

**INQUIRY INTO THE
EDUCATION OF
STUDENTS WITH
DISABILITIES**



**Submission to
Senate Employment, Workplace Relations and
Education References Committee**

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1. INTRODUCTORY REMARKS

This submission will specifically address the education of students with hearing/deafness disabilities.

All hearing impaired and Deaf people should have equitable access to education. They should have equal opportunities. Advanced communication technologies should be utilised wherever necessary. The teaching of these students should be excellent. The costs incurred by Deaf and hearing impaired students should not be a barrier, particularly given the additional costs generally incurred by people with disabilities. All education providers should be committed to achieving high quality outcomes for Deaf and hearing impaired students. The structure and range of courses/curriculum should specifically meet the needs of students who are Deaf or hearing impaired.

Anyone who has a hearing or deafness disability has the right to education at all levels. The greatest disability any student will face will be the professional who attempts to place limitations on them because of a perceived difficulty. Therefore, there needs to be recognition, within the education system, of:

- the particular support needed by students who are Deaf or hearing impaired, and
- the fact that Deaf and hearing impaired people have the ability to succeed if they have that needed support.

Although the comments just made refer to both Deaf and hearing impaired students, it is important to recognise that they are quite different groups with different needs. People who identify themselves as part of the Deaf community have their own unique culture and language (Auslan). Effective communication with those people needs to be in Auslan. While some of those people use, and benefit from, hearing aids, the provision of assistive listening devices, such as audio hearing loops in classrooms is not part of the communication solution for them. On the other hand, the major problem for a particular student who is hearing impaired may be background noise which prevents them clearly hearing a teacher (or it may be a hearing impaired teacher that can not clearly hear the students). Effective communication in such a situation most often will require a technological solution, such as the provision of a hearing loop system. The other observation needed here is that some people communicate using signed English, which is totally different from Auslan. It never should be assumed that a person for whom Auslan is their first language will be able to communicate effectively using signed English. The latter is not a substitute for the former.

While this submission speaks about providing all teachers with knowledge and awareness, experience demonstrates that that would not be sufficient in itself. The key to ensuring an excellent education for students who are Deaf or hearing impaired is the provision of sufficient fully qualified Teachers of the Deaf.

The ability of education providers to provide disability support services depends on a range of factors. For example, if qualified Auslan sign interpreters are not available, they can not be employed to assist Deaf students. It also is quite a common experience that, when interpreters are utilised, the direct teaching staff are either not informed at all that an interpreter will be present and working, or are completely uninformed or ill prepared for working with an interpreter.

In his response to the Deafness Forum's pre 1996 Federal election questionnaire, the then Minister for Health and Family Services, Dr Wooldridge, stated "Access to adequate education by hearing impaired Australians is an important social policy issue". Services that would assist Deaf and hearing impaired students to gain equality of educational opportunity include:

- note takers,
- qualified professional interpreters,
- assistive listening systems (audio hearing loops, FM and infrared systems, etc.),
- lecture and tutorial transcripts - on hard copy, via computer networks, or via Communication Access Real-Time Transcription (CART),
- good acoustics in teaching venues,
- extra tutoring,
- special assignment and examination conditions,
- teachers who are "disability aware", e.g. who speak clearly and can be easily lip read,
- good lighting on the faces of teachers,
- telephone typewriters (TTYs) and to volume controllable telephones,
- tape recorders,
- captioning on all videos used in courses,
- distance education courses, and
- vibratory and visual fire alarm systems, and other safety systems (including alternatives to public address announcements).

The Deafness Forum recommends that, in recognition of the importance of access to education as a social issue, the Commonwealth, State and Territory Governments:

- recognise people who are Deaf or have a hearing impairment as stakeholders in the area of education, with a need for equality of access,
- adequately fund all education providers to meet all the costs of providing all necessary support services and facilities to students with disabilities (in accordance with minimum national standards),
- require staff of education providers to undergo training, to make them aware of the needs of students who are Deaf or have a hearing impairment and equip them to respond appropriately,
- provide adequate funding for higher education courses which will facilitate the needed supply of qualified Auslan interpreters, and
- encourage education providers to give preference to those with Auslan skills when employing teachers of the Deaf.

2. THE CRITERIA USED TO DEFINE DISABILITY AND TO DIFFERENTIATE BETWEEN LEVELS OF HANDICAP

The criteria used to define disability vary in different situations. In the area of education there is a tendency to group learning difficulties with disability. That is not appropriate. Students with disabilities do not necessarily have learning difficulties, and not all students with learning difficulties have disabilities. The requirement in any educational setting is to recognise the student's disability related needs and provide necessary support services in response.

The Deafness Forum has no specific knowledge of the various tools used by education providers (in different systems and in different States and Territories) to assess students' disability related needs. For that and other reasons, the following comments relate to the tools used, by the Commonwealth government, to determine disability related support requirements in the context of the Social Security Act. The comments are, nevertheless, valid in the education context.

The Commonwealth government considers that children with a disability below the age of 16 need family support. Past the age 16 milestone they are seen differently. The government then generally considers that they do not need family, or other, support because by then they should generally have worked out how to function and also worked out what disability aids they need to function. Under 16, the financial assistance is virtually automatic. The Child Disability Assessment Tool (CDAT) looks at the need for what might be termed "medical assistance". After 16, the Adult Disability Assessment Tool (ADAT) makes a functional assessment of the need for third party support. The age 16 cut off is consistently used in respect of all social security policies and programs, and apparently has been for a long time. The reason for using the age of 16 comes from medical and developmental advice. It is not so much to do with drawing an age line in the sand, as about a generally held view that at around age 16 most children reach a developmental point where they are able to make their own judgements and no longer need a level of support from family or friends in order to get on with their lives.

In the case of people who are Deaf or have a hearing impairment, it is uncommon for the ADAT to determine eligibility for the adult streams of Carer Payment and Carer Allowance. Likewise, it is unusual for those over sixteen to be deemed eligible for Disability Support Pension. This causes considerable concern to both the young persons and to their parents, who see that access to further education opportunities is jeopardised as a result. Many children have not even finished their secondary education but are still in the final years of it, the most expensive ones for the parents (particularly when extra tuition is required). This concern is compounded by the fact that deafness (even in the form of conductive deafness) frequently slows down development, as a result of children being unable to hear properly in learning environments and being wrongly judged (by teachers) as inattentive for a variety of behavioural reasons. For that reason, there must be doubt that an "average" hearing impaired child will develop as well as an "average" hearing child by the age of 16. Certainly, there is clear evidence that many Deaf and hearing impaired children do not develop the same level of literacy skills as do hearing children. Indeed, it is quite

common for Deaf and hearing impaired children to commence their education at a later age and, equally, to complete their secondary education at a later age.

