



## Apples & oranges: hearing loss and Deaf:

Accessibility is becoming increasingly important to cultural institutions, but there is still much confusion about the best way to provide true access, especially for the broader hearing loss community. Part of the problem is that communication means different things to different groups.

## Losing hearing in your 20s

When I was 23, the silence spread. I completely missed jokes my colleagues exchanged at desk pods behind me, puzzled when I'd turn around to find them all laughing. And when I popped out of the office for lunch, the salad bar server stopped asking me whether I wanted salt or pepper, tired of repeating himself in the face of my confusion.

## Indigenous people with hearing loss in custody

The extent of the ear disease that leads to Indigenous people's hearing loss is a well-known health issue. But how this hearing loss influences communications with police, judicial and corrections staff is not. There is a glaring omission in the discussion of Indigenous deaths in custody. A compelling narrative by Damien Howard and Jody Barney.

## Charline and Hannah

Charline was a child refugee from Chad when her family came to Toowoomba. She spoke French and struggled to make friends in school. Then she met Hannah. Hannah communicates in Auslan.

## Mainstream services are failing

### Indigenous people with hearing loss in custody

By Damien Howard and Jody Barney writing for The Mandarin



There is a glaring omission in the discussion of Indigenous deaths in custody. It is the influence of widespread hearing loss contributing to the over representation of Indigenous people in the criminal justice system.

The extent of the ear disease that leads to Indigenous people's hearing loss is a well-known health issue. But how this hearing loss influences communications with police, judicial and corrections staff is not.

When Indigenous people with hearing loss talk to police or others in the justice system they may:

- be seen as non-compliant, or defiant when they misunderstand what is said to them;
- are more likely to be arrested when they have difficulty answering questions and 'explaining themselves'; and
- are often seen as aggressive when they 'talk loud', because of their hearing loss .

Indigenous prison inmates with hearing loss describe their experiences, starting with police and moving on through the justice system:

"I get in trouble from police when I can't hear what they talking."

"Can't hear them police or them court man."

"Several of the guys told me that, because of their hearing loss, they often did not understand what guards wanted them to do, so they were in constant strife with the guards in the prison."

The reluctance of some officers to repeat instructions can make it hard.

"I get pissed off when people won't repeat. Officers will say, "I'll tell you only once.""

Others report the isolating effects of their hearing loss and its impact on their psychological and emotional wellbeing.

'I feel isolated.'

'I feel scared when I can't hear.'

'I feel angry. I sit in my room, it's just easier.'

'I feel no good, can't join in. I go to my room a lot and shut the door.'

'I try and concentrate on the conversation but I end (up) in my room.'

'I can get paranoid about things when I can't hear.'

Being shamed in public makes it worse.

'I feel shame when I get into trouble in front of others.'

The self-isolation often mentioned as a means of coping with the problem of communicating in a prison shows detention involves a harsher punishment for those with hearing loss.

The 2010 "Hear us – Inquiry into hearing health in Australia" carried out by the senate standing committee of community affairs made some important points and recommendations in the chapter on Indigenous hearing loss.

"Poor communication at a person's first point of contact with the criminal justice system can have enormous implications for that person." (page 148)

"It is probable that the distinctive demeanour of many Indigenous people in court is related to their hearing loss. Where this is the case there is a very real danger that the courtroom demeanour of Indigenous people (not answering questions, avoiding eye contact, turning away from people who try to communicate with them) may be being interpreted as indicative of guilt, defiance or contempt." (Page 141)

The 'Hear Us Inquiry' also made important recommendations which have not been implemented. So too a recommendation of the Australian Medical Association's 2017 Indigenous health report card that all people engaged with Indigenous people should participate in 'hearing loss responsive communications training' to help them work with the many Indigenous people with hearing loss. To our knowledge no police or corrections staff in any jurisdiction have received this type of training.

There remains scant information on the effects of hearing loss on Indigenous people in the criminal justice system. The different research sectors have consistently 'duck-shoved' responsibility from one to another.

- The criminal justice research agencies have seen it as a health issue
- The health research agencies have seen it as a criminal justice issue

Other barriers to conducting research into this topic have also been evolving.

