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NATIONAL DISABILITY RESEARCH PROJECT

Deaf Victoria Public Report & Consultation Findings

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PROJECT PARTNERS:

Deaf Australia

Expression Australia

FOREWARD

Source: National Disability Research Partnership, 2021

The National Disability Research Partnership (NDRP) was established in late 2019 with seed funding from the Commonwealth Government. Melbourne Disability Institute (MDI) from the University of Melbourne leads this initiative with a working party formed to work closely with stakeholders to design a governance structure, develop a research agenda, map research capability and deliver two demonstration projects. The NDRP will run from late 2019 until mid-2022 and is committed to working alongside with the disability community, government, advocacy bodies, service sector, philanthropy, industry and top researchers to advance the rights of people with disability.

The NDRP Working Party established a consortium with an aim to develop a future national disability research agenda. The consortium is led by the University of Sydney, and the members are:

- Ability First Australia.
- Australian Association of Special Education.
- Australian Catholic University.
- Australian Federation of Disability Organisations.
- Australian National University: Lived Experience Research Unit.
- Autism Awareness Australia.
- Centre for Social Impact (CSI).
- Community Resource Unit.
- Council of Regional Disability Organisations.
- Deaf Victoria Inc (and Expression Australia).
- Deakin University.
- Disability Advocacy Network Australia.
- Disability and Inclusion Team, Deakin University.
- Elizabeth McEntyre, Independent Aboriginal Researcher.
- Family Advocacy.
- Inclusion Australia.
- Inclusion Melbourne.
- Kindship.

- Macquarie University.
- Mobility and Accessibility for Children in Australia Inc.
- Monash University.
- Motor Neurone Disease Australia.
- Murdoch Children's Research Institute.
- National Disability Services.
- Neurodevelopment Australia.
- NSW Council for Intellectual Disability.
- Onemda Research and Innovation Centre.
- Queensland Disability Network.
- Settlement Services International.
- Swinburne University of Technology.
- The University of Queensland.
- University of Technology Sydney Disability Research Group.
- University of New South Wales.
- University of Western Australia.
- University of Alberta.
- University of Melbourne.
- Vision Australia.
- Women with Disability Australia.

The national disability research agenda will be developed through a broad and deep consultation led by facilitators with lived experience using a strong review and prioritisation methodology.

The National Disability Research Partnership is committed to research where people with lived experience of disability are recognised through contexts in which people are born, grow, live, work, age and die, and the wider set of forces and systems shaping the conditions of their daily lives. People with disability from many different backgrounds and communities, representing the rich human diversity with experiences and perspectives are also acknowledged.

The principles of the National Disability Research Partnership are:

Deliver high quality, collaborative research

- Become a world-leading driver of disability research that builds an evidence base
- Advance disability research in Australia by delivering on the national disability research agenda
- Draw on expertise across Australia through collaborative research teams
- Collaborative approach to finessing researching questions

Recognise the knowledge of people with disability in research

- Research 'by' and 'with' people with disability
- Research that addresses the priorities of people with disability as outlined in the national disability research agenda
- Research which specifically addresses people with disability who:
    o Require support to express their will and preference, and to implement their decisions
    o Experience intersectional disadvantage
- Genuine, paid for, co-design with people with disability

Value all forms of knowledge

- Value knowledge creation from many different sources
- Knowledge that is accessible to the community: including journal articles, podcasts, videos and easy read summaries
- Australian policy will be informed by research and evidence

Build research capability

- Build a vibrant, connected and thriving disability research ecosystem
- Create career pathways and targeted support for researchers with disability
- Build capacity of the disability sector to create and use knowledge

For further information, please refer to the **National Disability Research Partnership website**.

DEAF VICTORIA BACKGROUND

Established in 1982, Deaf Victoria is a registered charity and the peak advocacy organisation for deaf and hard of hearing people living in Victoria. Deaf Victoria has conducted several systemic advocacy campaigns and supported numerous deaf and hard of hearing people through individual advocacy services for nearly forty years. Deaf Victoria is the only remaining active and funded state-based advocacy organisation for deaf and hard of hearing people in Australia. The majority of sitting board members are deaf/hard of hearing themselves and all but one of our paid staff members have a lived experience of deafness.

