

The Australian Association of Teachers of the Deaf
AATD (Victoria) Executive
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8 Doulton Rd, Blackburn 3130
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The Secretary: John Carter
The Senate
Parliament House
Canberra ACT 2600

Re: Inquiry into the Education of Students with Disabilities

The Australian Association of teachers of the Deaf (AATD Victorian branch) wishes to make the following submission to the inquiry into the education of students with disabilities. The AATD (Vic) currently has over 100 members, who work as teachers of Deaf and Hearing Impaired children in both the public and private system, and in all fields of education, from early intervention agencies, to kindergartens, primary schools, secondary schools and tertiary settings.

This submission has been prepared by a group of the executive committee and an ordinary member who work in the public and private sector:

The membership secretary: Ms. Marilyn Dann (coordinator of Mount View Facility)

The President: Ms. Noeleen Bieske (Principal of St Mary's school for hearing Impaired students)

The Vice-president: Ms. Sandra Greaves (coordinator of Eastwood facility)

Member of AATD: Ms Juliet Christophers (coordinator of MLC Deaf Unit)

We thank you for inviting submissions into this very important issue and will be pleased to talk with you or provide you with any additional information that you may require.

Yours sincerely

Marilyn Dann

Inquiry for students with disabilities

Draft submission from the Australian Association of Teachers of the Deaf (Victoria)

Terms of reference

i) The criteria used to define disability and to differentiate between levels of handicap.

The Victorian criteria

The program for *Students with Disabilities and Impairments* (D & I) in Victoria aims to provide additional resources which can be applied to a range of support services in either local primary or secondary or specialist setting. Resources are provided to schools for students with significant disabilities or impairments in the following areas:

Physical disabilities

Severe emotional disorders

Severe language disorders

Hearing impairments

Intellectual disabilities

Visual impairments

Autism spectral disorders

Our group wishes to specifically comment on the services provided for Deaf and Hearing Impaired students within Victoria. Eligibility criterion is:

A bilateral, sensori neural hearing loss that is moderate/severe/profound and where the student requires intervention or assistance to communicate. (bilateral means both ears; sensori neural means nerve deafness).

(Students with a mild bilateral hearing loss are not eligible for resourcing through the D & I program but may be referred for support by a visiting teacher.)

Evidence of hearing loss is supplied by the Australian Hearing Services including both a written statement and audiogram.

Concerns & Comments:

The above criterion presently excludes deaf students who have conductive hearing impairment from the program for Students with Disabilities and Impairments. We believe that the eligibility criterion should be broadened to include these students in recognition that their hearing impairment places them at risk for language, communication and literacy development. These students have complex needs and access to a learning environment with trained Teachers of the Deaf will provide them with an appropriate supported learning environment.

ii) The accuracy with which students' disability-related needs are being assessed:

After establishing that a student is eligible for the program for Students with Disabilities and Impairments, his/ her level of handicap is differentiated through the "Educational Needs Questionnaire" (ENQ). The ENQ is a simple questionnaire which requires parents to tick the box that best describes their child's current functioning. Boxes are numbered and higher numbers equate to higher levels of resourcing entitlement.

Concerns:

- The questionnaire's simplicity is intended to make it easy to complete, however in its simplicity it fails to ensure a thorough, informed assessment of Deaf and Hearing Impaired children's needs, which include language, social, emotional and cognitive development.
- In its simplicity the ENQ does not properly differentiate between levels of need.
- The ENQ particularly disadvantages Deaf and Hearing-Impaired student who are learning to use spoken language to communicate. The ENQ currently allocates higher numbers only for students who are learning to communicate through sign language.
- Deaf and Hearing-Impaired students sometimes have additional learning needs over and above those caused by their hearing impairment. Under the current ENQ, eligibility can only be established under one criterion. Whatever causes congenital deafness may also cause additional disability: for example a combination of behaviour needs and deafness or cerebral palsy + deafness accompanied by other neurological damage. Multi-handicapped deaf children's needs are great and specialised input is required from the full range of appropriate support services.

