CATERING TO A DIVERSE COMMUNITY:
A report on the situation and needs of deaf people from migrant backgrounds living in Victoria

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Executive summary

Study context

Despite the massive rise in global migration in the last 50 years, the particular issues faced by migrants who are deaf or hard of hearing remain an under-researched area. Deaf and hearing impaired migrants can be expected to face a number of unique challenges learning the (oral or signed) language of the host society, accessing services and establishing themselves in their new community. Yet both the numbers of deaf people from migrant backgrounds living in our community and the nature of the problems they face adjusting to life in the host society are yet to be the subject of systematic investigation in Australia, and have received only minimal attention in overseas research (but cf. Ahmad et al 1998, Rodda and Elewerke 2002). Thus the Victorian Multicultural Commission (through the now defunct Victorian Office of Multicultural Affairs) has funded the Victorian Deaf Society to conduct this research project in order to gain insight into the needs of deaf migrant groups in Victoria and to make recommendations which can guide policy and strategic direction in the medium to long term.

Population size and distribution

The project uncovered over 300 deaf adults and children from migrant backgrounds currently living in Victoria, who between them come from around 60 countries of origin and speak over 50 different languages. This equates to 28% of students enrolled in Deaf Facilities at Victorian schools having at least one parent born overseas, and 19% coming from families where a language other than English or Auslan is spoken. Major languages spoken by this population include Arabic, Turkish, Chinese language, Vietnamese and (in the case of adults) Greek and Italian. However, it should be noted that the school data shows Arabic (with around 35 families) is the only language spoken by more than 20 families, and many languages/ethnicities are represented by only two or three families. This diversity provides a challenge for deafness service providers, as the number of people from any one background is in the main too low to sustain ethno-specific services or case managers (Arabic speakers provide a possible exception here). Service providers thus need to develop generic cross-cultural skills and programs to work meet the needs of this increasingly heterogeneous body of deaf clients and consumers.

Access to services

The report found that many migrant families have difficulties accessing deafness services and often only do so initially as a result of a chance encounter. A number of barriers to accessing services were identified, of which the most important are:
- Lack of knowledge of available services
- Difficulty initiating contact with service providers (including language barriers)
- Difficulty physically attending appointments in business hours (work or family commitments, transport problems etc)
- Perceived and actual cost of some services
- Failure to see benefits/relevance of services to their needs
- Cultural perception that deafness should be managed within the family

Through interviews with a number of settlement workers, the project found that knowledge of deafness services was poor even among workers who had recently dealt with deaf migrant clients, and that this lack of knowledge was a major obstacle for families of deaf individuals themselves becoming informed of service available to assist them. For this reason the report strongly recommends that a range of targeted resources be produced to introduce the deafness service sector to settlement workers and their clients from non-English speaking backgrounds. Greater information will help improve access to services, however the report also found that once in the system migrant families require more intensive support at first than most Anglo families. Because of the potential for communication difficulties, and the suspicion with which at least some families approach Australian deafness services, migrant families seem to work most effectively with deafness professionals when they have access to one over-arching case manager with whom they can build an ongoing relationship and develop solutions appropriate to their context. The report thus calls for the extension and modification of the DHS parent adviser for hearing impaired children program to encompass all migrant families new to Victoria, providing them with vital orientation to the Australian deafness sector and helping them develop skills to manage their affairs independently in future.

**Language issues**

The report explored language issues from the perspective of both deaf migrant adults and children, as well as briefly considering the language difficulties faced by non-English speaking hearing family members when interacting with deafness services. Looking first at children it found:

- Migrant-background children receive strong support from the school system to learn English, and in some cases Auslan.
- All families interviewed use spoken language as their primary method of communication, but were split equally between those who use English and the ethnic language as the primary language of communication with their deaf child.
- Multiple barriers exist for migrant families looking to learn Auslan, however beliefs that the child could cope using amplification devices to access spoken language seemed to be the primary reason that families did not use Auslan.

While the migrant families with deaf children who were interviewed as part of the project have (in the main) been able to develop effective communication strategies, migrant adults often face significant hurdles in developing their linguistic skills. Since many arrive in Australia using a home sign system as their primary means of communication
they not only need support to learn English and Auslan, but also face a range of educational and linguistic barriers specific to low-language adults. Currently adult deaf migrants are entitled to enrol in the same free government English classes as hearing migrants, but are not eligible for special assistance to access the course. More accessible are classes run by both Vicdeaf and NMIT where deaf migrant can learn Auslan and English literacy, but these are not tailored classes for deaf migrants, they do not always match the learning needs of this group.

Clearly there is a need for better provisions for deaf adults under the Adult Migrant English Program and Vicdeaf has a strong commitment to working with NMIT and other interested service providers to lobby for increased funding and services in this area. Large-scale changes will however take time to come to fruition, so as a first step towards addressing these issues Vicdeaf has recently secured funding to run Auslan conversation classes for deaf migrants (commencing in July 2008). In the meantime too, the report notes the importance of deaf relay interpreters in providing a bridge between home signs and Auslan (and ultimately English) for low-language deaf migrants and praises the commitment of all deafness organisations interviewed in using interpreters and developing innovative strategies to aid communication with non-English speaking family members.

**Social Supports**

A key concern of this report was the potential vulnerability of deaf migrants and their families to social isolation. Parents who are not confident English speakers did indeed report a reluctance to attend English-based parent support groups, and certainly seemed to miss the chance to share experiences and strategies with other deaf parents. At the same time however, many had succeeded in building their own informal support networks consisting of both family/ close friends in the ethnic community and families who they had met through the deaf facility at their child’s school.

While deaf children from migrant backgrounds had no discernible problems forming friendships with deaf (and in some cases hearing) peers, strong evidence of social isolation among adult deaf migrants emerged. Key issues for this group include

- Lack of language skills means deaf migrants often struggle to join groups and make friends regardless of whether the language of communication is English, Auslan or their ethnic language.
- Many deaf migrants do not work or study, giving them few opportunities to meet others through daily interaction.
- Strong interest in learning more about their heritage culture/ religion and befriending others who share their background, but few opportunities to do so in Australia.

Deaf migrant adults in many ways face a catch 22 situation, needing practice to improve their language skills, but better language skills before they can make friends to practice with. Here there is a clear need for formal clubs and events to bring deaf migrants
together and foster interaction with the Anglo deaf community. The area is also ripe for
deafness and migrant organisations to work collaboratively on projects to address these
issues of social isolation, and it is hoped that several small projects will commence in the
coming months

Further Research

Vicdeaf views this report as very much a starting point and calls for further research to be
undertaken to better understand the needs of this diverse client group. The report
identifies the areas of age-related hearing loss in migrant populations and issues of
mental health and trauma counselling among migrants and refugees as research priorities,
but also calls for research to be become an ongoing part of all project development and
evaluation in the area of deaf migrant services so that the effectiveness of new measures
can be better understood and the most appropriate solutions implemented for the many
issues discussed as part of this report.
Chapter 1 - Introduction

1.1 Context of the study

Australian is a nation of immigrants. While migrants from the United Kingdom and other English speaking countries accounted around 80% of the overseas born population from Federation up until 1947 (DIMIA 2003: 25), the end of World War II saw the launch of a mass-migration scheme that was to see over two million migrants from all over Europe arrive in the next 20 years (Martin 1978:27). While rates of immigration have slowed since the mid 1960s, the end of the White Australia policy in 1972 saw Australia’s population become even more diverse. No longer was immigration restricted to those of European background, and Australia consequently saw a sharp rise in migration from Asia, and in migration from Africa since the new millennium.

The result of this sustained migration policy is a highly multicultural society. According to the 2006 Australian census 22% of the Australian population were born overseas and 16% speak a language other than English at home. This population is not evenly distributed however, with migrants tending to cluster in the states of New South Wales and Victoria, and particularly the major cities of Sydney and Melbourne. Thus in Victoria (the state in which this project was conducted) 24% of the population were born overseas and 20% speak a language other than English at home, while these figures rise to 29% and 26% respectively for the statistical region of Melbourne (ABS 2007).

Australia’s migrant population shows high levels of internal diversity, with the 2006 census recorded residents with over 200 birthplaces and home languages. Such high levels of diversity are a complicating factor in service provision for migrants, as they mean that materials produced in a particular language or with a particular culture in mind will often be relevant only to a small subgroup of migrants. For example of the more than 200 languages recorded on the census as spoken in Victoria only six are spoken at home by more than 1% of the population: Italian (2.7%), Greek (2.4%), Vietnamese (1.5%), Cantonese (1.4%), Mandarin (1.3%) and Arabic (1.1%; ABS 2007). At the other end of the scale, scores of languages record less than 1000 speakers state-wide, and for some speaker numbers are as low as a few dozen. Language diversity is particularly marked within Melbourne’s emerging African communities (with around 20 languages estimated to have 50 speakers or less; Borland and Mphande 2006), complicating efforts to provide services to these communities and meaning that for many languages even interpreters are not available, let alone translated materials or bilingual professionals (Borland and Mphande 2006).

Despite the difficulties in service provision for very small groups noted above, Australia has for many years shown a strong commitment to providing migrants with access to translating and interpreting services in their ethnic language. In Victoria, migrants can access interpreters free of charge when dealing with government, community and health
sector agencies. Through the use of both face-to-face interpreting and the Telephone Interpreting Service, migrants and service providers can access interpreters in over 120 different languages, with interpreters theoretically available 24 hours a day, seven days a week (though in practice interpreter shortages in high demand languages mean that clients must often wait weeks for an interpreter to be available in non-emergency situations). Interpreters are similarly available for users of Auslan (Australian sign language); however no other sign languages are officially catered for through this program.1 What this means for migrants who are deaf or hard of hearing is that if they use the oral language of their country of origin or have learnt Auslan they should be able to access interpreters reasonably easily (providing of course that they do not speak a minor emerging language where interpreters are not yet available), but if they use the official sign language of their country of origin or an idiosyncratic (or ‘home sign’) sign language there are currently no interpreting services designed to meet their needs.

This lack of appropriate language services for deaf migrants in many ways served as the impetus for the project. In recent years culturally specific welfare agencies have contacted Vicdeaf to arrange for an Auslan interpreter on a number of occasions because they have been made aware that a family member is deaf and uses sign language. Vicdeaf has provided the Auslan interpreter only to discover that the signed communication needs of the deaf person have little or no relevance to Auslan. In some cases the person is using their own native sign language or, more commonly an idiosyncratic or “home sign” system. In these circumstances the interpreter has generally attempted to muddle through the appointment using gesture and other communication strategies, however the fact that this situation arises at least several times a year has led the organisation to wonder not only how language services can be improved for these migrants, but also how large the population of deaf migrants currently living in Victoria actually is.

With these points in mind, the project seeks to provide a rough estimate of the size and distribution of the deaf migrant population in Victoria, together with information on the range of linguistic and cultural diversity within these groups. To date there are no figures on the incidence of deafness within various Australian migrant populations. Figures for general population however indicate that hearing loss affects around 1 in 6 Australians (Access Economics 2006). Of these, around 66% can be said to have a mild hearing loss (defined as between 25-44 decibels (dB) in adults, 0-30 dB in children), 23% a moderate hearing loss (45-64 dB in adults, 31-60 dB in children) and 11% a severe to profound hearing loss (greater than 65 dB in adults, 61 dB in children; Access Economics 2006:34). The prevalence of all types of hearing loss in Australia is clearly age-graded: while less than 1% of those under 15 are estimated to have a hearing loss this figure rises to 74% of those aged over 70 years old (Access Economics 2006:34). As will be explored in Chapter two of this report, there are a number of factors which lead us to suspect that rates of hearing impairment will be at least this high in migrant communities, and indeed

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1 The Vicdeaf Auslan Interpreter Service has several interpreters who know British, American and International sign language, however they are not accredited interpreters in these languages and thus provide only limited services in these languages.
in some migrant populations’ rates seem to be well above averages for the general population.

It is a widely acknowledged fact within the health and community service sector that people from migrant backgrounds are less likely to access these services than members of the majority population (Mason et al. 1996, Rodda and Eleweke 2002, Finney-Lamb and Smith 2002, ADEC 2005, Murray and Skull 2005). This project is thus also concerned with assessing the extent to which this is also true for deaf and hard of hearing people from migrant backgrounds now living in Australia. In looking closely at possible barriers to migrant participation this project hopes to raise awareness of steps that can be taken to increase migrant uptake of deafness services, and to arm organisations working with these clients with the information to begin seeking funding and developing project to provide more inclusive and effective services.

In conducting this project it is necessary to set some research parameters from the outset in order focus the investigation. As oft noted in the literature (e.g. Baker 1999, Access Economics 2006) the deaf population can be broken down into a number of sub-groups, based on factors such as degree of hearing loss, age of onset and whether the person chooses to communicate orally or via sign language. Of these groups, only sign language users are seen to form their own distinct community, based around not only common language but a common Deaf culture and experiences. This report will thus follow conventions by using ‘capital D’ Deaf to refer to this community while deaf with a small d is used to describe the audiological condition of being unable to hear.

For this project we were interested in the experiences of deaf migrants regardless of the methods they use for communication. In principle, the project was open to discussing the experiences of deaf migrants with all levels of hearing loss and age of onset, however for pragmatic reasons it was decided early on in the project to concentrate on the experiences and issues faced by children and adults with a severe-profound hearing loss. While age-related hearing loss is a significant issue affecting many migrant communities, the report deliberately excluded this area, as the experience of this population were not seen as being sufficiently comparable to those of our main target group. The report does however note the lack of research in this area and strongly calls for further research into the prevalence and management of age-related hearing loss in migrant communities.

In terms of defining migrant background, all families where at least one parent was born outside Australia were considered to be eligible participants for the study, regardless of whether the deaf person themselves were born in Australia or overseas. While the project was keen to talk to participants from all ethnic backgrounds, particular efforts were made to speak with families from Middle Eastern and African backgrounds. These groups were selected partly due to the researchers pre-existing contacts within these communities, but also because a large number of families from these backgrounds are relatively recent migrants to Australia. They are thus likely to face more intense linguistics and cultural difficulties when trying to access Australian services, and in the case of emerging communities (such as Sudanese, Eritrean and Liberian migrants) have less established
community organisations and support networks to help them find their feet in Australian society.

1.2 Research questions

The research aims to provide a snapshot of the demographics of the Victorian migrant-background deaf population and the key issues facing this group. In particular it seeks to investigate:

- The number of deaf Victorians from different ethno-linguistic groups
- The language choice of these citizens, and their opportunities for language learning and further education on arriving in Australia
- Their levels of access to deafness and other health sector services
- Their experiences dealing with these organisations/services, and the experiences of service providers in catering to the needs of this group
- Changes which could be made to make services more accessible to this group

1.3 Methodology

As a minority within a minority, deaf people of migrant background (hereafter deaf migrants) form a small population who can be difficult to make contact with. As we shall see throughout this report, deaf migrants are less likely than their Anglo peers to be involved with deafness services or social groups, and many are in fact isolated from their ethnic community social networks and support structures as well. Language difficulties can also make it difficult to talk with deaf migrants themselves, increasing their social isolation and decreasing their abilities to participate meaningfully in the project themselves.

In an effort to maximise the participation of deaf migrants and their families, the project was heavily promoted through a number of channels. These included not only traditional deafness services (e.g. Vicdeaf, Deaf Children Australia, various audiology clinics), but also general health services, such as community mental health centres and the Refugee Health Nurse program. A variety of migrant organisations also assisted in promoting the project to their members/clients, including various campuses of AMES education\(^2\), Migrant Resource Centres throughout Melbourne and a number of religious organisations with multilingual congregations.

Despite the wide promotion of the project, only a small number of deaf migrants and/or their families volunteered to participate in interviews. This can be partially attributed to the difficulties of identifying and engaging with people from this relatively small minority, but also seems indicative of a general wariness of participating in formal

\(^2\) AMES is the principal, but not exclusive, provider of government-funded English classes for eligible new migrants to Australia.
interviews among this group. Throughout the project I met a number of families who were happy to talk with me briefly but declined to participate in formal interviews. A number of factors might be at play here, however it seems that reluctance to talk with strangers about what are, after all, quite personal details and experiences seemed a significant barrier. Future projects might thus do well to build more ongoing links and social relationships with the relevant ethnic community before attempting to recruit participants, however time constraints made such networking relatively impractical in this case.

In the end, three adult deaf migrants and nine families of deaf children or low language adults were interviewed as part of the project. However, to complement their data, surveys and interviews were also conducted with a range of professionals working with deaf migrants. This arm of the project saw a much higher response rate, with data falling into three main categories as outlined below.

In order to gain an understanding of the ethnic composition of the Victorian deaf population, all schools with specialist deaf facilities were asked to provide information on the parent’s country of birth and language spoken at home of their deaf and hard of hearing students\(^3\). Visiting teachers of the deaf were also asked to provide this information about their students, however due to a low response rate this data was of limited use to the project. The project was also able to gain data from the Centre of Excellence for Students who are Deaf and Hard of Hearing at the Northern Melbourne Institute of TAFE (NMIT) on the country of birth of all students who have attended the Centre since its opening in 1991. While country of birth in particular is often a rather poor indicator of ethnicity (Morning 2004), this data gives an overview of the size of the deaf population within various migrant group and is discussed in detail in chapter 2.

In addition to the schools’ survey, the project also developed two surveys targeted at professionals working with deaf migrant clients. Separate surveys were developed for Auslan interpreters and general professionals (see appendix 1 and 2), however in each case the focus was on ascertaining how many deaf migrant clients the professional worked with, the ethnic background of these clients and the client’s primary means of communication. In all 25 professionals responded to the survey, with their responses discussed in detail in chapter 3.

Finally, interviews were conducted with a range of professionals working with deaf migrants. Over 50 professionals were interviewed either in person or (in the case of country workers) by phone, with interviews typically lasting between 30-60 minutes. Professionals came from a variety of contexts, including Vicdeaf case managers, interpreters, counsellors and client support workers, employees from Deaf Children Australia, Senswise, hearservice and the Deafness Foundation, community health nurses, religious leaders, teachers of the deaf and freelance Auslan interpreters (see appendix 3 for a full list of participating organisations). Talking to professionals proved a particularly valuable exercise not only because they were much easier to contact and more willing to participate than many of their deaf migrant clients, but also because their

\(^3\) Only one school failed to comply with this request.
years of experience and reflection often left them better placed to comment on gaps in the system and possible solutions to problems than migrant families who are still coming to grips with the way life works in Australia. Professionals were also able to offer a number of small-scale models of best practice, which can hopefully become more widely adopted as a result of their promotion through this project.

In closing this section it should be noted that while the project set itself broad terms of reference and seeks to uncover a variety of information about the situation of deaf migrants currently living in Victoria, as a relatively small-scale study it can only hope to provide a loose estimate of the demographics of the population and the key issues facing this group. Statistics on the prevalence of deafness and/or engagement with deafness services for the general population are notoriously hard to come by (Access Economics 2006), so there are few official resources we could draw on to provide a comprehensive overview of the migrant deaf population. It is hoped that in future years resources will be made available to conduct a more comprehensive survey of the population and particularly to consult more extensively with migrant deaf people themselves about their perceived difficulties and needs. Consultation is especially needed with families who are not currently in touch with deafness services to identify the barriers to their participation.

1.4 Summary of chapters

The draft report consists of the introduction, plus three substantive chapters and conclusions and recommendations.

Chapter 2 considers the number of deaf people from migrant backgrounds currently living in Victoria. It begins with an overview of the incidence of deafness in the general population, and factors likely to lead to increases or decreases in these rates among people from migrant backgrounds. It then presents the results of surveys conducted as part of the project outlining the number of migrant background children in schools and adults attending various deafness services. Through this discussion we not only gain insight into the raw numbers of deaf people from migrant backgrounds currently living in Victoria, but also the ethnic composition and language backgrounds of this group. Changes in the demographics of the community over time are also noted.

Chapter 3 moves on to explore factors which may be impeding deaf migrants in accessing deafness services. It is noted that there is a low awareness of deafness services among both the families of deaf migrants and general migrant settlement workers, and a number of measures are discussed to help raise this awareness. However, the chapter also outlines the many barriers migrants face in negotiating the Australian system and stresses the need for service providers to show high levels of intercultural competence in order to work effectively with migrant clients.

Chapter 4 is devoted to language issues faced by migrant background families with a deaf family member. The discussion first considers the situation of migrant families with deaf children before moving on to the (somewhat different) language situation of those
arriving in Australia with a deaf adult. It shows that while children are generally well
supported to learn English (and sometimes Auslan) through the school system, few
language classes of any kind are available for deaf adult migrants. This has problematic
implications not only for the adult’s integration into the wider Australian (Deaf or
hearing) community but also for areas such as employment and communication with
service providers. The chapter closes by exploring communication issues faced by service
providers in working with families who do not speak English and some effective
strategies for overcoming these barriers.

Social isolation is a very real problem for many deaf migrants and their families. To this
end, chapter 5 examines the social supports available to deaf migrants and their families,
and barriers they face in participating in Deaf and ethnic community life. Through a
systematic analysis of these issues from the perspective of parents, children and deaf
adults, we gain insight into the similarities and differences in each groups’ experiences
and uncover a number of small programs and informal support networks playing an
important role in the lives of deaf migrants and their families.

The report closes with a number of recommendations for improvements to service
provision for deaf migrants currently living in Victoria. In many cases, these
recommendations build on programs which have already been implemented by certain
service providers. This demonstrates that while resources remain overstretched, deafness
organisations have already begun to take the needs of deaf migrants seriously and there is
a strong will to improve service provision in this area. It is hoped that the interest this
project and report have generated in these issues will only continue to expand, and that
we will see a strong growth in services in this area in years to come.
Chapter 2 – Estimating the numbers of migrant deaf

This chapter reviews and analyses our results on the number of deaf people from migrant backgrounds currently living in Victoria. As this is a small-scale exploratory study these figures are not comprehensive, but provide a useful estimate which can be used to help determine the need for various services.

In order to provide a context for the findings, the chapter begins by considering the literature on the incidence of deafness in the general population, before moving on to explore factors that might make the incidence of deafness higher or lower in migrant populations. It then outlines results of a survey of the ethnic and linguistic backgrounds of students currently enrolled in deaf facilities in Victorian schools. Through these results we not only gain insight into the ethnic composition of this generation, but are also able to trace a number of trends in the demographics of this group. The composition of the group is also compared with results from a similar survey conducted in 1995, illustrating the ways in which changes in migration patterns have affected the composition of the school-aged deaf population. While less comprehensive data is available, the chapter closes by using a number of sources to estimate the size and composition of the adult deaf population and notes small changes which have occurred over the last 15 years.

2.1 The incidence of deafness in the general population

The number of deaf and hard of hearing people living in a given society is notoriously difficult to estimate accurately. This is in part because both the number of people affected by hearing loss and the severity of the loss itself has been shown to increase markedly with age (c.f. Wilson 1987, Access Economics 2006). Thus while it is commonly cited that in the developed world around 1 in 1000 children are born deaf, at the other end of the age spectrum the majority of people over the age of 60 have some difficulty hearing (Wilson 1987, Cruickshanks et al 1998).

Estimates of the number of children with a hearing impairment have been variously based on neonatal screening programs (e.g. Bailey et al 2002, Mehl and Thomson 2002) or data on clients accessing national services for deaf and hard of hearing children (e.g. Upfold and Ipsey 1982, Australian Hearing 2005). These studies have found an increased prevalence of hearing loss of around 2-2.5 per 1000 children; however severe-profound hearing loss has been limited to less than 1 in 1000 children. Indeed figures from the first 17 months of comprehensive neonatal screening in West Australia suggests that the incidence of congenital bilateral permanent hearing loss of greater than 35dB is less than 0.7 per 1000 births (Bailey et al 2002). That more children are having their hearing impairment detected, while at the same time less children are being found to have a
severe-profound hearing loss can be attributed to a combination of medical advances - such as rubella immunisation and genetic counselling - which work to eliminate many of the causes of congenital deafness, and more sensitive testing and assisted listening devices, which work to ensure a higher proportion of children are able to access support for their hearing loss (Johnstone 2004, Hintermair and Albertini 2005).

Among adults, the incidence of hearing loss is highly age graded. Of those aged 15-50, the overall incidence of hearing loss is estimated at 5%, climbing to 29% for those aged 51-60, 58% for those aged 61-70, and 74% for those aged 71 and over (Access Economics 2006:34). Estimates on the proportion of adults with a mild, moderate or severe-profound within each age group are not available, however for hearing impaired adults as a whole the percentages are thought to be 66% mild, 23% moderate and 11% severe or profound (Access Economics 2006:33). Up until the age of 60, men are around 2.5 times more likely to have a hearing loss than women - a finding attributed to greater exposure to workplace noise and hence a much higher incidence of occupational hearing loss (Access Economics 2006:31).

While the number of Australians with a severe-profound hearing loss is estimated to stand at around 400,000 (Access Economics 2006:35) only a small percentage of this group are Auslan users who would consider themselves to be members of the Australian Deaf community. Early studies put the number of Auslan users at around 10,000 - 15,000 Australians (Flynn 1987, Deaf Society of New South Wales 1989, Johnstone 1989, Hyde and Power 1991), however figures from the 2001 census show only 5,305 Australians report speaking Auslan at home (cited in Johnstone 2004:364). Comparing these census figures with data on the prevalence of deafness and enrolments of students in deaf schools Johnstone (2004) argues that a small number of Auslan users are likely not to have listed themselves as such on the census (principally because they do not use Auslan at home, or did not consider it because it is not a spoken language), giving a total population of Auslan users of around 7,000.

Johnstone further notes that the number of deaf children learning Auslan is declining in both absolute and relative numbers. Chief among reasons for this is the increasing push to place deaf students in mainstream education, where they receive little Auslan instruction and have only minimal opportunities to use Auslan socially, and the concomitant high rates of cochlear implants among Australian deaf children. As Power and Hyde (2002) note, Australia now has one of the highest rates of mainstreaming deaf and hard of hearing children in the world (though the trend towards mainstreaming is certainly being felt at the global level, cf. Gras i Ferrer 2004, Mitchell and Karchmer 2006:100,), while our status as a locus for cochlear implant development has led to at least 50% of eligible children being implanted, compared with only 22% (2002 figures) in the US (Johnstone 2004, Mitchell and Karchmer 2006:100). The consequences of this changing dynamic for service provision and the Deaf community as a whole are many and varied, however it is outside the scope of the current study to review them in detail (but cf. Johnstone 2004 and Hintermair and Albertini 2005). For our purposes what is important, however, is to acknowledge the ways in which Anglo families might be changing in their responses to deafness, in order to accurately assess the degree to which migrant families are adopting...
different strategies in dealing with childhood deafness and the degree to which they are simply following wider societal trends.

Having noted these figures on the size and characteristics of the general Australian deaf community, let us now consider the factors that might lead to a higher- or lower-than-average incidence of deafness among migrants and their children.

2.2 Factors influencing the incidence of deafness in migrant populations

The demographics of migrant populations are often significantly different from those of the majority population in either the sending or receiving country. This section provides a brief review of positive and negative factors that can influence the number of deaf people who end up migrating and the incidence of deafness among the children of migrants. It first considers the impact of legislation on the number of deaf migrants admitted to Australia, before exploring the role of health concerns specific to (or more prevalent in) migrant populations.

2.2.1 Legislative constraints on migration for deaf and hard of hearing people

The Australian Migration Act (1958) is a highly complex document (running to some 1000 pages) that is constantly evolving in the light of various decisions made by the Australian Migration Review Tribunal. As such, it is difficult for anyone who is not a trained migration lawyer to interpret the Act, and the following analysis should not be seen as constituting legal advice.

Throughout Australia’s history, migration legislation has served to hinder deaf people (and people with other disabilities) from migrating to Australia while at the same time avoiding outright legislative prohibitions on such people entering Australia. As early as 1865, the primary concern of the Victorian Passengers, Harbours and Navigation Statute was not so much whether a passenger was “lunatic, idiotic, deaf, dumb, blind or infirm” but whether as a result of this they “are likely to become permanently a charge upon the public or upon any public or charitable institution” (cited in Bureau of Immigration and Population Research 1995:18). Of course, practically speaking, the need to prove that one would not be a charge on public funds could work as a de facto prohibition on deaf migrants entering Australia. However this differs from a de jure prohibition on at least two important dimensions: 1. for those who are clearly able to support themselves (such as immigrants with an independent fortune) it removes all constraints on their migrating to Australia and 2. It moves the prohibition from being based on a relatively objective medical fact (one’s capacity to hear) to a much more subjective area (one’s assessed ability to support oneself). In adopting a subjective rather than objective criteria for
excluding deaf and other ‘undesirable’ migrants, the Statute sets up a system where potential migrants cannot be sure prior to migration whether their attempts to enter Australia will be successful. While this may act as a deterrent to those unwilling to go to the expense of travelling to Australia only to have their application denied, it also opens the door for those willing to try their luck and hope that a more lenient immigration officer processes their case.

The *Passengers, Harbours and Navigation Statute* of 1865 is long-obsolete, replaced first with the *Immigration Restriction Act* of 1901, and more recently with the *Migration Act* of 1958. Nevertheless, the principles of minimising costs to the Australian public laid down in the Victorian Statute continue to be applied to this day. Currently, all migrants to Australia must pass a health test which is primarily designed to weed out those carrying or suffering from tuberculosis, but also targets those who have “medical conditions which are likely to result in significant health treatment and community service costs in Australia, or which may use treatment or services in short supply” (DIMA 2007a:37). As supporting documentation from the Immigration Department explains, migrants may be excused from meeting the health requirements under some circumstances (for example if they are refugees or a spouse or child applying the family reunion program). However, granting of the waiver is entirely at the discretion of the Chief Medical Officer of the Commonwealth, who is obliged to take into account “undue cost or undue prejudice to the access of Australians to medical and support services if a visa is granted” (DIMA 2006:1). This situation makes it extremely difficult for people with major disabilities to migrate to Australia, as was made evident in the unfortunate case of Shahraz Kayani, a refugee who set himself on fire and later died of his injuries in April 2001 after he was repeatedly denied permission to bring his severely disabled daughter to Australia. Yet those who have a hearing impairment but no other medical condition are likely to pass the health requirement. Later in this report we will discuss the experiences a number of migrants have had dealing with the health test, but for the moment it is sufficient to say that deafness alone is not normally deemed a “medical condition likely to result in significant health treatment and community service costs” (Personal Communication, Immigration Department official 7/10/06).

While we have seen that there are no explicit prohibitions on deaf and hard of hearing people migrating to Australia, in practice a number of processes work to select against deafness when determining who will be granted visas to migrate to Australia. As in much of the Western world, Australia’s migration scheme was set up primarily to fill shortages in the labour market. Thus migrants tended to be fit working-age adults, with the old, sick and disabled very much under-represented (cf. Ahmad et al 1998, Singh and Miller 2004). Yet it should also be remembered that a small minority of migrants consist of disabled people with some family in Australia, who are encouraged to migrate because access to services and opportunities for disabled people are much greater than those in their country of origin (Arkles 1994).