Our vision is that deaf and hard of hearing people experiencing equality, opportunity and connection, and are valued for their unique contributions towards a diverse society.

Deaf Victoria is funded by the Victorian Department of Families, Fairness and Housing (previously DHHS) to provide individual advocacy services for deaf and hard of hearing Victorians. Our core business is to ensure access and inclusion in government funded and mainstream services for deaf and hard of hearing people across Victoria. In addition to individual capacity building and advocacy, Deaf Victoria works with government and private providers to increase access to services and to educate the wider community on how to interact with and serve deaf and hard of hearing community members.

Projects that have been recently completed or are currently underway span areas such as: the Disability Royal Commission; research and resource development related to access in hospitals and healthcare settings; COVID-19 resources and recovery; and training programs to build individual capacity in relation to general advocacy. Funding for these projects came from several state and federal agencies. Deaf Victoria also successfully completed a project funded by the NDIA Information, Linkages and Capacity Building (ILC) Program in 2020, with a focus on improving self-advocacy skills and resources for deaf and hard of hearing people. This model is soon to be replicated in other states.

Deaf Victoria also represents deaf and hard of hearing interests at an advisory level in various government settings and work alongside other disability groups and the national peak organisation for deaf and hard of hearing Australians, Deaf Australia to ensure those we represent can participate on equal footing in society and to fully activate their citizenship with pride.

Deaf Victoria also works alongside key service providers with linguistic and cultural competency and expertise in the deaf sector including, but not limited to deaf societies such as Expression Australia (formerly known as Vicdeaf and Tasdeaf). We strongly advocate for the use of deaf and Auslan specific service providers where appropriate but importantly, our affiliation is first and foremost deaf and hard of hearing Victorians and their needs. Deaf Victoria itself is not registered to provide NDIS items and the individual advocacy service operates at no cost to those who seek support. We have a limited number of fee-for-service offerings, although these all align with our advocacy and cultural competency remit and providing opportunities for consumers to give feedback on and co-design services and programs for and about them.

DEAF & HARD OF HEARING COMMUNITY

One in six Australians have some degree of hearing loss and this is predicted to increase to one in four by 2050 (Access Economics, 2016). Deaf people who identify as culturally deaf are often referred to as Deaf with a capital 'D', as they actively participate in the Deaf community and use sign language as their primary mode of communication (Holcomb, 2013). Those who use the lower case 'd' to identify as deaf often refer more to an audiological and medical description of deafness

(Padden & Humphries, 2005) and do not typically engage with the Deaf community and use sign language. Hard of hearing is used to describe those who have acquired a hearing loss in late childhood or adulthood, or those with a mild to moderate hearing loss – they usually communicate using speech and lip-reading (Deaf Australia as cited in Aussie Deaf Kids, 2019). Hearing impaired may be used by some community members but is generally not the term considered to be appropriate in the broader deaf sector.

According to the *Listen Hear!* report produced by Access Economics (2006), approximately 95 percent of children with hearing loss are born to parents who can hear. Oftentimes, it is a shock for those parents who have never met and/or interacted with a deaf/hard of hearing person prior to their child's diagnosis. Their first point of contact is usually the audiologist in the hospital after the newborn hearing test, then they are introduced to other professionals such as paediatricians, ear nose and throat specialists, speech therapists, and teachers of the deaf. The medical model of deafness begins at diagnosis, with parents receiving information on how to manage their child's hearing loss through interventions such as hearing devices (hearing aids or cochlear implants) and speech therapy. Living in a world where sound and auditory information is highly valued, it makes sense for parents to want for their child to be 'fixed' with hearing aids or cochlear implants and speech therapy.

Rather than the hearing loss itself, societal attitudes, misconceptions or inherent barriers pertaining to communication and access often renders deaf and hard of hearing people as disabled. Ladd (2003) states both medical and social models of deafness have viewed deaf and hard of hearing people as disabled for more than a hundred years. Under the medical model, deafness is perceived as a sensory disability where the sense of hearing is impaired which means deaf and hard of hearing people are limited in some functions (Lane, 2002). This is disputed by many culturally Deaf people who do not see their level of hearing loss as a disadvantage.

The deaf community in Australia shares a common identity and language, as well as a range of social and cultural norms. They also have a clear sense of belonging together as a distinct group.