It is acknowledged that there are a number of options available for those who need continuing assistance after the age of 16. For example, assistance is available in certain circumstances from the Commonwealth Rehabilitation Service (CRS). However, it would appear that many persons, and their families, lack the necessary knowledge to explore or pursue those options. In its November 2000 submission to the Review of the Adult Disability Assessment Tool, the Deafness Forum suggested, therefore, that it and the Department of Family and Community Services might usefully enter into a partnership arrangement to develop and distribute material about the various alternatives and options available to people who are Deaf or hearing impaired when they turn 16. The model of "A Carers' Guide" may be an appropriate one to follow.

3. THE ACCURACY WITH WHICH STUDENTS' DISABILITY RELATED NEEDS ARE BEING ASSESSED

As indicated in the previous section, the Deafness Forum has no specific knowledge of the various tools used to assess student's disability related needs in education settings. It understands that the tools vary from one State or Territory to another and from education system to education system. That, in itself, is of concern. There ought to be a national and common assessment tool and process. Unless the various tools used are better than CDAT and ADAT, the Deafness Forum would express reservations as to their accuracy.

A 'three frequency average hearing loss (at 500, 1000 and 2000Hz) of 70 decibels or more in the better ear' is a recognised disability on the CDAT. So the CDAT seeks information about the type of hearing loss and the mode of communication used. Deafness Forum members have expressed concern that there is no similar recognition, or seeking of information, for a person over 16. The mode of communication is a significant factor for those over 16, especially for those who have a congenital hearing impairment.

The ADAT starts from the position that the impact of a person's disability can decrease as the person matures. Parents of hearing impaired children do not agree with that starting point, believing that any decrease in impact generally does not occur until hearing impaired persons reach their early twenties. The whole of the teenage years can be a very traumatic and stressful time for deaf children, trying to cope with the big wide world, and this means they need more support from family and close associates. In fact, in recent years a special project has been established to assist deaf young people who become suicidal around the age of 18 as they struggle with their identities, feeling uncertain as to whether they belong in the hearing or Deaf worlds.

To the extent that disability related needs equate with the level of impairment, the ADAT may not be consistently identifying persons with similar needs. It is recognised that factors other than degree of impairment may determine care requirements, as every person develops differently. However, that suggests a level of subjectiveness can not be avoided and, therefore, the ADAT could not possibly always be consistent. It is interesting that some audiologists have expressed a view to the Forum that to get a fair assessment of the degree to which a hearing disability affects a person it is necessary to take a global look at the person and family. These hearing professionals do not feel that it is appropriate to look at a hearing disability in isolation and do not feel that assessing people against a hearing loss figure is an adequate way to decide whether or not a person needs additional support.

Being Deaf or having a hearing impairment is not immediately obvious. Since this disability does not, generally, result in mobility, toileting or other obvious impairments, it is not seen as generating disability related needs. Even worse, when a hearing aid is seen being worn by a student, many might wrongly assume that means the disability has been overcome and that special communication techniques are, therefore, not required.

The Deafness Forum has some concern that there may be too much personal interpretation involved by people who have an inadequate knowledge of the impacts of the wide range of disability types and of legislative provisions that are in place. Of course, some flexibility of interpretation is both desirable and necessary when judgements are being made regarding functionality. Assessments should, if anything, err in favour of the individual being assessed, so that they are not inappropriately penalised by too tough an assessor.

Whatever systems are used to assess students' disability related needs, the level of accuracy will depend on the qualifications and knowledge of the assessors. They certainly should have an adequate knowledge of deafness and hearing loss. It may well be that a team approach is essential to accurate assessment. The types of professionals considered useful in a team making an assessment of Deaf or hearing impaired persons might include audiologists, audiometrists, speech pathologists, psychologists and social workers. One reason behind this view is that audiologists have first-hand experience of older children with similar hearing losses but whom, due to other factors, cope with their hearing losses in vastly different ways (from very well to not at all). The other factors include the level of family support, socio-economic backgrounds, psychological factors, their coping strategies, whether they have Deaf, hearing impaired or hearing parents (and, therefore, the communication modes used at home), and so on. Having said that, perhaps it should be acknowledged that some hearing impaired consumers consider that ENT specialists and audiologists lack a real appreciation of the functional problems of hearing impairment.

4. THE PARTICULAR NEEDS OF STUDENTS WITH DISABILITIES FROM LOW SOCIO-ECONOMIC, NON-ENGLISH SPEAKING AND INDIGENOUS BACKGROUNDS AND FROM RURAL AND REMOTE AREAS

Students from low socio-economic backgrounds are more likely to develop middle ear infections, with the potential for conductive deafness and for permanent hearing loss. The learning abilities of those from non-English speaking backgrounds may be negatively affected by that background if language barriers result in their parents not accessing relevant services for their children. There is an extraordinarily high incidence of hearing loss amongst indigenous communities in all areas, but particularly in remote areas. The main cause of hearing loss among indigenous people (particularly in the Northern Territory) is otitis media (middle ear infection). In the Northern Territory it affects approximately half of all Aboriginal children and a quarter of adults. Around 9,000 of the current NT indigenous population will, as a result, be seriously disadvantaged throughout their lives. The health needs assessment within the North Queensland ATSI zone in 1995 ranked ear infection as the fifth greatest problem for indigenous communities. So, low socio-economic, non-English speaking and indigenous backgrounds are all associated with hearing loss and add special needs to those deriving directly from the hearing impairment. Equally, Deaf students from those same backgrounds would experience particular additional needs.

For all Deaf or hearing impaired students in rural and remote areas, extra problems flow from the inability of education providers and systems to meet their needs because of a lack of availability or access to relevant resources, in particular skilled and knowledgeable teachers and qualified interpreters. The possibilities for the use of videoconferencing to provide education needs to be investigated, with a particular emphasis on its potential to assist students with hearing or deafness disabilities. In particular, the difficulties associated with the availability of Auslan interpreters and teachers of the Deaf might be addressed through clever use of videoconferencing.

It is important to note that some Deaf indigenous people would utilise their own sign languages and have no knowledge of Auslan. Likewise, young people arriving in Australia from other cultures and needing to continue their education here may have some knowledge of the sign languages used in those cultures and not have any knowledge of Auslan. Sign languages used by Deaf people in various countries vary in the same way that spoken languages vary from country to country. A Deaf student with some degree of literacy in a non-English spoken language and in a non-Auslan sign language will have particular needs when trying to gain literacy skills in English or Auslan.

The Deafness Forum believes that the Commonwealth, State and Territory governments must address the particular needs of Deaf and hearing impaired students living outside metropolitan areas, in relation to availability, access and appropriately trained personnel.

5. THE EFFECTIVENESS AND AVAILABILITY OF EARLY INTERVENTION PROGRAMS

Sensory-neural hearing impairment has been shown to occur in from 1.3 to 3.1 per 1000 live births. Current international research indicates that babies who are diagnosed before the age of six months as having a congenital sensory-neural hearing loss, and who receive appropriate and consistent early intervention, have significantly higher language levels than those children identified after the age of six months. If identification of deafness comes too late, language (either oral or sign) development will be delayed with significant longer-term consequences, including costs to Government.

