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Early Intervention & Education for Deaf and Hard of Hearing Children



Addressing challenges in pursuit of better outcomes

Foreword



Early intervention and education for deaf and hard of hearing children have always been vitally important but vexed issues. Deaf Australia has been advocating in the interests of deaf and hard of hearing children since the organisation was established in 1986, and while we have seen improvements in some areas, on the whole early intervention and education have remained a challenge.

At our national conference in May 2011, education was identified as a priority for Deaf Australia. The community is concerned and frustrated that early intervention and education programs are still problematic. Deaf and hard of hearing people and their families also felt very strongly that the system is not listening to them.

Deaf Australia organised a summit in November 2012 to give the community an opportunity to be heard. While politicians, academics and educators made an important contribution and provided informative presentations, the primary purpose was to hear from people at the coal face, on the lived experience of early intervention and school education. We asked participants to consider four basic questions:

- 1 What has worked for you?
- 2 What has not worked?
- 3 What needs to change?
- 4 What can we do to help make this change happen?

Karen Lloyd AM
Deaf Australia Executive Officer

Many people came together at the summit and shared poignant and uplifting stories. We thank them for their honesty and willingness to share their experiences, wisdom and ideas with us. Deaf Australia gratefully acknowledges the funding and ongoing support provided by the Department of Families, Housing, Community Services and Indigenous Affairs.

We also thank the summit facilitators: Leonie Jackson, Catherine Clark and Sue Izard; and Grant Thornton who generously donated their time and resources to assist us in this documentation.

If the summit did one thing, it was to remind us all that there is great diversity among deaf and hard of hearing children and their families and there is no 'one size fits all' approach. It also confirmed that Auslan and the Deaf community are important components of early intervention and school education, and that our systems need to change to incorporate these elements to ensure parents, families and children are given greater choice.

Based on what our summit participants told us, this report gives us a framework for our ongoing work towards better early intervention and school education for deaf and hard of hearing children. We encourage all summit participants, our partners, and leading educators to also feel an 'ownership' of this report and the strategies it sets out. This is so that we can all continue to work together on achieving the necessary changes identified at the summit. Deaf Australia cannot do it alone; we need all stakeholders to continue to work with us. Everyone's contribution to the process is important and deeply appreciated.





Foreword



On the 29th and 30th of November, 2012, Deaf Australia held a national conference on Early Intervention & Education for Deaf and Hard of Hearing Children.

The conference was attended by people from all walks of life, with a diverse array of rich presentations and discussions. While politicians, academics and educators all presented, some of the most poignant and powerful stories came from those with direct experience, the parents of deaf children.

Clear themes came through all the discussion:

- Real choice for children and their parents,
- A recognition of the importance of Auslan
- Respect for deaf culture
- More information

This paper documents the rich discussions of the conference and finishes with an Action Plan for Deaf Australia.

This decade will see more fundamental change in both the disability and not-for-profit sector than in any previous time. More than ever organisations such as Deaf Australia need to be a key participant in the greater societal and political discourse on matters relating to the deaf community.

If we want to ensure that there is no difference in life outcomes for deaf children when compared to their hearing peers, then the importance of early intervention and education for Deaf Australia becomes self-evident. Deaf Australia can play a vital role in assuring that young deaf people have choice and access to the appropriate supports.



Andrew Trnacek
Partner (Public Sector Education Lead)
Grant Thornton



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Introduction

Early intervention and education of Australia's deaf and hard of hearing children are issues riddled with complexity.

One group committed to tackling these issues is Deaf Australia. As a national consumer-driven advocacy and information organisation, Deaf Australia endeavours to improve the quality of life for all deaf people. Run solely by members of the deaf community, the organisation collaborates with key stakeholders to advise government, industry and service providers on the needs of deaf people to ensure that Australia complies with the United Nations Convention on the Rights of Persons with Disability. In the 26 years since inception, Deaf Australia has achieved a multitude of accomplishments, empowering the deaf community and increasing access to better services and information.

Deaf and hard of hearing children are a particularly unique group represented by Deaf Australia. They are a varied group with many differences, but their age prevents them from lobbying for a better quality of life. Instead, Deaf Australia speaks for them, by raising awareness of the issues that impact the lives of these young individuals and their families.

The challenges facing this particular demographic are, in fact, markedly complex. The timing of intervention and the type of education and support received by a deaf child have a direct and significant impact on their future, from the level of literacy they attain to the extent of their social development.

Drawing on the presentations, workshops and feedback material from Deaf Australia's recent Summit entitled, *Early Intervention and Education for Deaf and Hard of Hearing Children*, this paper summarises the main issues affecting this sector of the deaf community and subsequently suggests pragmatic strategies to address these challenges. The summit agenda included presentations from members of parliament, parents of deaf and hard of hearing children, academics and education professionals.

This is an exciting time to be involved in the development of solutions related to the care of Australia's deaf children. Much has already been achieved, and current policy changes are opening up opportunities to instigate change on a national level.

There is still a lot to be done, however, until we can say with confidence that the level of long-term government support and social participation means that all members of Australia's future generation, no matter the disability, have equal access and opportunity to education and the best quality of life possible.

Deaf Australia's Vision: Deaf people are respected and fully included in the Australian community and the right to use Auslan is legally recognised.

Setting the Scene

Communication permeates almost every aspect of our lives. Humans are inherently social, and one of the most enriching aspects of life is when we share our experiences and learn from others through exchange of thought and emotion.

Thus it is imperative that we ensure that every child has the opportunity to develop their language skills to the utmost of their ability. In particular, it is important that at a young age, when the brain is still plastic, children form the neural pathways that provide them with language skills. If language is not acquired within a critical period then those pathways may never properly connect and the child's ability to communicate may be compromised.

How we approach these issues is largely dependent upon how one defines language. For deaf children, the misconception is that speech means language. On the contrary, language can manifest in many forms, verbal and non-verbal, through speech, script or visual communication. Each individual has the right to acquire and learn a language to native fluency most appropriate and accessible for them, which for deaf children may not necessarily be an oral language. In Australia it is important that deaf children do learn English at some point and acquire at least one language – either Auslan or English or both – to native fluency. Which language comes first should be an informed decision by parents, to the child's benefit.

Deaf children need access to both Auslan and English from the beginning and we need to move away from the medical concept that a child must learn to communicate in either speech or sign and dispel the misconception that blending both languages will result in failure to communicate. Parents of deaf children, however, are often not fully informed of the positives and challenges associated with their subsequent choices for Early Intervention and School Education options.

A primary driver behind Deaf Australia holding the recent summit was the dissatisfaction and confusion that parents of deaf children have with the current state of education offerings for their children. Despite Prime Minister Julia Gillard recently highlighting education as a national priority, the benefits of having the world's top performing students is undermined if there is a long tail of underperforming students. Unfortunately, deaf children are often in this trial, two standard deviations outside of the average.

Although the reforms currently being established have given rise to an exciting time for educators and disability advocates, they are, however, by no means done deals, and significant negotiation with states, territories and the Council of Australian Government (COAG) is yet to conclude.



The government is committed to lifting the assistance provided to students with a disability to make sure they benefit from a fulsome education and meaningful participation in the community.

Senator Jacinta Collins
Parliamentary Secretary for School Education





Government disability reforms

There are approximately 172,000 school students in Australia with extra needs, most of who are in the government school system.¹ The government is unaware of the level of adjustment that those students need because, at this point in time, this data is not available at a national level. Nevertheless, through various initiatives, the government is attempting to shift the paradigm to focus on the needs of individual students. The reforms most relevant to deafness are as follows.