Auslan (Australian Sign Language) is the first and primary language for many deaf and hard of hearing Australians. Auslan is native to the Australian Deaf Community and was recognised as a community language by the Commonwealth Government in 1987 and 1991 respectively (Lo Bianco, 1987; Dawkins, 1991).

PROJECT BACKGROUND
Through Deakin University, Deaf Victoria was invited to collate data on the future of research related to deaf and hard of hearing people by leading community consultations around Australia. This was made possible through a partnership with Expression Australia (Victoria and Tasmania) and Deaf Australia through co-facilitation and feedback during the life of this project. Deaf Victoria also received in-kind support from other state based deaf societies including Deaf Services & The Deaf Society (Queensland, New South Wales, Australian Capital Territory, and Northern Territory); Deaf: Can Do (South Australia); AccessPlus (Western Australia) through advice, promotion and provision of venue for face-to-face community sessions.

METHODOLOGY
The sessions were co-designed with our project partners (Expression Australia and Deaf Australia) and our facilitators, as well as the use of the focus group kit provided by the University of Sydney. All sessions were facilitated by Deaf people in Auslan. This was a deliberate design choice to allow the

participants to freely engage with the process and discuss with their peers rather than have these discussions mediated through Auslan Interpreters.

Co-design of sessions were conducted with deaf facilitators with academic or research experience via Zoom, as they had an in-depth knowledge of the deaf community and trust with participants. Sessions were planned for major capital cities (excluding Darwin, Hobart and Canberra). However, due to logistical complications due to COVID-19 restrictions or insufficient registered participants some of the sessions were cancelled or moved online. As a result, we were able to conduct five (5) sessions. Unfortunately, only one session was able to proceed face to face, which was in Brisbane. Another session for Sydney was also planned to be held face to face, although it was decided for the safety of everyone that the session was to be held online instead. Melbourne, Adelaide and Perth sessions were amalgamated into one online event. This session was live streamed through Zoom and Facebook Live with Auslan interpreters and live captions which allowed a wider diversity of deaf, hard of hearing and deaf people and allies, parents/guardians, professionals, and those who do not sign to participate in the research project. This session received 1,300 views, 18 reactions, and 128 comments which showed a high level of engagement. Participants on Zoom were also invited to ask questions through the Q&A function. Questions via the Facebook comments were also captured. The session lives on Deaf Victoria's Facebook page and can be viewed **here**.

The fourth session was conducted with academics who are themselves deaf or hard of hearing, as well as hearing academics who work closely with the deaf, hard of hearing and deafblind community. Again, this session was conducted solely in Auslan. As this cohort has extensive knowledge on the state of research on or about deaf, hard of hearing and deafblind people, they were able to provide comments from their academic perspectives. Deaf/Auslan academics were also given opportunities to share their experiences on becoming academics with a lived experience of deafness, as well as sharing why they chose to relocate overseas to pursue academic opportunities.

To wrap up the project, a community loop-back session was held as we wanted to unpack common topics raised through previous sessions with the audience and to give them another opportunity to contribute. Again, this session was conducted in Auslan but with Auslan to English interpreters and lie captions to allow those who may not use Auslan or other professionals, allies or family members to attend and contribute. Community members were also invited to provide further thoughts and feedback by emailing Deaf Victoria. More than fifty (50) people participated in the loop-back session, which showed a high level of engagement.
The loop-back session lives on Deaf Victoria's Facebook page and can be viewed **here**.

COMMON THEMES

OVERARCHING THEME: THE NEED FOR DEAF-LED RESEARCH

With much research conducted on deaf, hard of hearing, and deafblind people being led by researchers who do not have a lived experience, the need for an increase in deaf-led research emerged during community sessions. This was an overarching theme in every consultation that was held. Ferndale (2017) states that if a researcher does not have any existing ties with deaf, hard of hearing and deafblind people, they will find engaging with the target audience to be a challenge – methodologically, personally, and logistically. As a hearing researcher, Ferndale (2017) discovered that the consultative approach she adopted did not meaningfully empower deaf people in the research process, as she stated she did not share a lived experience with deaf people which meant the process and information used to make decision was inherently biased towards her interpretations as a hearing person.