In the USA universal neonatal hearing screening is mandated. The Colorado Screening Project 1992-96 screened 41796. Of those 2709 failed, 1296 completed diagnostic follow-up, 94 were confirmed with sensorineural loss and 32 with conductive loss. The screening occurred in 25 hospitals when children were between 3 and 48 hours old. Of the 94 confirmed with sensorineural loss, 19 had a unilateral loss, 75 a bilateral loss and 7 a profound loss. Of the 32 confirmed with conductive loss, 7 had a bilateral loss, 19 had a persistent loss and 6 had a fluctuating loss. The screening has led to earlier intervention. Receptive, expressive language levels have been shown to be higher if the loss is detected before six months of age (regardless of whether the child uses a spoken or signed language). Longer-term educational costs are higher if screening occurs later than six months.

In Australia, many bodies are interested but universal neonatal hearing screening has not yet become a general practice. In his response to the Deafness Forum's pre 1996 Federal election questionnaire, Dr Wooldridge stated "The Coalition supports appropriate public and awareness strategies on deafness and hearing loss. we believe that prevention and early intervention is a serious national issue." Western Australia has tested half of its babies. The ACT government has announced that there will be universal screening in all ACT hospitals by July 2002. Perhaps all Governments will act when they realise that consumer and service provider groups are of one mind regarding the importance of this health issue? Hearing health should be one of the national health priorities.

At the first National Deafness Sector Summit in March 2000, three separate workshop groups identified the issue as important. The reasons given were essentially that early identification of hearing loss has considerable personal, economic and social consequences and advantages. Importantly, there was general agreement that the purpose of neonatal hearing screening is not to decide whether the child with a hearing loss should use oral or sign language. The purpose is to detect the loss so that appropriate decisions can be made, based on the best possible and comprehensive information available.

In Adelaide in March 2001, an Australian Consensus Statement on Neonatal Hearing Screening was developed. The Deafness Forum has endorsed the Statement, adding that universal screening must be culturally appropriate and reach all areas of the population (including those from non-English speaking backgrounds, the

indigenous and those in rural and remote areas). It would need to be followed up with a quality intervention program. It needs well-trained administrators for the testing. There are nine main components - screening, audiological follow-up, other assessments, disclosures, home-based support, hearing aids, early intervention/support (must be 'quality'), training, quality assurance. There must be tests for sensorineural loss and conductive losses. Acceptable technology is available. The cost for two-stage hearing screening per child ranges from \$18 to \$25. The cost per diagnosis of significant permanent impairment ranges from \$12,000 to \$14,000, including the costs of personnel and equipment. These costs compare well with the cost of the higher teacher-student ratio and greater life-long social support required for children whose hearing impairment is diagnosed late. The World Health Organisation preconditions for establishing a screening program have all been satisfied.

There are two types of hearing loss: conductive and sensori-neural. Conductive hearing loss (or conductive deafness) is the most common. Both can occur together. Conductive hearing loss is caused by a range of things but, in pre-school and young school age children, it most commonly results from blockages of the eustachian tube in the ear. The air in the middle ear is replaced by a fluid, which often becomes thick like glue. The term "glue ear" is commonly used. Infection can occur, causing pain and fever, as well as hearing loss. This is known as otitis media. Hearing loss can occur without infection, since normal hearing depends on the ear functioning normally. This type of hearing loss fluctuates. That is, it comes and goes, the degree of hearing loss varies and the actual sounds that are heard can vary. This results in the affected child hearing sporadically and differently from time to time, with significant resultant negative impacts on the learning of spoken languages. Conductive deafness also can be confused with behaviour problems (or actually lead to them) when parents and teachers are unaware of the temporary hearing loss and assume the child is only listening when she or he wants to listen.

Otitis media usually begins in infancy, most commonly following acute respiratory tract infection. The danger is that hearing loss at such an early age will have a negative effect on language and intellectual development. Unless diagnosed and treated, otitis media continues in the school-aged child. The moment pupils cross the threshold of a classroom they are disadvantaged. A Menzies School of Health study has established a clear correlation between hearing loss and reading age. Unless a hearing loss is recognised by the teacher, the affected child will opt out of learning and incrementally continue to be disadvantaged throughout schooling. "Learning Lessons", a report on Indigenous Education in the Northern Territory, stated that in one classroom 90% of children had no eardrums. In these circumstances, unless educational programs are developed to cope with hearing loss, it is a complete waste of time for the children to attend school. In no way can they fulfil their true potential and they will be severely disadvantaged in job procurement and coping with the requirements of modern life.

Since middle ear infection occurs most commonly in the pre-school and young school age years, it coincides with the most critical years for language development. All hearing losses, whether from otitis media or other causes and whether permanent

or fluctuating, create a barrier to English language literacy. In early school years, particularly where English is a second language, hearing loss has an enormous effect on learning. Listening disorders that develop during the early years of spoken language development may persist even after hearing returns to normal. The learning difficulties caused by such disorders are more pronounced when people are listening to speech in their non-native language, when there are competing sounds or poor acoustic environments. It also should be noted that, for children with an existing sensori-neural hearing loss, episodes of conductive deafness could further compromise their learning potential and ultimate vocational satisfaction.

Schools commonly are not equipped to cope with the problem. Many classrooms have inadequate lighting and poor acoustics. Most teachers lack knowledge of how to recognise and deal with children with hearing loss. Failure to recognise conductive hearing loss results in children being seen as troublesome and disruptive in classes. As children grow up, these early problems at school lead to low self esteem, low literacy levels, high unemployment, high suicide rates amongst young people, injustice in the legal system and much more. Unrecognised and untreated conductive deafness is a primary cause of many young people failing to develop the levels of literacy needed to give them the best later education and employment opportunities.

Hearing screening, and subsequent parent/child intervention, needs to begin occurring well before school age if changes in education and life outcomes are to occur. This early intervention must be followed with regular hearing screening of all school-aged students. Because of the nature of otitis media and conductive hearing loss, hearing screening arguably needs to occur at least three times a year, every year, to be effective for students who begin the otitis media cycle early in life. Regular school age screening is no longer conducted in schools, but should be reintroduced (in addition to neonatal screening). Teachers, parents, and general practitioners must be educated about hearing loss and the need for regular screening throughout school years. Maybe it could be done along with other health screening, e.g. when immunising for rubella. If parents could get rebates for audiometry and audiology, they might be more likely to follow-up screening with hearing checks. School health surveillance should be reinstated, conducted in conjunction with other relevant programs (e.g. immunisation programs).

Hearing screening will only be effective when there are processes in place to follow up on the results. These processes need to be in place in such areas as education (classroom strategies and curriculum), ear health education (community and school), and medical (appropriate intervention for physical effects of otitis media). Some possible reasons why regular hearing screening is no longer conducted in schools include:

- school principals are not advocating for it,
- advisory/visiting teachers, who generally are the most knowledgeable about otitis media and committed to supporting students, are not always in a position to be able to effect change,

- the message about otitis media and its link to learning and literacy hasn't yet encouraged communities to become pro-active in this area,
- there is a lack of committed funding for hearing health and hearing screening, and
- there is insufficient communication between health, education and community bodies.