In recent years there has been increasing commonwealth delegation of key decision making on the allocation of research funding to researchers and a few large research organisations. Letting researchers decide what should be funded introduces a profound bias against research into new topics.

Most current decision-making formulae for allocation of funding require that applicants must have strong research track records to succeed in gaining a grant. In a field where there has been minimal research, such as this one, no interested researchers can have a sufficient credible research history to obtain a grant. It's a 'Catch 22', if something hasn't already been researched, it is likely no interested researcher can get funding to do research on it, no matter how important the topic is to community interests or justice outcomes.

The seemingly innocuous idea that only the most experienced researchers should receive research funding is akin to reinstating seniority over merit in job selection in the public service and calling it progress.

It's interesting to note that the available information on the consequences of Indigenous hearing loss in the criminal justice sector has been generated largely by public servants, not researchers. In the 2011 Senate report, it was public servants, under the direction of politicians, who collected and presented information from those working in the field on the observed impacts of hearing loss among Indigenous people in the justice system. No formal research had ever done this. In the nine years since that report no formal research has done anything similar.

What is arguably the most critical research to date in the area was conducted by public servants in the corrections branch of the NT government. In 2010 at their own initiative they began testing of inmate hearing levels in The NT and found that an astounding 94% had a significant hearing loss. Despite increasing concern about over representation of Indigenous people in the criminal justice system, no significant further research in this area has occurred. Rather, research has taken place into 'the usual suspects' of research topics. It is like a justice system that only allows those convicted of past crimes to be investigated as possible perpetrators of new crimes.

The absence of information and lack of action on existing multiple recommendations over decades represent the repeated failure of mainstream systems.

Meanwhile, Indigenous people with hearing loss still experience the same problems when in contact with police, in courtrooms and in detention. They are still misunderstood and misjudged. The risk remains that they may be hurt or die confused and distraught, angry and isolated. They experience an invisible 'communication based profiling' as well as incarceration being more profoundly isolating and distressing than for others.

These same mainstream institutions also continue to fail the front line police and corrections staff. These workers remain ill-equipped when they engage with the many Indigenous people with hearing loss in the course of their work.

Perhaps something may change when a police or corrections department is held responsible for their decades of culpable neglect, when a hapless policeman or corrections officer, who has not been adequately equipped for their work, makes a poorly informed decision which ends in tragedy.

Dr Damien Howard is a psychologist and Jody Barney is a Deaf Indigenous community consultant. Each has worked for over 30 years towards understanding and mitigating the impacts of widespread hearing loss among Indigenous people.

From [The Mandarin](#)



Charline and her family came to Australia as refugees from Chad in Central Africa when she was just seven-years-old.

Charline spoke only French and struggled to make friends in school. Then she met Hannah.

Hannah is profoundly deaf and communicates in Auslan.

The story of Hannah and Charlene will warm your heart. Thanks to our national treasure, SBS for creating this [video](#)

## UsherKids Australia is our newest member



We are so pleased to announce that UsherKids Australia has chosen to become the newest member of Deafness Forum of Australia.

UsherKids Australia is about enhancing the lives of children with Usher Syndrome in Australia through information, collaboration and connections. Visit the [website](#) and [Facebook page](#).

Usher syndrome is a genetic condition characterised by hearing loss or deafness, the progressive loss of vision and in some cases, vestibular dysfunction.

## Hearing Loss and Deaf: like apples & oranges

[Shari Eberts](#) writes

Providing accessibility accommodations that work for both the Deaf and Hearing Loss communities can be a challenge.

This is clear to anyone with a hearing loss who requested captioning but was provided with a sign language interpreter instead. For most people with hearing difficulties, including me, a sign language interpreter provides no assistance.

But as I learned, the reverse is also true. Captioning is not always helpful for many members of the Deaf community.



When I write or speak about hearing loss, I typically avoid medical model terms like “hard of hearing” or “hearing impaired” and emphasise person centered language like “people with hearing loss.” I find identity first language harder to use because the term deaf can easily be confused with Deaf (deaf with a capital D), which implies a cultural identification and the use of sign language that are not part of my life experience.