Historically, deaf people do not learn of research projects until much later of after its completion. This is due to research being largely inaccessible to deaf people due to the state of deaf education in Australia (Ferndale, 2017). This has also affected organisations within the deaf sector, as they are unable to access data from completed research on or about deaf, hard of hearing and deafblind people. Research findings are often made available to academics in English through traditional means such as conferences and peer-reviewed articles, then subsequently disseminated to the community through blog posts, community events or online session with significant time delays (Ferndale, 2017).

Research conducted on or about deaf, hard of hearing and deafblind are generally inaccessible to those who use Auslan as their first and/or preferred language; however, this can present implications for research processes as research materials need to be at an appropriate level of English (Landsberger et al, 2013). In very rare cases, research processes have been modified to ensure deaf, hard of hearing and deafblind have the capacity to participate. This is largely due to the majority of research processes being developed by researchers and academics who do not have a lived experience of deafness. The standards of sound and ethical research conduct are often constrained by assumptions about language, culture and sensory experiences for people who are deaf, hard of hearing and deafblind (Mertens, 2003). As explained by Harris et al (2009), a set of core values and principles endorsed by the deaf, hard of hearing and deafblind community would aim to ensure the ethical and responsible conduct of research on or about deaf, hard of hearing and deafblind people.

The ideology of 'Nothing about us without us' has been around since the 1980s and has given people with disability a platform to become active participants, rather than adopting a passive approach. This acknowledges the fear of people with disability hold that their needs will never be met without being directly involved in the decision-making processes (Callus & Camilleri-Zahra, 2017). Research is instrumental to decision-making processes and development of policies where people with disability, including deaf, hard of hearing and deafblind people, are concerned. However, with research being conducted on or about deaf, hard of hearing and deafblind people without them being invited to participate in roles such as research assistant, there is an increased risk of applying disengaged research practices to the deaf, hard of hearing and deafblind community. The academic system often excludes deaf, hard of hearing and deafblind people from exploring opportunities in academia, which means there are skill shortages, less access to academic role models or mentors with a lived experience of deafness, and a lack of understanding about the research process and its potential benefits to the deaf, hard of hearing and deafblind community (Ferndale, 2017).

The importance of recruiting researchers with lived experience of deafness needs to be emphasised to the government, funders, academics and researchers who are not deaf, and other professionals. Deaf, hard of hearing, and deafblind people are to be given a leading seat at the table when research is being conducted on or about deaf, hard of hearing, and deafblind people, interventions or communities.

RESEARCH PRIORITY AREAS

The top five priority areas for research as viewed by Deaf Victoria following extensive consultation are:

1. Data on or about deaf, hard of hearing and deafblind people:
There is a clear need for more data to be collected on deaf, hard of hearing and deafblind people, as organisations in the deaf sector do not have the capacity to access and/or collect data. There is also a severe skills shortage in the deaf sector in terms of research and data collection, particularly with

conducting deaf-led research projects to empower the deaf and hard of hearing community. With an increase in deaf-led research and access to data collected from such projects, organisations in the deaf sector will be able to increase their ability to apply for more funding opportunities using statistics and evidence-based research to support their applications.

Data: socio-economic, demographics – e.g., how many deaf/deafblind/hard of hearing people in Australia; number of Auslan users per state and in local government areas; number of active Auslan Interpreters; where deaf children are enrolled in schools; the support they receive; better tracking of educational, health, employment outcomes over time; advantages & disadvantages for deaf people; politics/civics.

There is also a distinct lack of data on deaf, deafblind and hard of hearing people who have other disabilities (such as autism, physical disabilities, mental health conditions) or who identify as other CALD or Aboriginal/TSI.

2. Health and the inaccessibility for deaf and hard of hearing people:
There is a lack of peer-reviewed research into deaf people's experience with accessing hospitals and health system, particularly with the state of health literacy in deaf, hard of hearing, and deafblind people who use Auslan. Jemina Napier and Michael Kidd authored a peer-reviewed article titled *English Literacy as a barrier to health care information for deaf people who use Auslan* in 2013; however, no further research has been conducted to supplement this since then. Without research, it is difficult to measure improvements or decline in health literacy for deaf, hard of hearing and deafblind people. There is need for partnership with universities, trusted deaf sector organisations and state health departments to collaborate on this issue to understand how to improve access to information about healthcare for the Deaf Community.