The Gonski Report and the National Plan for School Improvement

The Australian Government currently invests approximately \$13.6 billion in education per year.² To maximise the benefit of this significant investment and to ensure that schools are prepared for future demand, in 2010 the government commissioned a full Review of Funding for Schooling (commonly referred to as the Gonski Report), headed by David Gonski. The first review of its kind in 40 years, the panel analysed more than 7,000 submissions, visited 39 schools and consulted 71 key education groups across Australia.

Released in 2011, the Gonski Report clearly argues that, “Australia lacks a logical, consistent and publicly transparent approach to school funding.”³ In terms of its specific reference to education and disability, the report highlights the differences in levels of support across state and territories, as well as the lack of consistency with regards to the collection and reporting of data on this cohort.

One of the outcomes of the Gonski Report was the establishment of the National Plan for School Improvement. This initiative, to be phased in over six years from 2014, aims to help every Australian child get a world-class education, no matter where they live, the school they attend, or their family background.⁴

Specific objectives relevant to deaf children include new funding benchmarks, increased training and professional development for teachers, extra support for children with disabilities or from low income families and increased transparency and accountability regarding schools’ performance.

National Disability Strategy

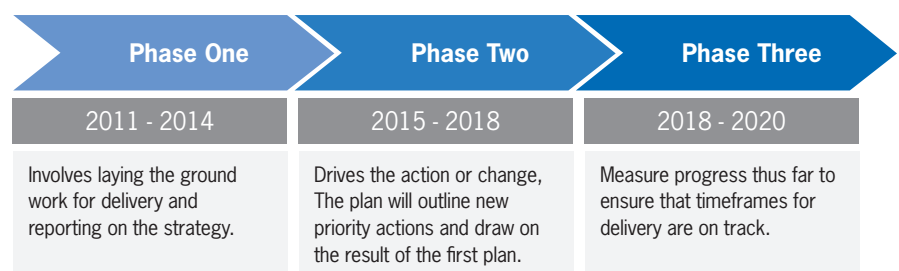
The National Disability Strategy is based on the findings of extensive consultation conducted in 2008-09 by the National People with Disabilities and Carer Council.⁵ Published in 2011, the document outlines a ten year national plan for improving life for Australians with disability, their families and carers.⁶ With the vision of an Australia which enables people with disability to fulfil their potential in the social and economic life of our community, the strategy aims to establish a high level policy framework to guide government across mainstream and disability-specific policy, drive performance improvement of mainstream services towards people with disability, and to promote awareness and inclusion of people with disability.

Six broad outcome areas provide the structure of the strategy. These are:

- 1 Inclusive and accessible communities
- 2 Rights protection, justice and legislation
- 3 Economic security
- 4 Personal and community support
- 5 Learning and skills
- 6 Health and well-being

The strategy has been proclaimed as an historic milestone, as it is the first time in Australian history that all governments, local, State and Commonwealth have committed to a unified national approach to improving the lives of people with disability as well as those of their families and carers.

Launched in February 2012, the strategy adopts a tripartite staged approach:



1 SCRGSP (Steering Committee for the Review of Government Service Provision). (2012). Report on Government Services 2012, Productivity Commission, Canberra.
 2 Australian Government. (2012). Better Schools: A National Plan for School Improvement. Investing in education to boost productivity.
 3 Australian Government. (2011). Review of Funding for Schooling – Final Report. p.xxix
 4 Australian Government. (2012). Better Schools: A National Plan for School Improvement. Investing in education to boost productivity
 5 Shut Out: The Experience of People with Disabilities and their Families in Australia (2009).
 6 COAG. (2011). National Disability Strategy 2010 – 2020. Commonwealth of Australia

National Disability Insurance Scheme (NDIS)

A direct product of the National Disability Strategy, the NDIS is an account-based model of provision. The principle underlying the scheme is the provision of social insurance and ensuring that there are sufficient funds to support those who need it. The aim is to transition away from the crisis-driven approach that has existed in the past, in which governments have had to plead with their treasurers for funds, to a position where the number of people and exact amount needed is known on an annual basis. The tangible outcome will be to determine the real figure needed to support the 410,000 people in the country who the Productivity Commission identified as needing an on-going package into the future.⁷ Deaf and hard of hearing children belong to this group and hence will directly benefit from this change.

The NDIS reform is designed to address a key point expressed in the Productivity Commission inquiry report on disability care and support. The rationale was that the relatively lower rates of education among people with disability may be attributed to factors besides disability itself. The report noted that high quality educational outcomes require an appropriate mix of support and community receptiveness as well as the involvement of people with the disability themselves.

The scheme is in a very nascent stage. Legislation was introduced in the House of Representatives at the end of November 2012 and has now been referred to the Senate Community Affairs Legislation committee. That committee will then undertake a series of consultations around the community to tackle key challenges such as workforce issues, transition phases and the establishment of data collection standards. This inquiry is expected to carry through to February 2013 and then the final bill will be voted on in the House of Representatives and the Senate.

This means that now, more than ever, is the time for the Deaf community to voice concerns and express suggestions regarding funding, resources and the cultural shift that must take place for the NDIS to be a success.

Current funding provision

Although the aforementioned reforms are under development, the government already has a number of state-wide initiatives in operation to provide disability funding. The Department of Education and Early Childhood Development in Victoria is providing access to live captioning technology services to improve participation in education for secondary school students, in NSW the Catholic Education Commission is supporting the development of devices at a school level and in Tasmania the Department of Education is using their funds to gain access to a range of online tools for hearing impairment.

A recent national initiative, launched in 2012, is More Support for Students with Disabilities. This provides educational institutions with more than \$200 million over two years to ensure that schools and teachers have the support they need to cater for students with disability.⁸ An example of the benefits realised from this program can be seen at St Michael's School on Queensland's Palm Island. Children at this school experience a number of conditions, one of them being ear disease. With the addition of hearing loops in classrooms, the learning environment was improved significantly, as was reflected in the school's drastically improved NAPLAN score.

A shift in the way that funding is distributed is underway. While initiatives such as More Support for Students with Disabilities provide institutions with support, other programs are beginning to distribute funds directly to the end consumer, allowing the people with needs themselves to elect from where they receive their support. One such initiative is Better Start for Children with Disability (Better Start).

Better Start

Since its launch on 1 July 2011, Better Start has distributed funds to the families of over 5,000 disabled children. Deaf and hard of hearing children are one of the five eligible groups under the scheme, and once they register through Carers Australia, they can gain access to up to \$12,000 in funding for allied therapies and other early intervention supports to assist their development. Additional assistance is available for children who live in remote areas to help them access services.

One of the strengths of the Better Start model, where the money is in the hands of the parent or carer of the child, is the greater choice and control that they have to choose their therapy options. As a quality assurance measure, however, Better Start funding can only be used for services from registered training organisations, which can provide logistical difficulties especially for families wanting to learn Auslan as funding is only available for accredited Auslan courses provided by RTOs, which are largely inflexible and do not meet the lifestyle and training needs of families. Community entry level course offerings are not eligible due to their non-accredited status.

The age limit for children is up to 7 years of age, and the program justifies this by the evidence that suggests that treatment during this timeframe generates the greatest return on investment.

The program places particular emphasis on the transition from pre-school to primary school, and is intended to complement existing Commonwealth and State and Territory government services, to ensure these children are as supported and prepared as possible.

7 Productivity Commission. (2011). Disability Care and Support. Productivity Commission Inquiry Report. No. 54, 31 July 2011.

8 Department of Education, Employment and Workplace Relations. (2012). More Support for Students with Disabilities

Community Challenges – Early Intervention



We know there are about 172,000 students with extra needs, most of them in the government school system. We don't know the level of adjustment these students need. For example, how much funding is required for a student with a mild hearing impairment compared to a student who is profoundly deaf? This data is not available to us at this point in time at a national level.