The ease with which a deaf person gains a visa to migrate to Australia is in part a function of the migration stream that they apply under. Since the 1980s Australia has split its migration intake into three streams – family reunion, skilled, and humanitarian –
which are each assigned a set number of visas per year. Historically the family and skilled migration scheme have been allocated approximately equal numbers of visas, however under the Howard government there has been an increased emphasis on skilled migration at the expense of the family reunion component. Levels of humanitarian migration have increased slightly in absolute numbers but declined as a percentage of the total migrant intake. Table one provides more detailed information on the spread of migrants across these three categories:

<table>
<thead>
<tr>
<th>Migration program</th>
<th>98-99 % of total intake</th>
<th>05-06 % of total intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>32,040 41%</td>
<td>45,290 29%</td>
</tr>
<tr>
<td>Skill</td>
<td>35,000 45%</td>
<td>97,340 62%</td>
</tr>
<tr>
<td>Humanitarian</td>
<td>11,360 14%</td>
<td>13,180 8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>78,400 100%</td>
<td>155,810 100%</td>
</tr>
</tbody>
</table>

Table 2.1 Migration to Australia by visa class (based on DIMA 2007b:21, 31)

In recent years, the scope of the family migration scheme has narrowed with the result that only spouses and children of those living in Australia are automatically eligible to apply, although parents and adult siblings may also be eligible if they have few relatives outside Australia or are dependent on their Australian relatives for financial support. All migrants under the family reunion scheme must be sponsored by an eligible relative living in Australia, who must provide an undertaking that they will support the applicant financially for the first two years of their arrival, including reimbursing Centrelink for any payments (such as unemployment benefits) made to the migrant in this period. These conditions make it somewhat unlikely that a deaf person would have a relative in Australia who is able and willing to sponsor them to come to Australia, however, should they have such a relative there is no further impediment to their application.

Deaf people applying for humanitarian visas do not face any further official obstacles to having their application accepted, however anecdotal evidence suggests that within UNHCR-administered refugee camps a priority for resettlement is given to the healthiest adults. Specifically, a number of members of Melbourne’s Sudanese community report that settlement workers in the camps single out the strongest, healthiest mothers and give them and their spouse (where applicable) a thorough health check. If they pass the authorities take a cursory look at the health of their children and all being well grant the family a visa. Assuming this account provides an accurate characterisation of the selection process we can argue that under this system a deaf adult would be unlikely to be granted a visa, but a deaf child with an otherwise healthy family might well be. As we shall see in a number of cases in this report, this system does appear to be operating in a number of camps and is allowing not only deaf youngsters, but also deaf children who are in their 20s into Australia. Yet no cases are known where a severely-profoundly deaf adult has been accepted as a humanitarian migrant to Australia when they were not a dependent of some other family member.
The skilled migration category demands that all applicants meet a number of criteria not levied on humanitarian and family reunion migrants, so for all migrants (regardless of hearing status) it is the most demanding path to gaining entry to Australia. In order to enter Australia as a skilled migrant one must be a professional (ideally with a skill in a high demand area; see DIMA 2007c for an overview of high demand skills) and must pass a points test that shows that they possess a number of attributes deemed desirable in a migrant, such as youth (people over 45 are not accepted under the skilled migration scheme), prior education in Australia and a job offer with an Australian company. While deaf people are not automatically precluded from meeting these criteria the barriers faced by deaf people in accessing employment and education have been well-documented (cf. Lang 2002, Access Economics 2006) and make it most unlikely that deaf people looking to migrate to Australia would be able to satisfy these criteria. An additional impediment to deaf migration lies in the fact that the points tests assigns 20 out of a possible 180 points to the person’s ability to speak English; demanding that an applicant score at least IELTS level 5 across all four skills (speaking, listening, reading and writing) to be eligible to migrate, and IELTS level 6 across all skills to attain the full 20 points towards their application. While it appears that the Department of Immigration and Citizenship is willing to exempt deaf migrants from the speaking and listening component of the test, the first test case (that Vicdeaf is aware of) is currently being processed so the outcome of this negotiation remains unknown. Obviously too, many deaf people struggle to develop proficient literacy skills in any language, so passing this requirement would remain a challenge for many.

From the above discussion we see that while deaf migrants are not explicitly prohibited from coming to Australia, in practice a number of factors conspire together to make it difficult for them to enter Australia. Over the course of this project I met with a number of migrants whose initial application to migrate had been rejected on health grounds, but who had later succeeded in arguing a case that they were unlikely to be a significant drain on the public purse. It seems that these restrictions have contributed to a widespread belief within the Deaf community that deaf people face an outright prohibition on migrating to Australia, despite the relatively high numbers of deaf migrants currently living in Australia.

2.2.2 Health issues in migrant populations

We have seen above that current migration legislation excludes people with major health problems from migrating to Australia, and generally works to select fit and healthy migrants, who are assessed as being able to make a significant contribution to the Australian economy. This “healthy migrant effect” has been well-documented in studies of health outcomes for migrants to a range of Western countries and acts as a powerful constraint on the number of severely-profoundly deaf first generation migrants (AIHW 1996, Ahmad et al 1998, Singh and Miller 2004).

While migrants are usually healthy on arrival in the host society, over years of settlement their health outcomes gradually come into line with those experienced by members of the
general population who share their socio-economic status (Marmot 1993/1994, Singh and Shiapush 2002). This decline in health can be partly attributed to lifestyle changes, such as increased rates of smoking, alcohol consumption and calorie intake (Jirojwong and Manderson 2002, Singh and Shiapush 2002). However, it is also hastened by the difficulties many migrants experience accessing health services (and their concomitant under-utilisation of these services) and the high rates of work-related injuries and disabilities suffered by those employed in heavy industry or as manual labourers (Donovan et al 1992, Bollini and Siem 1995, Ahmad et al 1998). Thus Bollini and Siem conclude that “later in life many [migrants] end up with a substantial burden of disability, what we could call the "exhausted migrant effect” (1995:825).

Migrants from refugee backgrounds are to some degree exempt from the ‘healthy migrant effect’, with many arriving in Australia suffering from a variety of untreated medical conditions as a result of having had very limited access to healthcare pre-migration and/or having lived in unsanitary conditions (Davidson et al 2004, NHMRC 2005). With proper treatment many of these conditions prove to be temporary, but management can be an issue for doctors not used to diagnosing and treating these conditions (VFST 2002, Davidson et al 2004, Murray and Skull 2005). Focusing purely on hearing issues, we see that there are high rates of chronic middle ear infections among newly arrived refugees in Australia, and that in a number of cases these infections have persisted long enough to result in permanent hearing loss (VFST 2002). Additionally, those fleeing conflict and persecution may have a noise-related hearing loss brought about from exposure to explosions and/or gunshots (Davidson et al 2004, QTMHC 2007), and Vicdeaf is also aware of a number of refugee clients who have a hearing loss as a result of torture focussed on their ears (cf. also Harris and Telfer 2001, NHMRC 2005:21). Precise figures on the number of refugees arriving with ear infections or hearing loss are not available, but one Refugee Health Nurse interviewed as part of the project puts the figure at between 10-15% of her patients. While in most cases permanent hearing loss appears to be either mild or unilateral, a small minority experience moderate-profound bilateral hearing loss, with the project uncovering seven such cases within Melbourne’s emerging Sudanese community alone.

Within the area of refugee health, there is some concern that Australia does not currently have a formal immunisation program for new migrants (VFST 2002). GPs are encouraged to check the immunisation status of new arrivals and provide catch up immunisations as appropriate, yet since these services are performed on an ad-hoc basis many migrants slip through the system. Poor rates of immunisation are of particular concern when it comes to rubella, since even as recently as 2005, 40% of countries did not include rubella vaccination in their routine childhood immunisation programs and it is estimated that only 26% of children globally are fully immunised against the disease (WHO 2007). As evidence from the US clearly demonstrates, migrant mothers who have not been immunised against rubella are at much greater risk of giving birth to a child with congenital rubella syndrome (CRS): of the 24 cases of CRS reported in the US between 1997-1999, 20 were born to foreign-born mothers who had not received a rubella vaccination prior to giving birth to the infant (Reef et al 2002:468). Comparable statistics about rubella and CRS in Australia are not available but concern about the lack of rubella
immunisation among migrant women of childbearing age is great enough that the Deafness Foundation employs a part-time health nurse to raise awareness of this issue in migrant communities.

Aside from a greater risk of CRS, we might presume that the children of migrants would experience similar rates of deafness to the general population. Mounting evidence from the UK however suggests that this is not the case, although debate continues to rage on what may be the cause(s) of markedly higher rates of childhood hearing impairment among South Asian, and particularly Pakistani-background, children. In exploring these issues it is important to realise that most studies to date have dealt with reasonably small samples of children and have often failed to adequately control for external factors such as socio-economic status (for more on these methodological problems see Ahmad 1994). As such we must be cautious not to over-interpret their results, however the raw data certainly indicates some cause for concern. Naem and Newton (1996), for example, found that 5-16 year old Asian children in Manchester faced a 2.42-3.61 times greater relative risk of having a hearing loss than those from their Anglo control group. Similarly Mytton and Mackenzie (2005) found a relative risk of permanent childhood hearing impairment of 3.5 for Asian babies born in Oldham between 1986 and 2003 as against Anglo babies born in the same time period. Morton et al (2002) subdivide the population of Asian children within the Southern Derbyshire Health Authority into those of Indian and Pakistani origin and found that only the Pakistani population faced an increased risk of hearing loss when compared to the Anglo population, a finding which also seems to be supported by Yoong (2005).

Morton et al (2002) and Yoong et al (2005) clearly ascribe this to high rates of consanguineous marriage. Yet Ahmad (1994) questions the validity of this ascription and hypothesises that the higher rate of deafness may have more to do with migrant’s poor access to neo-natal screening, reluctance to take up genetic counselling and generally poor provisions for non-English speaking mothers to access neo-natal health services. To some extent Yoong et al (2005) disprove Ahmad’s theory on this point, as they found that in Bradford Pakistani families had equal uptake of neo-natal screening and genetic counselling yet still retained a higher incidence of childhood hearing impairment than ‘white’ families. However, the degree to which wider generalisations can be drawn from the Bradford data is debatable, both because of the relatively small sample size (204 children) and the fact that Bradford is acknowledged as a leader in providing accessible health services to its linguistically and culturally diverse communities (Yoong et al 2005). Regardless of whether consanguinity or poor access to preventative health care are seen as the primary causes of these increased rates of childhood deafness, it is clear that being of migrant background may be associated with an increased risk of hearing loss, and that this study should be alert to signs of higher prevalence of childhood hearing loss among certain migrant populations.

Within Australia, the prevalence of deafness in various migrant-background groups remains an under-researched area (QTMHC 2007). Section 2.3.1 of this report takes a small step towards redressing this knowledge gap by providing loose calculations of the number of deaf children from various backgrounds, however we can also note a strong
perception among health care providers and community members themselves that the incidence of deafness among Turkish and Arab-background individuals is much higher than that found in the general population. As in the UK this is largely attributed to high rates of consanguineous marriage in these communities, which in turn can lead to stigmatisation and reluctance to engage with deafness services among affected families. These issues will be explored in detail in later chapters of the report as we consider migrant families responses to deafness and their relationships with various service providers. Now, however, the focus of the report turns to documenting the ethno-linguistic background of students currently enrolled in deaf education facilities in Victoria.

2.3 Deafness among migrant background children

In order to gain a sense of the number of deaf children from migrant backgrounds living in Victoria, a survey was conducted of all specialist schools for the deaf, schools with deaf facilities and visiting teachers of the deaf working in the North Metro, Hume, Gippsland, Barwon South Western and Loddon Mallee regions. The survey asked schools visiting teachers to report on the parents’ country of birth and languages spoken at home for all their deaf students. Since government schools are required to collect this information about all students on enrolment, this request could usually be answered by mining the school’s enrolment data, however in a number of cases the teachers involved preferred to either ask the parents anew or provide their own ‘best guess’ as to parental origins and/or language practices in the home.

The result of these methods is a survey which gives a fairly comprehensive overview of the ethnic background of deaf Victorian school students; however a few important caveats on the reliability of the data should be mentioned from the outset. Notably, the data from visiting teachers only covers one of the four metropolitan regions, and at the time of publication data had yet to be received from the Catholic school sector. Because of its incompleteness (and strong country bias), data from visiting teachers will be presented separate from the main analysis and should be interpreted with caution.

One must also be aware of the difficulties of using data on parent’s country of birth and language spoken at home as a predictor of ethnic background (see Kertzer and Arel 2002 for extended discussion on this point). This problem is most acute in highly multiethnic and multilingual nations such as Sudan, however it should also be noted that several families came from countries which have largely homogenous populations but did not speak the majority language of that country. In these cases it can be inferred that before coming to Australia the family was already living as an ethno-linguistic minority in the country of origin.

While the survey methods encouraged teachers to provide the project with official school enrolment data on the languages and parents country of birth of their students, in some cases teachers instead gave their own impressions about the language and migrant

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4 NB Visiting Teachers from other Victorian regions were approached, but declined to participate.
background of their students. In all cases the teachers seemed to have a clear understanding of the family’s migration history, and were thus able to name the parents’ place of birth without hesitation. However, in several cases they appeared unsure of the name of the language spoken in the family and simply derived it from the name of the country of origin (e.g. “Indian”). All cases where the precise language spoken was unclear have been marked with the name given followed by NFD (not further defined) in the data.

Finally it should be noted that the way in which schools collect enrolment data on student home languages can lead to linguistic diversity in the school community being undercounted. Most obviously the enrolment questionnaire only allows families to list one home language other than English (LOTE), masking multilingual families or those who don’t use an ethnic language at home but use it in other contexts (cf. Clyne Fernandez and Grey 2004). Federal government coding practices also mean that families listing Auslan as their LOTE are simply recorded as English speakers, while speakers of some emerging migrant languages (such as Dinka from Sudan or Karen from Burma) are simply assigned to over-arching categories such as “African languages – Other” (for more detailed discussion of these issues see Willoughby 2006a:67-8).

### 2.3.1 School survey results

This section provides a breakdown of key findings from the school survey arm of the research. The survey of specialist schools for the deaf and schools with dedicated deaf facilities (hereafter referred to collectively as deaf facilities) found their student body to come from highly diverse backgrounds, with 53 different parental countries of birth and 40 different home languages recorded. Of the 600 students enrolled in deaf facilities, 114 (19%) were reported to speak a LOTE (not including Auslan) at home and 168 (28%) had at least one parent born outside Australia. The figures on LOTE use fall between those for the number of government school students coming from a non-English speaking background (25% NESB; DET 2007), and the number of Victorians of school age (5-19) who use a LOTE at home (15%), suggesting that LOTE speaking families are affected by deafness in relatively equal numbers to their English speaking peers, and that they are making similar decisions about educational options for their children. While the percentage of children with a parent born outside Australia is much lower than the Victorian average 44%, this puzzling anomaly but may lie in inaccuracies arising from teachers providing impressionistic data about the country of birth of the parents of their deaf students. Here it is conceivable that parents who were born in other English speaking countries, or migrated to Australia as a young age may have been incorrectly identified as Australian born. Tables 2.2 and 2.3 provide a summary of the main languages and countries of birth recorded in the survey:
The degree to which these findings are in line with broad census data on the size of different ethnic communities in Australia will be discussed in detail in section 2.3.2 below, however for the moment it should be noted that the high level of ethno-linguistic diversity creates difficulties for any attempts to provide targeted deafness services to people from specific language or cultural groups. While the 27 Arabic-speaking families may form a group large enough to warrant the employment of specialist Arabic speaking workers (or other similar initiatives), most other groups have less than 10 members by these calculations, and thus lack the critical mass generally required for the establishment of specialist services. On the basis of these figures, it thus appears that deafness organisations targeting migrant-background children and their families in Victoria will need to develop generic inter-cultural communication strategies and competencies rather than focussing their attention on one or two significant minority groups (as is often the case in the US and UK, cf. MacNeil 1990, Badat and Whall-Roberts 1994, Gerner de Garcia 1995, Ahmad et al 1998).

In addition to students enrolled in deaf facilities, the survey also uncovered a number of migrant background hearing impaired students attending mainstream schools. Unfortunately, this project did not have the resources to conduct a systematic survey of deaf students in mainstream education, and indeed the total number of these students in

<table>
<thead>
<tr>
<th>LOTE</th>
<th># families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>27</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>10</td>
</tr>
<tr>
<td>Turkish</td>
<td>8</td>
</tr>
<tr>
<td>Cantonese</td>
<td>7</td>
</tr>
<tr>
<td>Tagalog</td>
<td>6</td>
</tr>
<tr>
<td>Bosnian</td>
<td>3</td>
</tr>
<tr>
<td>Greek</td>
<td>3</td>
</tr>
<tr>
<td>Hindi</td>
<td>3</td>
</tr>
<tr>
<td>Italian</td>
<td>3</td>
</tr>
<tr>
<td>OTHER</td>
<td>44</td>
</tr>
</tbody>
</table>

**Total** 114

<table>
<thead>
<tr>
<th>Parents’ country of birth</th>
<th># families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon</td>
<td>11</td>
</tr>
<tr>
<td>China</td>
<td>10</td>
</tr>
<tr>
<td>Turkey</td>
<td>10</td>
</tr>
<tr>
<td>Vietnam</td>
<td>10</td>
</tr>
<tr>
<td>Sri Lankan</td>
<td>8</td>
</tr>
<tr>
<td>India</td>
<td>7</td>
</tr>
<tr>
<td>Philippines</td>
<td>7</td>
</tr>
<tr>
<td>UK</td>
<td>7</td>
</tr>
<tr>
<td>Iraq</td>
<td>6</td>
</tr>
<tr>
<td>Italy</td>
<td>6</td>
</tr>
<tr>
<td>Egypt</td>
<td>5</td>
</tr>
<tr>
<td>Eritrea</td>
<td>5</td>
</tr>
<tr>
<td>Sudan</td>
<td>5</td>
</tr>
<tr>
<td>Greece</td>
<td>4</td>
</tr>
<tr>
<td>Samoan</td>
<td>4</td>
</tr>
<tr>
<td>New Zealand</td>
<td>4</td>
</tr>
<tr>
<td>Bosnia</td>
<td>3</td>
</tr>
<tr>
<td>Germany</td>
<td>3</td>
</tr>
<tr>
<td>OTHER</td>
<td>47</td>
</tr>
</tbody>
</table>

**Total** 168

Table 2.2 Most frequently reported home languages

Table 2.3 Most frequently reported parents’ country of birth
Victoria is unknown (though Deaf Children Australia estimates around 170 children with a hearing loss greater than 61dB attend their local mainstream school). These figures are thus presented separate to the main findings as it remains unclear how representative they are of the total number of migrant background hearing impaired students in this setting. They can however be interpreted in the light of Power and Hyde’s (2002) findings that nationally 15% of all students using a visiting teacher of the deaf were from a non English speaking background. Yet here we need to remember that Victoria has a higher proportion of migrants than most other states, and thus we would expect slightly higher numbers of deaf students in mainstream settings come form migrant backgrounds.

<table>
<thead>
<tr>
<th>LOTE</th>
<th># families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>4</td>
</tr>
<tr>
<td>African NFD</td>
<td>2</td>
</tr>
<tr>
<td>Italian</td>
<td>2</td>
</tr>
<tr>
<td>Khmer</td>
<td>2</td>
</tr>
<tr>
<td>OTHER</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

Table 2.4 Most frequently reported home languages – VT survey

<table>
<thead>
<tr>
<th>Parents’ country of birth</th>
<th># families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>4</td>
</tr>
<tr>
<td>Lebanon</td>
<td>4</td>
</tr>
<tr>
<td>Greece</td>
<td>3</td>
</tr>
<tr>
<td>Indonesia</td>
<td>3</td>
</tr>
<tr>
<td>Cambodia</td>
<td>2</td>
</tr>
<tr>
<td>China</td>
<td>2</td>
</tr>
<tr>
<td>Iraq</td>
<td>2</td>
</tr>
<tr>
<td>Sudan</td>
<td>2</td>
</tr>
<tr>
<td>OTHER</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
</tr>
</tbody>
</table>

Table 2.5 Most frequently reported parent’s country of birth – VT survey

Combining these figures with the data from the deaf facilities we are left with 197 migrant background families, of whom 134 continue to speak a LOTE at home.

As well as uncovering significant diversity within the school population, the school survey also found a marked difference in the number of migrant background students attending various educational settings. These differences are explored systematically in the following two sections.

### 2.3.1.1 Migrant background students across schools

It was noted in the introduction that Melbourne has a higher overseas-born population than the rest of Victoria, and indeed within Melbourne we see marked differences in the overseas-born population from municipality to municipality. We might thus expect that migrant background deaf students would cluster in schools in areas of high migrant concentration and be conspicuously absent from schools in more Anglo areas. In order to test this hypothesis, students in deaf facilities where separated into those attending
schools inside and outside the metropolitan area, with those within Melbourne further divided into North-Western and South-Eastern programs, and those providing state-wide services. Although the North West to South East distinction is a crude oversimplification of the workings of class and socio-economic status in Melbourne, in general terms we can say that the North and West areas experience much higher levels of disadvantage than is typical of the South and East regions, and that with the notable exception of the City of Greater Dandenong in the South East, the Northern and Western Suburbs have been Melbourne’s main migrant reception suburbs for many years.

Table 2.6 presents the results of this analysis:

<table>
<thead>
<tr>
<th>Region</th>
<th># students</th>
<th># migrant families</th>
<th>% from migrant background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>80</td>
<td>9</td>
<td>11.3</td>
</tr>
<tr>
<td>Metro</td>
<td>520</td>
<td>159</td>
<td>30.6</td>
</tr>
<tr>
<td><strong>Metro sub regions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North West</td>
<td>115</td>
<td>61</td>
<td>53.0</td>
</tr>
<tr>
<td>South East</td>
<td>148</td>
<td>36</td>
<td>24.3</td>
</tr>
<tr>
<td><strong>State-wide programs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>257</td>
<td>62</td>
<td>24.1</td>
</tr>
<tr>
<td><strong>Total - all regions</strong></td>
<td>600</td>
<td>168</td>
<td>28</td>
</tr>
</tbody>
</table>

Table 2.6 Migrant background student enrolment in Victorian deaf facilities by region

As regards the country-metro distinction, Table 2.6 presents figures that are broadly in line with the rates of overseas-born families in the general population of these areas (15% and 29% respectively). When we move to the metro sub-regions we see that indeed the North West does see a greater number of migrant background families than the other sub regions, and that this difference between the sub regions is statistically highly significant (p > 000.1). This difference is so great it cannot be explained by the demographics of the different regions alone. Rather, it suggests that migrant-background families living in the North and West regions tend to access local deaf facilities in large numbers, whereas Anglo-Australians living in these areas are more likely to access to enrol in State-wide programs or those based in the South-East. This reflects a widely documented trend in the literature that migrant families are more likely than member of the general population to utilise services available in their local area rather than more specialist, but distant service providers (cf. NHMRC 2005, Panjari 2006).

Only two independent (private) schools in Melbourne – Methodist Ladies College and Yarra Valley Grammar – have dedicated deaf facilities. As both these schools charge relatively high fees (in excess of $16,000 per annum in Year 12), they are beyond the means of many families and together educated only 53 hearing impaired students in 2006. While one might perhaps expect that migrant background families would be less able to
afford these schools, Table 2.7 shows that the percentage of hearing impaired migrant backgrounds students at these schools is only marginally lower than for all state school deaf facilities taken together. This difference is not statistically significant and suggests that migrant background families face only minimal difficulties in accessing private school deaf facilities compared to the Anglo population.

<table>
<thead>
<tr>
<th>School sector</th>
<th># students</th>
<th># migrant families</th>
<th>% from migrant background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>53</td>
<td>10</td>
<td>18.9</td>
</tr>
<tr>
<td>Government</td>
<td>547</td>
<td>158</td>
<td>28.9</td>
</tr>
<tr>
<td><strong>Total - all sectors</strong></td>
<td><strong>600</strong></td>
<td><strong>168</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>

Table 2.7 Migrant background student enrolment in Victorian deaf facilities by school sector

### 2.3.1.2 Home LOTE use across schools

Of the 168 families from migrant backgrounds 114, or 68%, report speaking a LOTE at home. Tables 2.8 and 2.9 show that the number of LOTE-speaking families in any given category broadly mirrors the number of migrant background families in those areas, but with several key differences that are worthy of further discussion.

<table>
<thead>
<tr>
<th>Region</th>
<th># students</th>
<th># LOTE families</th>
<th>% from LOTE background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>80</td>
<td>6</td>
<td>7.5</td>
</tr>
<tr>
<td>Metro</td>
<td>520</td>
<td>108</td>
<td>20.8</td>
</tr>
<tr>
<td>Metro sub regions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North West</td>
<td>115</td>
<td>37</td>
<td>32.2</td>
</tr>
<tr>
<td>South East</td>
<td>148</td>
<td>19</td>
<td>12.8</td>
</tr>
<tr>
<td>State-wide programs (metro based)</td>
<td>257</td>
<td>52</td>
<td>20.2</td>
</tr>
<tr>
<td><strong>Total - all regions</strong></td>
<td><strong>600</strong></td>
<td><strong>114</strong></td>
<td><strong>19.0</strong></td>
</tr>
</tbody>
</table>

Table 2.8 Family LOTE use among student in Victorian deaf facilities by region
<table>
<thead>
<tr>
<th>School sector</th>
<th># students</th>
<th># LOTE families</th>
<th>% from LOTE background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>53</td>
<td>8</td>
<td>15.1</td>
</tr>
<tr>
<td>Government</td>
<td>547</td>
<td>106</td>
<td>19.4</td>
</tr>
<tr>
<td><strong>Total - all sectors</strong></td>
<td><strong>600</strong></td>
<td><strong>114</strong></td>
<td><strong>19.0</strong></td>
</tr>
</tbody>
</table>

Table 2.9 Family LOTE use among student in Victorian deaf facilities by region

For most of the categories we see a relatively systematic decline between the number of migrant background families and the number of families using the LOTE at home. However for both the state-wide program and the independent school sector only a very small decline between the two is noted. In both these categories, much of the data provided to the project was based on the assessment of teachers within these schools rather than enrolment information completed by the parents. It thus seems likely that teachers have over-estimated the extent to which families still speak the ethnic language at home (at least relative to parents own assessment as what counts as speaking the language at home). Interestingly the sharpest decline is seen in the North West region – the only region where all data received came directly from forms filled out by the parents themselves.

2.3.2 Changing demographics over time

This project is fortunate to have access to results from a similar survey of the ethnic background of students in Victorian deaf facilities conducted in 1994-5 (Bureau of Immigration and Population Research 1995). Comparing data from the two surveys, we can gain a loose sense of the ways in which the demographics of the deaf facility population has changed over time and begin to make predictions about the makeup of the Victorian Deaf Community in years to come.

Caution is required in comparing the two sets of survey data, not least because in the intervening decade a number of new deaf facilities have opened while others have been closed or amalgamated. This not only affects the net number of programs available to families with a deaf child, but also the ease with which programs can be accessed in certain geographic areas. As the 1995 survey also covered a number of educational institutions (such as Taralye early intervention service) that continue to provide services but were not included in the 2006 school survey, the results from these institutions have been excluded from the following discussion in order to provide a more accurate portrait of changes in school demographics.
<table>
<thead>
<tr>
<th></th>
<th>1995 survey</th>
<th>2006 survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # students</td>
<td>385</td>
<td>600</td>
</tr>
<tr>
<td>Total # LOTE families</td>
<td>107</td>
<td>114</td>
</tr>
<tr>
<td>% of LOTE families</td>
<td>27.7</td>
<td>19.0</td>
</tr>
<tr>
<td>Total # of LOTEs spoken</td>
<td>34</td>
<td>40</td>
</tr>
</tbody>
</table>

**Most widely spoken LOTEs**

1. Italian (11) Arabic (inc. Lebanese) (27)
2. Arabic (inc. Lebanese) (10) Vietnamese (10)
3. Filipino (inc Tagalog) (10) Turkish (8)
4. Vietnamese (9) Cantonese (7)
5. Greek (8) Tagalog (6)

**Table 2.10 Changing LOTE use: 1995 and 2006 deaf facilities surveys**

A striking feature of the two surveys is that the 1995 survey uncovered a significantly higher rate of LOTE use than that found in 2006 (chi squared p < 0.025). One explanation for this difference could be simply that the number of children from LOTE backgrounds in Victoria has decreased in the intervening years, however comparison of census data from 1996 to 2006 shows that in fact the number of children who speak a LOTE at home has increased in both absolute and relative terms. Since, if anything, we would expect the number of deaf children from LOTE-speaking homes to have increased in the intervening years it seems logical to look at the data collection process itself as a possible source of the discrepancy. Here we see that the 1995 data relies entirely on teachers’ assessments of family LOTE use, which, as we have seen above, have a tendency to equate LOTE usage with all families where at least one parent was born overseas. It thus seems likely that different reporting has led to different figures, although we must also remain alert to the possibility that over the last decade migrant background parents have become more likely than Anglo parents to send a deaf child to a mainstream primary school. While the current data does not allow us to prove or disprove the latter hypothesis it deserves further investigation due to its potentially important consequences for equality of educational outcomes.

Figures on the most widely spoken LOTEs across the schools show important changes in the composition of the school-age migrant background population. While Italian and Greek were widely spoken languages in 1995, by 2006 their importance has declined, with each now only spoken by three families recorded in the survey. While Arabic was already an important language in 1995, by 2006 speaker numbers had almost tripled, making it far and away the most widely spoken LOTE among families with a child attending a Victorian deaf facility. Turkish has experienced even more rapid growth, from being used by just one family in 1995 to eight in 2006. The current focus on humanitarian migration from sub-Saharan Africa has also seen a handful of new languages from these areas recorded (such as Tigre and Tedan) and it is predicted that the

---

5 In 2006, 206,942, or 21.2% of children in the 5-19 age group spoke a language other than English as against 160,948 or 17.3% in 1996 (ABS 1997, 2007).
number of African languages represented in deaf facilities will rise significantly in coming years (for an analysis of the linguistic composition of sub-Saharan African communities in Victoria see Borland and Mphande 2006).

We can see that to an extent the ethnic background of students in deaf facilities ebbs and flows with the differences in the composition of Australia’s migrant intake over time. However, it is also important to ask whether the incidence of deafness remains roughly the same across all ethno-linguistic groups, or whether some groups are more prone to hearing problems than others. To this end the following section compares the number of children enrolled in deaf facilities in 2006 with census data on the number of LOTE speakers in the 5-19 age group for selected community groups.

### 2.3.3 Comparisons across ethnic groups

We saw above that there are a number of positive and negative factors that can affect the incidence of deafness in migrant background populations. Currently, no Australian data on the incidence of childhood hearing loss has considered ethnic background or migration status as variable. However, research from both the US and UK has noted increased prevalence rates of childhood hearing loss in at least some ethnic minority communities (cf. Yoong 2005, Meadow-Orlans et al 2003, section 2.2.2 above), with the implication that differences may also exist in the Australian population. Through conversations held as part of this project it also became apparent that many deafness sector professionals are concerned about the seemingly large number of children they are seeing from Arabic and Turkish speaking backgrounds, but are unsure whether these groups really do have markedly higher prevalence rates than the mainstream community. Given that these communities (together with Assyrian speakers) have a greater proportion of their members in the 5-19 age group than any other major language group in Victoria (ABS 2007) the increase in deaf children could potentially be attributed to natural growth in the communities. As natural growth would be unconcerning, but increased prevalence rates is an important public health issue, it is particularly important to proceed cautiously when attempting to calculate prevalence rates and ensure that we are not comparing apples with oranges.

While figures on prevalence rates are generally calculated based on country of birth or ethnic background (which, as Ahmad 1994 notes, is often nebulously defined), the data available for this study leads itself to comparison on the basis on language spoken at home. This was felt to be the most appropriate category, as too few deaf children of migrants were themselves born overseas to make this a meaningful category for analysis, and census records on the total number of children with parents born in certain countries are difficult to obtain and use reliably. Data on the number of children who speak various LOTEs is however easily extracted from the census, while the 5-19 age group neatly encompasses the years in which children could be expected to be attending Victorian schools.
Before proceeding with these calculations, it should be stressed that our data on deaf students is limited to those attending deaf facilities in Victorian schools. Since hundreds of deaf students attend mainstream schools (where they are supported by visiting teachers), our data underestimates the overall prevalence of hearing loss across all populations, but is useful for comparing rates found in various language groups with those for the English-speaking mainstream. Because we are dealing with a relatively small number of deaf students, we must also be alert to the possibility of data being skewed by chance fluctuations – such as a family with hereditary deafness who may contribute 3 out of 4 children in a particular language group. For all these reasons, these figures should be used with caution; and the report calls for more systematic and broad-sweeping research to be conducted in this area in order to test the validity of these findings.