Accessibility is becoming increasingly important to cultural institutions, but there is still much confusion about the best way to provide true access, especially for the broader hearing loss community. Part of the problem is that communication means different things to different groups.

For the Deaf, conversation is fully visual through signing or lipreading, while for people with hearing loss it is a combination of spoken language and visual cues, often in different degrees for each person.

### **Making Venues Accessible for People With Hearing Loss**

While it is logical to expect a certain level of accommodation from any venue, we must take equal responsibility for the quality of our access experience. Effective communication is a two-way street.

### Do your research

Consult a venue's website well before visiting to see what accommodations are available and to determine what help you will require to enjoy your experience. If you are interested in a particular exhibit or event, make sure to mention that when contacting them. The more preparation you do, the more smoothly your visit will go.

### Request accommodations well in advance

The more time you give a place to prepare for your visit, the more likely it is to be successful. At smaller venues, you might be the first person to ask for a hearing loop or real time captions or other accommodations. Expect to educate staff about your needs and what options are available to them. You may need to follow up several times to make sure they are getting things right.



### Be as specific as possible in your requests

Detail the type of technology you require including whether you use a t-coil or blue-tooth to connect your hearing aids to other devices. If a sign language interpreter will not help, state that. The less you leave up for debate, the more likely you are to have a successful experience.

### Provide feedback to the venue

Let staff know how your experience is going in real time, especially if adjustments are needed. At the end of your visit, thank everyone who provided assistance. Follow up with a sincere thank you note highlighting the positive aspects of your visit and suggesting any further improvements. Sharing your appreciation for a job well done shows staff that providing accessibility is highly valued.

### Refine your process

Ask the venue what you could have done to make things go more smoothly. Should you have contacted them sooner? In a different manner? With a more specific request? Their feedback will make your next outreach even more successful.

From [Living With Hearing Loss](#)

## Improvements to Voice Relay emergency calls through the NRS

The National Relay Service (NRS) is making a small change to Voice Relay to improve the handling of emergency calls, which will enable the NRS to answer emergency calls from Voice Relay users even more quickly.

If you can hear but other people sometimes can't understand you over the phone, then Voice Relay through the NRS, is a great way to make a phone call. With Voice Relay, a Relay Officer will respoken your words if the other person can't understand what you say.

If you use Voice Relay, you will now hear a recorded message asking you to press one (1) to make an emergency call.

It is very important to only make emergency calls in a real emergency where you need urgent help from the police, fire or ambulance services. When you make an Voice Relay emergency call through the NRS, the NRS relay officer will connect your emergency call to Triple Zero (000) and stay on the line, respoken your words to the Emergency Services Operator.

There are two ways of connecting to Voice Relay through the NRS. You can either:

1. call 1800 555 727 from any kind of phone; OR
2. If you have the NRS app installed, you can tap to select Voice Relay as your call type and then tap Connect with a relay officer.

Whichever way you choose to connect to the NRS using Voice Relay, before connecting with the relay officer you will hear a recorded message asking you to press 1 (one) to make an emergency call.

If you don't want to make an emergency call, but just a normal Voice Relay call, don't press anything, just wait on the line to connect with a relay officer.

Where should I go for more information? To download the new instruction sheet about making Emergency calls through Voice Relay, click [here](#).

You will find more information about using Voice Relay on the [Service Features page](#) of the Accesshub website.

The NRS Helpdesk is open Monday to Friday from 8am to 6pm (AEST, excluding national public holidays). You can also leave a message outside these hours.

There are a number of ways to make contact with Helpdesk staff:

Phone: 1800 555 660

TTY: 1800 555 630

SMS: 0416 001 350

Online: Online form

Email: [helpdesk@relayservice.com.au](mailto:helpdesk@relayservice.com.au)



## The silence spread: losing hearing in your 20s

When I was 23, I stopped hearing my manager's voice from behind his Mac monitor.

A new employee at a fancy consulting firm in Manhattan, I quickly stood whenever I sensed a vague sound traveling from my boss' corner, preparing to lip read over his Thunderbolt screen. I couldn't understand why he had such a bad case of mumbling, which is what I assumed the problem must be.