Funding should be determined by how much money a school needs to deliver a great education for a child, based on their level

Community Challenges – Early Intervention

The early years lay the foundations for every child’s future success.

Early Intervention in the context of this paper is defined as intervention programs that occur in a child’s life during the period from birth until primary school.

As outlined in Deaf Australia’s advice to FaCSIA, Policy on Early Intervention for Deaf and Hard of Hearing Children,⁹ the importance of Early Intervention is paramount. It has the potential not only to enable deaf children to acquire and develop native fluency in a language, but also to develop a positive self-image and to be confident about their identity and place in the world.

The past decade has seen significant impact on outcomes for children because of Early Intervention. A key catalyst for this has been the introduction of Universal Newborn Hearing Screening, which was rolled out nationally in 2002. Today, 97% of Australia’s children have their hearing screened at or soon after birth. This dramatic increase in early identification of hearing problems has consequently impacted both the volume of cochlear implants being issued and the age at which this is done. These application of devices remains somewhat contentious for Deaf Australia because although they can give children early access to sound, they

can also create the expectation that those children are cured and no longer require other support services. For children who receive a cochlear implant but do not receive full benefits from the device, they may lose valuable intervention from a more suitable approach. The majority of Early Intervention support is funded by State Government (health funding, speech development), and basically no funding is available for language (sign language) development. They are being entwined in Better Start scheme, but the current Auslan programs eligible for funding are not suitable for families as there is no support for all family members to participate.

The three major types of Early Intervention programs are:¹⁰

Auditory –verbal / Oral-aural	Total Communication	Bilingual / Bicultural
<p>Focuses on the use of even minimal amounts of amplified hearing to develop spontaneous speech and to process language in a natural way through auditory pathways. These programs aim to enable children with hearing impairment to learn to listen, understand spoken language and communicate through speech using their residual hearing, and in the oral-aural approach, using lip-reading as well. These programs usually place the parent in the role of primary educator.</p>	<p>Focuses on the use of a wide range of methods of communication including speech, lip-reading, listening, signing and finger spelling. These various methods of communication may be used alone or in combination with each other. When speech and signing are used together this is known as simultaneous communication. Simultaneous communication is used to manually represent English using a sign system known as signed English.</p>	<p>Focuses on education through two languages, Auslan and English. English is taught as a second language via reading and writing or through sign systems representing English, and speech. In many educational programs and school settings, children who are deaf or hearing-impaired may learn about the deaf community and its history, language and culture, as well as learning about the hearing community.</p>

9 Lloyd, K. (2009). Policy advice for FaHCSIA – Early Intervention for Deaf and Hard of Hearing Children. Deaf Australia Inc.

10 Australian Government. (2005). Choices. Australian Hearing



This section of the paper explores the issues concerning Early Intervention as were raised at the recent Deaf Australia summit. These include:

- 1 Variability of outcomes
- 2 First language acquisition
- 3 Information transparency
- 4 Family centric service provision
- 5 Availability of bilingual programs
- 6 Acceptance support

Variability of outcomes

Although recent progress in the field of early intervention has brought about significant improvement for deaf children's spoken language development, outcomes achieved continue to be characterised with considerable variability. Despite popular media representations, universal success is far from reality, thus a single strategy approach to educating deaf children is at this stage unfeasible.

Impact of Early Identification: The Long-term Outcomes for Children with Hearing Impairment (LOCHI) Study

The LOCHI study, which has been underway since 2006, examines the impact of earlier identification of hearing loss on children's general development. The study is headed by the National Acoustics Laboratory in Sydney, and tracks the longitudinal development of 475 children who have been identified with hearing loss in New South Wales, Victoria and Queensland.

These locations were selected because at the time of the study's inception, these states were at different stages of the introduction of newborn hearing screening, resulting in half of the subjects having had their hearing loss identified and hearing aids fitted by six weeks of age, the other half on average at an age of 18 months, making for a clear comparison across the identification timeframe.

The first phase of the study focuses on development up to five years of age with the second phase testing children up to nine years of age.

The study is not yet complete, however the large bank of assessments that these children have already undertaken at critical points of their development have already generated a huge amount of data from which statistically sound conclusions have been drawn. One factor that proved to be significant in predicting outcomes was the age at which children receive cochlear implants. In terms of both receptive and expressive language skills, children who received cochlear implants before the age of 12 months achieved significantly higher levels of language ability than those who received cochlear implants after that time. In discussing the benefits of earlier identification of hearing loss through universal newborn hearing screening, the researchers have noted that earlier identification directly facilitates the ability to provide children with a cochlear implant at an earlier age (i.e., before the age of 12 months). Prior to the advent of newborn hearing screening, the average age at which children were identified as having severe to profound hearing loss was greater than 18 months.

Ching, T. (2012). The Longitudinal Outcomes of Children with Hearing Impairment (LOCHI) study. Powerpoint slides from presentation at the First Voice Meeting 2012



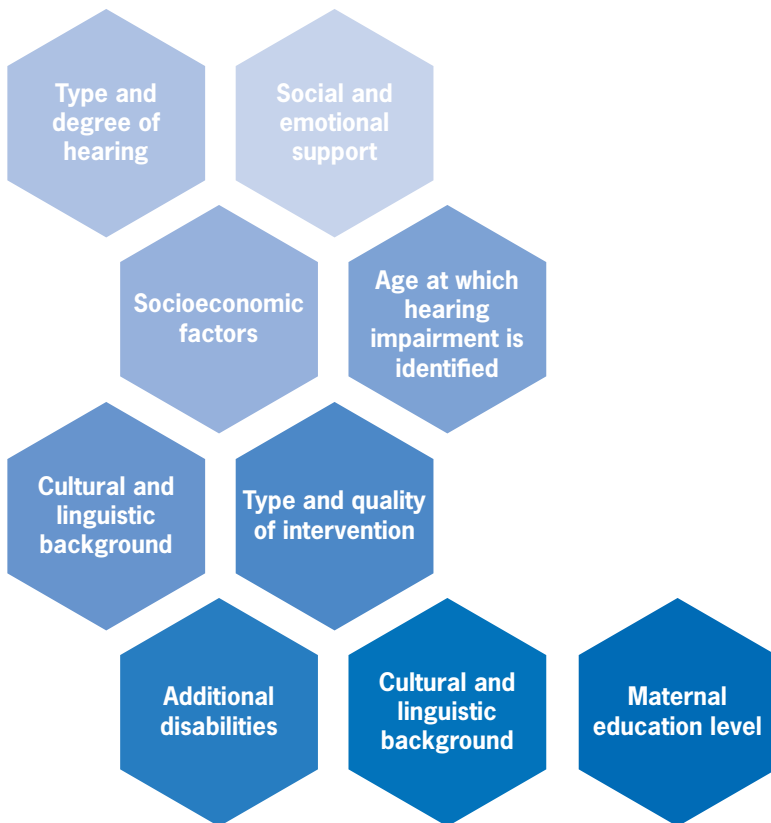
While we continue to see this diversity we cannot have a one-size-fits-all approach to educating children.



Professor Greg Leigh,

Director of the Renwick Centre for Professional Education and Research at the Royal Institute for Deaf and Blind Children

There are a range of factors that influence the level of success that a deaf child will achieve. The obvious element is the type and degree of the child's hearing loss, however evidence suggests many other factors are also at play:



While this diversity among the population of deaf children continues to be seen, and if it is acknowledged that a single approach to early intervention support and service is inadequate, it is important to then take the next step to develop alternative pathways for children. The challenge lies in designing a variety of strategies to identify which children are going to pursue which pathway at the earliest possible time.