According to the 2006 census, there were 978,265 school-aged children (5-19) living in Victoria, of whom 600 were enrolled in deaf facilities. This equates to a prevalence rate of 0.61 in 1000, well below the commonly cited figure of 1 in 1000 but approaching Bailey et al’s (2002) figure from West Australia of 0.7 in 1000 infants having a congenital bilateral permanent hearing loss of greater than 35dB (see section 2.1 for more on rates of hearing loss in the mainstream population). In order to calculate prevalence rates accurately across groups however, several minor amendments need to be made to this data. As reported in section 2.3.1, some deaf facilities provided the researcher with their own assessments of the LOTEs spoken by families rather than school census data itself. Since this data appeared to significantly over-report the number of LOTE speaking families in the school population, in the interest of increasing accuracy it was excluded from this final analysis. This left a total of 408 students in deaf facilities, of whom 72 come from homes where a language other than English is the primary language of communication. Table 2.11 compares the number of students in deaf facilities with the total number of speakers in the 5-19 age group for English speakers and all other LOTEs spoken by more than 4 of the remaining students. Of course these prevalence rates undercount the actual rate of deafness in all communities (as they only include children enrolled in deaf facilities), however they provide a useful comparison point for prevalence rates across different language groups.

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6 This is seen for example with almost 100% correspondence between the number of families identified as having overseas-born parents and those said to speak LOTEs, whereas the figure in other schools is closer to 66% (which corresponds better to research findings on rates of language maintenance and shift in Australian migrant communities, cf. Clyne and Kipp 1997)

29
<table>
<thead>
<tr>
<th>Language</th>
<th>Total 5-19 year old population</th>
<th>Students in deaf facilities</th>
<th>Prevalence per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>771,323</td>
<td>336</td>
<td>0.44</td>
</tr>
<tr>
<td>Arabic</td>
<td>15,165</td>
<td>17</td>
<td>1.12</td>
</tr>
<tr>
<td>Cantonese</td>
<td>12,959</td>
<td>7</td>
<td>0.54</td>
</tr>
<tr>
<td>Turkish</td>
<td>7,761</td>
<td>6</td>
<td>0.77</td>
</tr>
<tr>
<td>Tagalog/ Filippino</td>
<td>3,535</td>
<td>6</td>
<td>1.70</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>17,636</td>
<td>5</td>
<td>0.28</td>
</tr>
<tr>
<td><strong>Total – all LOTEs</strong></td>
<td><strong>135,694</strong></td>
<td><strong>72</strong></td>
<td><strong>0.53</strong></td>
</tr>
</tbody>
</table>

Table 2.11 Deafness prevalence rates for selected language groups

From these adjusted figures we see that there is no significant difference between the prevalence rates for English and LOTE-speaking families when taken as two broad groups (chi squared p<0.128), however differences do emerge for specific language groups. Arabic and Tagalog/ Filipino both show prevalence rates over twice that of the English-speaking population. In the case of Tagalog/Filipino the relatively small number of deaf students means that these figures may have arisen partly through chance, however the number of Arabic speakers is large enough to suggest that we do have a genuine case of higher prevalence rates in this community which warrants further investigation and action. Interestingly, the Turkish community shows prevalence rates that, while higher than average, are not nearly as inflated as the Arabic-speaking group. This not only negates the initial hypothesis that these groups have similar rates of hearing loss, but also suggests that more complex factors than presumed shared religious beliefs and practices or SES (both communities have similar profiles in the 2006 census with respect to education levels, occupation and English proficiency, cf. Deumert, et al forthcoming) are at work in shaping prevalence rates. Clearly further research is required to better understand what these factors are and any ways that the Victorian public health sector could productively intervene to help lower these rates.

As mentioned in the introduction, Victoria has seen a large influx of migrants from sub-Saharan Africa in the last 10 years. Many deafness professionals have been particularly concerned that children from these communities may have higher than expected rates of hearing loss because of poor hygiene and lack of treatment for ear infections in refugee camps, together with noise-related deafness as a result of war trauma. However here the evidence is somewhat mixed. Several years ago Professor Brian Pyman (from Melbourne’s Eye and Ear hospital) was motivated by these concerns to develop a partnership with the Western English Language School (WELS) to offer hearing screening for newly arrived refugee children (see case study 3.4). While Professor Pyman initially predicted that the incidence of hearing loss among Sudanese refugee children would be high, after several years of working with WELS he has concluded that the rate

---

7 Due to census data coding, this figure also includes Victorians aged 5-19 who did not state their home language on the 2006 census.

8 In 1996 the total Victorian population born in either Eritrea, Ethiopia, Somalia or Sudan was less than 4,000 people, by 2006 this figure had risen to over 13,000 (ABS 1997, 2007)
is broadly similar to that seen in the general population (personal communication 22/11/06). He does however caution that refugee families in the Western suburbs often face significant barriers in accessing services to manage their child’s hearing loss – a point that will be taken up in the following chapter.

The intense linguistic diversity of these groups, coupled with a government tendency to code many lesser-know languages as “African language – other”, means we cannot rely on home language data to calculate prevalence rates for these communities. Data on country of birth is also somewhat unreliable, as many families have lived in third-country refugee camps for many years before being granted visas to come to Australia. As a result many young adults from these backgrounds were born in countries such as Kenya or Egypt. Given these difficulties, the best approximation can be gained by comparing the number of adults of child-rearing age (20-64) who were born in these countries with the number of deaf children whose parents share this birthplace. Although very loose approximations, we see that these figures produce similar prevalence rates across the Sudanese, Ethiopian and Somali communities, but markedly higher rates in the Eritrean community, which are worthy of further investigation.

<table>
<thead>
<tr>
<th>Country of origin</th>
<th># adults (20-64 years old)</th>
<th>children in deaf facilities</th>
<th>Prevalence per 1000 adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eritrea</td>
<td>1047</td>
<td>5</td>
<td>5.8</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2532</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Somalia</td>
<td>1851</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Sudan</td>
<td>3369</td>
<td>5</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8799</strong></td>
<td><strong>14</strong></td>
<td><strong>1.6</strong></td>
</tr>
</tbody>
</table>

Table 2.12 Deafness prevalence rates for selected African communities

### 2.4 Deafness among migrant background adults

While surveying deaf facilities allows us to compile reasonably detailed and accurate statistics about the ethnic background of hearing impaired children in Victoria, there are no such broad-sweeping records of deaf adults. As such, the project drew on a number of ad hoc sources to collect data about deaf adults from migrant backgrounds and cannot provide definitive estimates about the size of various communities.

Data for this section was collected through three main means. The first is simply crude census data identifying the number of sign language users who were born overseas, without further details on their age at migration, country of birth or similar. This data is useful in that it captures a broad cross-section of the community, but as it is limited to deaf people who sign, and does not distinguish adults from children, it provides only a partial picture of the size and composition of the migrant deaf community. More detailed information about this group was obtained by drawing on personal networks among
professionals and within the Deaf community itself to compile a list of Deaf and hard of hearing individuals from migrant backgrounds currently known to these groups. While names were not collected as part of this endeavour, basic information about the individuals such as gender, country of origin and approximate length of residency in Australia was exchanged to cross-check information in cases where it appeared that different informants may have been referring the project to the same individual. Finally, the project was also able to profile the community through a study of enrolment records at NMIT’s Centre of Excellence for Students who are Deaf and Hard of Hearing. NMIT have been running specialist educational programs for deaf students since 1991 and have kindly made data on the country of birth of all of their students available to the project.

Since the latter two methods of data collection focussed on people who are already accessing deafness services, it is likely that these numbers greatly underestimate the number of deaf migrant-background adults living in Victoria. We shall see in the next chapter that many professionals in the deafness service sector are concerned that deaf migrants often do not seem to be in touch with relevant service providers, a concern that seems justified by figures suggesting that there are a lower number of adults of migrant background accessing deafness services than there are migrant background children currently enrolled in Victorian deaf facilities. Some attempt was made to offset this imbalance by publicising the project to settlement workers, ESL teachers and general health care professionals, with the result that a number of individuals were uncovered who were not already known to the deafness sector. However, the overall response rates among these groups were extremely low and they contributed only a handful of individuals to the project’s data set.

With these caveats in mind let us now examine the project’s data on deaf adults from migrant backgrounds.

### 2.4.1 Census data on Auslan users

Data from the 2006 Australian census provides information about the number of deaf people from migrant backgrounds living in Victoria, although here it is limited to those who reported using a sign language at home. Figures for Victoria show that 168 Auslan users were born overseas, as well as 36 people who report using other sign languages. This compares to 1694 Auslan users and 224 users of other sign languages who were born in Australia, and 46 Auslan and 6 other sign language users who did not give their country of birth. From these figures we see that 8.8% of Auslan users were born overseas, as against 13.6% of users of other sign languages and 24.8% of all other Victorians. Unfortunately, we lack figures on age at migration for these deaf migrants, so it is unclear how many arrived in Australia as children and were able to access Auslan through primary and secondary education and how many have learnt Auslan after arriving as adults. However the low rates of signing, and particularly of Auslan use, suggest that not only are deaf migrants facing difficulties in migrating to Australia, but they have limited opportunities to master Auslan once they arrive. These issues will be taken up in more
detail in chapter four, particularly in sub-section 4.2.2 “opportunities for acquiring Auslan and English”.

2.4.2 Network data

In order to collect information on the number of deaf adults of migrant background currently known to professionals working in Melbourne two surveys were developed – the first targeted at general health sector professionals and the second at Auslan interpreters. Response rates for both surveys were quite low (9 professionals, all but two of who work for Vicdeaf, for the former and 16 for the latter) suggesting that even within the deafness sector few professionals are (conscious of) working with deaf migrant clients.

Despite the low response rates, the survey yielded data on at least 45 deaf migrant adults (57 discreet reports of contact with deaf migrants, of which 12 appeared to refer to people already known to the project), the majority of whom have accessed deafness/interpreting services at least once within the last 12 months. Given the small and reasonably close-knit nature of the Deaf community, concerns about client confidentiality prevent the publication of a detailed breakdown of the number of clients from different ethnolinguistic backgrounds. We can however report that clients from an Arabic speaking background formed the largest group, with those from South-East Asian and Sub-Saharan African backgrounds also well represented.

In addition to the formal survey data, interviewing professionals, families and deaf individuals gave the project information about a number of deaf migrants who did not seem to have been detected by the initial survey. In some cases it was impossible to ascertain whether interviewees were talking about clients who had already been counted under the survey data, leaving us with between 22-29 additional adults who had not been counted by the previous survey. Again these adults were principally from Middle Eastern and Sub-Saharan African backgrounds.

The network data thus leaves us with between 67 and 86 deaf adults of migrant background currently known in the researcher’s social and professional networks. While this is a reasonable number of people to uncover given the small and dispersed nature of the community, it obviously represents only a small fraction of those currently living in Victoria and is somewhat biased towards those who have recently accessed support services (if only because they are more likely to stick in informants’ minds). In order to gather more consistent longitudinal data NMIT’s enrolment records are examined in the following section.

2.4.2 NMIT enrolment records

Since its inception in 1991 NMIT’s Centre of Excellence for Students who are Deaf and Hard of Hearing has enrolled nearly 200 students. The principle course taught by the
centre these days is the Certificate 1 in Vocational Preparation, which is aimed at students with limited formal education. Although the Centre of Excellence has never explicitly catered to the educational needs of deaf migrant adults (particularly those arriving in Australia with little to no English or Auslan), over the years it has enrolled many such students and has developed a reputation as one of the few educational settings equipped to cater to their needs. As a result, a large proportion of students enrolling at the centre are overseas-born, as Table 2.11 makes clear:

<table>
<thead>
<tr>
<th>Student Birthplace:</th>
<th>1991-2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>120</td>
</tr>
<tr>
<td>Italy</td>
<td>14</td>
</tr>
<tr>
<td>Greece</td>
<td>10</td>
</tr>
<tr>
<td>China</td>
<td>4</td>
</tr>
<tr>
<td>Vietnam</td>
<td>4</td>
</tr>
<tr>
<td>India</td>
<td>3</td>
</tr>
<tr>
<td>Macedonia</td>
<td>3</td>
</tr>
<tr>
<td>Philippines</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
</tr>
<tr>
<td>Unknown</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>194</strong></td>
</tr>
</tbody>
</table>

Table 2.13 Students’ country of birth – NMIT Centre of Excellence for Students who are Deaf and Hard of Hearing

Table 2.11 indicates that NMIT has seen around 70 deaf migrant students pass through its program in the past 16 years. Of these clients, four have almost certainly been counted as part of the network survey presented above and it seems reasonable to presume that at least 20 have in fact been listed by other respondents. Nevertheless, this suggests that the enrolment data has unearthed around 50 new deaf migrants.

The NMIT data allows us to compare the changing face of the migrant deaf community over time, just as we did with the school data. Table 2.12 summarises the key data:
A striking feature of Table 2.12 is the degree to which ethnic diversity within the program has increased since 2000. While the total number of enrolments dropped by two thirds between 1991-5 and 2001-6, there was only minimal reduction in the number of birthplaces; and the total number of migrant background students rose from 45 to 60 per cent. In line with general migration trends we see a sharp decline in the number of Greek and Italian born students enrolled in program but no one group rising to take their place.

Increased diversity has a number of important repercussions for both how the course is taught and how other services are delivered to adult deaf migrants. Students from heterogeneous backgrounds obviously bring less common ground to the classroom, and can be expected to have had vastly different educational opportunities depending on their country of origin and, to a lesser extent, whether they came to Australia as refugees or as part of a family of economic migrants. They are also likely to have varied understandings of the Australian labour market and deafness services sector. The broader implications of these findings will now be discussed in the following chapters.

### 2.6 Conclusion

This chapter has provided the context for the rest of the study by outlining the extent to which hearing impairment is an issue in migrant communities. After reviewing the incidence of deafness in the general population and factors that might work to mitigate or increase that incidence in migrant populations, it provided an overview of the numbers and principle origins of deaf migrant background children and adults living in Victoria. Through this small and somewhat limited project, we have none-the-less uncovered over 300 hearing impaired adults and children from around 60 countries and 50 different language backgrounds. This number includes 168 children (or 28% of students) from migrant backgrounds studying at Victorian deaf facilities, and 114 (19%) who come from families who speak a language other than English (LOTE) at home. Somewhat worryingly too, the study uncovered evidence that the incidence of hearing loss is much higher among families from Middle Eastern and Eritrean backgrounds than in the general population. Speculating on the possible reason for this falls outside the brief of this
project, however there is a clear need to investigate this phenomenon in more detail and explore the best public health response to these findings.

High levels of ethnic diversity within the migrant background deaf population provides a challenge for deafness service providers, as the number of people from any one background is in the main too low to sustain ethno-specific services or case managers (Arabic speakers provide a possible exception here). The population profile is also constantly evolving, with comparison with data from the mid 1990s showing Greek and Italian to be the main CALD groups, whereas today Arabic, Turkish, Chinese and Vietnamese backgrounds predominate. For these reasons, service providers need to develop generic cross-cultural skills and programs to work meet the needs of this increasingly heterogeneous body of deaf clients and consumers. Exactly how this might be achieved will be taken up over subsequent chapters, with chapter 3 focussing on accessible service provision, chapter 4 on language issues and chapter 5 on social supports.
Chapter 3 – Access to current services

As noted in the introductory chapter, it is a widely acknowledged fact that people from migrant backgrounds are less likely to access health and community services than members of the majority population (Anderson and Bowe 1990, Rodda and Eleweke 2002, Murray and Skull 2005). A variety of factors can be seen to be at play here, from lack of information about what services are available to difficulties accessing interpreters, getting to appointments or paying for fee-for-service consultations. This chapter will explore these issues in more detail, focussing particularly on issues affecting migrants with hearing impairments and their families. The chapter first considers the barriers that can prevent migrants from accessing deafness and other support services and measures that have been put in place (or are currently slated for implementation) to improve access. It then considers the issues surrounding the provision of culturally appropriate services and in particular the approaches professionals adopt when the culture and beliefs of the client and/or their families seems to contradict what is considered best practice within the Australian disability sector (such as whether a deaf adult should attempt to enter the workforce). While language issues serve as an important constraint on deaf migrants accessing and interacting with service providers, this large and complex area will be dealt with separately in chapter four.

In this chapter we focus on comments from professionals working in the deafness, migrant and general health services sectors about the key issues they see facing deaf and hard of hearing people from migrant backgrounds. From the outset it should be noted that professionals were unanimous in their concern that deaf people from migrant backgrounds have difficulties accessing services and often find that their specific needs are not being met by current services. While these problems are undoubtedly real and will be discussed in detail over the course of this chapter, it is equally important to note that the professionals themselves were committed to doing their best to minimise barriers to participation and maximise the relevance of services on offer. Thus a number of individuals and organisations had already taken steps to better cater to the needs of deaf migrants and there was strong interest across the board in future collaboration with VicDeaf and other organisations to enhance service delivery to this group.

3.1 Spreading the word: knowledge about available services

A recurring comment among professionals working in the deafness sector was that they knew of a number of migrant clients who had lived in Australia for many years before finding out about deafness services. Moreover, when contact with deafness services was made, it was often due to a chance encounter with an Auslan interpreter when trying to access a generic service (such as hospital treatment or meeting with government agencies) rather than the client or their family specifically seeking out the assistance of a
deafness organisation. Something of the nature of this trend can be seen if we analyse the results of our Auslan interpreter survey: of the thirteen interpreters who have worked with migrant background clients, ten indicated that at least some of their clients were not in touch with deafness services when the interpreter first met them. Ten interpreters also indicated that they have provided information about Vicdeaf and other service providers to either the deaf individual or the professionals working with them, with a number of interpreters taking a stock of Vicdeaf pamphlets and business cards to each job they attend. While these results are heartening insofar as they show Victorian Auslan interpreters to be taking their responsibility to share information about deafness services seriously, it remains concerning that deaf migrants are not receiving this information through other channels.

Case study 3.1

One interpreter reported meeting a client from an Arabic-background who had lived in Australia for two years, but had never made contact with deafness services. The client lived in regional Victoria with his sister, and was suffering from severe social isolation. The interpreter met him by chance when he went to sit his Victorian driver's license, and he was delighted to find out about Vicdeaf and other services available for deaf people in Victoria. Through chatting with the client, the interpreter found he was desperate for information about how to utilise a range of basic Australian services (Medicare, how to apply for citizenship) and also severely misinformed about his rights (he believed he could not legally work in Australia until he became a citizen). He and his sister had been searching for information on these points for some time, but their poor English skills and geographic isolation from ethnic community groups meant that they had had little success in finding answers themselves. The story has a reasonably happy ending, as although the client did not know Auslan, he was able to communicate with the interpreter well enough to pass the test, and was able to make contact with Vicdeaf shortly afterwards.

Auslan interpreters reported that many of their clients were excited, and above all relieved, to hear about the specialist deafness services on offer in Australia. In many cases the clients had apparently been struggling for years with a variety of issues but had not known where to seek help so simply muddled along as best they could. Indeed a number of interpreters first met their deaf migrant clients in medical or mental health settings after a crisis had forced the client to seek help for what was in fact a long-standing problem that they could no longer cope with on their own. Such anecdotes reinforce the importance of ensuring people receive appropriate information and support well before they reach crisis point – as the old adage says, a pinch of prevention is worth a pound of cure.

From discussions with professions across the health, disability and migrant services sectors it became apparent that a key reason why deaf migrants and their families were unaware of services available to them was that professionals themselves had limited knowledge of what was offered by organisations working in other sectors. Because this

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9 This seems to be something of a recurring pattern in the literature (cf. ADEC 1991b, Arkles 1994) and was also reported as being quite common by various professionals interviewed as part of the project.
lack of coordination appears to be a major obstacle to deaf migrants accessing services, this section will deal with it separately before considering other factors that might inhibit migrant families’ understanding of service provisions.

Attempts to raise awareness of the services available to deaf migrants living in Australia are somewhat constrained by the highly fragmented nature of both the disability and migrant service sectors in Australia. Although both sectors have their major organisations (such as Vicdeaf, AMES settlement services and the Migrant Resource Centres), they are also peppered with a number of small community organisations run either entirely by volunteers or on a shoe string budget with only a handful of staff. We can gain a sense of this fragmentation by looking at a website put together for the residents of Flemington and Kensington (adjoining suburbs in Melbourne’s inner west) which lists, for example, six Turkish-specific, fourteen Vietnamese-specific and no less than 20 African-specific community organisations working in the local area (http://home.vicnet.net.au/~flemweb/ethnicorgs.htm accessed 2/4/07). Similarly we note a review article published in 2001 listing 56 organisations in Melbourne actively assisting African refugees with their settlement needs (Majka 2001), and a more recent report that there are currently 53 unique organisations servicing Victoria’s Somali community alone (Zwartz 2007). While the number of organisations working in the realm of deafness services is not quite so large, one of Australia’s peak deafness bodies - Deafness Forum – still represents 68 distinct deafness organisations (http://www.deafnessforum.org.au/ accessed 2/4/07). Issues of fragmentation are further compounded by the fact that a number of services for deaf people are offered by generic disability support organisations, which number over 1500 in Victoria alone (DHS Human Services Directory http://humanservicesdirectory.vic.gov.au/Search.aspx. Accessed 11/4/07)

The fragmented nature of service provision makes it difficult for professionals coming from outside either of these sectors to know where to refer clients which particular issues, and indeed what services are offered by what organisations within the sectors. Fragmentation also complicates attempts to share information between sectors, as organisations may have difficulty identifying the reach of groups working in other sectors, and thus the degree to which it is worth investing time promoting one’s own services to a particular group.

Even when the organisations involved are quite large (and employ a number of professional staff) there may be confusion about what sorts of services are available for deaf migrant clients and who is responsible for coordinating access to these services. Part of this problem lies in the fact that deaf migrants form such a small sub-set of all migrants to Australia that few settlement workers ever have to deal with them. They thus lack the day-to-day knowledge of how deafness services work and do not normally have the social/professional networks within the disability sector to know who might be best to contact to help a client with complex or unusual needs. One worker in particular expressed her frustration at trying to find appropriate services for a deaf client with other disabilities – after nine months it appeared that the client had been appropriately placed in education and case management services, however it took the settlement worker months of phoning around to identify these opportunities. This worker was very much of the
opinion that certain services had tried to fob her client off to other providers even though the client’s needs seemed to fall within the mandate of the service. Without knowing the full facts of the case, it is impossible to comment on the validity of these accusations; however the account clearly demonstrates the difficulties that can arise when migrant sector professionals with little knowledge of the disability sector attempt to connect clients with appropriate services. It also serves to illustrate the gaps that continue in service provision for deaf migrants, with many disability organisations themselves poorly equipped to cater for the specific needs (such as language classes or help with generic settlement issues) of clients from a migrant background.

Unsurprisingly, settlement workers universally stressed the need for more comprehensive information about deafness services. Existing brochures about disability organisations and deafness services were seen as useful to give to clients to introduce a service, but do not provide enough detailed information for settlement workers to fully understand the services offered by different organisations, their fee structures or the eligibility of non-citizens to access these services. Even within the deafness sector itself a number of services that might be of use to deaf migrants (such as Better Hearing’s bank of reconditioned hearing aids or access to audiologists free of charge for eligible clients of the Refugee Health Nurse program) were not widely known, with the result that many clients may be missing out on these services. For these reasons, the report recommends that a comprehensive database of deafness services, fees and eligibility criteria be compiled with some urgency and made available to a range of organisations free of charge either online or in hard copy.

As much as the lack of proper documentation of the services available for deaf migrants hampers settlement workers’ ability to cater to their needs, part of the problem also stems from the low profile of the Victorian Deaf Society more generally. As the CEO noted in a recent newsletter article Vicdeaf is organisation that is “well respected but not well known by the broader community” (Communicate 2007:2). Indeed over the course of the project few of the migrant sector professionals I spoke with had heard of Vicdeaf and none had a clear understanding of the types of services the organisation offers. Health and disability sector workers were more likely to have heard of Vicdeaf but even here the majority we vague about the society’s aims and services and had rarely referred their clients to our services. It is thus hoped that moves to raise the society’s profile within the general community will lead to a greater awareness of services available to deaf and hard of hearing Victorians more generally, and will lead to higher rates of onward referral to Vicdeaf. To an extent, the simple act of promoting this study of deaf migrants’ situation and needs to health, disability and migrant sector professionals has already served to raise the profile of the society and awareness of deafness issues. It has also resulted in a number of enquiries from professionals who have deaf migrant clients and were feeling at a loss as to how to help them until they saw the flyers about the project. It is hoped that Vicdeaf will be able to capitalise on the increasing awareness of our services and links to migrant sector organisations brought about by this project, for example by providing deafness awareness training to interested organisations and building partnerships with between case mangers and settlement workers dealing with deaf migrant clients.
So far the discussion has concentrated on the difficulties service providers from other sectors have had in understanding and working with deafness services, but of course these difficulties also exist in reverse. Throughout the interviews with Vicdeaf staff a recurring theme was that they themselves were often frustrated by their lack of knowledge of settlement services and were often unsure where to refer clients for assistance with general (i.e. non deafness-related) problems. Calls for greater collaboration between the two sectors were an important finding of the project, and throughout this chapter and the recommendations of the project we shall explore ways in which this might be achieved.

3.2 Encouraging migrants to seek help

Even when professionals are able to refer deaf migrants to appropriate services, a range of factors often inhibit deaf migrants and their families from taking up these services. While one would always expect a certain percentage of clients not to act on an onward referral, it appears that a number of factors work together to ensure that migrants are less likely to utilise support services than members of the general population (ADEC 1991a, 1991b, Arkles 1994).

Perhaps the greatest difficulty in promoting services to people from migrant background is ensuring that they understand exactly what services are on offer and what they need to do in order to access them. Those coming from more traditional societies where welfare and support services are provided mainly through extended family or the village community are especially likely to experience difficulty in understanding the complicated and rather bureaucratic way that support services are organised in Australia (ADEC 1991a, Arkles 1994, Zadro 2006) and may need extensive support and ‘hand holding’ in the initial stages of learning how the Australian system works. In the case of early intervention services, Aurora, Taralye and the DHS Parent Adviser for Hearing Impaired Children service all received significant praise from migrant families for the assistance they offered, their willingness to meet families in their own homes their general efforts in helping to put families in touch with a range of services and support networks. Schools with deaf facilities were also viewed as a major source of information and support for migrant families, however there is something of a dearth of over-arching services for deaf migrant adults.

If and when Vicdeaf are put in touch with clients they are able to coordinate case management reasonably effectively, however clients whose first contact with a deafness service is through an interpreter or a specific agency (such as Senswise employment services) are unlikely to receive assistance in making contact with Vicdeaf. In these cases there is real concern that families do not follow up on these referrals – either because they lack the confidence and/or language skills to initiate contact with a service provider themselves, or because they have become disenchanted with the referral process and feel
that no one is willing to help them, so they might as well not waste their time\textsuperscript{10}. There is a mounting body of evidence that migrants coming from countries with a less-developed welfare state often confused about the role of different providers when referred to specialist services, and may in fact see such referrals as obstructing, rather than enhancing their access to appropriate care (ADEC 1991a, Arkles 1994, Jirojwong and Manderson 2002:203). Staff at Senswide employment services report a number of instances where client’s families have accused the service of being racist or unwilling to help their family member on being told that the client’s needs could not really be met by Senswide at that point in time, and that they would be best advised to contact another service (for example NMIT to develop the client’s language skills). Of course families are well within their rights to advocate on behalf of a deaf family member if they feel that they have been unfairly denied access to assistance, however the frequency and nature of reports of this kind of dissatisfaction in the literature suggest that in many cases the families anger stems from a poor understanding of the organisation’s reasons for ‘refusing’ to offer particular services to the disabled family member (Cf. Arkles 1994, Jirojwong and Manderson 2002, Clark 2005).

In these circumstances it seems it is imperative that services not only make every effort to ensure families understand the benefits to be had from the onward referral, but wherever practical to assist the family in making contact and building a relationship with the new organisation. Such action not only helps mitigate feelings of hostility and abandonment, but should ease problems of clients dropping out of the system altogether\textsuperscript{11}.

For recently arrived migrants too, general settlement needs are often seen as a greater priority than assisting a family member to access deafness services. Understandably, a family’s first priority is often to get a roof over their head, a source of income and begin learning the ins and outs of daily life in Australia. This is generally an exhausting and time-consuming process and can leave the family with little energy to seek out assistance in managing a family members’ deafness. When the level of hearing loss is stable this too can remove any sense of urgency in attending to a family members’ deafness; as the family take the view that since the loss is not getting worse there is nothing particular to be gained by seeking help next week as opposed to next year. Yet this attitude is problematic insofar as the deaf migrant misses out not only on aural stimulation that may help mitigate future hearing loss but also on access to the social, educational and employment opportunities afforded by various deafness services. By the time families do access deafness services the client may have wasted many years and case managers at Vicdeaf report that many of their clients in this position have become quite resentful towards their families because of this delay in attending to their needs. This problem is difficult to solve, but could be partially addressed by improved referral services that made it easier for deaf migrants to access services with only minimal intervention from their

\textsuperscript{10} While no data is available on the take-up rate of onward referrals for the deafness service sector, a survey of African refugee patients attending GPs in Melbourne found that over 20% were lost to onward referrals (Tiong 2006)

\textsuperscript{11} Although figures on people dropping out of the system are difficult to calculate, Senswide report that they have never seen migrant families return to the agency after they have been referred to another provider for pre-employment training. Further research is needed in order to ascertain the representativeness of this finding but on its own it suggests a worrying number of migrant clients are becoming lost in the system.
families. Since families are often highly focussed on practical outcomes in the early days of settlement, deafness services might also do well to aggressively promote the practical skills and benefits they offer clients (such as language classes or assistance getting to know their way around Melbourne), rather than more nebulous general areas such as case management or help learning to live with deafness.

In some cases, the lack of urgency families feel in accessing services stems from a near total lack of awareness of the technological and other aids available to deaf people in Western society. In short it seems that for some migrants from traditional societies the idea that you might be able to do anything to mitigate a hearing loss is so foreign that it never occurs to them to try to seek help. Problematically too, if and when these families do find out about hearing aids or cochlear implants, there is a tendency for them to be seen as miracle cures which restore their family members hearing completely, as the following case study illustrates:

Case study 3.2

A recently-arrived family from Sudan had a teenage daughter with a severe-profound hearing loss brought about by being in close proximity to a large explosion during the civil war. Despite the severity of her hearing loss, the father insisted the girl be placed in mainstream education and seemed convinced that once she received a cochlear implant she would be able to hear clearly and would quickly acquire English. For various reasons she was not implanted for over a year after arriving in Australia and during this time attended first a specialist English Language Centre and then her local state secondary school. All schools were highly aware of the nature of the girl’s hearing loss and had numerous meetings with the father to stress that the school could not meet her needs adequately, but at his insistence she remained in these settings with only occasional support from a teacher of the deaf. It was only once the cochlear implant was performed and the father saw the results that he could be convinced that mainstream education was not appropriate for his daughter and she was transferred to a school with a deaf facility.