3. **Auslan workforce development:**
Through these consultations, Deaf Victoria has seen a need for further research into improving and expanding the workforce of Auslan teachers, Auslan interpreters, Teachers of the Deaf and so on as raised by members of the deaf community who are concerned about the declining quality of Auslan teaching and instruction in and via Auslan in schools, TAFEs and in the wider community. Historically, research and investment into Auslan workforce development with a focus on a Deaf, Auslan fluent workers has not received a large amount of funding. Instead, the focus has been on how those who are not fluent in Auslan or do not have a lived experience of deafness can *intervene* to improve outcomes for deaf/deafblind/hard of hearing people. This medical and paternal model of disability, investment in research and interventions has largely been focused on medical intervention rather than solutions that could be developed from within the community - for example, the impact that Teachers of the Deaf who are deaf themselves have on learning outcomes for deaf and hard of hearing students. Also, recruiting and training potential Auslan Interpreters who have deaf family members and fast tracking their training to address the national shortage of Auslan Interpreters. Related to the use of deaf teachers is the recent uptake of Auslan teaching. Auslan is the sixth most taught language in Victorian primary and secondary schools (Department of Education and Training Victoria, 2020); however, there is a severe lack of research related to development of the Auslan teaching workforce to enhance Auslan teaching in schools, TAFEs and the wider community.

4. Access to quality education and outcomes:
Historically, research within the deaf education sector has been conducted by researchers who do not have a lived experience of deafness so there is a clear need for an increase in deaf-led research in education for deaf, hard of hearing and deafblind people. The need of research into development

of educational staff fluent in Auslan has been raised by participants through multiple sessions. There is also a lack of data on numbers of deaf, hard of hearing and deafblind children in schools around Australia and their outcomes, as the numbers are often included in the general statistics of children with disabilities in schools. Children who are deaf, deafblind and hard of hearing are often not included in NAPLAN testing and if they are, their data is not grouped or reported in ways that allow for trends for deaf students to be identified. Research on deaf education in Australia needs to acknowledge the key indicators on education established by the OECD (2010), as these would help us to measure the state of education for deaf, hard of hearing and deafblind children.

5. Justice & human rights:

Through a human rights approach and model of disability, research is needed to explore the rights of deaf, hard of hearing and deafblind people in Australia. Most importantly, the Disability Discrimination Act needs to be reviewed and researched, particularly how the legislation affects deaf, hard of hearing and deafblind people in terms of access to communication and information. Most deaf, hard of hearing and deafblind people do not have access to information about legislation such as Equal Opportunity, the Disability Discrimination Act, and the legal framework in Australia, and there is lack of research on this and how deaf, hard of hearing and deafblind can be empowered with information about their rights and legislations that affect them. Other than numerous research papers on deaf people accessing court proceedings (Napier & Spencer, 2008; Spencer et al, 2017; Napier & McEwin, 2015), there is a lack of research on access to justice for deaf, hard of hearing and deafblind people, as there is little to no research on how they access the justice system – particularly with reporting to the police, giving statements, and going through the court system.

Collated responses given in the consultations have been added as an appendix following.

DeafVictoria

APPENDIX 1

Common themes arising from focus group sessions with deaf, hard of hearing, and deafblind people.