First language acquisition

There is an important distinction between acquiring and learning a language. The former is a natural, subconscious process, during which the individual is unaware of grammatical rules. During first language acquisition, children get a feel for what is correct and what is not, and in order to do so, they need to be exposed to a source of natural communication. The emphasis is on the text of the communication and not on the form. Language learning, on the other hand, is not communicative. It is the result of direct instruction in the rules of language, and it certainly is not an age-appropriate activity for children in their first years of life.

In general, hearing children acquire their first language with comparative ease because they are constantly exposed to accessible, language-rich environments. Deaf and hard of hearing children, however, face a greater challenge, as their natural first language may not be an oral language at all. Recent findings emerging from the field of neuroscience have demonstrated that neural pathways in the brain make connections related to language development during a critical period of child development. MRI scanning has shown that if access to an appropriate language is delayed then the pathways do not connect in the usual way and do not produce the same level of flexibility that a person requires to develop appropriately fluent language. The development of cognitive processing and language functional centres are directly related to a child's age of first language acquisition. If a deaf child is only exposed to a spoken language, even if they have an assistive device such as cochlear implants, then these neural pathways may never properly form, and they may never acquire native fluency in any language. This means that they will instead have to attempt to learn language via speech and listening therapy.



Although some children are successful in a monolingual environment, the probability of any particular child's success cannot be reliably predicted. Therefore, in order to ensure that the communication potential of hearing impaired children is not hindered, a key challenge is to shift the educational system perception from the view that children should stay with one option, even if it is not working for them, rather than try other methods to which the child may better respond.

Furthermore, this identification of which of the Early Intervention pathways the hearing impaired child should pursue should be made as early as possible because research has also demonstrated the negative outcomes of what has been termed the late arrival effect. This is when children have pursued one mode of language education, such as the auditory-verbal method for a period of time with limited success, and then they switch to a different method which resonates more naturally with them, such as a signed language, yet the level of fluency they attain in either is less than a hard of hearing child who utilised the method most appropriate for them from an earlier stage.

Native level proficiency in a first language also affects how easily one learns a second language. This further stresses the need for deaf children to have the opportunity for language acquisition, as this will facilitate the ease of learning a second language, such as English, which they may then use as a communication tool for interaction with hearing people.

Aside from the challenge of designing a continuum of program options to account for language diversity between deaf children, another major issue is that the significance of acquiring a language to native fluency, and the difference between this and having to learn a first language, is rarely, if ever, clearly explained to parents.

Information transparency

In fact, this challenge of ensuring that parents are adequately informed of their child's development potential is a multi-faceted issue, encompassing problems of information accessibility, attitudes of industry professionals and methods of information delivery. Discovering that their child has a hearing impairment can be overwhelming for many parents and the first contact that a parent has with the Australian system is usually with a professional with a medical perspective. Parents are usually bombarded with complex and conflicting information and requested to make major decisions within tight timeframes. The initial message that is usually delivered by the health professional is that the child has a medical problem, which can be fixed with a medical solution (such as a cochlear implant).

The first issue here, and one which was raised constantly throughout the summit, is the negative attitude of many industry professionals. The following quotes are from parents of hearing impaired children who presented on their experiences of their child being diagnosed with hearing impairments:



“We have to sit through appointment after appointment being told that our child is not good enough, that our child needs to be fixed.”

“If I can speak to the professionals and the medical people and the educational people, please, our children are more than just a pair of ears. They are actually whole human beings; a little person with emotional, psychological and physical needs.”

“When you go to the service providers and to the doctors and there are so many appointments where you hear that your child is broken it is a relief to find the Deaf community and see how rich it is, culturally and linguistically. It is really beautiful.”

Parents of Deaf and Hard of Hearing children, Early Intervention and Education for Deaf and Hard of Hearing Children Summit



Evidently, the challenge here is to educate service professionals so that they understand that deafness is something that can be embraced. Communicating to parents that a deaf person's life can still be rich and fulfilling is likely to assist parents in dealing with the initial shock of their child having a hearing impairment.

The second issue is the availability of information. Medical experts who promote cochlear implants have a tendency to present these devices as a solution, without explaining that while they increase the child's hearing potential, they guarantee no outcomes with regards to language development. The most common resource that parents receive once their child has been diagnosed is Australian Hearings', Choices booklet. While this publication claims to outline all of the available education and therapy options, many participants in the summit argued that it was heavily biased towards the use of technology devices and the auditory-verbal approach.



It would be really nice if Early Intervention services were not either/ or, but if they could be both. To enable families a total communication package rather than having to make a choice when they have so very little information to make it with. When your child has just been diagnosed, it's very hard to say, well, this is what I'm going to do for the rest of their life. It's just too hard.

Parents of Deaf and Hard of Hearing children, Early Intervention and Education for Deaf and Hard of Hearing Children Summit



Finally, the way in which parents receive information, in terms of both time and medium, is inadequate to make fully informed decisions. Parents are generally flooded with information all at once and only once, and if they are unfamiliar with deafness, then they are usually unable to recognise the biases behind various suggestions. Information booklets may not be as accessible and understandable to some parents as other types of media such as videos.

Overall, the challenges with regards to transparency of information include changing the attitudes of industry professionals and developing a more robust collection of information resources that is available in a range of forms, and which can be accessed at any time.



Rebecca's Story

Rebecca is a mother of four who has experienced frustration navigating Early Intervention options for her deaf children. She herself is deaf, but also has the ability of oral speech.

When her second child was born in Sydney (2004) and Rebecca and her husband realised that their son was deaf, they went to the Australian Hearing Centre to find out what to do. In response they were told to just go home and sign with him and not to bother doing anything else. Rebecca, however, wanted better quality of life for her son so both parents decided to opt for hearing aids for their child. When they went to get the hearing aids they were again told by professionals that they were a waste of time and money considering that both parents could sign. But Rebecca was committed and persistent and in the end her son got the hearing aids and embarked on starting speech therapy. Again, when speaking with the Early Intervention centre to organise this they laughed at her for choosing this path for her son when both parents were deaf. Rebecca insisted however that this didn't matter and that her son needed access to speech and audiology and hearing services. As a result of the effort required to achieve the desired outcomes, Rebecca gave up work and became heavily involved in deaf sports, deaf work, to focus on her son and to advocate for him to have access to a range of Early Intervention services, such as interpreters and speech therapy training.

When Rebecca's third child was born profoundly deaf, she also experienced similar pushback from the industry in her pursuit of cochlear implants for her child. It was important to Rebecca that all of her children had the same access to communication development, meaning an equal opportunity for a thriving social and academic life. The Sydney Cochlear Implant Centre in Sydney asked Rebecca, "how can you possibly make cochlear implants work for your child when you're deaf and can't provide access to sounds and talking?"

Rebecca replied that nothing is impossible and that they would find a way. And indeed they did, as her child is now six and has undertaken Early Intervention strategies successfully.

When interviewed at the Deaf Australia Summit Rebecca expressed that she wished we could change the way that organisations approach deafness. She advocates for a total communication strategy that provides auralism, signed language and English.

Rebecca's story highlights the importance of respecting parents and providing access for children to whichever Early Intervention strategy that they will best respond.

Family-centric service provision

The other issue that was voiced with overwhelming consensus from the parent expectations component of the summit was the need for Early Intervention support services to consider not only the child, but also their family. The call for increased flexibility was supported by numerous stories, all of which shared the underlying premise that without sound logistical support, the success of the child's development was potentially compromised. After all, those children cannot drive themselves to appointments nor practice sign language on their own. Many parents work during business hours yet service providers do not accommodate after hours visits. These organisational difficulties create further obstacles in an already challenging process.