Over the course of the project I was made aware of several families where teachers and social workers had fought an uphill battle to make parents understand that their children’s hearing loss, and indeed their language delays and other associated educational/behavioural difficulties would not ‘magically’ disappear once a device was fitted. These assumptions appeared to be guiding both the readiness with which families embraced cochlear implants for their children and their strong desires to see their children educated in a mainstream school setting and may also lie behind findings from a small-scale UK study that found Pakistani families were more than twice as likely to agree to a cochlear implant for their child than white families (Yoong et al 2005). Indeed in many cases, it was only once the child had been implanted or sat through several terms of school making minimal progress that parents fully understood the limited of aids and implants and were willing to take more appropriate steps to manage their child’s hearing loss. Although it is not surprising that families with little familiarity with Western medicine and biotechnology may have difficulty understanding that these aids help minimise a hearing loss rather than curing it completely, these cases raise important ethical issues about informed consent and parents’ abilities to make appropriate decisions in managing their child’s hearing loss which we will return to in section 3.4.4.
It is difficult to know how best to tackle the lack of awareness of the availability, benefits and limitations of adaptive technology. However increasing awareness of deafness issues among settlement workers may have the flow on effect of making them more alert to their clients’ hearing levels and more likely to talk about technological aids and deafness should they become aware of a hearing loss. Yet given that some migrants do not disclose their hearing loss (either because they don’t see it as relevant or would prefer to keep it private), it is too much to expect settlement workers to bear the burden of diagnosis and treatment/onward referrals. For these reasons the report calls for hearing tests to be included as a standard component of refugees’ first visit to an Australian GP, as opposed to the current system where they are only included if a hearing loss is already suspected. Similarly, there is a need for hearing tests to be performed as part of all migrant children’s (indeed perhaps all children’s) initial health assessments on first enrolling in Victorian schools to ensure that previously undetected hearing losses are uncovered and families are put in touch with appropriate services. Teachers and settlement workers interviewed as part of the project spoke at length about a number of cases where a migrant-background child’s hearing loss went undetected for many years because the child’s English difficulties and/or challenging behaviour were seen as resulting purely from the disruption of migration and difficulties adjusting to life and language in Australia rather than an underlying audiological condition. In all of these cases the child’s language and behaviour quickly improved once hearing aids were fitted and they received specialist support services, yet it is concerning that they missed out on these benefits for so long while the loss went undetected.

In concluding this section it should be noted that people fleeing oppressive regimes may be very reluctant to access services which are perceived to be associated with the government, or even authority in general (VFST 2002). Those whose residency status is not yet confirmed might also be reluctant to seek help for deafness issues; firstly because they are often fearful that they will be deported if they are found to be disabled and secondly because they think their non-citizen status will make them ineligible for (free) services. Depending on their visa class, migrants to Australia can have restrictions on their access to commonwealth government benefits and services for up to ten years (for a breakdown on how visa class affects access to free healthcare see Murray and Skull 2005:25). Even though state-based social services and deafness organisations rarely take residency status into account when deciding who will gain access to services, the commonwealth position can make some migrants think that they won’t be able to access anything – not least because the distinction between state and federal programs and jurisdiction is poorly understood by many recent migrants. Misunderstanding and mistrust of government services generally seems to dissipate with time, however this situation highlights the importance of building links with ethnic communities (and particularly emerging migrant communities) to ensure that one’s services are understood and community members feel comfortable in turning to it for assistance.

12 Community forums frequently see anger expressed at state officials for problems caused by federal government policy or programs, and indeed as part of the project I was berated at a meeting with a Sudanese community group because they saw me as a representative of ‘the government’ and were unhappy about the way Centrelink was handling their access to social security.
3.3 Overcoming barriers to accessing services

Refugees and recently arrived migrants commonly face a number of problems when accessing health services in Australia. While barriers such as transport difficulties, cost and difficulties negotiating the system are not unique to deaf migrants, this section considers the impact they are currently having on the provision of appropriate services, as well as highlighting some recent initiatives which have worked to remove some of these barriers.

3.3.1 Transport

Transport difficulties have been consistently shown to be impediment to migrants and refugees accessing a range of health services (Arkles 1994, Finney-Lamb and Smith 2002, Tiong 2006). Recently-arrived migrants do not generally have access to private transport, and with increasing numbers of refugees and migrants settling in Melbourne’s outer suburbs (cf. DHS 2005), families face infrequent public transport services and long commutes to access services based in more established, often inner-city, areas. In addition to the time commitment involved, recent migrants may also be reluctant to undertake long journeys on public transport because they fear they might become lost and be unable to explain where they are trying to go. Even for those with private transport, a lack of knowledge of Melbourne’s geography and driving conditions can make getting to and from appointments on time difficult, as the following case study demonstrates:

Case study 3.3

As a new migrant to Australia, Mrs B found driving in Melbourne a difficult and confusing undertaking. Used to driving in her native Laos – where traffic is light and road rules rarely enforced – she found driving in heavy traffic in Melbourne a most hair-raising experience and reported that during her first few months in Australia she was constantly late (often by one or two hours) to her daughter’s appointments with various specialists because she would get hopelessly lost trying to drive from Eltham to the CBD. She also had great difficulty knowing where to park and quickly amassed a collection of parking and speeding fines as she was not used to having to take care in these areas.

Of course it is not only new migrants that have difficulty accessing services. Historically, deafness services in Melbourne have tended to cluster in the city and eastern suburbs, making it difficult for those living in the north and west or in country areas to access services, particularly if they do not have private transport. In order to help redress this imbalance, the Department of Human Services employs a number of parent advisers for hearing impaired preschool children (based in the aforementioned under-serviced regions), who provide home visits, support and referrals and facilitate opportunities for parents to meet other affected families living in their local area. In country areas, the parent advisers work with overwhelmingly Anglo families, however the parent adviser for the northern region estimates that 70% of her caseload are from migrant backgrounds – with Turkey, Lebanon and Sudan the principal countries of origin. The parent adviser service is seen as instrumental not only in making services accessible to families with
limited transport options, but also in building relationships and steering somewhat confused and suspicious parents through a complicated system. As we shall see at various points throughout this report, the parent adviser service provides the sort of over-arching case management and long-term relationship that can be missing from many adult deafness services and serves as something of a model for what more integrated service delivery could look like.

In addition to formal programs addressing transport issues, the study uncovered a number of informal initiatives that have been implemented to help remove transport problems for migrants attempting to access deafness services. From the interview data it is clear that nurses employed in the Victorian government’s Refugee Health Nurse Program are frequently driving their patients to and from audiologist appointments, and in some cases schools teachers are also providing transport to their and their families. Professor Brian Pyman from the Eye and Ear Hospital has also taken it upon himself to provide a small one man response to some of these transport issues, which is outlined in the case study below:

**Case study 3.4**

As Professor Pyman notes, a shortage of publicly-funded audiology services in the western suburbs and poor public transport means many families find it difficult to attend the main clinic in Deer Park. In order to improve access, he has begun working in partnership with the Western English Language School, providing on-site consultation where possible and sparing families the need to make and keep appointments. In cases where it is necessary for children to have a follow up appointment at the hospital, Professor Pyman has also found that the relationship he has developed with the school and its students helps put families at ease; making them both more likely to act on a referral to the hospital and more open to accepting the advice they receive from specialists.

Up until this year transport has also been a major impediment to families accessing specialist deaf education services. Only a handful of state schools in Melbourne have dedicated facilities for deaf students and up until 2007 it was incumbent on parents to organise transport if they wished to send their children to one of these facilities (as opposed to attending their local state school with varying degrees of support from visiting teachers). This was a major point of concern at the time when most interviews were conducted (September-November 2006), however towards the end of the year it was announced that deaf students would now be eligible for a free bus service to take them to and from schools with deaf facilities each day. Transport remains a key issue for adult education however, as NMIT in Preston remains the sole provider of basic education and language classes for deaf migrant adults with limited Auslan skills. Issues of adult education will be discussed in detail in section 4.2, however here let it suffice to say that despite hearing a number of complaints as part of the project that deaf migrants often had to travel for hours across Melbourne to access educational services, in the main distance/transport issues do not seem to serve as a barrier to participation.
3.3.2 Cost

For refugees and refugee-like migrants perceived and/or actual cost can act as a powerful constraint on accessing health care services (Harris and Telfer 2001, Smith 2001, Finney-Lamb and Smith 2002, Jirojwong and Manderson 2002, Murray and Skull 2005). This is particularly so for deafness services because audiological testing and hearing aids are not covered by the Medicare system. Short of paying thousands of dollars to purchase hearing aids themselves, migrants (and indeed all low income Australians) must thus rely on subsidised programs through the Office of Hearing, hearing aid banks and other ad hoc grants and programs to access hearing aids and other audiological services.

Although the Office of Hearing provides eligible Australians with free access to a range of hearing aids and services, their services are unfortunately restricted to citizens and permanent residents who are children (under 21), aged pensioners or clients of the Commonwealth Rehabilitation Service\(^\text{13}\). This leaves many deaf migrants with little access to free hearing services, though those of working age may be able to obtain a referral to the Commonwealth Rehabilitation Service – and hence to the Office of Hearing program – if they are eligible Centrelink clients and are given support to negotiate this rather complicated bureaucratic process. These services are only available for clients whose hearing loss is serving as a barrier to obtaining employment in Australia however, and so may not be appropriate for those who have a more minor hearing loss or do not wish to seek employment outside the home (for example mothers of young children).

For those ineligible for Office of Hearing assistance, a number of small-scale programs exist to provide free or subsidised access to services, however once again we find that knowledge of these programs was not well-shared between sectors. The Victorian government’s Refugee Health Nurse Program currently seems to be the major provider of free audiological services to new migrants to Victoria. However, despite the program receiving a significant funding boost in mid 2006, demand for the range of services provided by the Refugee Health Nurses remains intense and new families may thus find they need to wait some weeks before being able to obtain an appointment, if they can access a Refugee Health Nurse in their area at all. Although the Refugee Health Nurse Program was a well-known and frequently utilised service among settlement workers, its existence was largely unknown to deafness sector professionals. Indeed several hearing service audiologists were most keen to hear about the program, because despite their concerns about hearing loss in migrant communities they had previously been loath to promote free hearing checks to refugees and other migrants because they feared adult migrants would largely be ineligible for free services to help mitigate any hearing loss detected.

As well as the Refugee Health Nurse Program, Better Hearing Australia runs a small hearing aid bank, which provides clients with reconditioned hearing aids for between 0-

\(^{13}\) It should be noted too that there are a number of other small groups of citizens (such as war veterans) who are eligible for Office of Hearing services, however these groups have not been detailed as they are not relevant to the discussion at hand.
109 dollars, contingent on ability to pay. This service has the potential to be most useful for people from migrant backgrounds because it does not have any formal eligibility criteria and simply asks that clients not be able to obtain a hearing aid through other subsidised programs or be in a financial position to purchase one at market rates. Despite its potential usefulness, this service was not known by any of the migrant settlement workers spoken to, though knowledge of the service may be better among GPs and others working in the allied health industry.

The upshot of this situation appears to be that while many migrants are obtaining hearing aids and other audiological services free of charge, the referral process is generally complex and time-consuming. It also seems likely that fear of the costs involved may be deterring some workers from discussing hearing aids as an option with clients who have a more mild hearing loss, with at least one settlement worker remarking that she would always check a client’s eligibility with the Office of Hearing and other providers before mentioning hearing aids in order to avoid disappointment and frustration. From the evidence mentioned at the start of this section it also seems likely that many migrants might choose to let a hearing loss go untreated because of concerns about the costs involved – particularly since it may never occur to migrants from countries with less-developed health care services that free or subsidised treatment might be available in Australia.

These findings point once again for the need for better communication between the deafness and migrant service sectors to ensure that all necessary parties have access to information on referral options for migrants and refugees suspected of having a hearing loss. They also reaffirm the need to discuss options for managing hearing loss directly with migrant families, as many may not think to enquire about products or their eligibility for services if left to their own devices.

### 3.3.3 Negotiating the system

As mentioned above, dealing with the bureaucracy of the welfare state can provide a significant challenge for migrants not used to large scale health and social welfare systems. Perhaps the most widely cited problem in this area is the unfamiliarity of many migrants and refugees with appointment-based healthcare systems (VFST 2002, Tiong 2006). Since the healthcare systems they are coming from often offer what basic treatment there is available on a first come first served basis, many fail to understand the need to make an appointment in order to see a healthcare provider in Australia, and in some cases can become quite obstructionist if they feel that others (with appointments) are being seen ‘ahead’ of them. As mentioned in section 3.2, many also view onward referral to a specialist a barrier to accessing quality care because they are used to systems where this does not occur and fail to understand why the specialist is a more appropriate person to manage their condition (Jirojwong and Manderson 2001, VFST 2002).

Lack of familiarity with the appointment system, and particularly the idea that an agency will be funded according to the number of clients it sees, can also cause difficulties in
terms of new arrivals keeping their appointments once they are made. This was a widely-cited source of frustration among the professionals I spoke with as part of the project and seems to have a variety of causes. In a number of cases the issue seemed to lie principally with client’s ability to understand and remember when the appointment has been made. In some cases this may be a translation issue, however in many others it seems to be related to different cultural concepts of time, with many newly-arrived clients not used to working with the Western calendar system or paying close attention to the hours within a day. As one worker pointed out, new-arrivals who are not literate in any language may also have particular difficulties keeping track of appointments because they cannot access a written reminder of the details.

Because of these difficulties, VFST (2002) and Tiong (2006) both stress the importance of investing considerable effort in following up refugee clients to ensure that they attend appointments. This may take the form of reminder calls the day before, writing appointment cards in the client’s language and even arranging for a community health or settlement worker to transport the client to and from the consultation. Of course these additional measures require extra time, resources and networks than usually required when dealing with Anglo clients, so it is important that deafness organisations looking to provide more comprehensive services ensure that they are properly resourced to do so and apply for additional funding where appropriate. Given that clients turning up very late to appointments and still expecting to be seen is a frequently cited problem, arranging for the client to be transported to the appointment (or attending the client’s home) may be a useful strategy for helping to increase punctuality (Tiong 2006). However, regardless of the strategies implemented, service providers need to be tolerant of the fact that the emotional strain of settlement, together with the after-effects of trauma and the difficulties of adjusting to life in Australia all impact on clients abilities to attend appointments and otherwise follow instructions and manage their affair (VFST 2002).

**Case study 3.5**

Footscray Community Health Centre has achieved great success in improving the attendance of recently-arrived African refugees at appointments through the dedicated work of the Refugee Health Nurse based at the centre. An African refugee himself, the health nurse phones all families the day beforehand to remind them of the appointment and the importance of attending the centre on time. He also regularly travels to clients’ homes in order to bring them to appointments and finds this greatly increases the likelihood of the family arriving on time. While this has been a most successful initiative, it comes at a high cost to the nurse himself, who is not funded to provide this transport service and thus does so largely in his own ‘free time’.

In addition to confusion about when appointments were to take place, a number of service providers expressed frustration at families who regularly missed appointments because they deemed it more important to visit family friends or undertake other activities which the service provider saw as much lower priorities than attending the appointment. On this point a degree of cultural sensitivity and understanding is necessary, as while it may sometimes appear that the client is viewing the appointment as an inappropriately low priority in actual fact social relations within the ethnic community may be structured in
such a way that it is vital to attend what can seem like inconsequential family get-togethers. Since many recent migrants are highly dependent on their ethnic community financially and emotionally, they are also not in a position to risk incurring anger or being seen as ungrateful by not attending social gatherings, and used to a kin structure that sees the needs of family and friends as more important than anything else they see no need to adjust their behaviour to an Australian context.

Sensitivity to different cultural norms of behaviour is necessary in these cases, however service providers may find themselves in a difficult position if they fear that a family’s persistent non-attendance at appointments may be putting them at risk of being denied a service. This point was mentioned particularly in reference to school-aged deaf children who frequently missed school, sometimes for months at a time, because of family commitments or visiting relatives and friends overseas. In these cases, government funding for disability services for the student may well be cut or withdrawn, however the families almost never understood that this was a likely consequence of their actions and were thus understandably angry and upset on their return to find their child ‘punished’ in this way. Once again, these cases illustrate the need for dedicated support workers to develop a strong relationship with migrant background clients, not only to ensure that the client fully understands the way the system operates in Australia but also to advocate on behalf of the client if they are in danger of losing access to services because of misunderstandings. This idea, and its relationship to providing culturally appropriate services, will be elaborated on in the following section.

### 3.4 Providing culturally appropriate services

So far, this chapter has largely focussed on the difficulties migrant families can have with the mechanics of accessing deafness services. However, in some cases, migrant families may be reluctant to get involved with services because of concerns about the cultural appropriateness of the services on offer. This section focuses on service providers’ own assessment of the challenges inherent in providing culturally appropriate services and strategies organisations are currently employing to meet these needs. In order to do so, it will first explore what is understood by culturally competent service provision, before discussing achievements and difficulties faced by service providers in the three main areas of catering to cultural practices, building communication networks and managing conflicting values and beliefs.

#### 3.4.1 Frameworks for culturally competent service provision

In recent years we have seen increasing awareness and emphasis in the healthcare sector of the need to provide culturally appropriate services to clients from migrant backgrounds. Exactly what is understood by culturally appropriate service provision (often termed cultural competence) varies from organisation to organisation, however the over-arching key components include a commitment to respecting clients’ language, culture and belief systems and to working with clients, and migrant communities more
generally, to find the most appropriate response to their particular needs (cf. Chin 2000, Harris 2004). Goode and Dunne provide a more detailed exploration of what culturally competent service provision requires of an organisation:

Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviours, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice/service deliver and involve systematically consumers/families. (2003:6)

Within Australia, it is becoming increasingly common for government and not-for-profit agencies to have clearly defined strategies and goals for providing more culturally competent services (Harris 2004). In Victoria, the Department of Human Services and all Disability Funded Community Service Organisations are bound by the Disability Services CALD Strategy which “aims to improve the inclusiveness and responsiveness of… [services] to people with a disability, their families and carers from culturally and linguistically diverse communities” (DHS 2004:18). Specifically, the Strategy outlines seven key goals:

- Understanding people and their needs
- Encouraging participation in decision making
- Providing culturally relevant and accessible information
- A culturally diverse workforce
- Using language services to best effect
- Meeting the specific needs of different communities
- Promoting the benefits of a culturally diverse Victoria. (DHS 2004:18)

As we shall see in the following sections, Victorian deafness service providers have had quite uneven success in achieving these goals, with some areas (such as using language services to best effect) being handled with aplomb while others (such as meeting the specific needs of different communities) remain in their infancy. Rather than analysing each of the Strategy goals in turn however, it was felt that a more enlightening picture on the state of culturally appropriate service provision in the sector could be gained by focussing on three areas singled out by service providers themselves: catering to cultural practices, building communication networks and managing conflicting values and beliefs.

### 3.4.2 Catering to cultural practices

All workers spoken to as part of this project showed a strong awareness of, and interest in, issues surrounding culturally competent service delivery. Although individuals frequently expressed a desire to know more about how to interact appropriately with clients from migrant backgrounds, it was clear that they were catering to their clients’ cultural and religious beliefs in a number of ways – such as knowing to remove shoes
when entering certain clients homes, structuring appointment times to allow clients time to pray and ensuring that workers and interpreters of the appropriate gender were provided to clients requiring gender segregation. There was also a strong commitment to understanding social status and decision-making processes within the family group to ensure that the relevant people were involved in managing the clients’ affairs, and that the worker showed appropriate respect to the senior members of the family group. Something of this accommodating attitude can be seen in the following case study.

**Case study 3.6**

Ellen Panjari (DHS Parent Adviser for Hearing Impaired Children in the North) reports using a number of strategies to ensure she meets regularly with parents, grandparents and other important caregivers in the child’s life. These include scheduling home visits of an evening to allow all members of the extended family to be present, meeting with parents in their lunch hour at work, and running ‘home visits’ while the child is in the care of grandparents or at childcare. Such strategies not only ensure that information is shared more accurately than if parents are relied upon to relay discussions to other members of the family, but also reinforces and validates the family’s traditional support structures and helps give them the skills to manage the child’s deafness effectively within their own cultural context.

Workers across the sector seemed to be well-armed with information and training as to how best to work with families from some of Australia’s largest ethnic communities (such as Muslim clients, those from Chinese, Vietnamese or Greek backgrounds). However, there was some uncertainty as to how best to work with families from new and emerging communities (particularly refugees from sub-Saharan Africa), and also how to best put their intercultural knowledge and training into practice when working with families from all backgrounds. Staff generally reported that they had mastered the basics of cross-cultural communication with their clients, but were struggling to work effectively in areas such as different interaction norms. Staff were highly conscious that (for example) clients from certain backgrounds might be reluctant to ask questions or publicly disagree with any opinions expressed by a professional, however they stressed that they needed more guidance and training as to how best to work with clients and their families in these situations. Professionals who had the opportunity to work regularly with families on a long-term basis, such as DHS parent advisers and Vicdeaf case managers, appeared to have had greater success developing appropriate strategies in these situations than those, such as employment consultants with Senswide, who tend to work with clients and families on a more short-term basis. This can be seen as reinforcing earlier comments on the importance of being able to take the time to build relationships and provide ongoing, flexible support to clients and families from migrant backgrounds.

A promising finding from this aspect of the research was the high level of awareness among professionals that every family will be slightly different in their cultural beliefs and practices, and thus that one should always discuss needs with the family directly rather than assuming that all members of the same ethnic group will behave in the same way. Yet for some professionals, this realisation was not empowering, but rather a source of anxiety as it left them constantly second-guessing how they should behave in the
presence of the client. The seriousness with which some professionals viewed the need to respect cultural norms could also see them thrown rather off-balance if they realised that they had made a cultural gaffe – with one case manager recounting a tale of a meeting where she had absent-mindedly offered to shake hands with a male family member at the start of the meeting and then felt so embarrassed by her mistake that she was not able to recover and work effectively with the family throughout the meeting.

Because of the difficulties they had appropriately catering to their clients’ cultural beliefs and practices, a number of professionals advocated for the employment of designated bilingual-bicultural staff to work with these clients. The advantages of such staff are numerous, including improving information flows, minimising interpreting costs, greater ease in gaining client trust and building effective relationships and greater capacity to link clients into institutions and support structures provided by their local ethnic communities (cf. Badat and Whall-Roberts 1994, Ahmad et al 1998). Bilingual-bicultural staff could also provide a potential solution to a concern identified by one senior manager, namely the degree to which Anglo case managers are able to interpret behaviour in its cultural context when attempting to judge children’s social and linguistic development. As the manager noted, the way young children are socialized to play in Uganda and China (for example) are quite different, so one needs contact with someone from the community who can “give you an idea of what ‘normal’ looks like” before you can tell if the deaf child is developing as they should. Furthermore, differences in interactional norms and parent-child social relationships can also have a profound impact on the sorts of language elicited if children are asked to respond to questions or produce narrative, and could easily lead to children being judged as behind Anglo (middle-class) norms, when actually they are just complying with the conventions of the linguistic culture they have been socialized into (see Bernstein 1979, 1990, Feagin 1979, Adamson 2005 for more on this point). Bilingual-bicultural staff would bring with them more appropriate skills for assessing children’s development within their cultural context, and even if such staff cannot be employed on a full-time basis there is an obvious need for them to be involved in providing training and developing protocols to help Anglo-Australian professionals conduct more appropriate assessments in these situations.

The advantages of bilingual-bicultural staff are numerous, but at the same time several potential difficulties mean deafness organizations need to evaluate whether it is practical for them to employ bilingual-bicultural professionals to work with specific ethnic communities. Perhaps the greatest barrier to employing specific ethnic community workers is that the number of deaf people within most communities is too small to warrant the employment of a full-time case worker (or similar), and that the cost of training and retaining a large number of part-time staff to work in this area quickly becomes unsustainable. Lack of appropriately qualified professionals is also often seen as a barrier to expanding the number of ethnic community workers in the health sector, a problem which becomes more acute in the deafness sector than in other public health

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14 In the deafness sector it may be more appropriate to talk of trilingual-tricultural staff given the importance of understanding Auslan and Deaf culture alongside the languages and cultures of the host society and the ethnic group, however to aid comprehension the standard term has been retained.
areas because it is generally expected that all workers will have at least conversational fluency in a sign language in addition to their oral language abilities.

While it is possible to work around these practical issues, a more fundamental question that must be addressed is the extent to which the employment of bilingual-bicultural professionals might cause intercultural issues to be marginalised within the larger organisations. A review of the literature clearly demonstrates that bilingual-bicultural professionals working in the deafness and social services sectors in the UK frequently complain that their Anglo colleagues assumed that having a specialist ethnic worker means that they do not need to develop their own competencies and practices when dealing with migrant background clients (Badat and Whall-Roberts 1994, Ahmad et al 1998). Bilingual-bicultural professionals frequently report too that they quickly become over-burdened with cases, as others within the organisation tend to refer all problems associated with migrant-background clients to them, regardless of whether the issue can be said to be related to a cultural or linguistic difference (Badat and Whall-Roberts 1994, Ahmad et al 1998). Under these conditions, bilingual-bicultural professionals can end up feeling overwhelmed and unsupported, so it is vital that any deafness organisation considering hiring ethnic community support workers give serious thought as to the scope of their role and measures to ensure their full integration into the organisation as a whole. Given the practical constraints discussed above, organisations may find themselves better placed by simply pursuing stronger links with existing ethnic community organisations and support services, a point which we shall now turn to.

3.4.3 Building communication networks

A guiding principle of culturally competent service delivery is that services need to reach out to migrant communities to ensure that their members are both informed about services currently on offer and engaged in consultation and partnerships designed to improve service outcomes for the community (NHMRC 2005, Zadro 2006). Professionals working in the deafness sector shared a high awareness of this principles, but reported that they have had limited success so far in engaging with migrant communities or organisations.

Fundamentally, lack of time and resources to ‘start the ball rolling’ seems to be the largest obstacle to building communication networks in migrant communities at the current point in time. Throughout the interviews individuals from a variety of organisations lamented their lack of contact with ethnic community groups, but, not having these links to start with, they were somewhat at a loss as to how to go about cultivating them, particularly as they did not currently have the funds to engage a project worker to work in this area. Similarly a number of organisations reported toying with the idea of advertising their services in the ethnic media, but so far had been put off by a lack of information about their target markets (e.g. which ethnic groups should be targeted for certain campaigns, how to present information in a culturally appropriate format and which media outlets should be chosen in order to reach the desired population). It is hoped that findings from this project will give service providers a better sense of the size
and composition of the migrant background deaf population and will allow them to
develop more targeted service delivery. However, as community development principles
stress, top-down initiatives aimed at improving participation or health outcomes are likely
have limited success, because they lack the input and often the support or interest of the
community they are supposed to serve (cf. Ahmad et al 1998, NHMRC 2005).

It is therefore not enough for organisations to commit to developing more services
targeting ethnic communities, rather they need to commit to working in partnership with
the community to ensure that needs are met. Through the current project the author, and
by extension Vicdeaf, has been able to cultivate with a number of ethnic community
workers throughout Melbourne and has developed a particularly strong working
relationship with the Islamic Information and Services Network of Australasia, the fruits
of which are seen in case study 3.7

**Case study 3.7**

In conjunction with IISNA, Vicdeaf was able to run an Islamic Community Forum in
February, which brought together deafness sector professionals and deaf and hearing
members of the Islamic community to discuss ideas for better meeting the needs of the
Islamic deaf community, and particularly women within this community. Key needs to
emerge from the forum include opportunities for Islamic deaf women to socialise
together and access to literature and classes to learn more about their religion. At the
time of writing, Vicdeaf is applying for funding and liaising with IISNA to develop these
services and it is hoped that they will come to fruition in the coming months.

The Islamic Forum provides a model to others working in the sector as to how
community development projects might be established and cultivated. However, perhaps
the greatest lesson of the project is simply the importance of organisations embracing
opportunities that come their way to work with ethnic organisations, and having available
a small amount of funding that could be used to run a pilot forum or similar and prepare
grants to begin implementing pilot programs. Once links are established, organisations
also need to work strategically to ensure the sustainability of any projects they establish
and to develop medium-long term goals for their community development work which
are inline with the broader strategic plan of the organisation. Because of the effort
involved in making such projects part of the organisations core business, rather than a
tacked-on service with insecure funding, the report strongly recommends that
organisations looking to expand in this area focus initially on working with one or two
ethnic organisations and only gradually expand their offerings once they are confident
that the needs of the initial groups have been adequately provided for. As well as
ensuring that the organisation itself does not become swamped by projects, such an
approach enhances community goodwill as it sends the message that the organisation is
serious about working with the community in the long-term, rather than providing ‘band-
aid’ solution projects that do little to address ongoing issues.
3.4.4 Working with different beliefs and values

While service providers expressed a strong commitment throughout the interviews to respecting cultural practices and beliefs wherever possible, many of them also reported feeling torn in situations where the family’s beliefs and values contradicted the professional’s idea of good practice. This issue was felt particularly acutely by a number of professionals working with children, who were unsure of their legal as well as ethical obligations in situations where they felt the family’s (culturally informed) practices and decisions were not merely poor outcomes for the deaf child but were actively harmful. Such situations are difficult not only because of the ethical dilemmas that they pose, but also because of their potential to damage the professional-client relationship if the client detects feelings of disapproval emanating from the professional. There are no easy answers in these cases, however this report follows Panjari (2006) in strongly recommending that practitioners suspend their own beliefs and understandings about best practice (at least momentarily) in order to work most effectively with each family in their own cultural context. As we shall see throughout this section, this does not have to equate to never challenging the families beliefs or practices, but simply allowing them the time and space to pursue their traditional beliefs, respecting those decisions and providing alternative models and solutions if and when they feel that their traditions do not give them adequate tools to manage the situation at hand.

Case study 3.8

Panjari (2006) recounts how she was able to work successfully with a West African family whose 14 month old son had been diagnosed with a profound hearing loss. In this case the family initially rejected medical explanations of the causes of their son’s deafness and saw it as being caused by a curse which had been directed at the paternal grandfather but deflected onto the child (who had been named after the grandfather) because of the protection surrounding the grandfather. In order to attempt to reverse the curse, it was thus important for the family to arrange for a black cow to be sacrificed in the grandfathers’ village. Throughout the planning stage, Panjari remained supportive of the parents’ decision to arrange the sacrifice, and they in turn were more than happy to turn to her advice and Western medical intervention (in the form of a cochlear implant) when the hoped-for miracle did not eventuate.

In the case study above, Panjari illustrates the important role religious practices can play in family’s coping strategies when they are initially coming to terms with their child’s deafness, and the closure that can be gained from trying a cure even if the family themselves have little faith in the likelihood that it will work. Understanding how the family perceives and explains the child’s deafness is also important because it leads to increases in the level of empathy between support workers and clients and in the likelihood of providing support which is satisfying and makes sense to all the people involved (Fitzgerald, 1992:40).
3.4.4.1 Causes of disability

Professionals interviewed as part of the project were highly aware of the need to understand families’ attitudes towards deafness and beliefs about its causes, however most characterised these beliefs as ultimately creating barriers to effectively managing the client’s hearing loss. Extensive literature already exists on attitudes to deafness, and disability more generally in a range of ethnic groups (e.g. Scibilia and Sharples n.d. Sharma and Love 1991, ADEC 1991a, 1991b, Christensen and Delgado 1993, 2000, Ingstad and Whyte 1995, Katbamna et al 2000, Hussain et al 2001) with a recurring theme being that Asian and Islamic families often feel shame at the child’s deafness as they see it as a punishment for their own or their ancestors’ transgressions (Wilson 1996, Akamatsu 1993, Akamatsu and Cole 2000, Cheng 2000). This in turn leads to a somewhat fatalistic approach to managing the child’s deafness, with the underlying logic appearing to be that since the affliction is god-given little can be done to mediate it (fatalism is also noted as commonly occurring in Hispanic families although the underlying beliefs driving this are not discussed; Rodriguez and Santiviago 1991). Consequences of these beliefs which were noted by professionals interviewed as part of this project include reluctance to access deafness services, a desire to hide the child away from the wider community and reluctance to sign, use hearing aids or otherwise take action that might call attention to the child’s deafness in public settings.