In the indigenous populations, otitis media is the main cause of hearing loss. In the Northern Territory it affects approximately half of all Aboriginal children and a quarter of adults. Around 9,000 of the current NT indigenous population will, as a result, be seriously disadvantaged throughout their lives. The health needs assessment within the North Queensland ATSIC zone in 1995 ranked ear infection as the fifth greatest problem for indigenous communities. The first episode of acute otitis media may start as early as one month. By 12-18 months, 50-80% of children have evidence of chronic otitis media in one or both ears. By the time an Aboriginal child reaches 14 years, he or she is likely to have spent 24 months with the disease, contrasting with approximately 2 months for non-Aboriginal children. The reasons for the incidence of otitis media being so high in indigenous children are considered to include:

- reduced access to health care,
- poor immune response to introduced infections,
- poor nutrition,
- overcrowded accommodation,
- inadequate domestic waste and sewage arrangements,
- lack of good quality water,
- polluted swimming holes, and
- low health expectations.

However, conductive deafness is not just an indigenous population health issue. Similar problems exist in respect of non-indigenous Australians. Conductive deafness occurs in children of all races and backgrounds. Indeed, the problem is widespread in all populations. Research has shown that 90% of all childhood deafness is conductive in nature. Seventy percent of referrals to Australian Hearing are for conductive deafness. Almost every child under two will have at least one episode of middle ear infection with associated conductive hearing loss. At any given time, one in three young school-aged children will have a conductive deafness episode, about which no one knows. The Australian Conductive Deafness Association has suggested the problems are being ignored in respect of non-indigenous children, despite high incidence levels.

Once a hearing loss or deafness has been identified there must be effective early intervention programs implemented in response. Parents of children who are Deaf or have a hearing impairment do not always have access to the information they need to make an informed decision regarding their child's schooling. In order for parents to make an informed choice of schooling for their children it is essential that they should have all options explained to them clearly and in a non-biased way.

An Australian Hearing publication “Choices” is available in most States and Territories. It provides information regarding curricula at various schools. It is essential that this, or some other publication, provide comprehensive details of all curricula, facilities and philosophies of all schools (both mainstream and special). It is equally essential that all parents of all children who are Deaf or have a hearing impairment be assured of access to that publication and receive non-biased advice from qualified persons (and other parents of similar children) to assist them make an informed choice for their children. It is essential that advice not be biased whether it is provided by education authorities, medical authorities, deafness sector organisations, other parents or anyone else. It is equally essential that no parent be criticised for the choice they make and be given all possible support to ensure their choice works for the child. If a parent wishes to change their previous choice, that should also be informed and then supported. The rights of the child to participate in their own choice of schooling are also very important, particularly for teenagers.

Once a choice has been made regarding the type of education, the Deaf or hearing impaired student must be provided with whatever support is needed, whether that be technology, interpreters, Teachers of the Deaf or whatever. There should never be any judgemental attitudes displayed by any education system or provider, since the choice made must be supported.

The Deafness Forum recommends that:

- the National Schools Deafness/Hearing Loss Education and Prevention Strategy be implemented. (This was developed by Deafness Forum with Commonwealth government funding in 1993 but the additional funds needed for implementation have never been provided.),
- all education authorities implement programs of regular visits by audiologists to conduct hearing tests for students, with procedures to ensure follow up if a need is identified,
- all education authorities establish programs designed to provide parents of children who are Deaf or hearing impaired with non-biased advice, and
- all medical authorities and deafness sector organisations provide non-biased advice to parents regarding education options for Deaf or hearing impaired children.

6. ACCESS TO AND ADEQUACY OF FUNDING AND SUPPORT IN BOTH THE PUBLIC AND PRIVATE SECTORS

The costs incurred by Deaf and hearing impaired students should not be a barrier to their education, particularly given the additional costs generally incurred by people with disabilities.

The mainstream education system is failing students if they complete their studies with an unacceptable literacy level. The system also fails in that it does not provide children from the Deaf community with bilingual/bicultural education options. Parents and students should have opportunities to be involved in the selection of the most appropriate education options. The Deaf community in Australia has its own unique culture and language (Auslan). Since general teachers normally are not taught Auslan they can not communicate adequately with Deaf parents and Deaf students whose first language is Auslan. All teachers need knowledge, awareness and relevant communication and support facilities. Knowledge and awareness must be developed during teacher training and professional development programs. Hearing teachers need to be educated regarding the special needs of Deaf and hearing impaired students. Poor classroom acoustics have a major impact on both students and teachers. Schools with Deaf students would do better to offer Auslan as a second language subject, rather than something such as Mandarin.

A Deafness Forum survey of Australian universities in 1996 revealed that, generally, they were not able to provide assistive listening facilities in all lecture theatres and other spaces where students learn. Similarly, universities (particularly those in rural areas) found it very difficult to provide suitably qualified and experienced Auslan sign interpreters to assist students who are Deaf. The survey showed that there was a long way to go before all Australian universities would be providing the necessary level of disability support services to ensure that all Deaf and hearing impaired students had equality of opportunity to participate in education. The survey also revealed disparities in equality of the levels of access between one university and another. These problems have not been overcome.

The tyranny of distance in Australia also affects access. This submission has already drawn attention to the importance of qualified Auslan interpreters being available. The reality is that the further an education provider is located from the major capital city centres, the more difficult it is to access such interpreters. However, even in the national capital, there is only one qualified Level 3 Auslan interpreter working, and she is only available part time for interpreting work. Some of the responses to the Forum's survey of universities identified their difficulties in locating qualified interpreters to employ. Of course, the same is true at all levels of education provision. The social factors flowing from living in a rural or remote area, therefore, have a potentially greater effect on access to education in respect of Deaf and hearing impaired persons. In addition, students from remote or rural areas may incur particular costs associated with relocation or travel between home and higher education providers. These costs are even greater for Deaf and hearing impaired people, for whom the tangible and intangible costs of travel are increased as a result of their disability. That too affects their access to higher education. The social costs

to an isolated Deaf or hearing impaired student attending a small population centre, rural-located education provider are incalculable. Responding to the specific needs of Deaf and hearing impaired students requires positive attitudes on the part of the decision and policy makers in all education systems and at all education institutions. It is critical that such students are valued and not seen merely as a drain on resources. It is often the case that Deaf and hearing impaired students bear additional costs for academic services. For example, paying interpreters (or doing without) during private tutoring sessions or for ancillary courses or subjects. This is despite the fact that the education provider may well have encouraged or recommended students to undertake an ancillary program.

There needs to be nationally adopted minimum standards of support for students with special requirements arising from disabilities, including Deaf and hearing impaired students.