Comments:

The ENQ is a simple form and does not address the complexity or the degree of need of Deaf and Hearing-Impaired children. The complexity of their needs can be summarized in the following paragraphs:

1. Only 3% of Deaf and Hearing -Impaired children are born into Deaf families. For these children, language development is easy and natural. The children readily acquire their native signed language (Auslan). Significant challenges occur later however when they must also learn the English language if they are to learn to read and write, and to gain access into the mainstream community.
2. The vast majority of Deaf and Hearing Impaired babies are however born into Hearing families. In Australia they are not diagnosed until an average of 14 months, and no matter which communication method (oral or sign) their parents choose, they typically enter school with language which is significantly delayed (2-3 standard deviations below normal).
3. Evidence from studies in Australia and around the world shows that children with congenital or early age onset of hearing loss learn language at a significantly reduced rate when compared with the rate for children born with normal hearing. Longitudinal studies of language development by Blamey et al in Melbourne and Sydney found that of 110 deaf and hearing impaired students, 90% of the children had language delay of one year or more, while half had severe language delay (more than 2 standard deviations below the norm). A study of profoundly prelingually deaf students in Victoria by Walker in 1995 found that deaf school leavers (15 years and older) read at an average level of Grade 6.

4. Deafness is a significant handicap for the vast majority of babies, which affects their whole development. The ability to understand the language which is communicated to them, to express themselves in language, and to develop inner self thought are all dependent upon language development. The ability to make friends depends upon language. With highly specialised programs closely targeted to meet their individual needs, some Deaf and Hearing-Impaired students do reach language which is within the normal age equivalent range. However, in order to keep learning language at the normal rate (ie. 12 months language growth in 12 months), even these students continue to require significant, individually targeted intervention to keep pace with their normally hearing peers.

iii) The particular needs of students with disabilities from low socio-economic, non English speaking and indigenous backgrounds and from rural and remote areas

Comments & Concerns:

- Families in rural and remote areas of Victoria have limited access to Primary school facilities and unless they live in Bendigo, they have no access to secondary school facilities. Many also have no access to even an itinerant, visiting teacher of the deaf service. In some cases where there is an itinerant service, the teacher does not have specialist teacher of the deaf qualifications. In other cases there is no itinerant specialist support available, due to the critical shortage of teachers of the deaf.
- For most Deaf and Hearing-Impaired students living in rural and remote areas of Victoria, there is no choice between programs.
- Transport is also a significant concern. Eligible children, who require the model of support offered by a Deaf Facility, should have fair and equitable access to transport to facilitate their attendance. It should be determined by educational need, and not by socio-economic status, facility in the English language or political connections. Some Victorian Education Department Regions have offered transport to Deaf Facilities, while other regions have not. Transport must be a clearly targeted, whole of State initiative. All facilities have a number of parents who live relatively nearby and therefore bring their child to school. For families less fortunate however, access to transport varies from region to region and even within regions. Some families who have individually lobbied their Members of Parliament have been successful in gaining transport for their child, but have not established the right to transport as a general principle for others.

iv) The effectiveness and availability of early intervention programs.

Comments and Concerns:

The importance of quality early intervention programs for Deaf and Hearing-Impaired children and their families cannot be stressed highly enough. Quality programs require a multi-disciplinary team liaising closely together: paediatric audiologists, social workers and child psychologists, and teachers of the deaf who have extensive knowledge in the development of early cognition, play, social interaction, language (either spoken or signed), listening and speech, as well as having the skills necessary to work closely and productively with families, young children and other members of the team.

Throughout Victoria families have access to early intervention programs, however depending on where they live, they may not have access to choice of specific program. Some programs specialize in either signing or spoken language communication modes, while others offer both. Families living in the eastern suburbs of Melbourne have the greatest choice between agencies, and can freely decide which program best suits their needs and those of their child. In other parts of Melbourne, choice of program is limited. Restricted home-based visiting programs operate throughout regional and rural Victoria. A small percentage of rural and remote families are able to access video-conferencing facilities.

The impact of early intervention programs has been that the majority of Deaf and Hearing Impaired children are able to access mainstream education in their local community with the support of an itinerant teacher of the Deaf. However in the case of severe and profoundly deaf children, whether they are learning to communicate by signed or spoken language, most still require highly specialized educational programs in schools for the deaf or in facilities within mainstream schools. There is strong evidence to show that these delays are caused by late diagnosis (on average at 14 months in Victoria for severe and profound losses), which results in late fitting of appropriate amplification and delayed entry into early intervention. By the time a normally hearing child is 14 months of age, he/she has been listening to speech and language all of that time, has already developed an early understanding of language and is ready to start communicating in words. Studies the world over have shown that because of significant hearing loss and late diagnosis, Deaf and Hearing Impaired children, who are already 14 months behind their hearing peers in terms of language development, gain on average only 6 months progress every year, with the gap widening all the time.