If the service provision paradigm did indeed broaden to include the needs of the family, a key area for change would be the increase of accessibility for the entire family to learn sign language. There is currently very little support available for families to receive training such as Auslan in the home, due largely to the fact that providers must be linked to an RTO (and few currently have this accreditation). Many parents have to travel significant distances to attend University-style classes, in which the timing, style and location of lessons are inconvenient.

Even if families are able to gain access to basic Auslan courses, the subsequent challenge is finding where to then develop a greater level of complexity of this language. If their child's primary language is Auslan, parents need an advanced level of the language to keep ahead of or even keep up with their children. There was reported difficulty from many parents regarding knowledge of where to find that advanced training. A clear call was voiced at the summit for government to intervene and not only supply funding to programs, but to also adapt policies to encourage the use and learning of Auslan.

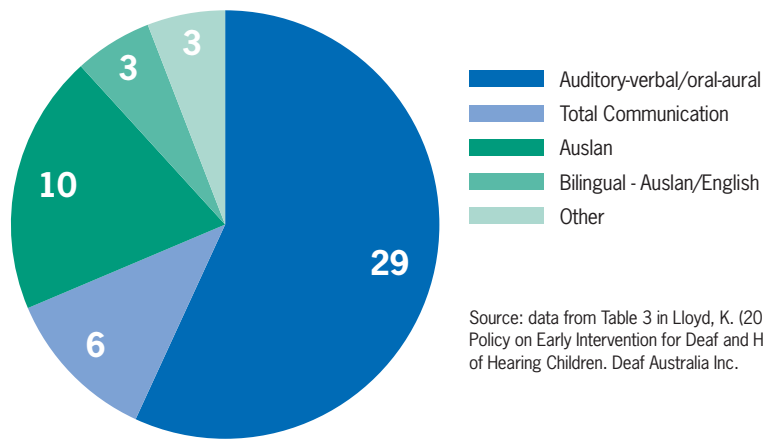
The final note regarding the challenge of shifting service provision to a more family-centric model is unrelated to Auslan yet still directly impacts the whole family's journey. Again it pertains to the realm of logistics, and also concerns the lack of communication between various support services. There were numerous reports of appointment times being wasted by having to relay information about what had happened in other therapy or educational sessions back and forth. Addressing the challenge of the lack of communication between services would increase efficiency and minimise frustration felt by the child and their family.

Availability of bilingual programs

The variability of outcomes for deaf and hard of hearing children means that a wide range of Early Intervention options need to be made available. A current challenge is the supply of bilingual programs. Bilingual programs use both English and Auslan to communicate with the child in the hope of enabling the child to acquire two languages equally or at least one to native fluency and the other to a level that can be used to interact competently with the hearing and Deaf communities. Exposing children to both languages mitigates the risk of choosing a language with which the child does not suit, thus limiting their chances of native fluency in any language.

While bilingual approaches to education allow deaf people cognitive and social development and the opportunity to maximise their literacy capability, currently only three percent of Australia's deaf and hard of hearing children are receiving a bilingual education. This is because it is rare for Auslan to exist in an environment alone. Furthermore, offering Auslan as an option does not automatically mean that the approach is bilingual, with one language usually emphasized earlier over another.

Early Intervention Program Offerings



Source: data from Table 3 in Lloyd, K. (2009). Policy on Early Intervention for Deaf and Hard of Hearing Children. Deaf Australia Inc.

One of the possible reasons for the lack of bilingual programs relates to the status of Auslan. The current trend within the medical profession is to favour the auditory-verbal/oral-aural method and discourage parents from choosing Auslan, claiming that if children have the option of signing first, then they will not develop speech. Deaf Australia believes that this approach is inappropriate, inadequate and potentially damaging to the child and does not promote family relationships.¹¹

The challenge to increase the supply of bilingual education programs is championed by the World Federation of the Deaf (WFD), an international organisation which represents the rights of 72 million deaf people globally. In 2008, the Australian Government ratified the United Nations convention on the Rights of Persons with Disabilities and its protocols.

The challenge now is to transfer this political recognition into tangible outcomes, in which the elevated status of Auslan drives the expansion of opportunity for bilingual Early Intervention programs.

United Nations Convention on the Rights of Persons with Disabilities

Article 24 – Education

3 States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

- a Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
- b Facilitating the learning of sign language and the promotion of linguistics identity of the deaf community;
- c Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximise academic and social development.

United National Convention Rights of Persons with Disabilities

¹¹ Lloyd, K. (2009). Policy on Early Intervention for Deaf and Hard of Hearing Children. Deaf Australia Inc.



Lesley's Story

Lesley (WA) is the mother of a seven year old profoundly deaf boy. During her interview at the Summit, Lesley commented that what has worked well for her in the system has been the support and access to Auslan. Yet the journey has not been easy for Lesley and her family, involving seven years of hard lobbying to gain access to Auslan. Lesley fought for this because she realised the importance of her son having a strong first language, and as a deaf child, this appeared to her to naturally be Auslan.

In fact, the challenge of lack of Auslan support for the family meant that Lesley's husband had to give up work for two years to attend TAFE full time, which proved a great financial strain on the household. Following this, Lesley herself attended TAFE part-time for two years to learn Auslan.

Currently Lesley is fighting to lift the cap on admissions for Shenton College for Deaf Education Centre in Western Australia. Co-located with a mainstream school and providing comprehensive support for hearing impaired children, the government has told the school that they may not increase admissions from their current 25 students. This means that her son has no chance of entering this school, even though he would benefit greatly from the community and social aspects, specialist English programs, note-takers and translators.

In line with comments from other parents, Lesley highlighted the negativity overshadowing the medical process. She was constantly told that her child was broken, will not amount to much, and needs to be fixed. As Lesley's family had no history of deafness, the diagnosis of her son came as a shock, and this negative attitude made the acceptance phase more difficult for the family. This was until, at 18 months, Lesley took her child to an Early Interventional bilingual playgroup run by WA Deaf Society. It was here that, for the first time, Lesley witnessed her son being celebrated in a positive environment.

The Deaf community has been a huge source of encouragement for Lesley and her family. As her son was actually the first deaf person she had met, Lesley claims that at first she did not understand that deafness is not just about ears, rather it is the whole identity that goes with it. There is immense deaf pride in this minority people group, and now Lesley works hard at fostering that pride in her son. She has accepted that he is not an inadequate broken hearing person, and that while the technology is fantastic and has its place, his hearing aids do not define who he is. Wearing them or not, her son remains a beautiful, intelligent little deaf boy.

Acceptance Support

A parent's internal acceptance process when told that their child is hearing impaired can be complex and confusing. Those who have had no or little contact with a deaf adult or member of the deaf community prior to their child's diagnosis are often overwhelmed with a sense of helplessness. At the summit, many parents commented that they wished there were ways to connect with other parents of hearing impaired children and deaf adults, so that they could provide practical and emotional support. A number of volunteer parent support groups are actually already in operation, however accessibility to the information about these groups is poor.

Further to this, many new parents never receive exposure to success stories of deaf individuals. Acknowledging that a child with a disability can still have a high quality of life is a challenge that may be overcome if families are connected with appropriate deaf role models. This would help to dissipate much of the misinformation received from the medical community and quell unnecessary, yet common, concerns of parents.

Community Challenges – School Education





Community Challenges – School Education

The continuing development of children involves managed transition into a supportive education environment.

The post Early Intervention journey of deaf and hard of hearing children involves the transition into school life. To ensure that this paper's analysis is comprehensive, this next section focuses on challenges for deaf children which relate to their school education. The scope of this covers primary and secondary school, up until the end of Year 12.

