

PEOPLE IN CUSTODY WITH A HEARING IMPAIRMENT

IDENTIFICATION OF HEARING IMPAIRMENTS IN CUSTODIAL FACILITIES HAS IMPROVED BUT THERE IS STILL A LONG WAY TO GO

The establishment of the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* in April 2019 focussed attention on the prevalence of disability in the general community and, more importantly, the experience of people living with disability. The lived experience accounts we heard during the Royal Commission hearings highlighted many of the challenges faced by people with disability in various institutional settings, including prisons and youth detention facilities. A common theme that emerged was the need for organisations to better identify people with disability and make reasonable adjustments to reduce vulnerabilities and allow effective participation.

What we saw and heard from the Royal Commission publications and hearings aligned with many of our previous review and inspection findings which often highlighted difficulties or disadvantages faced by people with disability in custodial environments. Our work has identified: the challenges faced by prisoners with mental illness (OICS, 2018), some of the disadvantages faced by older prisoners with disability (OICS, 2021), how use of force is used against disadvantaged prisoners (OICS, 2021), the impact of disability for prisoners requiring protection (OICS, 2022), and how the use of confinement and management regimes impacts people with disability (OICS, 2022).

Custodial facilities are sensory environments where day to day living often requires high levels of mobility and the ability to effectively communicate and observe what is happening. Often the physical environment struggles to cater for people with mobility or vision impairments, particularly in older facilities. For people with a hearing impairment, the environment often presents more subtle but no less significant challenges in understanding verbal instructions, hearing loudspeaker announcements or audible alarms and alerts, and generally engaging in routine daily activities.

We undertook this snapshot review to focus on people in custody who have a hearing impairment, examining how well the Department identifies and supports those individuals. The overrepresentation of First Nations people in custody in Western Australia together with the higher prevalence of hearing impairment in these communities adds to the imperative of undertaking this review.

We found the Department is making progress towards building a methodology and processes to effectively identify hearing impairment in prisoners and detainees. This includes implementing a new functional impairment screening tool and undertaking work to assess options for a hearing screening solution. Despite these positive steps, for a variety of reasons relatively few individuals have been identified with hearing impairment. This is an area of identified need and further work is required.

Once an individual in custody is identified with a hearing impairment there are some supports available in public facilities. These can include access to support services including translators and interpreting services, access to the National Relay Service, specialist referral, and on a few rare occasions assistance with purchasing hearing aids. As the level of identification increases, there will be a need to better resource these follow-up services.

The level of service offered in public facilities contrasts with the services available to prisoners at the privately operated Acacia Prison. Following the identification of a need for audiology services, the contract to operate the prison now includes the provision of a regular audiology service and testing, where eligible prisoners can receive fully subsidised hearing aids.

Access and referral to the National Disability Insurance Scheme (NDIS) continues to be very difficult for people in custody who may be eligible for additional support. There are limited structured resources or processes available within custodial facilities to assist people with disability to access and engage with the NDIS. We occasionally see examples of good practice, but these are often driven by the efforts of individual staff rather than through a structured and adequately resourced service. This is a missed opportunity to provide individuals with disability better care while they are in custody and also referral pathways for when they are released.

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