EDUCATION

EARLY INTERVENTION	ACCESS IN EDUCATION	HIGHER EDUCATION	DEAF EDUCATION
Importance of early language development for deaf and hard of hearing children.	Pathways for educational interpreters to ensure they have NAATI* credentials.	Number of deaf, hard of hearing and deafblind people entering higher education.	Quality of deaf education in Australia.
Benefits of accessing Auslan from early age.	Lack of qualified Auslan interpreters in schools provided by the Department of Education in each state and territory.	Pathways to encourage deaf, hard of hearing and deafblind people to consider studying at university.	Why is there an increase of deaf, hard of hearing and deafblind children being mainstreamed?
Early intervention providers: best practice programs on language development in Auslan and bi-lingual approaches.	The importance of qualified Auslan interpreters in school not being acknowledged by state department of education.	Research training for deaf, hard of hearing and deafblind people who wish to become researchers.	Improving the quality of teachers of deaf working in mainstream classrooms.
Role of allied health professionals and their impact on deaf children and their families.	Are educational interpreters qualified to assess students' Auslan skills?	Deaf, hard of hearing and deafblind students to be exposed to university from upper primary school onwards through role models and collaboration with universities.	Australian-based research on best practices for educating deaf children – e.g., why are educational interpreters essential in mainstream classroom?
Lochi study on deaf children in early childhood – including deaf children in families who sign.	Deaf parents supporting their children with remote learning during the COVID-19 pandemic.	Attitudes exhibited by teachers of the deaf towards deaf, hard of hearing and deafblind students wishing to study at university.	Neutral research on deaf education and the use of Auslan and oralism.
	Parents being silenced by state department of education whilst advocating for improved access for their deaf child's education.	Pathways for deaf, hard of hearing and deafblind people to enter the STEM field.	Deaf children accessing role models in schools.
		History of deaf academia in Australia.	Education for deaf children currently influenced by education professionals who do not have a lived experience of deafness.
			Transitioning to the bigger world after completing secondary school.
			Are deaf schools capable of fixing "mainstream failures"?

LANGUAGE & ACCESS

AUSLAN	INTERPRETING	LANGUAGE DEVELOPMENT
Recognition of Auslan through legal status – e.g., NZSL Act.	Where does the interpreter fit in with deaf people and their multiple identities?	National approach on bilingual-bicultural education for deaf children.
Training for Deaf people to teach Auslan in primary and secondary schools.	Intersectionality in interpreters: looking at interpreters with multiple identities.	Language models for deaf children – should they be qualified?
Pedagogy for Auslan teaching – how can we improve the quality?	Exposure to variety of signing styles among Deaf Auslan users to improve skills of Auslan interpreters.	Approach to language acquisition through collaboration.
Regulation and assessing Auslan teachers.	Changes in the Auslan interpreting industry from its formation.	Language code-switching with deaf children.
How can we improve learning outcomes of hearing people who are studying Auslan?	Quality of Auslan-English and Deaf interpreters.	COVID-19 remote learning with deaf children and the impact on their language development.
Upskilling deaf teachers who teach Auslan as a LOTE to ensure the profession is sustainable.	Provision of Deaf interpreters at TAFE.	Evidence supporting the success of bilingual & bicultural education for deaf children.
Expansion of the Auslan corpus.	Interpreters who are practising Jehovah's Witnesses – their boundaries and ethics.	Identifying and addressing language deprivation in deaf children at school.
Development and evaluation of a standardised content/program for community based Auslan education programs.	Boundaries and ethics between interpreters and deaf/hard of hearing/deafblind people.	Measuring language acquisition milestones in deaf children.
Statistics on deaf children using hearing devices not raised with Auslan and learning Auslan later in their life.	Efficiency and effectiveness of interpreters in educational and medical scenarios.	National guidelines on language acquisition for deaf children using both signed and spoken languages.
		Preventing language deprivation in Australian children who are deaf, hard of hearing, and deafblind.
		Improving English skills for Deaf people who use Auslan.

HEALTH

Attitudes of healthcare staff towards patients who are deaf, hard of hearing, or deafblind.	Cultural competency for healthcare staff to increase their ability to ensure deaf, hard of hearing, or deafblind patients have appropriate supports for their healthcare.	National standards on booking interpreters in hospitals for deaf, hard of hearing, and deafblind patients.	Exploring demand and supply of Auslan interpreters in hospitals and health system and its impact on deaf, hard of hearing, and deafblind people.
Using both medical and social models of disability upon diagnosis for parents of deaf babies.	Quality of access to mental health services for deaf, hard of hearing, and deafblind people.	Deaf cultural competency training made mandatory for aspiring health professionals at universities.	What does access to information about mental health look like for deaf, hard of hearing, and deafblind people?
Auslan-friendly access to mental health support services such as Lifeline, BeyondBlue, and a few others.	Cultural and linguistic bridging in health settings between health professionals and deaf/hard of hearing/deafblind patients.	Ethics and boundaries of Auslan interpreters in healthcare settings.	Accessing suitable Auslan interpreters for health sensitive appointments.
NDIS ineligibility impacting deaf people's ability to access interpreting support in private health appointments.	Deaf children being informed of their health through their parents.	Children of deaf adults (Codas) language brokering for their deaf parents in healthcare settings.	Provision of resources about the Deaf community rather than receiving a referral to the cochlear implant clinic.
Healthcare services becoming educated and informed about booking Auslan interpreters after business hours.	Barriers in accessing mental health services for deaf, hard of hearing, and deafblind people.	Accessing mental health services through Auslan interpreting for deaf people.	How can deaf, hard of hearing, and deafblind people effectively contact Triple Zero?
Experiences of deaf, hard of hearing, and deafblind people accessing Telehealth during the COVID-19 pandemic.	Fast-changing information on health and COVID-19 and its impact on deaf community and interpreters.	Online counselling through video conferencing: is it suitable for deaf, hard of hearing, and deafblind people?	Interpreting for mental health appointments through video conferencing – challenges.
Who should I see? Choosing a suitable counsellor/psychologist as a deaf/hard of hearing/deafblind person.	Limited options of Auslan interpreters in mental health settings.		