Then the silence spread. I completely missed jokes my colleagues exchanged at desk pods behind me, puzzled when I'd turn around to find them all laughing.

And when I popped out of the office for lunch, the salad bar server stopped asking me whether I wanted salt or pepper, tired of repeating himself in the face of my confusion.

After a few months, I finally headed to the ear-nose-throat doctor, convinced that my ears were simply clogged.

I'd gotten them cleaned out before and I was familiar with the warm swish of water the ENT would flush into my ears, the tubes from the "irrigator" suctioning out golden clumps of wax.

Instead, my doctor suggested I sit for a hearing test. Sara, the red-haired office audiologist, led me into a dark room with a chair in the center. Before she shut the door, she smiled. "This is only for baseline," she reassured me. "Totally standard."

I sat there wearing oversized headphones, waiting for the high-pitched beeps to start. After a few minutes, Sara scurried back in and fussed with my headphones. She wondered aloud if they might be broken, then returned to her seat on the other side of the glass divider and began pushing buttons.

I waited, and when no noises came through the headphones, my throat constricted.

Sara retrieved me from the testing room and pointed to a series of line charts. I had lost one-third of my hearing. The damage was the same in both ears, meaning it was likely genetic. The best solution at this point, she explained, was hearing aids.

The thought of wearing two boxy devices into my Manhattan office filled with smart-dressing millennials and executives made me want to slink to the floor. But how could I do a good job when I couldn't even hear assignments from my boss?

Over the next several weeks, the ENT's office became a regular destination. Sara was my guide into the uncharted territory of partial deafness.

She fitted and calibrated my new aids, which were tinier than I expected and espresso-colored to match my hair. She also put my cosmetic angst into perspective. "Your cochlear nerve is



completely undamaged,” she emphasised, reminding me that my new disability wasn’t brain-related. “Let’s just say not everyone is that lucky.”

Sara’s typical patients were triple my age, which made me a rare specimen.

She adapted her normal commentary to my needs, offering remarks like, “Batteries usually last about a week, but I have a feeling your days are probably longer than the typical hearing aid user’s.” The ENT was especially thrilled to have a 20-something who could “take advantage of the technology.”

Battery-enabled hearing did come with perks: volume control, a mute button for loud subways, and a variety of Bluetooth features.

At first, my self-consciousness hampered my delight at being able to hear.

None of my co-workers commented on my hearing aids, but I tried to hide them anyway, making sure my long hair always fell over my ears.

Discreetly, I’d nudge the tubes back into my ear canals whenever I felt them start to slip. And then there was the feedback, that high-pitched noise that meant the microphone was on loop. Giving hugs and standing on the crowded subway were sources of sudden anxiety.

My attitude started to change the morning I walked into a meeting with my consulting firm’s largest client. The middle-aged man sitting across the table turned his head, and I caught a glimpse of sleek plastic. He was wearing a pair of silver aids. I felt a rush of empathic warmth. I knew that with short hair, he had little choice but to sport his contraptions with confidence. Though I didn’t have the guts to point out our similarity, I excitedly relayed my discovery to my boyfriend over dinner.

Soon after, I encountered another kindred hearing spirit at the gym when a young woman came to stretch on the mat beside me. She had piled her hair into a bun and was wearing her terracotta-colored devices unabashed. Hesitant to highlight our camaraderie would she be embarrassed I pointed it out?), I held back from complimenting her self-assured vibe. But she motivated me to keep my hearing aids in as I exercised, even when my long hair wasn’t down to hide them.

Eventually, I came across a magazine article in *Poets & Writers*, written by a woman whose background was uncannily similar to mine. She was older than me, but she lived in my home state, considered herself a hybrid businessperson and writer, and had built a platform as a hearing healthcare advocate. Figuring we’d have a lot to connect over, I got over my shyness and reached out. And I’m so glad that I did. We scheduled a phone call, laughed over our mutual tendency to ask, “What?”, and together crossed our fingers that hearing aid costs would soon decrease.

My devices started to feel less like a burden and more like an icebreaker for connecting with other New Yorkers. In that way, I was grateful to finally be out of my own head — and back into the mix of lively conversation.