Whenever a Deaf or hearing impaired student needs to communicate, appropriate communication technologies must be considered. If a student uses a hearing aid fitted with a T-switch, it is appropriate that the student be able to access hearing augmentation in all teaching venues. If a student's first language is Auslan, then it is appropriate that staff (teaching and other) dealing with that student have access to qualified interpreters. If students are being shown videos in the context of a learning situation, those videos should be captioned. If a student hears best via an assistive listening device, such as an FM system, it is appropriate that the student has access to such a system. If the provision of CART during a lecture is available and Deaf or hearing impaired students are present, then the system must be utilised. If lectures are recorded for later transcription, the use of voice recognition computer software (as is now being used by some Hansard reporters) may speed up the availability of lecture notes for Deaf or hearing impaired students unable to take their own notes. Whatever the needs, it is appropriate that all education providers explore available advanced communication technologies and seek to utilise them to respond to the needs.

The Deafness Forum understands that experiences of parents of Deaf and hearing impaired children regarding teachers, and the relevance of school and its links to Vocational Education & Training (VET), are not always good. Far too often they experience a lack of awareness, knowledge and ability to teach people who are Deaf or are hearing impaired. Far too often they find their children being excluded from normal classroom activities and put onto other activities totally unrelated to the lessons being studied by their peers, simply because that is an easy solution for the teacher who is not equipped to teach Deaf or hearing impaired students.

Deaf and hearing impaired parents also have difficulties when they can not access school activities and staff in the same way as hearing parents. For example, without an interpreter a Deaf parent can not discuss a child's progress with teachers at parent teacher interviews or counselling sessions. Without an appropriate hearing augmentation facility, a hearing impaired parent can not adequately hear what is being said at a school information evening. This is all an essential part of the support that is necessary.

The Deafness Forum suggests the fact that there is a need for special transition programs, to assist Deaf and hearing impaired students move from school to VET or to workplace speaks for itself. The mainstream education system is failing students if they complete their studies with an unacceptable literacy level. The mainstream education system fails too in that it does not provide children from the Deaf community with bilingual or bicultural education options. Parents and students should have opportunities to be involved in the selection of the most appropriate education options.

The Deafness Forum recommends that:

- all teacher training programs include sufficient material to provide the necessary knowledge and understanding required to properly teach in a situation that includes Deaf or hearing impaired students,
- no Deaf or hearing impaired student ever be excluded from the normal curriculum because of his or her disability,
- all schools permit parents of Deaf or hearing impaired students, and the students themselves, to be involved in selection of education options, and
- interpreters be provided for Deaf parents at parent teacher interviews, information evenings and counselling sessions.

7. THE NATURE, EXTENT AND FUNDING OF PROGRAMS THAT PROVIDE FOR FULL OR PARTIAL LEARNING OPPORTUNITIES WITH MAINSTREAM STUDENTS

A major need that must be met before students who are Deaf can possibly learn with mainstream students is the need for accredited and qualified professional sign language interpreters. However, getting government to take necessary action to ensure that need can be met has, to date, proved impossible. In his response to the Deafness Forum's pre-1996 Federal election questionnaire, Dr Wooldridge acknowledged the need for interpreters, saying: "Access to adequate sign language interpreter services is an important social policy issue". In its Submission regarding the 1997/98 Federal Budget, the Forum reminded the Government of Dr Wooldridge's statement and recommended a comprehensive review of the need for interpreter services required by Deaf and hearing impaired people, with a view to ensuring that there are adequate provisions for training and employment of sufficient qualified interpreters. It also recommended provision of the necessary funding to ensure the provision of sufficient courses for the training of Auslan interpreters. In response, the then Department of Employment, Education, Training and Youth Affairs acknowledged the shortage of interpreters, and stated that it saw this issue as one that required "further analysis and consideration". The Department's Minister, Senator Vanstone, went a step further. She was aware of concerns about shortage of trained interpreters and suggested it may be possible for her department to undertake a skill shortage study. She said she would investigate this option. While the Forum believed real action was required, the prospect of the study at least seemed a good starting point.

In May 1998 the Deafness Forum raised the issue with all Federal, State and Territory departments and agencies responsible for VET. It also raised the issue with the Australian National Training Authority. To the extent that training of interpreters is, or would be, done by State/Territory funded education facilities (such as TAFEs), the Forum recognised that the role of the Commonwealth is limited. However, it suggested that the Commonwealth had a responsibility to take the initiative to bring about the needed action. Letters sent to the departments and agencies expressed concern regarding the failure of TAFEs and other providers to offer Auslan courses on a consistent basis. They suggested that there is a need for Auslan classes to be offered at all levels (including that necessary to gain accreditation as an Auslan interpreter) as part of the community obligations of TAFEs and as part of a cycle, regardless of the numbers of potential students. The letters sought advice as to what actions could be taken to ensure Auslan courses were available when people wished to undertake them. No response indicated anything that would result in progress.

The Forum raised the matter again in its pre-Budget Submission relating to the 1998/99 Federal Budget. A reply from the Department on behalf of the then Minister, Dr Kemp, said: "The submission has been drawn to the attention of relevant areas in this Department. Some preliminary work has been done on the skill shortage study on Auslan interpreters and I expect that the Forum will be consulted on this early in 1998." The Forum has never been consulted and, to its knowledge, the study has never proceeded.

Dr Kemp himself responded to the Forum's next two pre-Budget submissions. In 1999, his bland response was: "I have noted the information in your submission and would like to advise you that the Government will consider the points your organisation has made in the context of establishing its priorities for the 1999-2000 Budget." In 2000 he said: "I note the recommendations. Some are relevant to this Department and have been recognised previously by the Government. The Portfolio remains committed to improving educational outcomes for all Australian students, including those from disadvantaged groups, and will consider the recommendations in the context of determining priorities for the 2000-2001 budget." However, once again, the Budget contained nothing to address the shortages of skilled and qualified interpreters.

During 2000, the Victorian Minister for Community Services requested that her colleague, the Victorian Minister for Post Compulsory Education, Training and Employment, investigate issues raised by the Deafness Forum. That Minister wrote to the Deafness Forum acknowledging the general non-availability of interpreters for Deaf students in TAFE in Victoria and that it is a particular issue in the regions. The Centre of Excellence for Students who are Deaf and Hard of Hearing (CEDS) at the Northern Melbourne Institute of TAFE is undertaking research to identify the reasons why Auslan interpreters leave the field of interpreting in TAFE Institutes and will be making recommendations as to how that issue can be addressed. The Victorian Office of Post Compulsory Education, Training and Employment (PETE) contracted CEDS to conduct research and develop long term plans to enhance and improve the participation of students who are Deaf and hard of hearing who are studying accredited training in TAFE, including improving access to appropriate on-line training and new technologies. The outcomes of that research were expected to become available at the end of 2000. The Deafness Forum is not aware of the outcomes.

At a recent meeting with representatives of the Commonwealth Office of Disability and the Australian Sign Language Interpreters Association, the Deafness Forum again raised all the issues relating to interpreters. The Office of Disability is currently giving consideration to what might be done to at least identify the scope of the problems requiring resolution.

