lives and language choices.

The existing interpreting industry is largely driven and shaped by harmful infantilising attitudes of many interpreters and educators. For example, the prevailing problem of "educational interpreters" being hired for schools, when they are not fully trained and not qualified, because the pay is too low to attract qualified interpreters. Unqualified interpreters are often assigned to high school students who are very bright and want to go to university, but the interpreters cannot match the level of the subject being taught so the students fall behind and are directed into vocational pathways instead. This directly contributes to the harm done to deaf children in educational contexts.

Entrenched practices of control from interpreters onto deaf people, especially between deaf Indigenous and minority ethnic background people, from white Australian interpreters. Lack of qualified interpreters influencing deaf people's study, career and life choices, such as where to live. Another issue is lack of compatible interpreters, where a deaf person's personal choice is not available, or circumstances are not supported to make sure the deaf person can access a situation with a compatible interpreter. It is not true that any interpreter will do.

Interpreting arrangements for deaf sighted people are often not suitable for deafblind people, such as at conferences, workshops where many breaks are needed to ease fatigue. Interpreters who fail the NAATI qualification tests in southern states are reported as passing in the Northern Territory and other more isolated areas because of demand. If interpreters and Educational Interpreters are not fluent in Auslan, how can they possibly interpret effectively and safely. Historical cases of interpreters not reporting child abuse to Child Protective Services, or reporting non-existent issues to Department of Health Services due to misunderstanding what is being signed.

Deaf Interpreters need better training and career advancement opportunities.

Deaf Interpreters are vital for many deaf people, as they facilitate access in contexts beyond the capabilities of most hearing Auslan interpreters. The Deaf Interpreter certification needs to be on par with hearing interpreters, with equivalent pay, conditions, and career opportunities. Currently Deaf Interpreters can only work at a lower level than hearing Certified Interpreters, as there is no Deaf Interpreter equivalent certification (only Certified Provisional Deaf Interpreter level).

Recommendations

In this submission, we have provided evidence of deaf people's adverse experiences to the DRC relating to education, employment, healthcare, language policy, interpreters and the interpreting industry. This evidence is based on analysis of interview data and data from the Deaf Census 2022. The information above can be organised into three red alerts for urgent actions: **safeguarding, education, and interpreting**. The following are key recommendations for each red alert.

Safeguarding

- 1. Teachers working with deaf children should have the requisite knowledge and skills, and this should be essential criteria for working in this space.** Teachers who do not understand how to work with deaf children can cause additional harm. Please see Deaf Australia's submissions on early intervention and education.
- 2. Healthcare professionals working with deaf children and adults should have the requisite knowledge and skills, and this should be essential criteria for working in this space.** Healthcare professionals, including mental health professionals, who do not understand how to work with deaf children and adults can cause additional harm.
- 3. Prison and detention centre staff working with deaf children and adults should have the requisite knowledge and skills, and this should be essential criteria for working in this space.** Justice system professionals, including prison staff, who do not understand how to work with deaf children and adults can cause additional harm.
- 4. Projects should be created and led by deaf Indigenous peoples to further their aims of self-determination.** For example, deaf dance groups who promote dancing as therapy and healing work, or other workshops as requested by deaf Indigenous people. There are almost no projects that are provided to deaf Indigenous people to lead or complete. Projects that have an Indigenous focus do not put deaf Indigenous people in the lead, and those with a Deaf focus, do not put deaf Indigenous people in the lead.
- 5. There is a need for trauma informed healthcare, including mental healthcare.** More research needs to be undertaken on how best to provide healthcare and mental healthcare to deaf people who use Auslan.
- 6. As Deaf seniors are not eligible for NDIS, they should have access to some form of funds to have the same access to interpreters and assistive devices as those with NDIS do.** If they already have an Aged Care Plan, they could have this deaf-specific funding supplemented through this scheme. There is a need for something for Deaf Seniors at a national level, similar to how the NDIS and Medicare are national.
- 7. Services that provide case manager support to deaf seniors need to be better supported.** Given there is no longer block funding available, and seniors do not have NDIS, places like Ephpheta Centre and John Pierce Centre, which exist to provide deaf seniors a place to meet and access services, are now forced to run at a loss and rely on charity from other organisations and individuals.

8. **Community members should be supported to set up groups to talk about specific topics within their communities in their own languages.** For example, on topics relating to mental health, physical health, etc. This is successful for other minority groups but requires funding support.
9. **A deaf-specific ethical review committee should be established for any science or humanities research involving deaf people.** This committee should be representative of the Deaf community, and informed by lived experiences, so that deaf people have a say in what research about our lives is funded and conducted, possibly similar to the AITSIS model.