In this context, professionals generally saw it as part of their role to educate families about alternative ways of viewing deafness and to encourage them to gradually engage with Western approaches to managing deafness. Such work is important, however it is vital that it is undertaken in a way that respects the family’s beliefs and practices, rather than imposing ideas about ‘correct’ behaviour onto them. As Harris puts it, our goals in this area should be:

- to establish a learning situation in which the client and worker can collaborate; the client to learn about new ways to make sense of the situation that may or may not be part of his or her internalised cultural responses, and the worker to learn about the client’s situation and experience, and cultural understanding and influences. (2004:41-2)

When responding to families’ feelings of guilt or shame at the child’s deafness, it is important not to end up viewing the families religion or culture as being ‘at fault’ because it may have contributed to the development of these feelings. As much as Western medicine puts little credence in religious explanations of deafness/disability, it needs to be acknowledged that for deeply religious people medical explanations of deafness may not only be deeply unsatisfying but also fail to offer the comfort which can often be found in a more religious view. Thus rather than trying to talk people out of viewing deafness as a punishment from God (for example) a more productive step might involve engaging with that belief and asking them if and how they might find hope in their faith. How this might work in practice is illustrated in the following case study.

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15 Part of this mindset is a strong belief in deafness as a disability (and thus that deaf people are worthy of pity), rather than the approach advocated by many Deaf people in the West that deafness merely be seen as a linguistic/cultural difference from the majority group.
Case study 3.9

Mrs M is a devout Muslim who reported initially having great difficulty accepting her son’s deafness. While the early intervention workers she was in contact with offered a ‘these things just happen’ view of the cause of her son’s deafness, she found such a view gave her no way out the guilt, shame and fear for the future she felt at her son’s deafness. However, once she began speaking with her mother and spiritual leaders within the community about how the child’s deafness might be interpreted in the light of Islam, she was able to frame it as a challenge which had been given to her by Allah, and one which he expected her to do her utmost to overcome. Thus empowered, she was at last able to bring herself to attend playgroups for deaf children and otherwise engage in activities designed to promote her son’s development. She has also become something of a community advocate and works to help other Muslim women struggling with their child’s deafness to come to a similar theologically-inspired viewpoint.

In the case study above, a deeper understanding of the spiritual issues involved allowed the mother to use her religion as a source of empowerment as well comfort, and highlights the ways in which spiritual counselling may help religious families find productive strategies for coping with the diagnosis and reality of deafness. The example also foregrounds the fact that the spiritual issues surrounding deafness/disability are often complex and that families who initially feel their religion sends a negative message about deafness may find positives in their beliefs if they have the opportunity to discuss the theological implications with a religious leader. For these reasons, the report recommends deafness organisations begin building links with sympathetic religious leaders from various migrant communities who would be willing to give spiritual guidance and support to families struggling to cope with deafness.

Although families’ guilt and shame at having a deaf child may seem irrational and unfounded to most Western professionals, it is important to acknowledge that these attitudes are not unique to migrant groups. Rather, similar stigmas about disability exist to a greater or lesser extent throughout Australian society, and indeed similar spiritual beliefs about the sins of the fathers being visited on the children are to be found in Judeo-Christian beliefs. As Scibilia and Sharples (n.d.) intimate, guilt, fears and folk beliefs about disability are often linked more to a lack of education or models of coping mechanisms (from either the host or heritage culture) than to particular cultural beliefs, and thus with appropriate support families will often adjust their views of their own accord. For families from Arab and Turkish backgrounds, part of the shame and stigma they feel at their child’s deafness may be linked not to folk beliefs, but the strong taboo against consanguinity in Western society and a fear that they will be judged negatively by health workers if they seek access to support services. Although the extent to which consanguinity is actually causing deafness in these communities remains under debate (cf. Chapter 2, Ahmad 1994) most professionals interviewed as part of the project saw it as playing a leading role, and consequently adopted an attitude that these families had to an extent brought the child’s deafness upon themselves. As one Lebanese community worker noted this then creates a real barrier to people within his community coming forward and working with support services. While it must be stressed that migrant families were in no way denied support or services when deafness was thought to have
arisen as the result of consanguinity, families are detecting the judgemental undercurrent in professional’s attitudes and this is inhibiting their abilities to work effectively with these families (see Ahmad et al 2000 for more on this issue). Managing and minimising the negative health outcomes of consanguinity is an incredibly challenging area (cf. Ahmad 1994), however it seems in the first instance professionals working in Australia might do well to reflect on their own attitudes towards consanguinity and whether they could be pursuing more fruitful strategies for interacting with families in these circumstances.

Having looked extensively at the reasons families might hold certain attitudes and beliefs, let us now look in more detail at strategies for negotiation positive outcomes with families.

### 3.4.4.2 Negotiating positive outcomes

As was stressed in the previous section, in order to work effectively with migrant background clients it is vitally important that professionals acknowledge and respect families’ beliefs and practices even if they do not personally agree with them. In these cases, professionals may also find that they are able to achieve considerable success if they explore the underlying logic behind various attitudes, beliefs and practices with the family and propose genuine compromises or solutions to problems in the light of this logic. Through this process we may find that objections initially interpreted in terms of intractable cultural beliefs may actually be grounded in concerns that can be catered to with relative ease. Thus we may find, for example, that parents who object to their daughter joining a youth group are not doing so because of cultural beliefs about children needing to socialise with the family outside of school but rather because they are concerned about supervision and the potential for their daughter to socialise with boys – fears that can be allayed relatively easily through the provision of all-female groups run by qualified youth leaders (Germanos-Koutsounadis 2006).

In cases where families do remain closed to certain suggestions about managing their family members’ deafness, there is still the strong potential for deafness sector professionals to work with the family to help them achieve the best possible outcomes within the constraints of what is culturally acceptable for them. Thus, as one former parent adviser put it, if a family refuses to use sign language one can at least ensure that they are well equipped with other strategies for maximising the intelligibility of their communication with their deaf child. Similarly if they are unwilling/ unable to attend a playgroup or school for the deaf at least help them to find the most appropriate general education institution in the local area and arrange for the staff to be briefed on strategies for working with the deaf child (cf. Panjari 2006). Wherever possible too, professionals should attempt to link them families with others in the community who are in a similar situation so that they don’t feel quite so alone in dealing with these issues.

A number of professionals reported having difficulty negotiating was migrant families’ low expectations (by Australian standards) of the capabilities and potential of their deaf
family members. In some cases this can be linked with a cultural belief that associate properly caring for a disabled person with ensuring that they do not have to work, perform household tasks or otherwise engage in activities which they might find too taxing (Katbamna et al 2000). It must be remembered that such attitudes are born of love and a genuine desire to look after the disabled family member, but from a Western perspective they may be seen as stifling independence and resigning the disabled family member to very limited life chances (Rodriguez and Santiviago 1991, Hussain et al 2001). They may also make the family reluctant or unwilling to accept outside help, as they feel a good family would not ‘shirk’ their responsibility to care for the disabled person in whatever ways are necessary and regardless of the personal toll this may exact (cf. Arkles 1994).

How professionals respond in these circumstances will in part depend on the attitudes and wishes of the deaf family member themselves. In cases where the deaf person reports frustration at the family’s restrictive attitudes then obviously service providers have an obligation to advocate on their behalf and help the deaf person develop strategies to articulate and discuss their desires in as non-confrontational a manner as possible. Yet in some cases professionals may encounter deaf teenagers and adults who seem relatively dissatisfied with their parents’ expectations of them but are reluctant to ‘stand up to’ their parents. In these situations, it is wise to remember that conflict over expectations and behaviour is common between children raised in the host society and their more traditional migrant parents, but rarely lead to lasting animosity. Rather the children normally understand the reasoning behind their parents values (even if they do not personally support them) and look for compromises that allow some freedom, while still respecting their parents needs and desires (cf. Pallotta-Chiarolli 1989, Drury 1991, Hall 1995, Hussain 2001, Willoughby 2006a). Children also recognise that there are many advantages in terms of love and support to be gained by upholding the (more conservative) norms of the ethnic community, and thus it is not uncommon to hear statements along the lines that although it might be nice to have greater freedoms (such as being allowed to date) ultimately it is not worth rocking the boat and risking rejection by their community in pursuing these goals (cf. Drury 1991, Hall 1995). Although deaf children often do not have the same access to knowledge about their heritage culture as hearing children, the research suggests that they too are willing to negotiate compromises with their parents, albeit within the constraints of their more limited understanding (Ahmad et al 1998).

Since disabled children are often hyper-conscious of the effort parents have invested in caring from them, and are likely to be (financially and otherwise) dependent on their parents into young adulthood, it seems they are often particularly unwilling to ‘upset’ their parents by demanding greater rights or independence (Hussain 2001:17-19). Deaf children too may lack role models of successful deaf adults and have their own internalised low expectations of what it is possible for them to achieve (Gregory, Bishop and Sheldon 1995). In such circumstances, service providers should work with the client to explore options for greater independence that might be acceptable to all parties concerned, but should ultimately recognise the importance of a peaceful home
environment and that the client may be well to forego a large amount of independence to achieve this aim.

In closing this section it is worth mentioning that a number of service providers reported working with families who were themselves happy enough to follow the advice of Australian professionals, but were worried that they would be judged in a negative light by other members of the ethnic community. Senswide employment agency in particular reported dealing with a number of families who were concerned that others would see them as neglecting their parental duties if the ‘forced’ their ‘poor deaf’ child to work. Here we must remember the power of gossip as a constraint on people’s behaviour in close-knit ethnic communities and acknowledge that following Western advice or approaches could result in a serious loss of face for these families. This does not mean that we need to bow to the pressures of the group however, merely that such concerns should be acknowledged as legitimate. Within any migrant community, there will always be a degree of tension about what are the appropriate ways to conduct oneself in the new society (i.e. to what degree one should assimilate to the dominant culture). For this reason, migrant families should be encouraged to form alliances with other sympathetic community members (most obviously other families with deaf or disabled members) in order to promote new ideas about the rights and roles of deaf/ disabled people within the community. Deafness organisations may also be of some assistance in such cases by offering deafness awareness training to community groups, however experience would suggest that attitudes are more likely to change through subtle lobbying and the example of people within the community rather than through outside intervention. Perhaps the most useful thing deafness organisations can do in these circumstances is thus to support and validate families who choose courses of action which may not be supported by their communities and to help them build contact with others who might be in a similar situation.

3.5 Conclusion

Through this chapter, we have seen the myriad of barriers facing deaf migrants and their families when seeking to access deafness services. Clearly there is a need for service providers to work more pro-actively to cater to the special needs of this client group – for example by helping to arrange transport or subsidies to improve access to services or ensuring staff are well-versed in principles of culturally-competent service provision and have the skills to negotiate culturally-appropriate solutions to problems for families from a range of different backgrounds. Great exchange between professionals working in the deafness and migrant service sectors would also help increase knowledge of services available and help ensure that families received speedy referral to appropriate agencies once problems were detected.

However, perhaps the most important recommendation to come out of this chapter is the need for over-arching case management for migrant families, based on the model of the parent adviser system. For migrants new to Australia, negotiating the deafness sector and making decisions about the deaf family member’s education/ employment is a stressful
and confusing process. Giving families access to a parent adviser would help ensure they receive balanced information and assistance accessing relevant services, and allows them to develop trust and rapport with one professional, who in turn gains a detailed understanding of their individual circumstances and needs. Such a setup would do much to mitigate the problems of information sharing, mistrust and transport difficulties (since parent advisers normally meet families in their own home) that have been outlined in this chapter and allows families to be eased into the deafness sector while at the same time building their skills to a point where they can manage their affairs independently. While extending the program would cost the state government in the short term, it is felt that the long-term benefits and harm-minimisation would clearly outweigh this initial outlay.
Chapter 4 – Language issues

Deaf migrants coming to Australia face a number of communication barriers and pose a unique challenge to traditional interpreting services. As noted in the introduction, much of the impetus for the current project came from the concerns of Auslan interpreters and Vicdeaf case managers who are increasingly faced with migrant clients with very limited Auslan skills. This not only raises issues about how best to communicate with these clients in the short term, but also invites us to question what services are currently available to help them learn Auslan or English, and thus gain access to wider communities in the long term. Throughout the consultation process professionals repeatedly stressed the difficulties they have communicating with adult deaf migrant clients and the inadequacy of current provisions for language learning. Children seem to be provided much better support through the education system, although again professionals raised some concerns about communicating with hearing family members with low-level English skills and the difficulties such family members face learning Auslan in Australia.

This chapter examines a range of communication issues affecting deaf migrants, their families and professionals. It begins by exploring issues of language choice in migrant families with young children, with a particular focus how parents have come to their decisions about what languages to use in the family and why many have rejected Auslan. Discussion then moves to the language situation of adult deaf migrants arriving in Australia. Currently adult deaf migrants have very limited opportunities to access either Auslan or supported English classes, creating a range of communication barriers when they try to interact with the wider Australian society. This section explores these issues and current responses and outlines possible models to address the current lack of appropriate language learning services. Finally, the chapter looks at communication issues that can arise when hearing family members with limited English need to interact with deafness service providers and innovative ways to address these problems.

4.1 Linguistic situation in migrant families with deaf children

Since over 90% of deaf children are born into hearing families, communication issues within the family are neither new nor exclusive to migrant families (cf. Gregory, Bishop and Sheldon 1995). Indeed, at various points throughout the study professionals working with migrant background deaf children remarked that they saw little difference between them and Anglo deaf children in terms of language development and issues of inclusion within the family. However, despite these similarities migrant background families with deaf children do face more complicated linguistic situations in the home, as they need to negotiate not only the role English and Auslan will play in their lives but also the oral language(s) and any sign systems that they may have learnt pre-migration.
In order to understand the factors at play, this section will first present detailed case studies of how language choice is negotiated in seven migrant background families with deaf children who were interviewed as part of the project. On the basis of these case studies, sections 4.1.2 and 4.1.3 will explore why the families have all declined to use Auslan with their children, and the implications of family multilingualism for the education of deaf children. In order to introduce the seven families, Table 4.1 provides a brief overview of their ethnolinguistic backgrounds and current linguistic practices:

<table>
<thead>
<tr>
<th>Family</th>
<th>Ethnic background</th>
<th>Main language used to deaf child</th>
<th>Main language used in other family interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Family B</td>
<td>Lao (mother)</td>
<td>Equal amounts Lao and English</td>
<td>Equal amounts Lao and English</td>
</tr>
<tr>
<td></td>
<td>Australian (father)</td>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td>*Family I</td>
<td>Eritrean</td>
<td>English</td>
<td>Arabic</td>
</tr>
<tr>
<td>Family M</td>
<td>Lebanese</td>
<td>Equal amounts Arabic and English</td>
<td>Equal amounts Arabic and English</td>
</tr>
<tr>
<td></td>
<td>Lebanese</td>
<td>English</td>
<td>English to children, Arabic between parents</td>
</tr>
<tr>
<td>Family N</td>
<td>Lebanese</td>
<td>English</td>
<td>English to children, Arabic between parents</td>
</tr>
<tr>
<td>Family S</td>
<td>Eritrean</td>
<td>Arabic</td>
<td>Arabic (occasional Tigre)</td>
</tr>
<tr>
<td>*Family V</td>
<td>Croatian</td>
<td>Equal amounts Croatian and English</td>
<td>Croatian</td>
</tr>
<tr>
<td>Family Z</td>
<td>Italian</td>
<td>English</td>
<td>English</td>
</tr>
</tbody>
</table>

* = child was born overseas: B and I arrived a before age 2, V at age 6. All other children are Australian-born.

**Table 4.1 Family language practices**

### 4.1.1 Negotiating language choice

It is widely acknowledged that a range of factors influence rates of language maintenance and shift, and that since factors combine in highly personal ways it is difficult to predict their net outcome in any given case (Kloss 1966, Kipp et al 1995, Willoughby 2006a). Writing specifically about code choice in migrant homes with deaf children Chamba et al note that ‘parents’ views about how they should communicate with their deaf child were informed by the degree of the child’s deafness, personal preferences of the parents, previous experiences, perceptions of disability and deafness, available support, professional advice and concerns about education and integration in deaf/ hearing/ethnic communities” (1998:41). From the interview data, it becomes apparent that the child’s deafness has had a profound impact on parent’s language choice in three families (I, N and Z) and a slight impact in families B and V. However, for families M and S their children’s deafness has not impacted on the families’ code choice, with both continuing to use their ethnic languages as the major language of communication with their deaf children.

I have suggested elsewhere (e.g. Willoughby 2006a) that while other factors play their part, parental English proficiency is often the most important factor in determining the
extent to which hearing families continue to use the ethnic language after settling in Australia. The current findings suggest that it also plays a key role in families with a deaf child, however as we shall see the factors outlined by Chamba et al (1998) serve to mediate its effect in some cases.

The most clear-cut cases where language proficiency can be seen to shape code choice were for families N and Z. All four parents here are bilingual professionals, with all but Mrs N having lived in Australia since adolescence. In both these cases the mothers reported that they had intended to use the ethnic language as the main language of communication with their children, but on finding out that their child was deaf they resolved to speak only English because of concerns introducing a second language would be too confusing for the deaf child and might damage their English development. In the case of family N, Mrs N initially saw this language shift as a temporary measure, but despite her resolutions to speak only Arabic with her second child she found that once the baby arrived English “just seemed more natural”. While Mr and Mrs N continue to speak Arabic with each other, they have not made efforts to teach it to either of their children and seemed resigned to accepting language shift. Within family Z Italian has fared slightly better as the deaf child is the youngest of three, allowing the parents the opportunity to use Italian for many years with their older children. These elder children have gone on to study Italian at secondary school however the language has disappeared from all family interactions except those involving elderly members of the extended family.

In cases where parents themselves were not confident speakers of English, proficiency could be said to be guiding language choice, however it should be noted that no parents framed their discussion of code choice in this manner. Thus rather than explaining why she continues to speak some Croatian with her deaf son (Croatian is used exclusively with all other family members), Mrs V felt it important to stress that she and her husband had chosen to speak some English with him both in response to his habit of responding in English regardless of the language he was addressed in and because they were concerned that his deafness meant that he would not pick up fluent English solely through exposure at school. Similarly, family S framed their continued use of Arabic with their deaf son within the context of his post-lingual hearing loss at age 2 (as a result of a severe infection and fever) and the feeling that he make best progress if allowed to continue developing his first language (Arabic). In this case, their son received his first exposure to English on starting in the preschool program at Aurora, and despite his initial slow progress has now developed solid oral and literacy skills in both English and Arabic. Importantly too, proficiency concerns were completely over-ridden in the case of family I, whose case is worthy of somewhat extended case study:
Case study 4.1

As a refugee who arrived in Australia without her husband or extended family support networks, Mrs I faced a particularly difficult path in managing her then 8 month old son’s severe hearing loss. Living in Perth at the time, she was advised by the local children’s hospital to speak nothing but English with her son, as Arabic would only ‘confuse’ him and hinder his language development. Since Mrs I knew next to no English at that point in her life, she understandably found this advice difficult to follow but did her best to comply. Unfortunately, the result seems to have been that she spoke much less with her son than she would have if she had felt permitted to use Arabic and this lack of input as a small child may have contributed to her son’s marked language delay at the end of primary school. Moreover, once her husband joined her in Australia (two years after her son’s diagnosis) Mrs I went back to speaking Arabic with her husband and continues to use it exclusively with her three (Australian-born) hearing children. Thus we have a situation where the deaf child is spoken to in English by all family members but does not speak or really understand the primary language of family interactions.

During the interview, it was apparent that Mrs I was extremely distressed by the language situation which has evolved in her household, and blamed herself heavily for having followed the advice she was given about language choice with her deaf son. As she put it she has since seen that it is ‘perfectly possible’ for a deaf child to learn an oral language other than English without becoming horribly confused and has in fact started trying to teach her son some basic Arabic. However she has made slow progress here, not least because her deaf son seems to have internalised the idea that he is ‘stupid’ because (as he sees it) everyone in the Eritrean community speaks at least two languages ‘perfectly’ whereas he still has great difficulty speaking and understanding even simple English and Arabic. Mrs I thus reports that he quickly becomes frustrated with any attempt to teach him and that while the two of them can understand each other’s Arabic her son has great difficulty using Arabic with anyone else. Thus he has become isolated from his extended family and the Eritrean community more generally, but since he also has trouble with English and had only minimal exposure to Auslan, he lacks any language where he can comfortably express himself. At the time of the interview the son had just graduated from primary school and Mrs I had high hopes that he would be encouraged to learn Auslan well at his high school. While this could certainly aid him in developing a language in which he is proficient, it would do little to ease the communicative difficulties in the home environment or Mrs I’s concerns that her language knowledge makes it difficult for her to build a proper, nurturing relationship with her son in any language other than Arabic.

The idea that persisting with speaking the ethnic language (instead of using English only) will harm the child’s language development has mostly died out among general educators in Australian (Butcher 1995). However, it still seems to be persisting among a number of professionals in the deafness sector. Previous research from the UK (e.g. Sharma and Love 1991, Gregory, Bishop and Sheldon 1995, Chamba et al 1998) has already highlighted the dissatisfaction parents feel with this advice – feeling that professionals don’t understand what a huge demand this is and the ways it can result in the child being cut off from their culture and family communication. Since Mrs I experience occurred in West Australia, Victorian deafness organisations are relatively powerless to take action to ensure that such advice is not given in future. However the report does see a general need
for greater education for professionals about the mechanics and consequences of code choice in migrant families and recommends that organisations work together to organise in-service trainings on this topic for family workers and teachers of the deaf.

Looking finally at the situation of families B and M we see that while all four parents are proficient English speakers they have continued to speak a mixture of English and their ethnic languages with their deaf children. In the case of family M, Mrs M reported that although her son’s moderate hearing loss was detected relatively early (at 6 months) she and her husband decided that since they had begun speaking to him in Arabic only it was probably best to stick with Arabic and gradually introduce English rather than immediately switching to English and risking confusion. They appear to have used Arabic as the principle home language throughout their deaf son’s preschool years, however since he started school (in 2006), Mrs M reports that the family has introduced ‘English days’ and ‘Arabic days’ in a bid to assist their son’s English acquisition, while at the same time preserving Arabic and trying to keep the two languages separate.

In some respects, Mrs B can be seen to have taken the opposite approach to family M. Mrs B initially spoke only English with her daughter, however once it became clear that her daughter was making good progress with English she began to introduce some Lao and now uses a mixture of languages with her daughter. In this case it seems that despite the daughter’s initial sever-profound hearing loss, her cochlear implant has allowed her to make quite good use of her residual hearing, and consequently removed many of the barriers to language acquisition. Mrs B reports that her daughter travels to Thailand and Laos several times a year to see her father and other relatives, and during that time seems to have little difficulty making herself understood in either Thai or Lao. Lacking Lao Saturday schools in Melbourne Mrs B has sent her daughter to Thai languages classes at a local Buddhist temple. Work commitments meant that they had had to stop attending at the time of the interview, however Mrs B hoped she would be able to organise transport for her daughter to resume classes in 2007. Although she notes that her daughter makes some minor grammatical errors in Thai and Lao, in general Mrs B rates her communicative competence in both languages as excellent, and characterises her daughter’s English as much better than her own.

Together, these families show quite varied responses to the issue of code choice with their deaf children. While all expressed the view that mastering English was of paramount importance if their child was going to succeed in life in Australia, families B, M and S continued to also value the ethnic language and provide evidence that it is indeed possible to bring up deaf children bilingually with multiple oral languages. However here it should be noted that the research project did not control for extent of hearing loss, nor did it measure the children’s proficiency in their various languages. Thus we cannot comment on the extent to which level of hearing loss effects children’s

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16 Mr and Mrs B met and married in Laos but Mrs B moved to Australia with her two year old daughter in order to access early intervention services. Mr B, who is an Anglo-Australian, remained in SE Asia on business and the couple have since separated.

17 The two languages are quite similar, with historical factors meaning a large number of Lao speakers are highly proficient in Thai (though the reverse is less common).
bilingual abilities; though logic suggests those with more moderate losses will be in a better position to acquire multiple oral languages (cf. Chamba et al 1998). The two families who rated their children as having the best knowledge of the ethnic language (B and S) also rated their children as having the highest English proficiency, raising a number of interesting questions about cause and effect. On the one hand we might argue that these children likely had better hearing than others in the study and we thus simply better disposed towards any oral language learning. Yet the role of natural language aptitude and input should also be taken into account. In both cases the child had received some education in the ethnic language (through after-hours ethnic schools) on top of their education in English, and given that the literature stresses the benefits of second language study for the development of first language literacy, metalinguistic awareness and general communicative skills (cf. Cummins, 1991, Jansen 2001, DET 2002) it is likely that their education and exposure to the multiple languages has reinforced their already strong language aptitude.

This survey of migrant-background parents is notable in that none of them reported using Auslan with their deaf children. The issues behind their rejection of Auslan are complicated enough to warrant discussion under their own sub-heading in section 4.1.2, while section 4.1.3 will look in more details at the educational implications of these patterns of language choice.

4.1.2 Barriers to using Auslan

That migrant background parents are often averse to using sign language with their deaf children has been widely noted in the literature (Gerner de Garcia 1995, Ahmad et al 1998, Chamba et al 1998). In some cases this may stem from personal prejudice against sign languages, however it seems that more often practical constraints mean that sign language is not seen as a viable option.

As Chamba et al (1998) note, there is often fierce debate among deafness professions about the extent to which it is possible and reasonable to expect parents who are recent migrants to learn a sign language at the same time as they are trying to acquire English and generally acquaint themselves with the deafness service sector (and life more generally) in the host society. Among professions interviewed as part of the current project, young Deaf case managers were most vocal in stressing the duty migrant parents had to learn Auslan and use it as the primary means of communicating with their deaf children, while highly experienced trained teachers of the deaf (all of whom were hearing) expressed the strongest sentiments that Auslan may not be appropriate for all families. The more experienced professionals were quick to point out that many families were already struggling with basic settlement issues and learning English and that in these circumstances it was much more important that the parents invest time and effort in putting a stable roof over their family’s head, finding a job and learning how to function in an English-speaking society than in beginning to learn sign language. Echoing the findings of Gerner de Garcia (1995), they felt the most useful approach for families in these circumstances was to help them maximise the effectiveness of the communication
resources they had at hand – for example by training them in communication strategies to maximise their intelligibility when speaking with a hearing impaired person or helping them to develop strategies to improve the child’s proficiency in the ethnic language as well as in English. Certainly these professionals acknowledged that it would be nice if the parents were to learn some Auslan in the future, but felt that trying to introduce it at a point when they were struggling with so many other issues was likely to only overwhelm families.

Low English proficiency also creates a number of practical barriers for parents wishing to learn Auslan. It is usual for sign language classes in English-speaking countries to be taught by deaf teachers, who use a combination of mime and written English to convey the meaning of different signs. The heavy emphasis on written English may prove a deterrent for parents even with quite reasonable oral English skills, and while sign language classes in major minority languages are becoming increasing common in the US and UK (Gerner de Garcia 1995, Ahmad et al 1998) unfortunately there has not been the (perceived) demand to establish such classes in Australia. In isolated instances, families have been able to arrange for an interpreter to attend sign language classes with them, however, in the main, migrant families have poor access to these classes. It should further be noted that some families may also feel uncomfortable attending classes if they fear they will be the only people from their community attending, or if single-sex classes are not available (Gregory, Bishop and Sheldon 1995, Ahmad et al 1998).

One way to improve access to Auslan for migrant families is to develop multilingual multimedia resources, such as the series outlined in the following case study

**Case Study 4.2**

In an effort to make Auslan more accessible to migrant families, VSDC received funding from the DHS DisAbility services branch in 2000 to produce an Auslan video and booklet package in several community languages. Available in Arabic, Mandarin Turkish, Vietnamese and English the principle video provides 5 subtitled stories told in Auslan that focus around the theme of home and family life. There is also an accompanying video and booklets which outline each of the signs used in the stories in isolation.

While this video resource remains widely used by Aurora and Deaf Children Australia however it is unfortunate that the format of the stories makes them better suited to families who already have some Auslan skills rather than complete beginners. This is because Auslan is used in a reasonably natural way throughout the videos and while subtitles are provided the viewer is left to infer for themselves which sign matches which word in the translation. Of course they have booklets and the accompanying video to refer back to but my impression on viewing the English language version at least was that it would not only be difficult for novice signers to work with, but could lead to them feeling overwhelmed by the apparent unintelligibility of the dialogue and thus act as a deterrent rather than aid to Auslan acquisition. While the video idea remains

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18 Principally Spanish in the US and languages of the Indian sub-continent in the UK. It should be noted that outside these major ethno-linguistic groups service provision for deaf people of migrant background in the UK is noted to be extremely weak (Darr et al 1997) and anecdotal evidence suggests the same holds true for services in the US.
commendable, and these resources are certainly better than nothing, there may be a market for a more basic multi-lingual DVD that covers the content of an Auslan 1 course (or similar), and in particular introduces families to the structure and grammar of Auslan rather than leaving them to draw their own inferences.

The practical constraints discussed above seem to have influenced some of the parents interviewed as part of the project in deciding to use oral language with their children, however the far more commonly expressed sentiment was that since their children still had some hearing it was unnecessary to bother introducing Auslan. In this sentiment they are not alone: as we saw in section 2.1 rising rates of cochlear implants in Australia and a concomitant trend towards mainstreaming implanted children has led to a marked decline in the number of children using Auslan as their primary language of communication. Furthermore if we look at data on enrolments by communication approach taken we see that migrant families actually attend the bilingual programs offered by Furlong Park, Aurora and VCD in slightly larger numbers than families from Anglo backgrounds\(^{19}\), although this difference is not statistically significant (chi squared \(p<1\)). Further research is undoubtedly required in order to better understand signing patterns in migrant households (not least because sending a child to a school which uses Auslan does not necessarily entail using Auslan as the home language) however for the moment we can conclude the move towards using oral language only in the home appears to be a broad societal trend, rather than one restricted to families of migrant background. While lack of English proficiency may create additional barriers to migrant families seeking to learn Auslan being of migrant background does not in and of itself appear to be an important variable in determining variable in whether families will decide to use Auslan with their deaf children.

<table>
<thead>
<tr>
<th>Main language</th>
<th># students</th>
<th># migrant families</th>
<th>% from migrant background</th>
<th># LOTE families</th>
<th>% from LOTE background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auslan-English Bilingual</td>
<td>307</td>
<td>92</td>
<td>30.0</td>
<td>68</td>
<td>22.2</td>
</tr>
<tr>
<td>Oral English</td>
<td>293</td>
<td>76</td>
<td>25.6</td>
<td>46</td>
<td>15.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>600</strong></td>
<td><strong>168</strong></td>
<td><strong>28.0</strong></td>
<td><strong>114</strong></td>
<td><strong>19.0</strong></td>
</tr>
</tbody>
</table>

**Table 4.2 Family background by school type**

If we return to families interviewed as part of the project, we see another factor that may have limited their willingness to take on sign language was that four (families B, N, V and Z) had been through Taralye’s early intervention program. Mrs Z mentioned that as part of the program she was explicitly told to never use Auslan with her deaf daughter because it would hamper efforts to teach her English (advice also prevalent in many UK oral programs, cf. Gregory, Bishop and Sheldon 1995); and it is highly likely that other

\(^{19}\) As discussed in section 2.3.1.1 this may be due to Furlong Park’s location in an area with a large migrant population, given that migrant families show greater reluctance than Anglo families to access services that are not in their local area.
parents at Taralye also received this advice. Interestingly, Mrs B and Mrs V no longer view Auslan in a negative light (if they ever did) and are now happy that their children have learnt some Auslan at school. However neither regards it as necessary to use a sign language in their home environment and in fact both report that their children seem reluctant to teach them any Auslan, preferring instead to use it as a secret language among their deaf friends.