School education in Australia is state-based, thus the programs and levels of support offered for deaf and hard of hearing children differ from region to region. This means that the issues and challenges are also varied across the country. To highlight these differences, this chapter begins with a comparative outline of the current situation and progress underway in three geographic locations across Australia.

NSW

In NSW, there are a number of initiatives aimed particularly at providing professional learning support for teachers, which assist them to understand the Commonwealth standards. A course for mainstream teachers will also soon be introduced to teach them about hearing loss and hearing impairment and how to better support students who are in the mainstream system. Finally, increases in captioning and the amount of support staff in Auslan learning have been proposed for the near future, indicating a shift from the past, where Auslan was not used in NSW schools at all.

Victoria

In the Victorian system, there are currently three different schooling options for deaf and hard of hearing students. In addition to mainstream schools, there are three deaf specialist schools and 19 deaf facilities. Following a recent review of deaf education, the Victorian Deaf Education Institute was established, which is currently working on facing challenges regarding workforce development, technology in the classroom, mentoring services, access and inclusion, individual pathways and post school options.

South Australia

In South Australia, 91% of all children with hearing loss are educated in a mainstream setting. There are six centres for hearing impairment, however historically they have struggled for numbers due to complex verification criteria. An Auslan reference group has recently been formed to tackle this issue, as well as other challenges such as reaching children in remote areas and developing competency standards for teachers of the deaf through performance management tools.

From these snapshots it is evident that school education provision for hearing impaired children is riddled with complexities. These are magnified by the many considerations at the time of enrolment, just prior to a deaf child's school commencement. These include the level of the child's hearing loss,

the age of the child at diagnosis, the child's preferred communication method, whether the child has an implant or has hearing aids, and their particular educational requirements. Corresponding support may include reasonable adjustments to meet the individual's needs, access to teachers with particular experience (such as teachers of the deaf), or additional support through the classroom such as interpreters, captioning and note takers.

The second day of the summit dealt with School Education of hearing impaired children, and to complement the presentations, extensive workshops were also conducted. The challenges and issues as presented in this paper are largely drawn directly from participant brainstorming sessions. Eight different scenarios relating to deaf children's school education experience were presented and groups were asked to identify what worked well in the situation, what did not work well, what were the areas for improvement, and what strategies would be appropriate to effect those changes. The major issues identified can be categorised into the following three broad themes:

- Quality of bilingual programs and support services in schools
- National Assessment Program – Literacy and Numeracy (NAPLAN) participation and reporting
- Qualifications and competencies of Educational Interpreters and Teachers of the Deaf.

Quality of bilingual programs and support services in schools

As with Early Intervention, access to School programs which offer Auslan is a pressing issue for the deaf community and families of deaf children. Even when bilingual programs are available, the question still begs whether or not they are really working or indeed truly bilingual. In short, are they succeeding? The challenges concerning the quality of bilingual education directly relate to the skill development and qualifications of teachers, as well as to the limited access to additional professional development for those educators. Although Auslan is included in the national curriculum as a LOTE, there is concern surrounding the linguistic understanding of some teachers delivering the courses.

In terms of the quality of support services in mainstream classrooms for deaf and hard of hearing children, of particular concern is the isolated format in which many students receive their assistance. Often the hearing impaired student is separated from the other students in the classroom to work one on one with a teacher or support worker, which potentially isolates them socially from their classmates.

Peripheral issues related to the quality of support services within schools include limited access to captioning, interpreting and deaf role models.

Amanda's Story

Amanda is a mother of three children, two of which are hearing and one of which is deaf. She is on the management committee of the Parents of Deaf Children (NSW) and is a strong advocate for the promotion of bilingual education.

Her daughter first went down the path of oral education and only after that failed did she then change to signing. This was when her child was about three years old, and Amanda believes that this gave her a significant disadvantage in terms of her educational development. This happened because Amanda was forced to choose one method of Early Intervention language for her daughter over the other right from the beginning, rather being able to explore different modes of communication. Amanda's story, like many others, involved a lack of information at the time of diagnosis. She argues that parents need more support than just being given a book, and told to go off and decide. She suggests a team or person to contact the parents who can offer non biased information. Parents should be presented with all options, and have the ability to meet people from deaf community and doctors so that they can make an informed choice, not forced one way or the other.

Now she wants educators and policy makers to become aware of this issue and hear the parents' perspective and to understand that hearing impaired children need as much exposure to all different types of language so that they can absorb as much as they can. This, she argues, is the key to driving successful educational outcomes.

NAPLAN participation and reporting

A widely debated initiative, which was implemented across Australian schools in 2008, is NAPLAN testing. An annual assessment for all students in Years 3, 5, 7 and 9, the scheme tests the types of skills that are essential for every child to progress through school and life, in reading, writing, spelling, grammar and punctuation, and numeracy¹².

NAPLAN evaluates individual students in comparison to their peers nation-wide, and reports on aggregated results of schools as whole. COAG determined that the public should be provided with information on each school in Australia and it was agreed at COAG's 24th meeting held on 29 November 2008 that, "For the purpose of providing public information about schools, a common national website should be used to provide parents/caregivers and the public with access to rich information about individual schools.(viii)¹³. As a result, the website My School was established to publish all schools'" NAPLAN scores.

The NAPLAN participation rate of deaf and hard of hearing children has historically been low, due predominately to two factors. The first is that minimal support, such as an interpreter, is provided to the student to assist them when taking the exam. The second is that schools often deter deaf students from participating if they believe that the student will achieve sub-standard results. This is because their participation will then ultimately drag down the average score of the school, making it appear less attractive on the My Schools website. The flipside of this is that NAPLAN scores also have funding implications. If deaf and hard of hearing students do not participate then their need for extra service (and extra funding) will not be identified.

¹² Nap.edu.au accessed 15/12/2012

¹³ Australian Curriculum, Assessment and Reporting Authority. (2010). Submission to the Senate Education, Employment and Workplace Relations Committee: Inquiry into the administration and reporting of NAPLAN testing. P14



Assessment of these children under the same program as their hearing peers provides a great opportunity for parents to understand how those students are progressing, and to identify gaps in their learning which need to be improved upon to enable them to catch up with the rest of the class. It is important that deaf children participate in NAPLAN so that more data can be gained on the educational needs and progress of these students. It is this evidence that can then be utilised to drive change.

The challenge for deaf and hard of hearing children and NAPLAN testing is twofold: finding a way to determine how to support these children in their NAPLAN participation, and reforming the reporting conventions so that schools are not disadvantaged by encouraging their deaf students to be involved.

Qualifications and competencies of educational interpreters and teachers of the deaf

It is no great mystery that a student's learning is directly affected by the standard of their teacher. After all, one cannot learn chemistry if their science teacher does not understand the periodic table, nor calculus if their teacher does not understand basic mathematics, and with good reason an educator without such skills would not be allowed to teach such subjects in our schools.

For deaf and hard of hearing children, however, the educators that are there to accommodate their needs are often under qualified and lacking in critical competencies.

Prior to delving into the challenges that this brings to deaf and hard of hearing children, the difference between roles of educational interpreters and teachers of the deaf should be clarified. Educational interpreters in the classroom situation are there to facilitate communication between the deaf student, the teacher and other students, with the aim of fostering independence and participation in the deaf student. They are usually positioned at the front of the classroom and aim to convey the exact meaning of what the teacher is expressing. Teachers of the deaf, on the other hand, provide academic support on an individual or small group basis either within or external to the classroom. They also liaise with the class teacher to provide guidance, information and resources to ensure that the needs of students are being catered for appropriately.

Both interpreters and teachers of the deaf can gain accreditation to demonstrate their skill level. The National Accreditation Authority for Translators and Interpreters Ltd (NAATI) is Australia's only national standards and accreditation body for educational interpreters. Its primary purpose is to strengthen inclusion and participation in Australian society by assisting in meeting its diverse and changing communication needs and expectations¹⁴.