LEGAL & HUMAN RIGHTS

Pathways for deaf, hard of hearing and deafblind people to explore career opportunities within the legal profession.	Language and cultural barriers leading to wrongful conviction for deaf, hard of hearing, and deafblind people.	Attitudes and barriers experienced by deaf, hard of hearing and deafblind prisoners.	Provision of qualified interpreters in the justice system.
Cultural competency training opportunities for law enforcement professionals interacting with deaf, hard of hearing and deafblind people.	Auslan training opportunities for law enforcement professionals.	Accessibility of justice system for deaf, hard of hearing and deafblind people, and acknowledging their rights.	Disability Discrimination Act: how does the legislation demonstrate the legal obligation to provide Auslan interpreters who are accredited by NAATI?
The status of DDA and the CRPD for deaf, hard of hearing, and deafblind people in Australia.	Issues in human rights encountered by deaf, hard of hearing and deafblind people in Australia, and how they can be rectified through policy and legislation changes.	Better recognition of human rights for deaf, hard of hearing and deafblind Australians.	Recognition of deaf, hard of hearing and deafblind people who use Auslan as culturally & linguistically diverse people through legislation and government policies.
Civics education for deaf, hard of hearing and deafblind people – how can we educate them about the government system and politics in Australia?	Accessing mainstream advocacy services – how well equipped are they to advocate for deaf, hard of hearing and deafblind people?	Sustainability of advocacy services specialising in advocating for deaf, hard of hearing and deafblind people in Australia.	After the Disability Royal Commission: where does change happen for deaf, hard of hearing, and deafblind people?
Community advocacy amongst deaf, hard of hearing and deafblind people for social change – e.g., provision of interpreters on public broadcasts during emergencies.	Deafness through social and human rights models of disability.	Becoming an advocate as a deaf/hard of hearing/deafblind person – starting out.	

GLOSSARY

NAATI: National Accreditation Authority for Translators and Interpreters.
Bilingual: the ability to use two languages fluently- regardless of modality (spoken or signed).
Bicultural: the ability to combine and include two distinct cultures.
Oralism: the method of teaching deaf & hard of hearing people to communicate through the use of speech and lip reading rather than sign language.
NZSL: New Zealand Sign Language.
Code-switching: the ability to alternate between two or more languages during conversation.
Deaf interpreter: an individual who is deaf or hard of hearing with excellent communication skills in the dominant sign language (in Australia this is usually Auslan) as well as potential fluency in other foreign sign language/s or visual communication styles including a common spoken or community language. Deaf Interpreters receive similar training to hearing Auslan interpreters and can attain a NAATI recognition qualification. Ordinarily, their extensive lived experience of deafness, the deaf community, and deaf culture are superior to hearing Auslan interpreters and thus are able to use this expertise whilst working in tandem with a hearing Auslan interpreter to improve understanding and engagement.
Interpreter: a trained professional who interprets one language into another (spoken or signed). In Australia, spoken language and Auslan interpreters are accredited through NAATI. Interpreting generally happens in real time- simultaneously or consecutively (with a short break or pause between utterances).
Translator: a trained professional who converts frozen texts (for example written, filmed, recorded) from one language to another language (spoken or signed). In Australia, spoken language translators are accredited through NAATI. NAATI accreditation is not yet available for Auslan translators.

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