Education

10. **Information about Auslan, Deaf culture and the Deaf community should be made available to all parents at the time of finding out their baby is deaf.** Families and caregivers who have a deaf child should immediately be provided with the opportunity to receive positive, accurate, and balanced information about Auslan, Deaf culture and the Deaf community. Please note that this does not mean biased or diametrically opposed to listening and speaking options. It means positive, accurate and balanced information about all options. Caregivers need to be made aware of the Deaf community and be welcomed into this community, regardless of the choices they make for their child's communication and language pathways.
11. **Early childhood Auslan-only playgroups are extremely effective and need to be more supported.** Caregivers who have deaf babies should be able to access Auslan-only playgroups and care facilities, including childcare, so that their child can learn Auslan in a child-appropriate space and learn social skills with their peers.
12. **Deaf adults and adult caregivers who need to learn Auslan should be effectively supported to do so through intensive immersion opportunities.** Deaf adults and caregivers need to be supported to learn Auslan from adults who are fluent signers, and not simply directed to learn Auslan in early childhood and/or community class settings which are not effective for these groups.
13. **Deaf camps for youth are hugely important and should be consistently supported.** Deaf youth are isolated in mainstream educational environments and do not have the opportunity to meet with their peers, learn from one another or improve their social skills and relationships with other deaf people. Deaf camps available means that Deaf youth have this opportunity.
14. **Deaf people should be better supported to have equal access to communication at work, regardless of who is their employer or their specific communication needs.** Raising the EAF cap from \$6000 per year for Auslan interpreting is one way to do this.
15. **Deaf people should be better supported to have equal access to communication at TAFE and university, regardless of where they study or their specific communication needs.** Providing students with access to sufficient funding for their communication access and facilitating their agency and control over how this funding is allocated during their studies is one way to do this.

16. **Need for deaf-specific community spaces.** Deaf clubs once offered a locus for language learning and support, but they no longer truly exist.
17. **Deaf sports and arts are essential for deaf children and adults.** These should also be supported.
18. **Sports need to be accessible and safe not just for players, but also others involved at referee and other levels.** Deaf sports players are often at risk of missing out on information and blamed for losing the game if they do not have equitable access to information.
19. **Opportunities to develop culturally safe Auslan,** e.g., the sign MUSLIM (burqa sign) versus MUSLIM (Muslim prayer sign). People do not have the opportunity to learn appropriate signs and those who may be affected by inappropriate signs (e.g., the burqa sign for Muslim) may not feel safe or able to correct people on their signs. On the other hand, those who would like to learn appropriate signs do not have an opportunity to do so.
20. **There needs to be an Auslan TAE tailored for training deaf people to become Auslan teachers.** The current TAE training system is not accessible for deaf people, there needs to be a deaf-specific training program that is also culturally safe.
21. **More opportunities for deaf professionals, career development and advancement.** Especially Teachers of the Deaf, Auslan teachers and those who work in educational environments. Overall, deaf people do not have the opportunity to progress in their career or skills in an Auslan-fluent way.
22. **Deaf Australia needs the financial support to create national resources that can be used by any and all support organisations.** Deaf Australia only receives approximately \$38,000 per year to operate. This is not even sufficient for one person's salary, let alone to advocate for the 16,242 Deaf, Deafblind and hard of hearing people in Australia who use Auslan and create resources.

Interpreting

23. **The Auslan interpreting industry needs to be totally reformed – it should be revised, regulated, and placed in the hands of Deaf people, instead of simply being driven by and reliant on a NAATI accreditation.** NAATI rarely disciplines interpreters even when they breach confidentiality or do other harms. Auslan interpreters can continue to source work across Australia even if they are not suitable or have been removed from specific booking agency's books due to harmful behaviour.
24. **An official and independent interpreter complaint body should be established.** This should have deaf people in control and participating in the body. The complaint body should have authority to investigate and decide on penalties, and the power to enact them, including barring interpreters from working in specific contexts where they have shown themselves to be harmful or unsafe for deaf people.
25. **Deaf people should have more agency in booking interpreters themselves in medical and other contexts, including having access to information about who is booked so they know who is coming and have that certainty.** Typically, the booking office in an organisation would make the booking. For example, the hospital booking office will make a booking for an Auslan interpreter, but then never inform the Deaf person

whether one has been booked, let alone who it is, despite repeated requests from the Deaf person. If there is no interpreter available or if the booking is cancelled, this information is usually not relayed to the deaf person. In other cases, the hospital claims an interpreter has been booked when they have actually only requested an interpreter but not received confirmation that the booking has been filled.

- 26. Investing in interpreter capacity for deaf Indigenous communities is vital, especially Indigenous interpreters.** It is important that deaf Indigenous people have interpreters who can understand their cultural needs and practices.
- 27. Investing in interpreter capacity for the Islamic community is important, especially from non-Muslim interpreters.** This relates to the recommendations in the other submissions about Indigenous interpreters. It is important that deaf Muslim people have interpreters who can understand their cultural and religious practices.
- 28. Specific policy or law that interpreters must be compatible with the deaf person.** Deaf people usually must tolerate the interpreter they are provided with, regardless of whether they are compatible with the deaf person or not, or even to the booking they have been allocated to.