8. TEACHER TRAINING AND PROFESSIONAL DEVELOPMENT

The teaching of all students, including those who are Deaf or hearing impaired, should be excellent. Education providers should be committed to achieving high quality outcomes for all, including Deaf and hearing impaired, students. This will only come about when all staff (teaching and other) of higher education providers are “disability aware”, and when there are adequate resources available to support both the students and their teachers. The lack of suitably qualified interpreters and, to a lesser extent, notetakers is extremely problematic. It has severe implications for equitable access and teaching excellence. Courses to train more qualified interpreters, and courses to teach educators an awareness of disabilities, are essential.

Unless staff members are properly taught about the particular needs of Deaf and hearing impaired students, and how to meet those needs, they will not respond adequately and, perhaps, appropriately. For example, a tutor who does not understand the need to keep faces and, particularly, mouths visible when speaking to Deaf and hearing impaired students who lip read may well unintentionally place his or her hands in ways that obstruct the lip reader’s vision. A librarian who does not have any knowledge of the unique culture of the Deaf community may well behave inappropriately, creating a climate that has a negative effect on a learning environment. A lecturer who does not have a good understanding of the sound recording equipment they use, may produce tapes which can not be correctly transcribed for use by Deaf or hearing impaired students. All of this is part of the quality of the teaching. A teacher who speaks while referring to an overhead transparency projection may create a difficulty for a student, as it is not possible to watch an interpreter and read projected material simultaneously.

The structure and range of courses should specifically meet the needs of students who are Deaf or hearing impaired. For example, it may be possible to design courses so that more information is presented visually, as well as through spoken words. (Of course, students with vision impairments may not be able to read visual teaching material.) One way of providing assistance to Deaf and hearing impaired students might be the projection of the teacher’s notes simultaneously with a lecture being delivered (provided, of course, that the venue was not darkened preventing the speaker being lip read). Courses making significant use of group discussion and group assessment may well present significant difficulties for Deaf and hearing impaired students, as their participation in groups brings its own problems. There should be support for off-premises study which Deaf and hearing impaired students can access. Distance education clearly often will be a good alternative for Deaf or hearing impaired students, provided that necessary support is particularly made available for when the courses require a residential period at the institution.

Interpreters must also be provided with subject support if they are to do their job properly. In the same way that people with subject matter knowledge generally make the best note takers, interpreters need to understand the subject matter in order to interpret accurately. The provision of lecture notes to interpreters in advance of lecture delivery is one way of assisting interpreters. Any unwillingness of teachers to

provide interpreters with access to such material ahead of time, or to provide subject support to interpreters, should not be condoned or permitted in any education institution. If practised, it would have a significantly negative impact on teaching excellence.

When interpreters are utilised it frequently is the case that direct teaching staff members are not informed by their institution that an interpreter will be working at a session. The Deafness Forum has heard of a situation where a teacher, confronted with an interpreter for the first time in a teaching situation, was completely “thrown” by the experience, and acknowledged to the students at the end of the lecture that she had not known what the interpreter was there for, did not understand the role of the interpreter, and had been unable to adequately present her material because the presence of the interpreter had “put her off”. Teachers must not be allowed to go into teaching situations uninformed or ill prepared for working with an interpreter, or for that matter with a notetaker or even a Deaf student. The provision of ad hoc information regarding the role of an interpreter during a teaching session is no replacement for proper notice, preparation and understanding. The impact of such an approach on teaching excellence can not be underestimated.

Various social and other factors influence the expectations and attitudes of Deaf and hearing impaired students, and impact on teachers flowing from the inclusion of Deaf and hearing impaired students in general classes. As this submission has already noted, the Deaf community in Australia has its own unique culture and language (Auslan). Since general teachers normally are not taught Auslan they can not communicate adequately with Deaf parents and Deaf students whose first language is Auslan. All teachers need knowledge, awareness and relevant communication and support facilities. Knowledge and awareness must be developed during teacher training and professional development programs. Of course, Deaf teachers would be more likely to have the necessary knowledge and awareness to teach Deaf students. Teachers who are hearing impaired should appreciate the particular communication difficulties experienced by hearing impaired students. Hearing teachers need to be educated regarding the special needs of Deaf and hearing impaired students.

There is, obviously, a demand for teachers with the particular skills required to teach Deaf and hearing impaired students. Both situations should be seen as special education areas, and each approached accordingly. Teachers of the Deaf, in particular, must be trained to meet the special needs of students who are Deaf. For example, a Teacher of the Deaf must understand how an Auslan interpreter works, where interpreters should be located in relation to themselves, to students who are Deaf and to the remainder of a class. A teacher of a class with students who are hearing impaired needs to know how to properly use whatever technology is available in any classroom situation, and be aware of the need to minimise background noises which interfere with the student’s ability to follow a lesson.

Facilitation of teacher movement between education systems would be helpful in ensuring that teachers with the necessary skills were not lost to education when, for example, circumstances required them to move interstate. If highly desirable

uniformity between all education systems could be achieved, then teacher movement certainly would be facilitated.

The Deafness Forum understands there is a high burn-out rate of Teachers of the Deaf, so that many of them opt out of the deafness area and go into mainstream teaching or leave teaching altogether. This is a real waste of experience and expertise, and the causes should be addressed.

There are shortcomings in the professional development of teachers, and a need for teachers to have access to qualified interpreters. For example, the Deafness Forum understands that training for special education teachers in some jurisdictions includes only two (2) hours on hearing loss. Teachers' aides, interpreters and note takers are used as teachers, even though they lack an appropriate educational background or understanding. Who, if anyone, meets the costs of interpreters for Deaf teachers of the Deaf to participate in professional development? The morale of general teachers must be affected by their lack of knowledge as to how to teach Deaf or hearing impaired students in their classes, and the lack of support for them to do so.

Teachers of the Deaf must have appropriate skills. If the students normally communicate in Auslan, so too must the teachers be able to communicate in Auslan. On the other hand, if students communicate with oral English, then it is appropriate for their teachers also to communicate in oral English. The skills needed are quite specific and general or broad training is inadequate. A special education teacher with a generalised knowledge of many disabilities who has spent a short period learning about hearing impairment and deafness (perhaps two hours or two weeks) can not be considered qualified to be a teacher of the Deaf. A qualified Teacher of the Deaf will complete significant studies (usually a year full time) specifically about deafness and hearing impairment, and learn Auslan.

In order to address shortcomings in the professional development of teachers, the Deafness Forum recommends that:

- there be specific training, including Auslan to NAATI Level Two Certificate, for fully qualified teachers of students who are Deaf,
- existing Teachers of the Deaf who only know signed English be trained in Auslan,
- an Australia-wide network be established for Teachers of the Deaf to assist them keep up to date with new information, techniques and best practices,
- interpreter costs be met whenever Deaf teachers undertake professional development programs,
- non-teaching staff never be used as de facto teachers,
- each education system have a pool of relieving qualified Teachers of the Deaf, and
- all Auslan-using Deaf students have at least one Auslan-using teacher accessible to them.