**Stephanie Newman is a Brooklyn-based writer** covering books, culture, and social justice. You can read more of her work [here](#)

## Big change coming for National Auslan Booking Service

When a person who communicates in Auslan has a medical appointment, the Government pays for an Auslan interpreter to go with them to the appointment.

This service is called the NABS - the National Auslan Interpreter Booking and Payment Service.

### **NABS will only be for people over 65 after March 2021**

But from 31 March 2021, NABS will only be available to people 65 years and older.

NABS will cease to exist as a service for people under 65.

- People who currently use the NABS will get free Auslan interpreting services for medical appointments from NABS until 31 March 2021.

### **If you are 65, nothing will change**

You will be able to get free interpreters from the NABS for your medical appointments. You don't have to do anything.

For people in the NDIS, the NDIS will pay for the interpreter to accompany them on medical appointments. This is why it is important that people who will need the support of an interpreter for visits to the doctor from next year find out now if they can join the NDIS.

If you do join the NDIS there will be money set aside in your personal Plan to pay for your use of NABS. You will be able to choose which organisations you use to book an interpreter.

### **Steps**

Tell the NDIS you want to apply to join the NDIS.

Fill out the NDIS access request form.

Tell the NDIS that you have been getting free Auslan interpreting from NABS to make sure it's included in your NDIS plan.

Send the completed NDIS form back to the NDIS.

NDIS will send you a letter, telling you if you are eligible for the NDIS.

### **What happens if I'm not eligible for the NDIS?**

You will still get free Auslan interpreting services for medical appointments from NABS until 31 March 2021 even if you are not eligible to join the NDIS. But not after this date unless:

If you are 65 years or older on 31 March 2021, you will be able to get free interpreters from the NABS for your medical appointments. Nothing will change.

### **More information**

#### NABS

1800246945 SMS 0427671261 TTY 1800246948 ndis.support@nabs.org.au

#### NDIS

1800800110 Speak & Listen 1800555727 TTY 1800555677 enquiries@ndis.gov.au

## Aged care workers: skills and training for the future

'The Reimagined Personal Care Worker discussion paper' is part of a consultation commissioned by the Government for developing a map of skills needed by workers in aged care settings in the future.

Our sector and Deafness Forum's particular interest is about these Personal Care Workers getting the skills, knowledge and access to ongoing training to ensure that the large percentage of people in aged residential care have their hearing needs prioritised.

More than 75% of aged care recipients experience hearing loss with potentially serious adverse consequences. However, there continues to be widespread under-recognition and under-management of hearing loss in both home and residential aged care, where staff are seldom adequately trained to provide satisfactory hearing assistance. It is essential that all aged care staff engaged in direct support are equipped to provide satisfactory hearing assistance. More background information [here](#)

Read [The Reimagined Personal Care Worker Discussion Paper: June 2020](#)

Send your responses to [patrick.cummings@skillsiq.com.au](mailto:patrick.cummings@skillsiq.com.au) before 27 July 2020.

Source: SkillsIQ [website](#)

## Global report on Inclusive Education

A new report, "What an inclusive, equitable, quality education means to us" aims to inform the education sector on the priorities agreed by the disability rights movement.

You can download the report here:

- [Inclusive Education Flagship Report \(English\) Word version \(English, docx, 7.78 MB\)](#)
- [Inclusive Education Flagship Report \(English\) PDF \(English, pdf, 1.88 MB\)](#)

Learn more about this report on the [International Disability Alliance website](#)

## Know someone who might like to get their own One in Six?

Drop us a line: [hello@deafnessforum.org.au](mailto:hello@deafnessforum.org.au)

We acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay respect to them and their cultures, and to elders past, present and future. We acknowledge the challenge of overcoming high levels of ear health issues among First Nation people and its role in Closing the Gap. We acknowledge the risk to indigenous sign languages of disappearing and the importance of Auslan.

People with disability have and continue to be subjected to isolation, exploitation, violence and abuse in institutions. We thank the Australian Parliament for its bipartisan support of a Royal Commission into the evil committed on people with disability.

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