Family attitudes too can often play a decisive role in whether Auslan is used, as we see in the following case study

**Case Study 4.3**

During the interview, Mrs M explicitly linked her reluctance to use Auslan with her son to her own difficulties in coming to terms with her son’s deafness. As she put it, when early intervention workers first suggested she use Auslan with her son she was “dead against it” and “determined to get him talking at all costs”. She now sees this as linked to her denial of his deafness and a feeling that taking on Auslan would be a very public admission that something was indeed wrong. Although she is reasonably happy with her son’s oral language abilities, she now seems to regret the decision not to sign. At the time of the interview she was pregnant with her third child and intimated that if this child was also deaf (there is a pronounced family history of deafness) she might consider using Auslan, as well as doing a range of other things differently.

Through this discussion we explored a number of factors that are turning migrant parents off using Auslan with their deaf children. However, regardless of what language is chosen in the family home, migrant-background children pose a number of challenges to deaf educators, to which we now turn.

### 4.1.3 Education issues

Deaf children from migrant backgrounds pose a great many challenges for educators, from how best to facilitate language development to how to include migrant children’s cultures and families in the activities and life of the school. These issues are far too varied to cover in detail in this report, however the reader is referred to MacNeil 1990, Gerner de Garcia 1993, 1995, Ahmad et al 1998, and Chamba et al 1998 for more detailed discussions. What follows is a brief overview of key issues raised by parents and professionals in the interviews, focussing on issues surrounding language acquisition and development.

As has been noted in the literature (e.g. Chamba et al 1998) there is a movement among at least some teachers of the deaf to view children from migrant backgrounds as facing similar issues in language acquisition as Anglo deaf children arriving at school with very limited English proficiency. While there is much to be gained from a perspective that views all deaf students as second language learners of English, caution is needed to ensure that the special needs of deaf students who use oral languages other than English are not overlooked by this approach. Gerner de Garcia (1993), notes that perhaps the
The greatest concern with this approach is that migrant children who have not been socialised in English speaking homes are labelled by schools as having ‘no language’ simply because they do not use English or the sign language of the host society. We have already discussed the difficulties in conducting multi-lingual language assessments with migrant deaf children (see section 3.4.2), however the importance of acknowledging the child’s home language and attempting to work with the communicative resources they bring to the classroom cannot be stressed enough. Students incorrectly diagnosed as having ‘no language’ are likely to be given educational support that fails to address their actual learning needs and that may lead to them progressing at a much slower rate than they could potentially achieve under a more appropriate program. Moreover, failure to understand the impact of a non English speaking family home on the child’s English development could also see educators ignore areas where the child does need additional support and leave them confused as to why the child was not progressing along the same lines as their monolingual peers.

The impact of speaking other languages at home on deaf children’s language development can be clearly illustrated through a range of comments made by Mrs V. In order to place her comments in context it should be noted that Mrs V spoke no English when she arrived in Australia four years ago, and while she has achieved a high level of fluency in spoken English she reports she still has great difficulty writing in English and prefers to use her native Croatian whenever possible in interactions.

**Case Study 4.4**

*Mrs V reported that earlier this year she had had some extended discussions with her son’s teacher about his English development. It was agreed that her son was having difficulties mastering English spelling, and that he also needed assistance in developing his understanding and use of metaphors and what Mrs V termed the “chit-chat” elements of English (presumably pragmatic competence). While these are hardly unusual problems for a deaf child to have, Mrs V felt largely powerless to assist her son in these areas because they are precisely the points where she feels her own English competence is lacking. In actual fact, she does seem to be engaging with some tasks with her son designed for them both to practice their English literacy skills, however one can clearly see that a parent with limited English proficiency is in a much weaker position to perform remedial work with a deaf child struggling to learn English than an Anglo parent used to interacting in English all the time. In this case, Mrs V reports telling the teacher that her son’s English development in these areas would need to stay in the schools’ hands, however it is unknown how well equipped the particular school is to deal with the challenges that this situation presents.*

The project did not conduct language tests but relied on parents’ self assessment of their child’s language skills. Through these assessments all parents showed themselves to have a strong understanding of language issues affecting deaf children and were able to provide quite nuanced accounts of areas where their child was progressing well and others where they were having some difficulties. Only one parent – Mrs B – reported that

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20 See Willoughby 2006a for an extended discussion on the reliability of self-reports on language proficiency
her child had no real difficulties with English. In all other cases however, the families saw their child’s difficulties as resulting solely from their hearing impairment regardless of whether they used English (families B, I, N, Z) or the ethnic language (families M, S, V) as the primary language of communication in the pre-school years. ESL status does seem to have had an impact on the child’s grasp of English in families M, S, and V – a point tacitly acknowledged by Mr S when he reported that while his son had the most limited English in his class when he began at Aurora in kindergarten, by the time of the interview (age 8) he had caught up with and in many ways surpassed his class-mates attending the local deaf facility. Similarly Mrs M reported that when her son started prep he had great difficulty with a number of speech events at school, such as show and tell or narrating simple story. As Mrs M recounts that he quickly gained confidence in these situations after practicing what to say at home, it seems likely that lack of exposure to these in English was the cause of the problem rather than not getting what to do per se. These examples further highlight the importance of understanding the way deafness and NESB impact on each other in a child’s language development and the need for schools to work with researchers and families to develop more consistent strategies to deal with these issues.

While there seems to be a tacit mindset among some deaf educators and parents that children from migrant backgrounds are better off simply concentrating on English, there is a strong research tradition showing the value of fostering first language development as a pathway to improving students’ acquisition of English as a second language. Whether students are deaf (Gerner de Garcia 1993) or hearing (Cummins 1984, 2000, Adamson 2005) developing literacy skills in the first language has been shown to improve the acquisition of English literacy as well as higher order thinking skills more generally. Part of the reason for this is because even though hearing ESL students can normally acquire conversational fluency in English within several years of beginning an English-medium education, it takes them around 6 years to build up the kind of language proficiency necessary to succeed in complex academic tasks. For deaf students these time-frames are extended, making support of the first language even more vital for ensuring proper academic development. Education in the first language allows students to continue to work with complex concepts and develop their skills during this intermediate phase where their grasp of English has not caught up with their general cognitive ability. There is also substantial evidence to suggest that giving migrant children formal instruction in their first language leads to them developing a more positive attitude to the language (seeing it as a ‘real language’ not just something of no importance) and their own skills as language learners (cf. Gerner de Garcia 1993, Creese et al 2006). Given the difficulties deaf children face in acquiring language, the opportunity to highlight the skills the child already has and boost their confidence as language learners should be heartily embraced and should hopefully lead to an improvement in their overall confidence as communicators.

In closing, it is important that educators remain clear in their minds about the ultimate aims of English and LOTE learning for migrant-background deaf students and provide

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21 On the basis of the daughter’s school work and letters the mother showed me this assessment would appear to be correct.
education programs that match their needs. Particularly in the realm of LOTE development, previous research (e.g. Gerner de Garcia 1995), and parents in the current study, stress that deaf children often have an imperfect knowledge of the morphology and syntax of their heritage language. It is not the intention of this study to argue that this is not the case, however, it must be remembered that such problems are also reported as endemic among hearing members of the second generation (cf. Bettoni 1981, Gibbons and Ramirez 2004). Indeed, many hearing teenagers tend to take the attitude that making grammatical (or phonological) mistakes in the ethnic language is of no concern “so long as the other person understands you” (participant cited in Willoughby 2006b:11). These so-called ‘mixed language’ varieties have become the norm in many migrant communities around the globe (cf. Clyne et al 1997, Backus 1999, Ardilla 2005) and mean that most second generation children – regardless of their hearing status – have little need to be able to speak the grammatically correct standard variety of the ethnic language when living in the migrant context. Thus there is little point in concerning ourselves with the grammatical accuracy of deaf student’s LOTE use and instead educators should focus on building communicative competence. Indeed, there is a also a (more controversial) case for following this approach in ESL education with deaf students, however much more research is required in this area in order to understand how best to put our current knowledge about the roles of first and second language in cognitive development into practice when it comes to working with deaf and hearing impaired children.

4.2 Language situation of adult migrants

Deaf migrants coming to Australia may arrive with a range of language skills in both the oral and signed language(s) of their country of origin, and in some instances with at least basic knowledge of English, Auslan, BSL or ASL. However, language outcomes seem heavily tied to the educational opportunities they have had in the country of origin, and those who have not have access to specialist deaf education are highly unlikely to know a formal sign language. Those with a prelingual hearing impairment typically have low-level oral language skills as well, with many families relying on a combination of oral language and a home sign system to communicate. Yet not all adult migrants have severe language difficulties. During the course of the project we became aware of individuals who have sought permanent residences after studying successfully at Australian universities, while those migrating from other English-speaking countries are generally quick to pick up Auslan and/or aclimatise the norms of lip-reading Australian English. In order to illustrate the diversity evident in this group, table 4.3 compares 2006 census data on the educational outcomes of deaf people using Auslan and other sign languages who were born in Australia and overseas with the outcomes for the equivalent non-signing (i.e. hearing) Victorian population.
Table 4.3 Educational outcomes by language background (based on ABS 2007)

The full significance of these and other findings from the 2006 census will be explored in more detail in future Vicdeaf publications, however what is important to note for the current project is the large number of overseas born signers with university degrees and equally large numbers with minimal schooling (Year 8 or below). This polarisation shows us that while a number of deaf migrants are obtaining university qualifications at comparable (if not higher) rates to the general Victorian population, those who do not excel often have far worse education outcomes than their hearing peers. We will explore some of the reasons for this over the coming sections.

Depending on their reasons for migrating to Australia, deaf migrants arrive in the country with very different language skills. However, the largest group of deaf adults at this point in time are from refugee backgrounds and generally have low level skills in all the languages that they are familiar with. Typically, these migrants have acquired very basic speech and lip-reading skills in their family’s oral language, however a lack of speech therapy and/or specialist deaf education means that do not have the language competence to communicate with speakers of this language outside their own family. Generally, a home sign system is used alongside (or instead of) speech to communicate with the family, though in some cases they may have also received some basic instruction in a formal sign language if they have had the opportunity to attend a school for the deaf before they were forced to flee their country of origin. Literacy skills are normally poor to non-existent, although here the deaf adult’s skills may not be noticeably worse than those of hearing adults in the community due to limited education opportunities in times of conflict or in refugee camps.

The linguistic biography of deaf refugees provides a number of challenges to Australian educators. As we shall see the fact that they are both deaf and from ESL backgrounds means that they face problems beyond those who are simply deaf or simply migrants and mean that attempts to integrate them into more mainstream programs are fraught with difficulty. In reviewing this situation, the report will first explore the specific problems faced by low language adults attempting to acquire Auslan and/or English, before
outlining the current educational options available to them. It will close by providing several case studies of communication patterns within families and consider the role service providers can play in helping to maximise communication.

**4.2.1 Issues specific to low language migrant adults**

Adult migrants who have not developed fluency in an oral or signed language prior to migration provide a particular challenge to deaf educators. We know from research evidence that there is a critical period for sign (and spoken) language development and that signers who are not exposed to language before entering school are unlikely to ever master the full complexity of morphology and syntax in their chosen sign language (Newport 1991, Mayberry 1998). Moreover, those learners who have not been able to develop fluency in a first language before entering school progress at much slower rates and make many more errors than age-mates (such as post-lingually deaf children) who have already developed fluency in a first language (Mayberry 1993). We would thus anticipate that deaf migrants whose only exposure to language has been through a home sign system and limited oral language development would have marked difficulty acquiring either Auslan or English once in Australia and would need significantly longer to achieve similar language learning outcomes than hearing migrants.

**Case Study 4.5**

One Vicdeaf staff member noted his amazement and mild frustration that it took his client around 5 hours of instruction (spread over a number of weeks) to master the Auslan signs for a range of colours. Similar reports of slow progress were also given by workers at Senswide employment services and the NMIT Centre for Excellence in Deaf Education and stress the need for any language programs targeted at deaf migrants to take into account their slower rate of progress when compared to hearing English learners.

Even in cases where deaf migrants have developed more advanced communication skills, the combined effects of war, poverty and poor provisions for disabled students mean that most deaf refugees have received little formal education and are frequently illiterate. Here, however they are not unlike many hearing African refugees currently arriving in Australia, with Miller and Brown (2007) reporting that in 2005 the average level of schooling prior to migration for this group was a meagre 2.4 years. Miller, Mitchell and Brown (2005) outline the many challenges refugees with interrupted schooling pose to the education system, not least because they lack basic concepts and skills (such as fractions or telling the time) and need assistance developing the study skills, concentration or understanding of routines necessary to work effectively in Australian educational institutions. Additionally Miller and Brown (2005) comment on the need for time-consuming preliteracy classes with preliterate ESL learners, who must be introduced to the concept of writing down sounds (or signs) and the mechanics of reading and writing (such as holding a pen) before one can even begin to teach literacy skills in English. Acquiring these skills is a time-consuming process, with Collier (1995) concluding that it takes ESL students with no schooling in their first language at least 7-10 to catch up to the age and grade-level norms of their native English-speaking peers. The relatively high numbers of pre-literate migrants currently entering Australia has led
to considerable government funding and research attention being focused on assisting this group to acquire English literacy. It is hoped that deaf migrants might also benefit from this new research focus and through the project talks have begun with the aim of introducing deaf students into at least one research project funded through the Adult Migrant English Program Research Centre. It is expected that deaf students would face additional difficulties acquiring literacy as adults, however further research is urgently required in order to understand the degree to which their situation can be said to be comparable of that of preliterate hearing migrants.

Like preliterate hearing migrants, the fact that deaf adult migrants have usually had minimal education leaves them lacking many of the skills adults are normally presumed to have in Western society. Low language levels act to compound this problem and mean that many clients have difficulties with abstract reasoning and present as having only low level cognitive skills. As one professional who has worked extensively with this group noted, there is a risk that these adults will be presumed to have an intellectual disability by service providers lacking awareness of the impact of language deprivation on general cognitive development. Even if they are correctly diagnosed however, there are currently few programs designed to aid this group in developing their skill levels. If the numbers of deaf adults accepted to come to Australia as refugees continues to grow, deafness organisations will be well-advised to consider developing specific programs and classes for this group and should lobby extensively for funding to provide them with the necessary skills to function as an independent (and employable) adult in Australian society.

4.2.2 Opportunities for acquiring Auslan and English

A key concern professionals raised throughout the project is the lack of opportunities for adult deaf migrants to learn either Auslan or English. Currently in Australia, most adult migrants are entitled to 510 hours of free English classes provided by the immigration department (through the Adult Migrant English Program; AMEP), with an additional 400 hours available to migrants aged between 16-24 who have had severely interrupted schooling (DIMA 2004). While deaf migrants are equally entitled to participate in these classes as their hearing compatriots, in reality no formal support programs are in place to make classes accessible to those with a hearing loss.

Because attendance at AMEP English classes is often a prerequisite for receiving social security benefits, some professionals commented that their deaf migrant clients had in fact attended the full 510 hours of classes, but were able to glean little from this instruction. In other cases, it was reported that deaf migrants had been exempted from the courses, with made life easier for the AMEP centre concerned, but left the deaf migrant with no formal opportunities to learn English and helped to make the issue of deaf migrants in English classes invisible.

As part of the project, we contacted AMEP centres in Melbourne and asked them about their experiences working with deaf clients. Few centres could recall working with Deaf and hard of hearing clients, however we were able to speak with several AMEP providers
who have worked with this client group. Providers’ evaluation of their experiences with deaf and hard of hearing clients seemed to vary markedly depending on their clients’ degree of hearing loss. One provider felt strongly that her hard of hearing clients were able to follow normal classes and did not require additional support (and hence none was offered). Her assessment seemed to be based around the fact that the clients wore hearing aids (and in one case had a unilateral hearing loss), which allowed her to presume that they had enough residual hearing to function normally in class. It would have been interesting to hear the clients own perspectives on the adequacy of these provisions, however the centre was unfortunately unwilling to publicise the project to their clients (ostensibly because of concerns about the effort this would require of their already over-worked staff). In cases where clients had a more pronounced hearing loss, AMEP providers were highly aware of their own inability to cater to these clients needs within the scope of the AMEP curriculum, as we see in the following case study:

Case Study 4.6

On becoming aware of Vicdeaf’s research project, one provider phoned me absolutely at her wits end because she had just had a profoundly deaf client with other disabilities assigned to her course and had no idea what to do with this person. It transpired that the client and her family also viewed this placement as most unsatisfactory and she was put in touch with Vicdeaf, who were able to arrange alternative language classes for her through the Centre of Excellence for Students who are Deaf and Hard of Hearing at NMIT. In this case Vicdeaf was able to act relatively quickly once they became involved, however it is sobering to realise that were it not for a chance encounter with publicity materials for the project the AMEP teacher would likely have felt obliged to ‘muddle-through’ and attempt to offer a program to this client without any proper support mechanisms in place.

Lack of appropriate provisions for deaf migrants in the AMEP is a long-standing issue, but one where government has been slow to act. Over a decade ago, Cresdee’s report *Improving services for Deaf and hard of hearing NESB adults in Australia* (1995) found that deaf adults were avoiding AMEP classes because they knew they would not be given adequate support services, while AMEP teachers themselves felt unprepared and under-resourced to deal with this client group. Through his Australia-wide survey of AMEP providers, Cresdee found that only 80-90 Deaf and hard of hearing clients had enrolled in AMEP courses between 1991-5. Since the survey had quite a low response rate (18/80 providers) it is possible that the number of deaf migrants accessing AMEP courses is in fact higher than this, but equally the centres which did not respond may well have done so because they have never seen deaf clients. Even if we presume that a number of deaf migrants are avoiding AMEP classes, it seems unlikely that there would be more than 50 potential deaf AMEP clients Australia-wide per annum. Such small numbers create problems for service delivery, which are compounded by the disparate linguistic and educational backgrounds of these migrants.

Cresdee notes in his report that in NSW most deaf migrants have learnt Auslan and English not through AMEP but the Deaf Education Network, the education division of the NSW Deaf Society. Cresdee stresses, and this report concurs, that specialist deaf education providers are much better placed to cater to this group of clients, since they
already have staff fluent in Auslan and experience working with (Anglo) deaf clients who have had minimal education and/or need assistance acquiring English literacy skills. They are also the only providers who are realistically in a position to cater to the wishes of most deaf migrants and teach Auslan instead of English for the speaking and listening component of the course. In most states too, these programs are already affiliated with at least one TAFE college, so would not need to go through the complex process of qualifying as a Registered Training Organisation in order to become AMEP providers. Because of the relatively small numbers of deaf migrants entering Australia each year, it is likely that each state would need to run mixed-ability AMEP classes. Nonetheless, it is felt that if these classes were taught by experienced deaf educators this would more than make up for any disadvantages caused by the range of abilities in the class. As deaf education programs are normally offered at TAFEs in capital cities the problem of access to classes for migrants living in regional areas would remain, however it is worth looking in more detail at Cresdee’s suggestion of providing classes over video link, with supplementary tuition from deaf people or case workers living in the general area.

That the AMEP currently makes no provision for deaf migrants is fundamentally an equal opportunity issue. It is clear from the findings presented in this chapter that in order to address this issue the federal government needs to do more than simply provide support (for example in the form of visiting teachers) to assist deaf migrants in accessing traditional AMEP programs. Rather alternative courses which teach Auslan as the spoken language component of the course should be developed for these clients to allow them access to the primary language of the Australian Deaf community. Further, the need to teach both Auslan and written English means that courses for deaf migrants will invariably take more time to reach competency measures than those for hearing migrants, and thus hours need to be adjusted accordingly.

Currently, no equivalent to AMEP courses is available to deaf migrants in Victoria. However, as in New South Wales, several ad hoc initiatives have been implemented to help these migrants acquire Auslan and English skills. In section 2.4.2, the reader was introduced to the Centre of Excellence for Students who are Deaf and Hard of Hearing at NMIT. The centre’s primary mandate is to provide general education (e.g. literacy and numeracy courses, pre-employment training) to Deaf clients who have had limited education, but who have a prior knowledge of Auslan. However, the Centre is increasingly finding itself with a student body of deaf migrants, as their programs are deemed as the best equipped to help these migrants acquire Auslan and English. Through the Certificate 1 in General Education for Adults, the Centre is able to offer classes in Auslan (as the speaking and listening component), while literacy skills in English are developed through the Certificate 1 in Vocational Education. Yet it must be remembered that these courses were initially designed for students who may have dropped out of school and are looking to improve their skills in their first language, rather than those looking to learn a second language from scratch. As such, they do not truly meet the needs of deaf migrants and teachers in the program report that even after attending for 2-3 years many deaf migrants have only acquired the most basic English literacy skills. Those who arrive in Australia with fluency in a sign language are generally able to make good
progress learning Auslan, but as discussed in section 4.2.1 low language adults generally progress at a very slow rate.

In addition to the classes offered through NMIT, Vicdeaf has recently been able to offer deaf migrants classes in basic Auslan as part of its independent living skills program. Prior to 2005 clients were only eligible for this program if they had an additional disability, but the program has now been extended to encompass those with low language skills. Under the program, clients are eligible for several hours a week of support from an ILS worker in six month blocks, with many clients dividing their time equally between Auslan classes and general settlement services, such as getting to know Melbourne and learning how to use services (such as ticket machines on public transport) which they are not familiar with. The ILS program on its own is not able to accomplish much in the way of serious language learning, however because it is provided one-on-one it can act as a valuable supplement to classes at NMIT and gives migrants the opportunity to practice their Auslan skills with a fluent signer and revise points they may have missed in class. Given the unique language needs of deaf migrants, there is a real need for this combination of classroom instruction and one-on-one tuition and it is hoped that the two could be combined in any AMEP-sponsored language classes for deaf migrants.

4.3 Language issues in service provision

The complicated linguistic situation in many deaf migrants’ households leads to a number of issues when it comes to language choice and language needs in service provision. While families may use a combination of approaches to communicate with their deaf family member (such as home signs, oral ethnic language, writing or some English), when communicating with professionals the deaf person and their family may need to make different language choices, based at least in part on the availability of interpreters. This section closes this chapter by exploring strategies that deafness service providers are currently using to communicate with migrant clients and their families and some of the issues they face in ensuring their message is fully understood.

4.3.1 Service provision for low language adults

Low language adults – be they migrants or Australian-born deaf – pose a huge challenge to service providers, who often struggle to communicate with them. Over the years, specialist deafness services have developed a number of strategies for communicating with these clients, however other institutions are often at a loss as to how to explain things to these clients and quickly give up on attempts to communicate with them. The following anecdotes from an Auslan interpreter outline two cases of institutions failing to attend to the language needs of deaf people from migrant backgrounds, and the potentially drastic consequences of poor communication.
Case Study 4.7

The interpreter was called to a Vietnamese client who was in labour in hospital. The client had had no anti-natal classes, didn’t know anything about breastfeeding techniques and wasn’t even sure about what was going on in the birthing suite because she hadn’t had access to linguistically appropriate information through her pregnancy. Here it should be stressed that her family was at least partly to blame as they insisted that the woman could read English, so didn’t strictly require an interpreter. The interpreter saw the client once more before she was discharged from hospital – by this stage she had given up on breast feeding because she was unable to overcome initial difficulties and had a nasty fall in the bathroom because she hadn’t understood the nurses instructions to call someone if she needed to get up and not to try and walk unaided.

Case Study 4.8

The interpreter was asked to support a deaf Iraqi man at a hearing at the Refugee Appeals Tribunal. She spelt out that as the client did not speak her language she would not be able to interpret for him appropriately (a particular concern given the high stakes of the occasion) and could not accept the job. The response she got back was that as far as the person making the booking was concerned it didn’t matter whether the man could understand the interpreter – it was a simply a legal requirement that he be given an interpreter and whether he could understand that interpreter was seen as irrelevant. The interpreter declined to take the job and the outcome of the case is unknown.

Experienced Auslan interpreters working in Victoria report that they have often been called on to interpret for people from migrant backgrounds who know only basic (if any) Auslan and use a gesture or home sign system to communicate. Table 4.4 outlines the frequency with which the 16 interpreters who responded to our survey (see appendix 2) reported finding themselves in this situation, while Case Study 4.9 gives some typical responses to the question what strategies do you use to maximize the intelligibility of communication when working with clients with limited Auslan skills?

<table>
<thead>
<tr>
<th>Frequency of contact with migrant clients</th>
<th>Number of interpreters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>3</td>
</tr>
<tr>
<td>Less than once a year</td>
<td>4</td>
</tr>
<tr>
<td>Two or three times a year</td>
<td>4</td>
</tr>
<tr>
<td>Every few months</td>
<td>4</td>
</tr>
<tr>
<td>At least once a month</td>
<td>1</td>
</tr>
<tr>
<td>At least once a week</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

Table 4.4 Auslan interpreters working clients with limited language skills
Case Study 4.9

Strategies interpreters report using to communicate with adults with limited Auslan include:

- More visual/ gestural rather than relying on lexicon. Ask hearing participants to use plain English and be explicit rather than implicit
- Lots of gesturing and patience
- This varies depending on the appointment i.e.: Dr’s appointment. I request pictures and diagrams from the Dr and make sure the professional is acutely aware of the needs that must be met in the appointment. When introducing myself I usually identify myself using my drivers license. This has been helpful when finger spelling is inaccessible. Due to the introduction of Deaf Interpreters I would seek to utilize them in future appointments of this nature.
- Constantly check clients understanding whilst using much gesture & mime & exaggerated facial expression, and indicating for the client to give me back their understanding of the message I am endeavouring to get across

In order to provide better access to interpreters for migrants and others who are not proficient users of Auslan, Vicdeaf has in recent years instituted training and accreditation for Deaf relay interpreters. These interpreters are themselves Deaf, and work in conjunction with an Auslan interpreter to convey a message in whatever form the client can best understand (be that mime, pictures, international sign language etc). Thus in most settings, a relay interpreter would formulate the clients utterances into Auslan for the Auslan interpreter, who would inturn render the message in English for the hearing professional (and vice versa). Engaging Deaf relay interpreters obviously adds extra time and cost to interactions with migrant clients, however all parties interviewed as part of the process felt that this was a highly worthwhile undertaking. As one Auslan interpreter noted on the survey, the fact that Deaf relay interpreters are trained in the ethics and workings of interpreting also makes them potentially much more effective than simply asking any Deaf person skilled in communicating with non-standard Auslan users to take on this role. Feedback from Auslan interpreters who have worked with Deaf relay interpreters is presented in Case Study 4.10
Case Study 4.10

Auslan interpreters’ comments on the experience of working with Deaf relay interpreters:

- Working with Relay Interpreter works really well. I interpret for the relay interpreter and he/she relays that to deaf client (and I lean a lot for the next time I have a client whose needs differ)

- I have not worked with a Deaf Relay Interpreter to date however look forward to this opportunity. I have worked with Deaf Case Managers who are not trained in the interpreting field who would intervene with the interpreting process, this had positive and negative results. I believe experience, education and time will alleviate these problems. Working collegially would also be beneficial.

- On a number of occasions I was working with a case manager who took on the role of a relay interpreter- I was very happy and felt it helped me learn new skills to help in the future

- [Deaf relay interpreters are] very helpful! Important for the interpreter to accept the assistance!

- [Deaf relay interpreters are] very effective… briefing the relay interpreter is one major factor to the successful communication

Relay interpreters remain a relatively recent initiative, and thus their take-up rate remains somewhat low. However, over the course of the project, the Vicdeaf interpreter bookings office reported that booking rates have increased from around once a month to one or two requests per week. Auslan interpreters are also becoming more aware of the availability of Deaf relay interpreters and are frequently recommending them when they come across clients who they have difficulty understanding. It is unfortunately beyond the scope of this project to review the effectiveness and utilisation of the Deaf relay interpreter service, however from anecdotal reports it seems to be working very effectively to enhance levels of communication with migrant clients who have limited Auslan skills.

In concluding this section it is worth analysing the communication strategies various professionals report using with their deaf migrant background clients. As part of the survey (appendix 1), professionals were asked to describe the language(s) they use to communicate with their deaf migrant background clients and how effectively they felt they were able to communicate (including cases where an interpreter is used). Professionals were asked to choose between 4 possible levels of communications which were described as follows:

- Free Flowing: communication is free flowing with only occasional misunderstandings
- Simplified: communication is possible but requires some simplification or frequent misunderstanding
- Basic: only basic communication with the client is possible
- No Communication: client is not addressed directly, all communication about their needs etc with a third party

Table 4.4 presents the results of this survey:
Table 4.5 Effectiveness of communication with migrant background deaf clients

Table 4.5 is heartening insofar as it shows most professionals felt they were able to communicate with their migrant background clients at at least the simplified level. We see however that very few migrant background clients are reported as being fluent users of any language, reaffirming the calls made in section 4.2.2 for increased support services to help adult deaf migrants acquire English and Auslan.

Having explored service providers’ communication strategies with deaf migrants themselves, let us now turn our attention to issues and strategies used when conversing with hearing family members who have a limited command of English.

4.3.2 Communicating with deaf migrants’ families

The deafness sector professionals interviewed as part of this project all showed great willingness to engage interpreters in order to maximise intelligibility when communicating with families from migrant background. The fact that deafness sector professionals frequently work with Auslan-English interpreters in their professional lives may contribute to the strong commitment to engaging interpreters whenever they were deemed necessary, and regardless of how time consuming the interpreting process may turn out to be.

Professionals were generally happy with the quality of communication they were able to achieve when using ethnic language interpreters, but remarked that they often had difficulty sourcing interpreters for emerging languages and that this limited the frequency with which they could meet with some families (a common complaint in Victoria, cf. Borland and Mphande 2006). Deaf staff also remarked on the difficulties they faced in initially determining the oral language spoken by the families of their clients, and noted that once an interpreter was sourced the process of interpreting a message from Auslan to English and the English to the ethnic language could be both time consuming and confusing. Nevertheless, all staff stressed the need to overcome these hurdles and provide interpreters whenever necessary, and were keen to ensure that professional interpreters
were provided wherever possible to ensure client confidentiality and consistency in the way the message is interpreted.

While interpreters were praised, an issue to emerge from the project was the difficulties in managing information faced by families who were not literate in any language. Professionals used to giving families brochures and other information to reflect on in their own time felt that although it is possible to go over this information verbally with the family while the interpreter was present, this placed great demands on family members’ memories and concentration and left them no record to refer back to if they had questions in future. Preliterate families also experience difficulty managing appointments and following up on requests and referrals, as they are not able to rely on written records to jog their memories.

Fundamentally, issues arising through illiteracy need to be tackled through education programs to help all migrants gain literacy in at least one language. This would help overcome a common complaint among service providers that while they would happily translate brochures and other materials, there is no point doing so if families are not in a position to read them. However as an interim measure, this report strongly recommends that organisations consider using alternative formats – such as ethnic language DVDs or tape recordings of sessions with case managers – to give preliterate migrants a permanent record of information and exchanges with deafness professionals. While such measures have their limitations when compared to written materials they provide a valuable stop-gap and aid the sharing of information between all family members who interact with the deaf person.

4.4 Conclusion

This chapter has outlined the complicated linguistic situation deaf migrants normally find themselves in, and the need for service providers to take this situation into account when providing services to deaf migrants and their families. Through detailed case studies of language choice in 7 families with primary school children, we gained insight into the ‘push’ and ‘pull’ factors influencing families’ language choices, as well as the educational consequences of these decisions. This educational focus continued in section 4.2, where the focus shifted to language issues faced by adult migrants, and particularly the lack of appropriate English, Auslan and general education courses for this group.