Auslan is accepted as a community language. It is recognised in the National Policy on Language and is available as LOTE in some schools in most States. An Auslan dictionary exists. There are Auslan courses available at some TAFEs and universities. However, there is a lack of quality Auslan teachers. Auslan as a LOTE subject in Australian schools needs to be encouraged more. The teachers' competency levels are sometimes not high enough and the support to enable Deaf people to become LOTE teachers is not in place. The Victorian Curriculum and Assessment Authority has a draft proposal for a National LOTE Curriculum, but there is a need for an Auslan consultant in the Education department. All States/Territories, except ACT and Queensland can follow the framework for external exams in Auslan. A national curriculum Year 1 to Year 12 in Auslan should be developed. The Deafness Forum has plans to establish a national task force, in collaboration with other relevant organisations to research the following areas:

- the quality of LOTE (Auslan) teaching,
- a national curriculum (Years 1 to 12),
- research in Auslan linguistics,
- the training of LOTE (Auslan) Teachers,
- the content of Auslan in Teacher of the Deaf courses,
- standards in LOTE (Auslan) – assessment, teaching and competency levels, and
- the support needed for Deaf people to achieve the standards and skill levels (e.g. literacy)

9. THE LEGAL IMPLICATIONS AND RESOURCE DEMANDS OF CURRENT COMMONWEALTH AND STATE AND TERRITORY LEGISLATION

A possible Disability Discrimination Act (DDA) Standard for Education is currently being developed. The key areas of the Standard will be:

- enrolment,
- participation,
- curriculum development, accreditation and delivery,
- student support services, and
- elimination of harassment and victimisation.

How would that DDA Standard apply to students who are Deaf, have a hearing impairment or have a conductive hearing loss? There is a need to keep in mind the individual needs of students, including those from non-English speaking backgrounds, those with other learning difficulties and those with multiple disabilities. There is still a need for special schools as well as inclusion into regular schools.

To avoid discrimination at the point of enrolment, the issues include:

- responsibility for provision of the interpreters,
- whether interpreters must be professionals or whether para-professionals would be adequate,
- education of peers, staff of the school and institutions, and
- availability of interpreters.

To avoid discrimination throughout education, the issues include:

- location (family should not have to relocate),
- availability of support services, particularly in rural and remote areas,
- social inclusion and life skills,
- need for positive role models, and
- need for professional development of mainstream teachers.

To avoid discrimination in curriculum, accreditation and delivery areas, the issues include:

- full access with technological support as well as notetakers and interpreters, and
- early alerting of schools when students are making the transition from primary to secondary.

To avoid discrimination in the student support services area, all students who are deaf (including indigenous students) must have access to role models

To eliminate harassment, the issues include:

- community education,
- peer support, and
- collaborative team effort.

The Deafness Forum believes the following expectations must be met:

- the use of interpreters where needed and requested,
- provision of information about teaching methodologies in a non-biased format,
- provision of information regarding the student and family needs,
- full participation and inclusion of students in curricula/extra curricula activities of an educational facility, including life skills and socialisation,
- that students will become successful members of our society,
- students who are Deaf to have full access to the curricula,
- students who are Deaf to have access to role models,
- that upon enrolment, there will be a structure in place to prevent harassment and victimisation, and
- that each education provider will have a harassment and victimisation policy for the education of Deaf and hearing impaired children.

10.THE PROPER ROLE OF THE COMMONWEALTH AND STATES AND TERRITORIES IN SUPPORTING THE EDUCATION OF STUDENTS WITH DISABILITIES

As stated in the introductory remarks of this submission, all hearing impaired and Deaf people should have equitable access to education. They should have equal opportunities. The teaching of these students should be excellent. All education providers should be committed to achieving high quality outcomes for Deaf and hearing impaired students. The structure and range of courses/curriculum should specifically meet the needs of students who are Deaf or hearing impaired. Anyone who has a hearing or deafness disability has the right to education at all levels. The greatest disability any student will face will be the professional who attempts to place limitations on them because of a perceived difficulty.

The obligations of education providers are clear. The DDA sets out what must be done to ensure there is no discrimination against students with disabilities. Therefore, the roles of the Commonwealth, States and Territories in supporting the education of students generally are the proper roles for them in supporting for students with disabilities. There is no difference in the roles. However, such additional steps as are necessary must be taken to ensure that the roles are fulfilled and students with disabilities have equal access to the same standard of education at all levels.

ATTACHMENT A

ABOUT THE DEAFNESS FORUM

Introduction

Deafness Forum is the peak body for deafness in Australia. Established in early 1993 at the instigation of the Federal government, the Deafness Forum now represents all interests and viewpoints of the Deaf and hearing impaired communities of Australia (including those people who have a chronic disorder of the ear and those who are DeafBlind).

Structure

The representational base of the Deafness Forum is divided into five Sections:

- a) Hearing Impaired Section - persons with a hearing loss who communicate predominantly orally,
- b) Deaf Section - i.e. the Deaf Community - those persons who consider themselves to be members of that community by virtue of its language (sign language known as Auslan) and culture,
- c) Ear Disorders Section - persons with a chronic ear disorder (such as Tinnitus, Meniere's Disease or Acoustic Neuroma) and
- d) Parents section - parents or legal guardians of persons who are Deaf or hearing impaired,
- e) Service Providers section - service providers to the Deaf and/or hearing impaired communities.

Objectives

The Deafness Forum exists to improve the quality of life for Australians who are Deaf, have a hearing impairment or have a chronic disorder of the ear by:

- advocating for government policy change and development,
- making input into policy and legislation,
- generating public awareness,
- providing a forum for information sharing, and
- creating better understanding between all areas of deafness.

Disability Discrimination Act Standards Project

In addition to its own work directly in respect of its objectives, the Deafness Forum currently auspices the Disability Discrimination Act Standards Project. It does this on behalf of the peak disability bodies that were members of the now defunct National Caucus of Disability Consumer Organisations. The Project co-ordinates the disability sector input and consultation into the development of Regulatory Standards under the Commonwealth Disability Discrimination Act (1992). It is expected that the Project will be taken over from 1 July 2002 by the "in formation" Australian Federation of Disability Organisations, of which the Deafness Forum will be a founding member.

Membership

As at 26 April 2002, the Deafness Forum had 92 organisation members and 137 individual members. (It also regularly consults with all other known organisations operating in the deafness sector that are not amongst its membership.)

Community Involvement

The following pen pictures of the Deafness Forum's current Board members and key staff demonstrate the broad extent to which that group of people are involved with the specific deafness sector and the broader disability sector. This illustrates that the Deafness Forum is consumer-driven and well able to represent the interests and concerns of the entire deafness sector, including:

- people who have a hearing impairment,
- people who are oral deaf,
- the signing Deaf community,
- people who have a chronic ear disorder,
- the DeafBlind community, and
- parents who have children from one of the above groups in their families.

