

Submission in reference to the 48th Parliament of Australia

Paul Bartlett

I am both an NDIS participant and Director of a registered NDIS provider of Support Coordination. I, as a Participant, have no issues with my own personal NDIS experience.

However, as a provider of support coordination, I have significant concerns. My target participant base is profoundly deaf Auslan users, about 80% of our client base falls into this category.

For deaf people, their main disability is their blocked access to language, communication and information. Their deficient hearing is not the real disability, and this is because being deaf from birth means their access to language, communication and information is significantly deprived. As a consequence, most deaf adults grow up suffering language, social and communication deprivation. Hearing amplification and cochlear implants do not fix this. Once you are deprived of access to language, communication and information from birth, it stays with you for the rest of your life.

The problem is, NDIS Planners see deafness as a hearing disability, not a disability related to access to language, communication and information. Many Planners have been removing Auslan support from Plans replacing it with hearing-related supports such as audiology, speech therapy and other forms of “hearing” supports which are useless to an Auslan-using deaf person.

Also, the technical advisory group at the NDIS comprised of Planners with “expert” knowledge often advise Planners working on a Deaf person’s Plan to use “free” services in lieu of NDIS-funded Auslan interpreting which are irrelevant or useless to the participant. The following have been what Planners have been advising Deaf participant via this technical advisory team:

- **Deaf Connect free aged-care interpreting service.** This is only available to deaf people without NDIS Plans and aged over 65.
- **TIS.** The TIS does not include Auslan interpreting.
- **NRS.** The NRS is only for making telephone calls and do not provide support in face-to-face situations or meetings.
- **NABS.** This closed down 2 years ago and funds moved to the Deaf Connect service (above)
- **Internet chat applications.** This is only suitable if the deaf person is fluent in English. Most deaf people are language deprived, so this is useless for them.
- **GPs etc need to provide interpreting.** This is incorrect. Hospitals are statutorily required to provide interpreters, but GPs are private practices and the NDIS is set up to pay interpreting costs here.

Also, many Planners have been taking out allied health funding such as OT and replacing it with Audiologist funding. How can this benefit a deaf person? Audiologists only do an assessment service, to test how deaf a person is: they do not provide any sort of therapeutic support to a deaf participant. Also, Planners have been including speech therapy. A deaf person does not want speech therapy, they use Auslan.

Planners are sent comprehensive allied health reports at plan review time, yet they ignore these recommendations and make assumptions that the deaf person wants less interpreting and more “hearing” related supports.

Also, Planners have been reducing Auslan interpreting funding significantly which places the deaf person’s life at risk, as they seen interpreting as only for “formal” occasions. That is not correct, interpreting is an everyday requirement.

So, the deaf participant is forced to send in reviews, and they often go to ART. This is very expensive for the NDIA. These costs would have been significantly avoided if Planners gave the deaf person the plan they need.

Too many Planners are making uneducated assumptions about what they think a deaf person needs. And the Planners in the technical advisory teams are also making these uneducated assumptions.

All we ask is that the technical advisory team do take on board exactly what a deaf person needs, and that deafness is NOT a hearing disability. It is a disability which results in severely impacted access to language, communication, and information, and this disability has a far greater impact on the deaf person’s life than their hearing deficit.

I am concerned about the New Format Plans and the machine-generated Plans they will come up without input from a human. Will this machine be programmed to consider cultural deafness, Auslan and Auslan supports, and know that deafness is not a hearing disability, it is a disability that results in severely impacted access to language, communication and information?

All the NDIS needs to do is get a Deaf person’s Plan right from the very start, and all the exorbitant costs and trauma that follows from approving poor plans will be reduced to almost nothing.

Isn’t this going to make the NDIS more cost efficient than slashing plans and being faced with extra costs of expensive reviews and appeals needed to employ review planners?

Thank you very much!

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