From this chapter we see that while the migrant families with deaf children who were interviewed as part of the project have (in the main) been able to develop effective communication strategies, migrant adults often face significant hurdles. Primary and secondary schools appear to do a reasonable job educating deaf children from migrant backgrounds and establishing literacy skills in English, but there are no such focussed programs for deaf migrant adults. Clearly there is a need for better provisions for deaf adults under the Adult Migrant English Program and Vicdeaf has a strong commitment to working with NMIT and other interested service providers to lobby for increased funding and services in this area. In the meantime, the report notes the importance of deaf relay
interpreters in providing a bridge between home signs and Auslan (and ultimately English) for low-language deaf migrants and recommends the service be promoted more extensively to groups working with migrant background clients (including settlement workers and specialist refugee health workers) to maximise these clients’ access to communication and services.
Chapter 5 – Accessing community supports

The focus of the report so far has been deaf migrants’ and their families’ interactions with formal deafness service providers. Yet in order to gain a true picture of how families are coping it is necessary to also consider the extent to which they are able to draw on less formal support networks, such as family, friends, self-help groups and generic ethnic community organisations. Such support mechanisms may be especially important for people from migrant backgrounds – both because language and/or cultural differences can limit their uptake of mainstream Australian support service and also because many migrants are coming from contexts where the family or local community are seen as the first port of call for solving most of life’s problems, and external agencies are only called in as a last resort.

In exploring migrants’ use of community supports we shall see that in many ways they face similar issues to Anglo families with a deaf family member. However, linguistic and/or cultural differences can amplify problems of exclusion and minority ethnic/religious organisations are often poorly equipped to cater to the social and educational needs of deaf individuals when compared with similar institutions available within the Anglo/Christian mainstream. Deaf migrants are often characterised as being doubly-disadvantaged, as neither the migrant nor Deaf communities are particularly well-equipped to deal with their specific needs. This chapter will demonstrate that these concerns are often justified, but at the same time a number of migrants have succeeded in building effective informal support networks. It begins by focussing on the support needs of parents from migrant background, before moving on to the situation of deaf children and then deaf adults of migrant backgrounds. Although we shall see that some issues are common across all groups, differences in age, language skills and hearing status mean that these groups face quite different issues when seeking to establish support networks and on average achieve quite different levels of success.

5.1 Supports for migrant parents

For any parent, rearing a deaf child can be a stressful and confusing experience at times. This is especially so in the early stages after diagnosis, where parents often feel overwhelmed by concerns about their child’s future and the need to suddenly negotiate a complex network of support and advice services (Gregory, Bishop and Sheldon 1995, Meadow-Orlans et al 2003). While formal support services often play an important role in helping families come to terms with and manage their child’s deafness, the importance of family, friends and other parents of deaf children in supporting parents should not be underestimated. Through this section we explore the extent to which migrant parents interviewed as part of the study felt they were able to draw on these networks and reflect on the impact that their status as migrants had on their ability to cultivate support networks in this area.
5.1.1 The role of family

Parents interviewed as part of this project gave highly differing reports of the degree they were able to draw on their extended family networks for help and support in managing their child’s deafness. As Koester and Meadow-Orlans (1990:304) discuss, extended families can be a valuable source of support for parents of deaf children, however if relationships are not so positive extended family may actually increase parents stress levels, for example by encouraging the denial of the child’s deafness or by contributing to parents’ feelings of guilt, humiliation or inadequacy (cf. Meldelsohn and Rozek 1983).

As we would expect among any group of parents of deaf children, this study unearthed some families with very positive, and others quite negative stories of their extended family’s reaction to their child’s deafness. Our focus for this section however will be on understanding the impact (if any) the families’ migrant backgrounds have on the quality of support received and any additional requirements this might place on service providers.

Perhaps the clearest effect of migrant status is the potential for highly dispersed family networks. Migrants with little or no extended family in Australia may find themselves with few people to turn to for support – whether for advice and consolation or for practical assistance with day-to-day childcare and ferrying children to appointments. Among the parents interviewed as part of this project all had extended family in Australia by the time of the interview, however Mrs I arrived in Australia completely on her own and reported that she great difficulty in coping with their son’s deafness alone in the early years. These problems were partly alleviated once she was joined by her husband and other family members after several years, however it remained clear in the interview that not being around in the early years had left members of the family unsure how (and disinclined) to interact with the deaf child and left Mrs I very reluctant to raise any concerns about her son with other family members because “they won’t understand or know what to advise”. Under these conditions, it becomes increasingly important for service agencies to link parents into formal support structures – be they deaf-specific services such as parents’ groups or more mainstream services such as subsidised child-care for their hearing children so that they can attend appointments with their deaf child in peace – and to recognise that those families with minimal support from their extended family are likely to require more assistance from service providers throughout the child’s lifetime.

A number of mothers spoken to as part of the project were keen to stress the important role their own mother had played in helping them rear their deaf children. On the one hand this could be attributed to the widely-held stereotype that people from almost all ethnic backgrounds have much closer ties with their extended family than is common in Australian society. However, it is equally possible that these cases simply represent instances where mothers and daughters have a strong relationship and culture plays little role in determining the degree of support on offer. Whatever the motivations, it is clear that this support had been vital to the mother’s ability to cope, particularly in the preschool years where child care options were options were often highly constrained.
Grandparents were seen as a valuable source of emotional support and advice, but they also played a very practical role in promoting the family’s financial health by allowing the mother to work outside the home. In the following case study we see the importance Mrs F - a Lebanese background woman whose adult son had multiple disabilities and challenging behaviours in addition to his deafness – placed on the extensive support she has received from her own mother:

**Case study 5.1**

Mrs F’s parents left Lebanon for New Zealand many years ago and were still living there when her deaf son was born. However, on learning of the extent of the son’s disability, they and her adult siblings all moved from New Zealand to Melbourne in order to support Mrs F and her family. For the last 30 years, Mrs F’s mother has mother has cared for the son for at least part of most weekdays, only stopping last year when she herself became too frail. As Mrs F stressed, without this intense support it would have been impossible for her to continue to work full-time, not least because schools and adult day care facilities for disabled people almost never provide facilities for care after school hours or during the holidays. Her son’s challenging behaviours meant that Mrs F was particularly grateful to not have to care for him full-time, however her principle motives in returning to work were financial and she was quick to comment that she didn’t know how the family would have managed if they hadn’t been able to draw on this extra income.

Families with deaf or otherwise disabled children often struggle financially because the care needs of the child prevent one or more parents from taking on paid employment (Kagan, Lewis and Heaton 1998, Chamba et al 1999). We see again in this study that the only mothers who worked more than a handful of hours a week while their deaf child was a preschooler were those, like Mrs F, who had a mother who was willing and able to take on extensive childcare duties. While financial issues were not discussed explicitly with stay-at-home mums, several remarked that they would have preferred to work while their deaf child was a toddler, but given the child’s needs they did not feel this was a viable option. Stay-at-home mums also seemed to be at a higher risk of feeling socially isolated in the early years of managing their child’s deafness, although as we shall see in the following section, the flip side of this was that they also generally had more time available to cultivate friendships with other parents of deaf children once their children started attending play groups or other group early intervention services.

As well as providing assistance with childcare, family (and also friends) could be a valuable source of information, interpreting and translating for migrants new to Australia. This was especially so for families V and B who decided to join other family members already living in Australia specifically because they wanted to access Australia’s superior deafness services for their children. In the following case study, we see how Mrs V made use of her family network to help her build contacts with Australian service providers.
Case study 5.2

Because she had family and friends in Australia, Mrs V was able to find out quite a bit about deaf schools and education options in Australia before she left Croatia. On arriving, she already knew about the various deaf facilities in Victorian schools and had decided she wanted to send her son to an oral program. As she knew “zero English” when she arrived, she still had difficulty managing appointments and adjusting to life in Australia, but was at least able to take her step-father-in-law to various appointments to act as her own personal interpreter and advocate.

Not all families had such positive experiences of support from their extended family however, with many reporting that at least some members of their family had quite negative views of deafness and consequently had low expectations for the deaf child and were reluctant to interact with them. Of course, such attitudes are commonly found among the extended families of Anglo deaf children (cf. Meldelsohn and Rozek 1983, Gregory, Butcher and Sheldon 1995) so this cannot be seen as a purely migrant issue, however several families chose to explain this reluctance in cultural terms and this perception should not be ignored. In particular, a number of participants from Lebanese and Italian backgrounds mentioned the unease many members of their family felt around deafness issues. It is important to note here that in all cases these attitudes were seen as stemming from a lack of education or “village mindset” rather than being apart of (what they saw as) modern Lebanese/Italian culture (cf. Scibilia and Sharples (n.d.), section 3.4.4.1 of the report) but regardless of their source it is clear that these attitudes caused real tensions in family relations. In two families, the mothers reported that the stigma surrounding deafness was so great that they only found out that deafness was common in the father’s family once their own children were diagnosed. When deaf family members were living overseas or had passed away one could perhaps argue that families were not covering up deafness so much as just forgetting about it. However, it seems that deliberate attempts to conceal hearing problems had been made in Mrs M’s extended family as she only found out that relatives who she had known all her life were quite deaf once her own son was diagnosed. Somewhat worryingly, she also noted that this denial and covering up of deafness was continuing among her own generation, with a relative appearing to have a toddler with a severe hearing loss but refusing to seek help or get the child’s hearing tested despite them having no language at age three.

As Mrs M sees it, denial of deafness remains an endemic problem among Lebanese-background people residing in Melbourne’s northern suburbs and she reports that within her own personal networks she knows a number of parents who refuse to contemplate that their child might have a hearing loss and explain away significant language delays as simply being “a bit late to start talking”. These second-hand accounts of the situation need to be treated with caution, but if it is true that many families are simply praying that their children will ‘outgrow’ a hearing loss then there is a clear need for deafness organisations to do more to engage these communities and work (sensitively) with the whole community to develop more positive attitudes towards deafness and its management. Such work is particularly necessary as it appears that at least some of the older women in the community who have raised deaf children themselves are socialising the next generation of mothers to have low expectations and regard their deaf child as a
source of shame. While the mothers in this project strongly rejected these assessments, this was a source of real tension for them and they are in need of additional support to help change community attitudes and gently bring others round to a more productive view of deafness and a deaf person’s capabilities.

In cases where there was no family history of deafness, some parents reported that regardless of how supportive their family members were deafness issues were not something they felt comfortable discussing with them. As both Mrs V and Mrs I noted, their family and close friends do not really understand the issues involved so there is little point in raising problems or concerns with them. In this they are once again no different from many Anglo parents, however, they are at increased risk of becoming socially isolated because linguistic and cultural barriers can make it difficult for them to interact with other parents of deaf children. The close-knit nature of many ethnic communities may also make parents unwilling to disclose their problems or concerns, because they are fearful that they will become public knowledge and result in embarrassment and/or loss of face. In these circumstances, networks with other parents of deaf children become increasingly important, and we now turn our attention towards them.

5.1.2 Social networks – parents of deaf children

Barring families M and F, all families interviewed as part of this project had children attending a school with a specialist deaf facility, and all had attended either Taralye or Aurora early intervention services. They thus had opportunities to meet other parents of deaf children through these services and all agreed that the school deaf facility was now their first port of call if they had questions or concerns about their child’s deafness or general development.

Parents with children at deaf facilities were unanimous in their praise for the schools’ services, the advice they received from staff and the variety of social events and other support services the schools organised for parents. However, while all agreed that they made time to attend major social events organised by the deaf facility (such as annual barbecues or concerts/ presentation nights), families were involved in the more day-to-day social activities run by the school to quite different degrees. For Mrs I, language barriers served as a significant barrier to her participation, as the following case study shows:
From the case study above it is clear that Mrs I’s lack of confidence is at least as constraining as any actual deficiencies in her ability to speak conversational interest. It is interesting to contrast her situation and opinions with that of Mrs V, whose son attends the same deaf facility. Although Mrs V only started learning English four years ago when she arrived in Australia, she has always pursued social networks with other parents of deaf children and seems to attend every social event that the school puts on. In addition to weekly morning teas, these include a fortnightly dinner just for parents and also picnic organised by Deaf Children Australia and promoted through the school. Certainly, Mrs V reported that she sometimes becomes embarrassed when she realises that she has made mistakes in her English when talking with other parents, but unlike Mrs I she seems happy to persist in trying to get her message across and has been able to develop strong social networks with other parents at the school as a result. As a stay-at-home mum, she relishes these opportunities to socialise with other adults and views them as playing an important part in aiding her own English acquisition. Studies of second language acquisition stress the importance of confidence and motivation in the development of strong second language skills (for an overview of research in this area see Ellis 1994). Through the contrasting case studies of Mrs I and Mrs V we see how these differences can have a profound impact of migrant parents’ ability to establish support networks and their consequent coping strategies with their child’s deafness.

No other parents interviewed were as involved as Mrs V in school social events. However, in other cases work commitments rather than language were the main barrier to their participation. Although some school social events took place outside of (traditional) working hours, the main attitude among parents seemed to be that at the end of their days they were too tired (or busy with other family commitments) to be bothered attending school events unless they were something really special. Here it should be noted that many families lived some distance from their child’s school, so they had the added disadvantage of a long commute should they choose to attend (it is perhaps no coincidence that the most involved parent – Mrs V – was also the only one to live walking distance from her son’s school). In the case of families B N and Z, the parents specifically remarked that while they attended few school social events, they had developed strong social networks with other parents of deaf children living in their local area and so are able to access help and support through these networks. Family S did not have wide deaf networks but were intensely involved in Eritrean community life and
were also friends with an Eritrean family with a younger deaf child so seemed to find all their support needs could be catered for through their ethnic community networks.

As the one parent whose child attended a mainstream state school, one might presume that Mrs M would have had less opportunity to cultivate friendships with other parents of deaf children. However, since her son had attended a northern suburbs playgroup for hearing impaired children (also attended by families N and S) she had been able to cultivate networks through this which had survived her son’s transition to school in 2006. In fact Mrs M noted that a number of other Lebanese women attended the playgroup and that many had latched on to her because of her strong bilingualism and comparatively good knowledge of the deafness service sector. She reported that many of the parents had been initially quite reluctant to attend the playgroup (fearing they would be the only person there who couldn’t speak English well) and for cultural reasons had been reluctant to allow early intervention workers to perform home visits. However, after talking with her in Arabic they gradually began to engage more with deafness services and would occasionally ring her up at home and ask her to interpret or clarify things if they were having difficulty understanding a professional on a home visit or some literature that they had been given. In telling this story, Mrs M stressed the importance for these women of being able to discuss their concerns with someone who shared their linguistic, cultural and religious background, and this report echoes Mrs M’s call for the establishment of ethno-specific playgroups or similar for Arabic and Turkish speakers in the northern suburbs (and for other groups should the numbers warrant it). Such groups would not only allow parents to avoid the potential embarrassment of trying to speak English with strangers, but give the opportunity for families to discuss deafness issues within their own cultural context.

From this discussion we see that most parents have been able to cultivate friendship with other parents of deaf children, but that language difficulties can serve as a significant barrier to participation in these networks. This is a somewhat concerning (if unsurprising trend) as those with poor English skills are also likely to have difficulties accessing more formal support services. The need for language-specific support groups for migrant parents of deaf children was broached by a number of professionals interviewed as part of the project, however to date no organisation has succeeded in securing funding for them. This report notes the importance of providing parents with an environment where they can comfortably speak their own language and meet with people they already know if we expect them to attend formalised support group meeting and recommends funding for such groups be sort as a matter of urgency.

5.2 Supports for migrant background deaf children

Deaf children face complex identity questions as part of developing a positive self-image while living in a largely hearing world. To an extent almost all deaf children experience a degree of tensions between desires to be like/ a part of their hearing family and friends, and desires to embrace deaf culture and the deaf community. Yet for children and adolescents from migrant backgrounds feelings of clashing cultures can be more intense
(Ahmad et al 1998, Jones et al 2001). This section considers the opportunities children in the current study had to learn about their heritage culture and deaf culture and to build peer networks which could help them develop positive strategies for reconciling the many components of their identities.

5.2.1 Transmitting the heritage culture

Ensuring transmission of the heritage language and culture is often a key worry for migrant parents, regardless of whether their children are deaf or hearing (cf. Ahmad et al 1998 Thomas 1998, Kurien 1998, Pak 2003). For parents of hearing children a variety of resources are available in this area, from videos to after-hours language school, youth groups to religious private schools\(^2\). Few of these resources are able to cater adequately for the needs of deaf children however, leaving parents with minimal support in attempts to socialise their children into the heritage culture.

Language and cultural maintenance was a key concern among many of the parents interviewed, as we saw in the section on language choice in chapter four. Ethnic languages continue to play a key part in social events held by ethnic community organisations, so at least basic knowledge of the language is necessary in order for the deaf child to participate in many community events and not feel excluded from their ethnic group (cf. Ahmad 1998). Already Mrs I reported that she was having difficulties in this area, as her son’s lack of Arabic skills not only meant that he could not participate in Eritrean community events, but that the whole family rarely attended because they felt bad going and leaving him behind. Thus the son’s language difficulties contributed to the family’s increasing isolation from their ethnic community and seemed to cause a range of tensions in family relationships.

Parents interviewed as part of the project were particularly keen for their children to receive formal schooling in the heritage language – in the case of Muslim families (I, M, S) this desire was related to the need for the child to read Arabic as part of their religious practices, however in other cases (families B and N) it was felt that solid ethnic language and literacy skills were simply useful skills for their children to acquire. At the time of the interviews families B, I and S had all sent their children to ethnic language classes at some time in the past while the children of families M and N were both slated to commence formal Arabic classes in 2007. However as the following case study shows, parents had quite mixed impressions of the ability of mainstream classes to adequately accommodate the needs of their deaf children

\(^2\) In addition to hundreds of Christian schools which do not target specific ethnic groups, Melbourne also supports ten Jewish schools, eight Islamic schools, two Greek Orthodox colleges and two Coptic colleges.
After-hours ethnic and religious schools are generally run on shoe-string budgets and often taught by volunteers, so one can hardly blame them for having difficulties responding to the needs of deaf students. But at the same time, there is an obvious need for deaf students of migrant background to have access to information about their heritage culture, religion and languages. This would not only facilitate the development of a more positive ethnic identity, but can help build intimacy and positive relationships between parents and their children, as those who understand the cultural basis for their parents’ views are more likely to develop harmonious relationships with them. Religious education can also give young people a potential source of answers to troubling philosophical questions, and at the very least provide insight into why they and/or their parents are expected to uphold certain religious observances (see Ahmad et al 1998 for more on this point).

For Anglo deaf students, cultural knowledge is normally taught tacitly through the Australian school system, however migrant background deaf students are unlikely to learn about their background as part of the normal school curriculum. This can lead to a situation where migrant parents feel that the school is pulling the child away from the heritage culture and encouraging them to acculturate to the norms and values of the host society – as a mother in Ahmad et al’s study complained “I send my son to school and he comes back an Englishman”. In recent years there has been a growing awareness of these issues in the UK and US and attempts to introduce specialist heritage maintenance classes or more multicultural curricula in a number of schools for the deaf (Cohen et al 1990, MacNeil 1990, Gerner de Garcia 1993, Ahmad et al 1998). However, efforts in these countries and in Australia have been somewhat ad hoc and there remains a clear need for curriculum reform and/or better collaboration with ethnic community organisations to
ensure that migrant background deaf children have access to at least basic information and education about their cultural and religious heritage.

One option for parents concerned about their child’s religious knowledge is to send them to a religious private school. However, for parents of deaf children, mainstream private schooling is often unattractive because of the way integration funding is calculated. In Victoria, disabled students are entitled to a certain amount\(^{23}\) of funding for integration support if they attend a state school, however this money does not automatically follow them if parents opt for private education. Depending on a range of factors (not least of which are the parents’ advocacy skills) they will still receive some government integration funding while enrolled at a private school, however it will almost certainly be less than what they would have received in the state system (AISV 2007a). Wealthy private schools may be in a position to make up some this shortfall but at smaller ethnic community schools the child would likely have to go without at least some support services.

Integration funding is becoming a particular issue at some of Melbourne’s Islamic schools, both because of the comparatively high rates of deafness among Turkish and Arab background children, and the strong desires among many parents in this community to send their children to dedicated Islamic schools. At the time of the study, no participants had children enrolled in Islamic schools, however Mrs M had plans to move her son from the local state primary school to one at the start of 2007. This was not a decision the family had made lightly, but the father felt that ultimately the importance of giving his son a ‘proper’ Islamic education (including the opportunity to study the Koran as part of the normal curriculum) outweighed the disadvantages of lost funding. Mrs M also stressed too that since all her son’s cousins and friends attended this school he would have much better social networks (and was very much looking forward to the move), whereas at the state school he had been somewhat isolated and had failed to make friends with his classmates. Considering the isolation deaf children often face in the mainstream (Gregory, Bishop and Sheldon 1995, Power and Hyde 2002), the value of such peer support networks should not be underestimated. For migrant-background children too, friendships with others from similar backgrounds have been shown to be an invaluable resource in negotiating tensions between the host and heritage cultures (cf. Willoughby 2007) and can help deaf migrant-background students come to a more nuanced understanding of the meaning of ethnicity in their lives (Ahmad et al 1998). With these points in mind it is easy to understand why family M felt an Islamic education might be more appropriate for their son, however even they remained doubtful of how well the school would cope with his needs in reality. Thus Mrs M stressed that she would evaluate her son’s progress after a year and would have no hesitation (though much regret) in moving him back to the state system if she felt he really wasn’t being supported properly at the Islamic school.

Access to integration funding in private schools is an issue which goes well beyond the needs of deaf migrants. Considering 35% of Victorian students now attend private

\(^{23}\) Exactly how much they receive is calculated on an individual basis dependent on factors such as severity of disability and the nature of any language/ learning delays which they need to overcome.
schools (AISV 2007b) and the federal government provides around 7 billion dollars worth of funding to private schools per annum (Edsall 2007), there are serious equity issues in disabled students being largely locked out of this school sector. The report adds its voice to the call for state and federal governments to fund integration services for all disabled students on the basis of need and without regard to school sector (cf. AISV2007a, Tomazin 2007). Further lobbying will obviously be required in order to affect change, however as this is a relative side issue for deafness organisations, the report recommends that they investigate what lobbying is already taking place and seek to add their names to lists of supporters, rather than taking a leadership role in this area.

5.2.2 Friendship groups

While migrant background had a clear impact on some parents’ abilities to form friendships with other parents of deaf children, their children did not appear to encounter similar difficulties. Nor would we expect migrant background status to have a marked impact in these circumstances, as previous research (for example Goode et al. 1992) has already demonstrated that primary school students rarely form friendship groups based on ethnic lines. Language abilities did seem to have an impact on children’s friendship group formation, but here it was their deafness, rather than their migrant background, which was the relevant factor.

The six children who attended deaf facilities were all said to have peer groups primarily centred on school. Perhaps unsurprisingly, the only two children (B and S) who were said to have both deaf and hearing friends from school were also the two whose parents describe them as relatively fluent speakers of English. The children who experienced language delays by contrast were said to play almost exclusively with deaf children – in the case of family V, Mrs V reported that her son also played with hearing family friends who visited quite frequently, but when given a choice of who to invite (for example at his birthday party) he would “choose deaf every time”. Almost all children had at least a few close friends at schools, however Mrs I reported that her son had always had difficulty making friends and had only one real friend with him in Year 6 (though she was hopeful that friendships with several older boys would be rekindled when he moved to high school in 2007). Again, this seems linked to his significant language difficulties and attendant frustrations in forming close relationships.

Attending a deaf facility give most children in this study the opportunity to cultivate strong friendships with other deaf peers. This perhaps explains the relatively low interest most seemed to show in developing and maintaining friendships with deaf peers outside of school. Both Mrs V and Mrs B remarked that their children had attended deaf sports days where they had run into old friends from kindergarten, but despite their parents’ encouragement had shown no real interest in resuming contact and rekindling these friendships. Parents also reported that their children had little interest in attending DCA events were they might meet more deaf children, although once again Family I were an exception here. At the time of the interviews Mrs I had recently started sending her son to DCA’s soccer club, however the impetus here seemed to come more from Mrs I (who
held out hope that this would help ease her son’s social isolation) than from her son expressing a desire to get to know more deaf people himself.

Extra-curricular activities can be an important source of friends for hearing children, and can give migrant background children from smaller ethnic groups opportunities to socialise with co-ethnics not available to them at school (Willoughby 2006b). Few participants in the project were involved in extracurricular activities – as we saw in chapter 4, B and S attended ethnic language classes but no others were involved in ethno-specific clubs or groups. In line with her other efforts to expand her son’s social circles, Mrs I had sent her son to Eritrean youth group for a term, but reported that he became immensely frustrated that he could not follow what was going on and came back feeling that he was “stupid” because (he felt) the other group members were effortlessly multilingual while he couldn’t even speak English properly, let alone another language. Mainstream extra-curricular activities were not at all popular – Mrs V reported that she and some other deaf parents from their school had recently started sending their children to a local church youth group (hoping that it would help their children develop leadership skills and friendships with hearing peers) however no other children were involved in similar activities. The lack of deaf-friendly activities in their local neighbourhood seemed to play a role in this lack of participation, however it also seemed that children and parents were in the main kept busy enough by their private social engagement not to be interested in other activities.

Because many parents themselves had extensive co-ethnic social networks, their deaf children tended to play frequently with relatives and other children who shared their ethnic background. Indeed Mrs M saw this group as her son’s primary peer group and Mr S viewed his son as being equally close to his school friends and Eritrean friends. Although these friendships have the potential to be an important resource for the children to construct a shared understanding of what it means to be a person of their background living in Australia, most did not seem to be particularly close to friends with other co-ethnics so it is doubtful how useful they will be in practice. As with many participants in Ahmad et al’s UK study (1998), the children identified principally with their deaf peers and placed little importance on socialising with co-ethnic hearing peers.

5.3 Supports for adult deaf migrants

Adult deaf migrants are potentially the group most vulnerable to social isolation. Lacking (in the main) fluency in Auslan or English they face difficulties in accessing mainstream deaf or hearing social networks, but generally do not have the necessary lip-reading and oral skills to successfully join in the activities and networks of their ethnic community. As we saw in chapter 3, a large number of these migrants are unemployed (or thought incapable of working by their families) and can be effectively house-bound if they lack the skills and confidence to find their way around Melbourne. Assisting adult migrants to improve their language skills is in many ways the key to overcoming this isolation, however the report identifies a number of other areas where action could be taken to assist this group which will be explored in the following section.
5.3.1 Linking into the Deaf community

Regardless of language and cultural skills, deaf migrants my find it initially difficult to break into the Melbourne Deaf community. As one fluent BSL (British Sign Language)\textsuperscript{24} user from the UK noted, the simple fact that most Deaf people in Melbourne have known each other since childhood can make it intimidating to attempt to join their social group. Although she found people were happy to include her in activities, the fact that she did not share their memories or know the community inside-out made it difficult for her to join in conversations at first and she felt it took her around two years to really feel at home in the community.

For those who are not fluent signers the barriers to becoming part of the Deaf community are obviously much greater. Several case managers mentioned that deaf migrants are often caught in a catch 22 situation, where they need practice conversing with fluent signers in order to improve their own Auslan, but their limited abilities mean that few people have the patience to try to engage them in extended conversations. As much as Deaf clubs have historically played an important role in helping Deaf adult learners acquire sign language (cf. Harris 1995), for low-language adults they are often a very intimidating social environments. Not only do low-language adults lack the skills to join in conversations, but in many cases there lack of familiarity with Australian society means that they are unsure of what to expect or how to behave and do not share the common ground that might help an Australian Auslan learner decode utterances or think up topics for basic conversations.

In some cases too, migrants may find the activities of deaf clubs culturally inappropriate - for example the Melbourne Deaf Club’s monthly meeting at the Transport Bar scores three strikes for members of the Islamic community, being as it is a mixed event held on Friday nights and centred on alcohol consumption. Similarly, case managers report that migrant clients have been reluctant to attend Vicedaf’s Christmas rally in the past, because they view it as a Christian event rather than simply an end-of-year get-together. This is not to argue that Deaf clubs and organisations should cease all activities that might not suit the cultural mores of all migrants, but simply to raise awareness of the ways in which these factors might influence participation rates. It also highlights the need for at least occasional social events designed specifically with the interests and needs of deaf adult migrants in mind. Such event should complement rather than replace existing Deaf community events, and over the following sections we will explore two emerging Vicedaf initiatives in this area – the deaf migrants club, and specific multicultural community events.

\textsuperscript{24} Auslan is descended from BSL and as such there remains a high degree of mutual intelligibility between the two languages.
5.3.1.1 Deaf migrants’ club

Deaf migrants from developing nations typically face so many hurdles in adjusting to life in Australia that it is sensible to offer them their own social club where they can learn about the basics of Australian life and practice their communication skills before launching into the general Deaf community. The idea for such a club came to a Vicdeaf worker one day who realised that not only had his client never been to the beach, but he didn’t really know what a beach was. Case managers and Independent Living Skills workers obviously have only so much time they can spend familiarising clients with Australian life, so a deaf migrants’ club would provide a (cost-effective) way to extend this familiarisation work and also give these migrants a sorely-needed social and recreational activity. Vicdeaf is currently in the process of applying for funding for the club, which is tentatively scheduled to meet once a month with at least some separate events for men and women. It is hoped that through the club deaf migrants who were previously socially isolated will be able to build social networks and gain confidence in their abilities to find their way around Melbourne. Since professionals report that clients in this group are often extremely nervous and prone to embarrassment if they do not know how to do/say something, it is hoped that the supportive environment of a group where everyone is in the same boat will allow them to build their skills and independence to a point where they can begin to move into more mainstream community events. In order to facilitate this transition, Vicdeaf is also keen to host more specific multicultural events to raise awareness of diversity in the Deaf community, as discussed in the following section.

5.3.1.2 Creating accessible community events

Within the established Deaf community, there is a strong interest in the needs of deaf migrants and much good-will towards supporting them to become part of the community. However, the factors outlined above mean that the two groups rarely meet at social events and, for the moment at least, there is a need for organisations such as Vicdeaf to facilitate events which promote dialogue and cultural exchange between them. One such event held during the tenure of this project was the Deaf Multicultural Day, held to celebrate diversity within the Deaf community as part of Celebrate our Cultural Diversity Week. Funded by the Victorian Multicultural Commission, the event gave deaf people from migrant backgrounds a chance to tell their stories of migrating and adjusting to life in Australia and was well attended by Deaf people and their family and friends from a variety of backgrounds.

While the Deaf Multicultural Day was only a small event, it is worth reflecting on some of the features that made the day particularly successful, as well as areas where changes could be made to better cater to the needs of the community when planning future events. As already noted, ensuring the event was alcohol free and providing culturally-appropriate catering (halal options, together with a range of foods to suit different palates) is necessary to make sure people of all backgrounds are comfortable and feel
included. Family, including extended family, plays an important role in the lives of many deaf migrants, so it is important to ensure that the event is as family-friendly as possible and provides entertainment for deaf and hearing family members of all ages. In the case of the Deaf Multicultural Day, deaf and hearing adults were all well-catered for, however the lack of specific activities for children (and a dedicated child-minder to allow parents the opportunity to socialise with other adults without constantly being interrupted) was an oversight that should be addressed in planning for future events. Since many deaf migrant families may have difficulty accessing affordable child-care, it is important that at least basic provisions (such as supplying crayons and paper) are made to give children attending these events something to do and discourage them from making a nuisance of themselves. Family-friendliness is also enhanced by holding event during the day, rather than at night, while religious considerations mean that attending events on Sundays and Fridays may be inappropriate for some families.

Perhaps the most important element in running events aimed at helping deaf migrants build links with the wider Deaf community is to provide structured activities on the day that facilitate mixing. This was achieved at the Deaf Multicultural Day by inviting a number of deaf people from migrant backgrounds to speak about their experiences, with these stories then providing the catalyst for further discussions throughout the afternoon. As well as being interesting in and of themselves, these stories helped Australian-born members of the Deaf community better understand the circumstances these migrants have come from, and thus some of the issues they face in adjusting to life in Australia. It also facilitated animated discussions about similarities and differences in services and daily life in Australia and the migrants’ countries of origin – in short providing the icebreaker needed to get the groups talking. As participants were also asked to form small groups and workshop ideas about how services for deaf migrants could be improved, the day also had a clear practical purpose and gave migrant and Australian-born deaf the opportunity to work together towards solving real-world problems. While not all deaf community activities need to be this structured in order to facilitate the participation of deaf migrants, from this short discussion we can see how some structure can encourage mixing and give Deaf migrants and Australians ideas about what to talk about with each other.