Diana Hodgetts

Diana has been a Director of the Deafness Forum since April 1996. She lives in Hobart, Tasmania. She was elected as a Director by the Parent Section until 2001, then by the Deaf Section. She has served a term as Deputy Chairperson of the Board. She is a Deaf person, who uses Auslan to communicate. She is married and has two Deaf children. Diana is employed by the Tasmanian Deaf Society as Deaf Liaison/Information Officer and as an Auslan Tutor at Adult Education. She is also has been a Teacher of Deaf Studies and a Teacher's Aide at the Claremont Hearing Impaired Project. She has an extensive history of involvement with community organisations, including Tasmanian Sports Association of the Deaf, Deaf Women's Guild and Hobart Signing Choir. She was a founding Board member of the Tasmanian Deaf Society, is a long-standing member of the Tasmanian State Advisory Committee on Library Services to People with Disabilities. She was

Tasmanian representative on the National Working Party on Captioning and now serves on the Deafness Forum's own Captioning Issues Committee.

Jean Feder OAM

Jean has been a Director of the Deafness Forum since November 1996. She lives in Adelaide, South Australia and was elected as a Director by the Parent Section. She was Deputy Chairperson of the Board in 1999-2000. She is married and is the mother of an adult hearing impaired child. She has an extensive history of involvement with community organisations, in particular the Parents of Hearing Impaired South Australia which she served as Secretary for over 17 years. She also has been on the Board of Townsend House, an organisation catering for the needs of Deaf, hearing impaired, blind and visually impaired children. She was awarded an OAM in 2001 for her services in this field.

Stan Batson

Stan has been a Director of the Deafness Forum since December 1997, and was elected as Chairperson in October 2000. He lives in Geelong, Victoria and was elected as a Director by the Deaf Section. He is a Deaf person, who uses Auslan to communicate. He is married. In retirement, Stan works part time as a researcher of Deaf history at La Trobe University in Melbourne. He is a qualified teacher of Auslan. He is Deputy Chairman of the Deafness Foundation (Victoria) and has an extensive history of involvement with a range of community organisations. These include Deaf Clubs and church organisations for people who are deaf. He currently represents the Deafness Forum on the Telstra Disability Forum.

Derik Ward

Derik has been a Director of the Deafness Forum since March 1999. He lives in Adelaide, South Australia and was elected as a Director by the Hearing Impaired Section. He was Chairperson of the Board in 1999-2000, and currently is Deputy Chairperson. He has a hearing loss in the moderate to serious range and uses various techniques to assist him communicate. These include hearing aids, assisted-listening devices, captioning and lip reading. He has a long history of involvement with community organisations, in particular Better Hearing Australia, at both the local and national levels. In retirement, Derik is National Editor of Better Hearing journal.

Margaret Robertson

Margaret has been a Director of the Deafness Forum since October 1999. She lives in Melbourne, Victoria and was elected as a Director by the Hearing Impaired Section. She has a progressive, sensorineural hearing loss and has been reliant on hearing aids for more than 15 years. She also uses various other techniques to assist her communicate. These include assisted-listening devices, captioning and speech reading. By profession she is a psychologist and she worked in university counselling for 23 years, eight as the Director of a Counselling Service. She now counsels part time in the area of hearing impairment and tinnitus, and is currently

developing a psychological rehabilitation model based on cognitive-behavioural approaches to therapy. She has a history of involvement with community organisations, in particular Better Hearing Australia, at both the local and state levels. She also served as a member of the Victorian Government's Reference Committee for the Redevelopment of Services for Deaf and Hearing Impaired people. She has been nominated to represent the Deafness Forum on the Board of the "in formation" Australian Federation of Disability Organisations.

Lynette Walker

Lyn has been a Director of the Deafness Forum since October 1999. She lives in Melbourne, Victoria and was elected as a Director by the Service Provider Section. She is employed in the area of special education and has extensive experience in the field of education for deaf children. She also has an extensive history of involvement with community organisations, in particular the Deafness Foundation (Victoria).

Sheila Hittich

Sheila has been a Director of the Deafness Forum since February 2000. She lives in Perth, Western Australia and was elected as a Director by the Ear Disorders Section. She has a hearing impairment. She uses various techniques to assist her communicate. These include hearing aids, assisted-listening devices, captioning and lip reading. She has an extensive history of involvement with community organisations, including Better Hearing Australia (WA), Tinnitus WA, Deafness Council WA, ACROD and the Disability Access Improvement Network. She has been a member of the Australian Hearing Services Consumers Panel and the Liaison Disability Services Commission WA.

Geoff Gaggin

Geoff has been a Director of the Deafness Forum since October 2001. He lives in Lismore, NSW and was appointed by the Board to a casual vacancy as a representative of the Ear Disorders Section. He experiences Tinnitus, is a member of the Australian Tinnitus Association (NSW) and is the leader of the Tinnitus Self Help Group in Lismore.

Gina Mavrias

Gina has been a Director of the Deafness Forum since October 2001. She lives in Melbourne, Victoria and was elected as a Director by the Service Provider Section. She has worked as an audiologist for over thirteen years and has a special interest in adult services and industrial audiometry. Australian Hearing employs her as Regional Manager of the north-western part of Victoria.

Chevoy Brown

Chevoy has been a Director of the Deafness Forum since October 2001. She lives in North Parramatta, NSW and was elected as a Director by the Parent Section. She is the mother of two children. Her son is Deaf and uses Auslan as his main form of communication. She is his principal advocate and has a strong understanding of the difficulties faced by parents of Deaf and hearing impaired children, from the diagnostic stage through to consideration of communication methods, and educational programs and placement. She is an accredited para-professional interpreter and is a member of the Parent Council for Deaf Education (NSW).

Brian Rope OAM

Brian has been Chief Executive Officer and Company Secretary of the Deafness Forum since April 1996. He has an extensive history of involvement with community organisations, in particular the Councils on the Ageing at ACT and National level. He was awarded an OAM in 1992 for his services to the community. He has worked in the general disability sector for over a decade. He was a Deafness Forum representative on the National Caucus of Disability Consumer Organisations until it ceased to operate and is a member of the working group establishing an Australian federation of Disability Organisations. Brian is also Deputy Convenor of the Disability Discrimination Act Standards Project, a member of the Attorney-General's Working Party on DDA Standards and a Deafness Forum voting representative to the Australian Council of Social Service.

Amanda Dolejsi

Mandy has been a Project Officer with the Deafness Forum since August 1995. She is married to a Deaf man who uses Auslan to communicate. She has an extensive history of involvement with community organisations, including the Australian Sign Language Interpreters Association (at ACT and National levels) and the ACT Deafness Resources Centre. She is the current National President of ASLIA. She is a freelance, accredited Level 3 Auslan interpreter and teaches Auslan at Canberra Institute of Technology. She also is the ACT representative on the National Reference Group for Step By Step, the National Mental Health Project for Young Deaf People.