Although NAATI claims that its credentialing provides quality assurance of translators and interpreters, the NAATI certification levels have been criticised for being much lower than the international standard, for example, NAATI Level 4 certification has similar criteria to international Level 2 standards. The corresponding association for teachers of the deaf is the National Association of Australian Teachers of the Deaf (NAATD).

With over 77 years as a professional association, NAATD currently represents over 300 teachers of the deaf, spanning those who work in Early Intervention, to primary school, high school and specialist schools. One of the aims of NAATD is to establish national competencies, which define eligibility for membership. These competencies fall into four categories:

- | | |
|----------|--|
| 1 | Curriculum, teaching and learning |
| 2 | Communication |
| 3 | Educational audiology |
| 4 | Awareness of the range of provision of educational support |

These standards are set to be adopted in 2013, with the aim of being incorporated into the National Teaching Standards, although as they are they apply only to teachers of the deaf, not to others in the industry such as Educational Interpreters.



So what a lot of [substandard] educational interpreting potentially does is mask problems. It sets up the illusion of inclusion that actually doesn't exist.



Dr Karen Bontempo | Shenton College Deaf Education Centre, Western Australia

¹⁴ www.naati.com.au visited 15/12/2012

Universal to educational interpreters and teachers of the deaf are challenges concerning quality of service, and this has been traced to common themes of lack of workforce supply and inadequate training programs.

The challenge of attracting new educational interpreters and teachers of the deaf is linked to a lack of incentive in the system. Remuneration is poor, and in many States there is no clearly defined career path for these professionals. There is also often lack of clarity with regards to position descriptions, and the role boundaries of an educational interpreter or teacher of the deaf can be extended beyond appropriate limits. As a result, professionals in this area end up carrying out other ancillary roles such as counselling, consulting and career development which are beyond the scope of their expertise. Furthermore, there are major discrepancies across the nation relating to employment conditions. How these professionals are recruited, hired, terminated, and their status within the school varies from state to state.

A Better Practice model for deaf educators and interpreters in Western Australia

There are systems and structures in Western Australia that do not exist in other States and territories. The combination of systemic knowledge, levels of authority and well-established credentials have created well rewarded career paths for educational interpreters. Small allowances are awarded for taking up professional development within the first three years of practice, and there is a clearly stepped progression path for teachers from entry level through to principal, however there are also different pay increases for remaining within the classroom, so educators do not have to turn into administrators to be better remunerated.

Deaf educators in Western Australia also have Duties Other Than Teaching (DOTT) and Duties Other Than Interpreting (DOTI) time for which they are paid, so that they can thoroughly prepare for classes and correct students' work.

All of these characteristics amount to deaf education being treated as a profession rather than an occupation in Western Australia.

The shortage of skilled deaf educators is caused by a lack of standardisation of skill sets and competencies. There are only 157 Level Three NAATI accredited educational interpreters throughout the whole of Australia, whereas there are about 722 para- professionals, meaning that the field is very bottom heavy and top narrow. A consequence of this is that the more experienced and skilled people are very few in number and unwilling to work in a school for a very small sum of money when they are in high demand in other places.

Although NAATD has established some guidelines for standards for teachers of the deaf, these are yet to be enforced. Yet the factor creating the most significant negative impact on quality for this cohort is that the training program to become a teacher of the deaf is only one year in duration. Institutions such as the Renwick Centre have had to reduce the course from 18 months, with many core subjects now only offered online. This is a very ambitious timeframe in which to cover all the key competencies necessary to be a deaf educator, as identified from NAATD standards.

Deaf Australia's Response – A strategy for better outcomes



Deaf Australia's Response – A strategy for better outcomes

Deaf Australia has an important role in advancing the national dialogue and ensuring equity for deaf and hearing impaired children.

Bringing it all together

In this chapter, the paper shifts from the describing the issues that affect deaf and hard of hearing children and their families to proposing pragmatic steps that Deaf Australia can take to help overcome these challenges.

The summit enabled members of the Deaf community, parents and others in the deaf sector to voice their concerns and to do justice to these voices we have developed a multi-phase strategy to facilitate the change necessary to ensure that Australia's deaf and hard of hearing children are given the care and support they need in order to reach their full potential.

The proposed strategy is underpinned by the principles within Deaf Australia's vision for 2020. At its core, the vision is founded on the cornerstones of equal opportunity for deaf people. Although each principle of the vision is inclusive of all demographic groups within in the deaf community, statements 2,3,4,6, 7 and 8 are of particular relevance to Early Intervention and school education of deaf and hard of hearing children.

Deaf Australia's vision for 2020¹⁵ is that deaf people will have made significant advancements to equality and quality of life through:

- 1 Full human rights, self-determination and political strength
- 2 Full access to communication, language, information
- 3 Quality education, educators who are Deaf and who are proficient Auslan users, access to universities and life-long learning programs
- 4 Full respect for and widespread use of Auslan by non-deaf people
- 5 Diverse employment, including, for example, teaching, administration, medicine, psychology, business, law and politics
- 6 Full interaction through provision of qualified interpreters and information technologies
- 7 Full partnerships with families, educators, health providers, bio-ethicists and policy-makers. "Nothing about us without us" will have become the standard
- 8 Auslan is recognised and linguistic rights are realised in practice.

The design of the approach going forward has been guided by a combination of these vision 2020 principles and the challenges as raised in earlier chapters.



It takes a village to raise a child and that's what we have here. We have a village. It includes the family, the deaf and hard of hearing children, the teachers of the deaf, the services providers. We are all part of that village and we are here to improve the education for those children.

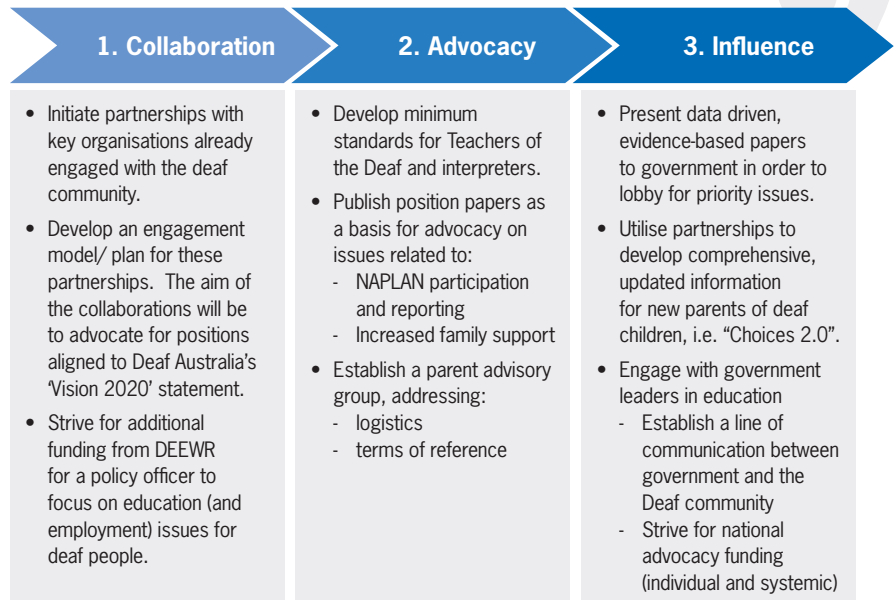
Leonie Jackson | Head of Education Access at ai-media

15 Deaf Australia Inc. (2012) Vision 2020. www.deafau.org.au. Accessed 18/12/2012



A call to action

There is no “quick-fix” solution for the problems noted. Arriving at better, sustainable outcomes for Australia’s deaf and hard of hearing children is an achievement that will take a significant amount of time to be realised. The path to solutions with real benefits will involve the cooperation of multiple stakeholders, through coordinated lobbying for policy reforms and systemic collaboration to improve information and services. To make the entire process more manageable, the structure of the proposed strategy has been designed in stages, wherein each phase builds upon the work of the preceding one. A high level view of overarching strategy is as follows.