Building contacts with the Australian Deaf community is important for deaf migrants’ linguistic development and social support. Yet we should not expect the Deaf community to replace all social contact with the ethnic community. As we shall see in the following section, ethnic community links can also play an important role in helping deaf migrants develop a positive self-image and adjust to life in Australia.

5.3.2 Linking into the ethnic community

For deaf adult migrants, building links with their ethnic communities in Australia is often even more challenging than gaining access to the Australian Deaf community. While it is

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25 While Saturdays may also be inappropriate for Jewish and Seventh Day Adventist deaf people, their numbers are considerably lower than number of Christian and Muslim deaf who would find Sundays and Fridays difficult.
to be hoped that all deaf migrants will eventually learn enough Auslan and/or English to be able to participate in basic conversations, little attention is paid to ethnic language development in Australia. This leaves deaf migrants largely excluded from ethnic community events and organisations, as those targeted at adults overwhelmingly conduct their business in the ethnic language. Despite the difficulties of building contacts, deaf migrants interviewed as part of the project were very keen to get to know other hearing, and especially deaf members of their ethnic communities. It is hoped that the deaf migrants club discussed above will help build friendships between co-ethnic deaf people, while the following section will explore barriers, concerns and possible solutions for increasing participation in the life of the ethnic community.

No adult deaf migrants interviewed as part of the project were involved in ethnic community organisations. However, several remarked that they occasionally attended major community events and festivals. These events often provoked mixed feelings for deaf adults, as the following case study illustrates:

**Case study 5.5**

<table>
<thead>
<tr>
<th>One participant of Indian background, Ms. D, recounted her recent experience of attending a festival to celebrate the Hindu, Sikh and Jainist religious holiday of Diwali (also known as the “Festival of Lights”). Diwali is one of the major festivals on the Indian religious calendar and has become something of a national festival, celebrated by people regardless of faith in much the same way Christmas is celebrated in Australia.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since moving to Australia from the UK, Ms. D has been somewhat homesick for the close-knit Indian community she left behind, and revelled in the opportunity to eat Indian food, observe the religious ceremony, see people in traditional dress and generally be part of a large crowd of people who all shared her background. Yet although she clearly enjoyed this opportunity to re-connect with her Indian roots, she remarked that at the same time she found the event isolating because she was unable to communicate with other participants. Throughout the day she searched for other deaf people with whom she might have been able to converse but had no luck and came away somewhat saddened at the language barrier separating her from other members of her ethnic community. Adding to her feelings of separateness was the fact that ethnic languages, rather than English were the primary languages of conversations and ceremonies on the day, so she was not even able to utilise basic lip-reading or other oral cues in order to gain a sense of what was being discussed.</td>
</tr>
</tbody>
</table>

Ms D’s case study raises a number of important points. Through it we see how affirming contact with the ethnic community can be, even if deaf migrant aren’t able to communicate much (if at all) with other co-ethnics. The sights, smells, tastes and rituals associated with community festivals provide a comforting reminder of a life left behind but also help build a sense of continuity from past to present to future and the hope of preserving a distinctive ethnic culture while simultaneously embracing life in Australia (cf. Thomas 1998, Alexeyeff 2002). While it can be very difficult for deaf people to connect with other members of the ethnic community if, like Ms D, they attend events alone, it should be remembered that many deaf migrants would attend in the company of their own families. The degree to which families are able and willing to act as interpreters
and/or explain what is going on will obviously vary, but in at least some cases they should be able to help the deaf person feel more included in events.

While ethnic festivals can provide deaf migrants with a range of ‘feel-good’ experiences, it is important not to underestimate the very real language issues they face in seeking to participate in the life of their ethnic communities. Special events and festivals often provide (some) activities that are accessible for deaf migrants, however communication difficulties mean they are all but excluded from clubs and social/support groups.

In theory, clubs and social groups could make excellent support networks for otherwise socially-isolated deaf migrants, allowing them to meet with others who share their culture, values and experience of adjusting to life in a new society. Ethnic community groups provide activities and information more relevant to the lives of most deaf migrants than mainstream Deaf social groups and deaf migrants themselves appear more interested in joining ethnic groups (particularly ethnic women’s groups) than deaf organisations. Yet despite their relevance, the complexity of the linguistic situation makes it almost impossible to arrange interpreters for deaf migrants to participate in these groups. This is because most clubs conduct their business in their ethnic language, while deaf migrants typically have access to only limited Auslan and basic written English. Since no accredited Auslan interpreters working in Victoria are fluent in migrant languages, communication between the two groups would need to run along a chain of 2-3 interpreters – ethnic language to English, English to Auslan and potentially Auslan to Deaf relay depending on the client’s level of Auslan. Such arrangements are not only extremely costly, but the time delay involved in transmitting the message back and forth means the deaf migrant would still have great difficulty participating in free-flowing group conversations. An innovative solution to these problems has been trialled by several groups in the UK, namely providing bilingual note-takers for deaf migrants (Ahmad 1998). Obviously, this solution is only of use in cases where the deaf person has strong literacy skills, however it is worth exploring as an option in the Australian context – not least because there is a real chance in any group that one might be able to find a volunteer to take on the note-taker role.

As well as being interested in the support services offered by ethnic organisations, a large number of migrants spoken to as part of the project expressed strong desires to learn more about their religion and participate in religious worship. In most cases it transpired that they had been taught basic tenants and practices of their religion as children, but had little understanding of the underlying belief system. As a result they were often anxious about whether they were practicing the religion correctly and could be very rigid (and sometimes quite misinformed) in their interpretation of what constituted (un)acceptable behaviour in their religion. Writing in the UK context, Ahmad et al provide a highly plausible explanation of how and why this situation evolves:

Even when deaf children had acquired a basic understanding of their religion from their parents, all too often they were not provided with adequate explanations for these religious beliefs. This was simply because many parents and children shared no common language in which to communicate complex concepts. As a result of limited access to information, many deaf children grew up with rigid ideas about their religion with little understanding of scope for negotiation of religious observance. This limited
understanding compromised the deaf person’s ability to regard and use religion or culture as a flexible resource providing broad guidelines within which behaviour can be negotiated (1998:58)

A number of Christian churches in Melbourne provide services specifically tailored for Deaf people, however those who practice other faiths currently have few options for spiritual growth. The project found that spiritual issues were of particular concern to many members of the Islamic community (both deaf and hearing), however the community is still unsure how best to address these needs. Through the community forum Vicdeaf organised in conjunction with the Islamic Information and Services Network of Australasia (IISNA; see Case Study 3.7) it emerged that access to religious information and support were the number one need identified by the deaf Muslim community, but once again cost and language issues mean it is not feasible for IISNA to utilise interpreters to make programs accessible for deaf migrants. The limited education many deaf migrants have received (see chapter 4) raises further questions about how and what they need to be taught about their religion and means that they would almost certainly need their own specialist classes, rather than sitting in on general community seminars. While there is much good-will on the part of IISNA to cater to the needs of deaf Muslims, they currently need assistance in developing an appropriate strategy for delivering services to this group, and in funding the more costly parts of service delivery, such as hiring interpreters.

Demand for religious services places organisations like Vicdeaf in an awkward position. On the one hand, there is a clear desire and need for these services in the community, and Vicdeaf is well-placed to offer organisation like IISNA advice and support in formulating appropriate programs for this client group. Yet as a secular organisation Vicdeaf must think carefully about engaging in partnerships where the primary aim is religious proselytising. Adding to the dilemma, most local and state government community grants programs, together with a large number of trusts, specifically exclude groups from applying when their primary activities are faith-based. Here the expectation is that the religious community should support its own members – a logic that works well for established Christian churches with ongoing income from real estate and other investments, but is less feasible for emerging faiths, where income is much lower and the welfare needs of the community much higher. In the current climate, it is difficult to know what can be done to better support the spiritual needs of deaf migrants, however this report strongly recommends Vicdeaf continues to discuss these issues with the relevant religious communities and promotes awareness of the issues involved.

It should be stressed that gaining knowledge about their religion and culture can empower deaf migrants in other aspects of their lives, not least because it gives them additional tools for arguing if they feel someone is trying to pressure them to act in a certain way. We see this in the concerns several hearing Muslim women raised with me at the IISNA-Vicdeaf forum that some of the deaf women present had been given misleading information about Islam that stressed a wife’s obligations to her husband, while saying nothing about his obligations towards her. Thus few realised, for example, that they had rights towards their husband’s property or the many ways that their husbands are required to take care of them under Islamic law. Cultural and religious knowledge can also help
deaf migrants make sense of (and respond to) the climate of fear surrounding Islam and terrorism, and, as we have already seen, can help people become more flexible and accepting of different beliefs and practices – both within their own culture and throughout Australian society more general. Finally, insofar as religious classes foster interaction between deaf and hearing members of the ethnic community they can help deaf migrants develop social networks within their ethnic communities and make communities move aware of the needs of their deaf members. The report thus has no hesitation in arguing that Vicdeaf and other deafness organisations should take steps to assist deaf migrants in accessing their religion, because of the manifold practical, emotional and spiritual benefits they can gain from engagement with their religious community.

5.4 Conclusion

This chapter has explored the important role informal social and support networks play in the lives of deaf migrants and their families, be they through extended family, the ethnic community or the wider deaf community. Through it, we have seen the difficulties deaf migrants and their families may face in tapping in to social and support services that are often designed with either hearing migrants or deaf Anglo-Australians in mind, but also that awareness of these issues is rising and a number of groups have taken action to help promote inclusion in these areas.

For families from migrant backgrounds maintaining their heritage language, religion and culture in the new society is often a key concern, and the mental health benefits of fostering this link with the past have been widely acknowledged (cf. Berry 1997, Phinney et al 2001). It is thus unsurprising that a major issue to emerge from this chapter was how best to facilitate the participation of deaf children and adults in the schools and events of their ethnic community. In order to effect change in this area there is a clear need for deafness and ethnic community organisations to work in partnership, with the report again advising that deafness organisations would be advised to start small with one or two pilot projects and expand services as networks grow. The language issues faced by many adult deaf migrants also mean they require assistance in building contacts with the Anglo Deaf community and the report commends recent efforts by Vicdeaf to develop specific activities for this group. Deaf migrants and their families can clearly face a number of issues to do with social isolation, however through this chapter we have seen that the degree to which individuals and families are integrated into wider support networks varies greatly indeed. Moreover, the kind of support individuals and families were looking for (e.g. parents’ groups, religious education, general social opportunities) varied so greatly that it is difficult to prioritise any one area for action. For this reasons the report recommends that interested deafness and ethnic community organisations simply talk to the deaf migrants in their network to uncover their most pressing social and support needs and build services directly in response to these needs.
Chapter 6 – Conclusion and recommendations

This report provides a small step towards better understanding and meeting the needs of deaf people of migrant background currently living in Victoria.

While the report has shed light on a number of gaps in service provision for deaf migrants, a key concern has also been to highlight good practice already in place and service providers’ innovative responses to these needs. In conducting research for this project, the author has been struck by the enthusiasm organisations across the deafness sector have for better meeting the needs of their migrant clients and the many small strategies that have already been put in place to try to achieve this end. As much as workers often reported feeling overwhelmed by the needs of deaf migrants and being unhappy with the level of support they were able to offer, there was a strong commitment to trying to address these issues and great interest in the project in general. Funding remains a perennial concern within the deafness services sector, however the strong impression I gained from the project was that service providers saw deaf migrant issues as high priorities and would willingly make a number of organisational changes if financial resources became available to allow them to better meet the needs of this group of clients.

To ensure that the enthusiasm noted in this report is harnessed it is necessary for one or more organisations within the sector to take on a leadership role, for example by lobbying for increased funding or forming policy or research groups. An overarching concern to emerge from the project was the lack of coordination between organisations and initiatives – this can not only result in groups ‘reinventing the wheel’, but leads to a somewhat disjointed and piecemeal approach to service provision which lacks an overarching vision for the future or plan to make that vision attainable. It is hoped that with greater coordination a range of complementary initiatives can be developed to assist deaf migrants and their families, and that organisations can agree to a set of basic goals for incorporating these initiatives into their general service provision. Organisations are also much more likely to be successful in funding bids if they are able to demonstrate that their proposals are based on sound research and form part of overarching plans for improving service provision than if proposals are presented as decontextualised projects potentially marginalised from the core business of the organisation.

As the principle organisation representing deaf adults in Victoria Vicdeaf is an obvious choice for an organisation to take on this sort of leadership role, and preliminary discussions with management have shown strong interest in doing so. The value of such a role lies in raising the profile of these issues and facilitating discussion between stakeholders. It is not intended that any organisations should dictate how others run their affairs, however it is hoped that with greater coordination, and perhaps some seed funding from Vicdeaf, a wide arrange of joint projects will be developed that help all
deafness organisations in Victoria provide more comprehensive and tailored services for deaf migrants. With this in mind, the report makes the following more specific recommendations.

6.1 Recommendations

On the basis of the discussion presented over the previous four chapters, the report makes recommendations in the following areas:

- Language classes for deaf migrants and their families
- Raising awareness of services on offer
- Support service provision
- Partnerships with ethno-specific organisations
- Further research

6.1.1 Language classes for deaf migrants and their families

For many years now, adult deaf migrants have lacked suitable opportunities to learn Auslan or English after migrating to Australia. As we saw in chapter 4, Vicdeaf and NMIT currently provide some language classes for deaf migrants but there are no programs specifically targeted at this group. This situation needs to change as a matter of urgency, not least because in failing to make adequate provision for deaf and hard of hearing migrants enrolling in AMEP English classes the federal government is likely in contravention of equal opportunity legislation.

The report recommends that action be taken in both the short and long term to address these issues. In the long term it sees a need to lobby the federal government to develop and implement an alternate AMEP curriculum which caters to the language needs and abilities of deaf migrants. Such a program would include Auslan as the ‘spoken language’ of the course, while literacy skills would be taught in English, ideally once basic Auslan skills had been established.

Lobbying in this area is likely to be most effective if a consortium of interested organisations work together to both construct a viable model and put pressure on government. To this end, Vicdeaf is currently establishing a working group in this area, comprising representatives from Vicdeaf, NMIT’s Centre of Excellence for Students who are Deaf and Hard of Hearing, as well as a number of other interested academics and members of the deaf community. It is hoped that this working group will be able to develop a model and funding proposal for a pilot program to run in 2009, with the ultimate end being the adoption of a similar model on a national scale. In working closely with academic institutions acknowledged for their excellence in teaching and research with the deaf community it is hoped that a high-quality program will be developed which has a strong grounding in theory and best practice and thus has the maximum potential to be embraced by government.
While the working group is seen as vital to promote effective service delivery in the long term, there is a pressing need for Auslan classes for migrants and their families in the short term. As noted in chapter 4, NMIT currently provides some classes for low-language adults, however transport difficulties limit the number of people able to participate in the program, while social isolation means that students often have limited opportunities to use their new language skills outside the classroom. For these reasons, the report recommends that Vicdeaf work with NMIT as a matter of urgency to develop a funding proposal to provide additional Auslan classes for those needing more intensive support. Since this recommendation was put to the Vicdeaf Client Services department in late 2007, the Independent Living Skills program has succeeded in securing funding to run pilot Auslan conversation classes (commencing in July 2008) for deaf migrants. Such classes directly address the issues of social isolation and lack of practice opportunities, however it should be noted that they work best as a complement to, not a replacement for, full-length language courses developed specifically for the needs of this group.

Finally, it is important to ensure that family members also have the opportunity to acquire Auslan. In order to ensure smooth communication within the family, members of the deaf migrant’s household should be encouraged and supported in learning Auslan, for example by providing spoken language interpreters at classes or multilingual Auslan resources (such as the video kit Auslan for families described in section 4.1.2) free of charge to families. There is also a need for consultation with families to better understand the barriers they face in learning Auslan, and to assess the need for further multilingual Auslan resources and the form such resources should take.

6.1.2 Raising awareness of services

As chapter 3 discussed, a key barrier to migrants accessing services was a lack of knowledge about services on offer among both families and migrant-sector professionals. Indeed even within the deafness sector there were a number of smaller initiatives (such as the Auslan for families video kit) which were not widely known, and organisations were often confused about fees and eligibility criteria when attempting to provide onward referrals for migrant clients with complex needs.

The diversity of organisations working within the migrant and disability sectors will always create an impediment to clear communication. Notwithstanding this, greater action needs to be taken in order to improve knowledge of the services on offer for deaf migrants and their families. The report’s principal recommendation in this area is that Vicdeaf seek funding to develop a web resource that clearly outlines the range of organisations working with deaf migrants and their families, their scope of service provision and detailed information about fees and eligibility criteria for various services. This site should initially be provided in English as a resource for service providers, however once it has been established a client survey should be undertaken to assess demand for the information to be provided in other languages.
As part of developing the resource website the site should be heavily promoted to migrant settlement organisations. However, beyond this, Vicdeaf should work closely with key settlement services in order to raise awareness of specific settlement issues faced by deaf migrants and to improve Vicdeaf’s own competencies and networks in addressing more general settlement issues. Funding should be sought to allow mutual training and exchange sessions to run between Vicdeaf client services team members and case managers working with migrant sector organisations such as Foundation House who see a large number of deaf clients. It is hoped that such action will increase the number of families who are informed of deafness services and supported to access these services, however this measure will only reach its full potential if accompanied by other moves designed to make services more accessible, as outlined below.

6.1.3 Support service provision

It is clear from the information presented in this report that deaf migrants and their families often have much higher support needs than members of the Anglo-Australian population. These needs arise from a number of factors which may include poor English knowledge, lack of literacy in any language, lack of familiarity with Australian bureaucracy/health services and a myriad of problems associated with poverty, dislocation and the trauma of the refugee experience. In order to work effectively with these families, it is thus imperative that deafness sector organisations have room in their budgets and manpower allocations to invest extra time in working with these families and supporting them to access a range of additional services. Whether this funding is provided out of existing budgets or is applied for through a grants process is of course a matter for the individual service provider, however the report notes that service provision is likely to be most effective if organisations work together to discuss changes to their support models for deaf migrants and present joint proposals to funding bodies.

Many professionals interviewed as part of the project bemoaned the lack of co-ordination between services working with migrant deaf adults and adolescents. The early intervention sector, and particularly the DHS Parent Adviser for Hearing Impaired Children scheme, was held up as great models of integrated service provision, however nothing comparable exists for migrant families with older children or adults struggling to find their feet in the Australian deafness service sector. For these reasons, the report strongly recommends that DHS fund the extension of the parent adviser service to all families new to the Australian deafness service sector, regardless of the age of the deaf person or knowledge of the hearing impairment before migrating to Australia. Giving families access to one over-arching case manager will not only simplify the referral process and help ensure that they are put in touch with services to cater for problems not strictly related to the family member’s deafness (such as housing or other settlement issues) but also allows the development of a strong relationship with the family and greater intercultural competence. As was discussed in section 3.4.4, negotiating appropriate compromises is a key component of working effectively in intercultural contexts, and this sort of negotiation relies upon strong relationships and mutual trust built up after sustained work with the one professional. Professionals who know the
family well are also much more likely to understand the cultural basis underpinning many of the families’ views, and are thus in a strong position to suggest possible alternatives or work-arounds if the family appears to be objecting to a standard Australian practice. Finally, we should remember that settlement is often a very confusing and stressful time for families, not least because they are often being asked to make decisions about their child’s education, employment and/or health management with very limited understanding of the workings of the Australian system. In these circumstances, any measures that can promote continuity and stability in the families’ lives should be embraced and will likely lead to much more effective management of the family member’s deafness for many years to come.

In order to enable professionals to work more effectively with the migrant background clients, there is a need for greater cross-cultural training among professionals working within the deafness service sector. Many professionals reported that they had undertaken some diversity training, but this training seems to have largely focussed on cultural practices and avoiding offence. As a result they felt poorly equipped in areas such as knowledge of generic services available to migrants, understanding of different attitudes to deafness within migrant communities (and their consequences for service provision) and ways to work effectively with families who do not share the implicit beliefs about the causes, consequences and management of deafness that underpin the Australian service sector. Throughout the project there was great interest expressed in training that deals with these more thorny issues and the report recommends Vicdeaf take a leadership role in seeking funding for such training to be developed and delivered free of charge to professionals working across the sector.

Social isolation among deaf migrants was also a key concern raised in the report. For groups with special cultural needs there is a clear need for specialist social/support groups to be founded, and Vicdeaf is currently in the process of developing a deaf migrants club to cater to the specific needs of newly-arrived deaf migrants. However, it is also important that existing groups look at ways to promote themselves to deaf people from migrant backgrounds and make their events seem more welcoming to people from all cultures. During the project Vicdeaf received funding from the Victorian Multicultural Commission to run a ‘deaf multicultural day’ celebrating diversity within the deaf community. This well-attended event gave deaf migrants an opportunity to tell their story and help build a number of bridges between more recent migrants and established members of the Anglo deaf community. It is hoped now that deaf clubs and organisations review ways in which they might move to attract more migrant members – whether through better promotion, building social contacts among migrants or holding events which specifically cater for different cultural needs (such as culturally-appropriate catering or alcohol-free events).

6.1.4 Partnerships with ethno-specific organisations

It is well recognised in the literature on building intercultural competence that mainstream services are likely to have the greatest success in engaging migrant
background clients if they work with ethno-specific community organisations to develop projects that best suit the needs of each different community. For this reason the report strongly recommends that Vicdeaf and other service providers looking to expand their services for migrant-background clients do not act unilaterally, but rather work with existing ethnic community groups to provide tailored services for the group.

Currently, attempts to work collaboratively have been hampered by a lack of both funding and contacts with ethno-specific organisations. The report notes that most such organisations operate on shoe-string budgets, and thus any collaboration with deafness organisations will need to be contingent on the ethnic community group incurring minimal costs. However the project has also uncovered a number of government and community grants schemes that may be receptive to funding proposals for projects aimed at improving the situation of deaf migrants and feels confident that funding for a range of projects would be forthcoming if deafness sector organisations were able to invest the initial time and effort required to develop a quality project. Lack of contacts still remains a barrier to working effectively with migrant organisations, however the report notes the enthusiasm of IISNA (the Islamic Information and Services Network of Australasia) to continue working with Vicdeaf and recommends that this – and other links between individuals and organisations – be cultivated.

While advocating for greater engagement with ethno-specific organisations the report cautions deafness sector organisations against spreading themselves too thinly. In order to ensure that projects remain sustainable, the report recommends organisations begin working collaboratively on just one or two smaller projects and gradually expand their partnerships as their skills and resources expand. Working effectively with ethnic community organisations requires an ongoing commitment and while deafness organisations can seek to cover the operating costs of special projects through community grants, they should be prepared to cover some ongoing costs that may arise from the project, such as increasing demand for services or community pressure for service provision in other areas. Increasingly deafness organisations need to include such costs as part of their general budget for effective service provision in a multicultural society, however the report acknowledges that doing so will require a gradual transition and reassignment of funds to ensure that other worthy programs are not short-changed in budget allocations.

6.1.5 Further research

The current report has provided an important first step for better understanding the needs of deaf migrants and their families living in Victoria. However, as a small-scale project it has left a number of questions unanswered and strongly recommends that deafness organisations continue to research in this area, with the ultimate aim of improving service provision for deaf migrants. The focus on the current report was mainly on the views and experiences of professionals and family members rather than on the experiences of deaf migrant adults themselves, however it is imperative that this group be consulted with as widely as possible as organisations seek to provide more culturally responsive services.
Large-scale quantitative research is also required in order to access the extent to which migrant deaf people face different employment and educational options when compared to Australian-born deaf or hearing migrants from their ethnic group and the report commends Vicdeaf’s decision to undertake analysis of data from the 2006 census to these (and other) ends. A number of more specific areas are also in need of greater research – of these, the situation of migrants with age-related hearing loss and mental health issues in the deaf migrant population are perhaps two of the most pressing, and again Vicdeaf has expressed interest in pursuing these projects in the near future.

As well as extending the range of research undertaken, the report notes a number of opportunities for greater research collaboration which have arisen as part of this report, and notes the many benefits to be had from organisations such as Vicdeaf working with universities, government and/or community groups on larger research projects. Such collaborations bring a range of different perspectives to the research process and allow for the production of research which is potentially meaningful on the global, as well as local, stage. Collaborative project are also likely to be viewed in a favourable light by external funding bodies and provide opportunities for members of the deaf community to enhance their research skills by working with leading academics in their field.
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Appendix 1 – CALD clients survey

NB – Survey was delivered online via the Vicdeaf website

Name

Organisation

For each of your deaf/hard of hearing clients from migrant backgrounds please complete the following information.

Client information

Ethnic Background

Age Group:
☐ preschooler
☐ primary school aged
☐ young adult
☐ adult
☐ senior citizens

What languages are spoken in the client's home?

What language(s) do you use to address the client?

Are interpreters normally used?
☐ No
☐ Yes – professional
☐ Yes – family/friend of client
☐ Yes – other (specify)

If yes what languages are used?
Please rate the ease with which you and your client communicate with each other:

☐ Easily: communication is free flowing with only occasional misunderstandings

☐ Satisfactorily: communication is possible but requires some simplification or frequent misunderstanding

☐ Basic: only basic communication with the client is possible

☐ No communication: client is not addressed directly, all communication about their needs etc with a third party

**Professional development**

Vicdeaf is aiming to use the results of this survey to better cater for the needs of both professionals and deaf/hard of hearing clients from migrants backgrounds. To help us do so, please indicate if you would be interested in accessing any of the following services (check all that apply):

☐ Deafness Awareness Training

☐ Auslan Classes

☐ Engaging Auslan Interpreters

☐ Engaging interpreters to work with speakers of other sign languages

☐ Workshop on working with CALD clients

☐ Workshop on working with CALD clients from specific backgrounds/regions

(specify)

Referral to vicdeaf for clients:

☐ Case Management

☐ Independent Living Skills

☐ Counselling

☐ Social Groups

☐ Hearing tests/ audiology services

What do you see as some of the most pressing needs/ problems facing deaf people of CALD background in Victoria today?
Appendix 2 – Auslan interpreters’ survey

Vicdeaf is currently gathering data on the communication needs and strategies of deaf/HOH people from migrant backgrounds. As part of this, we would appreciate it if you could take 5-10 minutes of your time to complete the following survey outlining your experience of interpreting for clients who in fact have limited Auslan skills.

**PREAMBLE:**
Some Auslan interpreters are having the experience of being booked for a job, only to discover on arrival that the client does not in fact use Auslan, but rather an idiosyncratic home sign system or the sign language of their country of origin.

1. Please indicate how often this experience has happened to you
   - Never
   - Less than once a year
   - Two or three times a year
   - Every few months
   - At least once a month
   - At least once a week

   *If you have never had this experience, please go to question 10, otherwise complete the following:*

2. How have you responded to this situation?
   - Muddled through
   - Recommended to the organization who booked the interpreter to try using a more experienced interpreter
   - Recommended to the organization who booked the interpreter to use a deaf relay interpreter
   - Left the appointment without being able to assist

3. What is the ethnic backgrounds of your clients who are non-standard Auslan users (please specify if you have multiple clients from the same backgrounds)? ____________

________________________________________________________________________
________________________________________________________________________
4. For each of the clients listed above, please specify (to the best of your knowledge)
   a. The language used by the client to communicate with family or close friends
      _______________________________________________________
      _______________________________________________________

   b. The main oral language used in the client’s home (if applicable)
      _______________________________________________________
      _______________________________________________________

5. To the best of you knowledge how long has client lived in Australia?
   □ Less than 5 years
   □ 5-10 years
   □ 10+ - migrated as an adult
   □ 10+ - child at time of migration
   □ Australian-born

6. If you regularly interpret for clients with non-standard Auslan skills, what strategies do
you use to maximize the intelligibility of communication?_________________________
_______________________________________________________________________

7. Have you worked with a deaf relay interpreter with these clients? Comment briefly on
the experience (eg, did you find it effective, problems experienced, suggestions for
improvement) __________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. To the best of your knowledge are these clients in touch with deafness services?
   □ Yes   □ No

9. Have you ever provided information about deafness services to these clients or other
service providers working with these clients? If so briefly explain.________________________
________________________________________________________________________
________________________________________________________________________
10. Vicdeaf is aiming to use the results of this survey to better cater for the needs of both professionals and deaf/hard of hearing clients from migrant backgrounds. To help us do so, please indicate if you would be interested in accessing any of the following service (check all that apply):

- General workshop on working with CALD clients
- Workshop on working with CALD clients from specific backgrounds/regions (specify)
- Training in working with a deaf relay interpreter
- Mentoring in interpreting for clients using non-standard Auslan
- Other (specify)

11. Additional comments ___________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

12. If you would be interested in participating in this project further, or receiving a summary of project findings, please give your preferred contact details below:

- Please send me a summary of project findings
- Please contact me to discuss these issues further
- Please provide me with information about how my clients can participate in this project

**SURVEY RETURN:**

**Email:** please save your completed survey and email it as an attachment to louisaw@vicdeaf.com.au

**Fax:** 9473 1122, attention Louisa Willoughby

**Post:** Louisa Willoughby  
Vicdeaf  
Level 4/340 Albert St  
East Melbourne 3002  

*Thank you for taking the time to complete this survey!*
Appendix 3 – Participating organisations

The Victorian Deaf Society gratefully acknowledges the participation of the following organisation in the *Deaf Migrants* project:

**Schools:**

- Aurora School
- Bairnsdale West PS
- Ballarat SC
- Banksia SC
- Benalla East PS
- Bendigo Senior SC
- Blackburn English Language School
- Broadmeadows English Language Centre
- Brunswick English Language Centre
- Collingwood English Language School
- Eastwood PS
- Forest Hill College
- Forest Street PS
- Furlong Park School for Deaf Children
- Glen Eira English Language Centre
- Golden Square SC
- Grovedale SC
- Grovedale West PS
- Guthrie St PS
- Kennington PS
- Liddiard Road PS
- Methodist Ladies College
- Mount Erin SC
- Mount View PS
- Noble Park English Language Centre
- Pearcedale PS
- Rosanna Golf Links PS
- St Albans East PS
- Springvale SC
- Sunshine SC
- Traralgon SC
- Victorian College for the Deaf
- Western English Language School
- Westall English Language School
- Willmott Park PS
- Yarra Valley Grammar School

**Other education providers:**

- AMES Education Dandenong
- AMES Education Werribee
- AMES Education Flagstaff/ Collingwood
- Barwon Region Visiting Teachers of the Deaf
- Catholic Education Office, Melbourne Archdiocese
- Deaf Education Network (NSW)
- Hume Region Visiting Teachers of the Deaf
- Northern Metropolitan Institute of TAFE
- Northern Metropolitan Region Visiting Teachers of the Deaf
Deafness services:

Aurora early intervention services
Deaf Children Australia
DHS Parent Advisers for Hearing Impaired Children
Senswide Employment services
hearservice audiology
The Australian Sign Language Interpreters Association of Victoria
The Deafness Foundation
The Royal Victorian Eye & Ear Hospital
The Victorian Deaf Society

Other Health services:

Action on Disability in Ethnic Communities
Centre for Culture, Ethnicity and Health
DHS Refugee Health Nurses
Southern Health Services
Western Region Health Centre, Footscray

Religious and ethnic community organisation

Eastern Migrant Resource Centre
Foundation House
North-Western Migrant Resource Centre
Northern Migrant Resource Centre
Southern Migrant Resource Centre
South-Eastern Migrant Resource Centre
Sudanese Australian Integrated Learning Program
Islamic Council of Victoria
Islamic Information and Services Network of Australasia
All Saints Anglican Church, Footscray
St Michael’s and St Luke’s Anglican Church, Dandenong
St James Anglican Church, Dandenong
Holy Trinity Anglican Church, Werribee