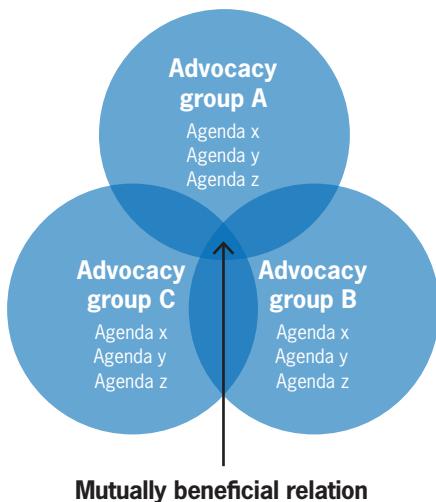
1. Collaboration

A key factor for successful lobbying is achieving a critical mass of supporting voices. To ensure that an issue becomes impossible for politicians to ignore, it needs to be demonstrated that a significant portion of the community is dissatisfied with the current state of affairs and demanding change. When established and reputable organisations align to lobby an issue, this promotion of unity within diversity to present one voice is stronger than many fragmented protests when lobbying for things going forward. The initial step for

Deaf Australia, therefore, to maximise the benefit from all subsequent actions, is to form strategic partnerships with other organisations that are already engaged with the Deaf community. Despite the fact that each group has its own focus, such as Deaf Australia’s strong advocacy for the promotion of Auslan, there is also much common ground on which organisations can collaborate.

To leverage the benefit of these partnerships, a structured approach to collaboration should be adopted rather than ad-hoc arrangements. To achieve this end, Deaf Australia and the relevant partners should develop an engagement model at the inception of their alliance. The engagement model will shape how to share a vision, build trust and structures to enable consultation and collaborate to achieve improvements for the communities they serve.

A key outcome of this first phase could be additional funding from Department of Education Employment and Workplace Relations for a policy officer. This person would collaborate with the partnership, and be responsible for focusing on education issues affecting the deaf community.



2. Advocacy

This phase involves the transition from foundation work to pragmatic action. According to the challenges raised, three key initiatives have been prioritised to champion this stage of the strategy. They are to:

- Develop minimum standards for professionals who provide support services for hearing impaired children, including both teachers of the deaf and educational interpreters,
- Publish position papers, and
- Establish a parent advisory group.

Minimum standards

Minimum standards are important for quality control. In partnership with other organisations, if Deaf Australia could present a solid case to government stating, “we advocate for minimum standards for educational interpreters and we believe those standards should include x, y and z” then this would pave the way for reform. The discussion on standards of education should involve quality indicators about what defines good outcomes, promote inclusive practice for all students, and determine the minimal qualifications required for teaching or interpreting with clearly established benchmarks.

This informed, systemic advocacy could also be complemented by individual advocacy for deaf and hard of hearing children who are being disadvantaged by the quality of support that they are receiving. As noted in earlier chapters, NAATD has already made some progress with regards to defining minimum standards for teachers of the deaf, which is a great lead for the industry, yet these are yet to be implemented and incorporated into National Teaching Standards.

Position papers

Publishing position papers is a powerful advocacy tool. Deaf Australia is already experienced in the production of these documents, as can be seen in examples such as the organisation's policy papers campaigning for Auslan education options and improved Early Intervention services. To leverage this strength, Deaf Australia should continue to produce insightful position papers, with the first two topics being:

- Issues related to NAPLAN participation and reporting
- Increased support for the families of deaf and hard of hearing children.

Overwhelming response from the participants at the summit was that deaf and hard of hearing students should be assessed against the same standards as hearing children. This helps the government to understand a school's funding needs and at the same time enables parents to understand in what areas their child needs to improve. To combat the problem of schools discouraging deaf and hard of hearing students from participating in NAPLAN, Deaf Australia should publish a position paper suggesting reform on the way NAPLAN is reported. Either hearing impaired students' scores could be excluded from schools' aggregate scores or extra information could be added to indicate the number of hearing impaired students at the school to qualify the results.

Current NAPLAN reporting already does this for identifying indigenous Australian participants. The recommendation has a high probability of achieving successful outcomes because it does not require any extra funds from government, but rather a simple change in procedure.

The other so-called "low hanging fruit" in terms of position paper topics would be for Deaf Australia to publish calling for increased support for the families of hearing impaired children. Whilst there is some level of systemic advocacy, it was identified in the Summit that there is very little in terms of individual advocacy for parents to navigate the system. Cross sector collaboration, as proposed in phase one, would help to decrease the gap in parents' knowledge of what is available in terms of support, and what their rights are under the Disability Discrimination Act.

Parent advisory group

The final component of phase two relates less to advocacy and more to availability of information. This suggestion involves establishing a parent advisory group. There are already parent support groups that allow members of the community to share information and tips and gain support from one another outside of an institutional framework. Aussie Deaf Kids also has an online platform. To maximise the benefit of these parent groups, Deaf Australia could establish an expert parent group that advises Deaf Australia on its advocacy work.

- Engaging with the government leaders in education to strive for national advocacy funding, both individually for parents and on a systemic level in the education area.

The difference between the position papers of phase two and the research papers of phase three is the amount of investigation that is undertaken to support the arguments being put forth. The type of paper in this section will be calling for fundamental changes to the sector, and if that change requires capital injection on behalf of the government then there needs to be a substantial body of evidence to justify this funding.


A key criticism raised by parents at the summit was that the official booklet given to parents at the time of their child's diagnosis, which aims to outline all of the choices available for Early Intervention and education, in reality neglects to present all options equally and without bias. To address this problem, Deaf Australia, in collaboration with other advocacy groups and service providers, should aim to develop a revised version of the Choices booklet, which is more comprehensive and accessible. This could be supplemented by a range of other materials in different forms such as videos, available via links on the Deaf Australia website.

Finally, to increase Deaf Australia's political voracity, the organisation should aim to establish a line of communication between the deaf community and the key leaders in education. This relationship has not historically existed, however it is illogical for those making the decisions relating to the education of deaf and hard of hearing children to be out of touch with those who need the service. Deaf Australia is well positioned to provide an appropriate channel of communication. A key measure of success for this connection would be the establishment of funding for national advocacy to help support the pursuit of further change.

3. Influence

This final stage of the strategic plan involves striving for long-term change backed by credible research. The three major components of this include:

- Submitting data-driven research papers to government for lobbying purposes
- Developing an updated, comprehensive information booklet, i.e. Choices 2.0



Challenges pertaining to Early Intervention and education of deaf and hard of hearing children, as raised at the Summit and reiterated in this document, are numerous and complex. The issues explored are also by no means exhaustive. Many other factors, such as the advancement of technology and one's mental health also play an important role in a child's outcomes. These, however, fell beyond the scope of the Summit, and should be addressed in future continuations of this conversation.

It is also important that we do not get weighed down by the challenges. Instead, we must take the next step and develop solutions to the problems. By moving forward and creating a positive future for deaf and hard of hearing children, we will enable them, as valued members of our community, to reach their utmost potential. This is the opportunity that every Australian child deserves.

This publication has been prepared by Deaf Australia for the Australian Government, represented by the Department of Families, Housing, Community Services and Indigenous Affairs. The views expressed in this publication are those of Deaf Australia and do not necessarily represent the views of the Australian Government.

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