Two retrospective cohort studies in the US, by Yoshinaga-Itano et al., and Moeller, have recently shown that babies diagnosed prior to 6 months of age develop significantly better language skills than those children identified after 6 months of age. They showed a language advantage across age, gender, socioeconomic status, ethnicity, cognitive status, degree of hearing loss, mode of communication, and presence or absence of other disabilities. Yoshinaga-Itano also found that early-identified children who did not have a secondary disability demonstrated language development throughout the early childhood period (birth to five years) within the low normal range of development.

These findings suggest that it is critical that all infants with hearing loss be identified by 6 months of age and receive appropriate intervention. Many professionals from both health care and special education have championed the concept of Universal Neonatal Hearing Screening (UNHS) as an excellent vehicle for achieving these two goals. The American National Institute of Health Consensus Statement, 1993, the European Consensus Statement, 1998, the American Academy of Pediatrics, 1999, and the US Joint Committee on Infant Hearing have all embraced the concept of neonatal hearing screening. Thirty-five US states now have legislative mandates for UNHS, with screening conducted through otoacoustic emissions and/or automatic brainstem response prior to the discharge of babies from birthing hospitals.

While some Australian state governments are conducting trials of neonatal hearing screening programs, we would like to see the Federal Government taking leadership role in establishing nation-wide policy and protocols.

v) Access to and adequacy of funding and support in both the public and private sectors

Comments & Concerns relating to funding:

- When the D & I program was introduced some years ago in Victoria, it was readily apparent that to parents and teachers of Deaf and Hearing Impaired students that many students integrated into mainstream schools and intensively supported by “Facilities” within the schools would be significantly disadvantaged under the Educational Needs Questionnaire. Under the ENQ, the funding flowing into these *facilities* would not allow for their full learning needs. As a result of continued lobbying Deaf and Hearing-Impaired students who are enrolled in Deaf Facilities are separately funded under a funding arrangement which more closely, but not fully, recognises the extent of their need.
- Deaf and Hearing Impaired students enrolled in *Specialist schools* for the Deaf have however been “moved over” to funding via the Educational Needs Questionnaire. Oral students who are learning to talk are funded at significantly lower levels than students who sign and are only well supported because schools are large enough to enable them to spread their funding to cater for all. An oral only school would not be viable under the present state government funding arrangements.
- Government funding for Deaf and Hearing-Impaired students in the private sector is significantly lower than in the public sector, resulting in insufficient resources.
- The current budget for hearing services to Australian children, supplied through the Australian Hearing Service requires urgent budget review. In the Hearing Services Act 1991, children, clients with special needs and remote and indigenous clients were specified under declaration as a Community Service Obligation. The Australian Hearing service has for many years delivered quality of service that is renowned throughout the world. AH has delivered to all children, irrespective of where they live
 - diagnosis and management of hearing loss
 - quality control
 - fitting of best hearing aids and FM units available, free from constraints of product loyalty or exclusive supply agreements
 - quality testing environment
 - university trained paediatric audiologists
 - cost effective bulk buying of hearing aids
 - strategic management of services without duplication within a national program.

The level of funding for Community Service Obligations requires urgent review to ensure that AH’s service to Deaf and Hearing-Impaired children continues in all respects to that previously provided.

Comments and Concerns related to adequacy of support:

- New graduate teachers of the Deaf are not entering the field in sufficient number to replace those who retire. With the introduction of HECS fees there has been little incentive for a number of years for generalist teachers to pursue a further year of study. As a result, we are currently experiencing a shortage of trained Teachers of the Deaf. The age profile of currently employed teachers suggests that unless strategic planning implements an effective process to redress this situation a crisis in the education of Deaf and Hearing-Impaired students will result. Part of this process should include the establishment of

improved career structures, incentives for further study and access to professional development specific to the education of students who are Deaf or Hearing-Impaired.

vi) The nature, extent and funding of programs that provide for full or partial learning opportunities with mainstream students

Comments:

The policy of the Victorian Department of Education provides for a wide range of quality services in both regular and specialist schools for all students, including those with disabilities and impairments. Parents who want their Deaf or Hearing Impaired child to be educated in the mainstream theoretically have the choice of enrolling their Deaf or hearing Impaired child in either their local school or in a specialised “deaf facility” within a mainstream school.

- If they choose their local school, their child may be supported by a visiting teacher of the deaf, and by extra funding if their level of deafness makes their child eligible for the D&I program. This extra funding may be used to buy in services such as teacher aide time, a signing interpreter or speech therapy.
- If they choose a Deaf Facility, their child may be enrolled in one of 5 primary facilities in metropolitan Melbourne, or 5 in country areas. In Melbourne there are 4 Secondary facilities, but in country areas only one (at Bendigo).
- If they choose the independent system, there are 3 Prep-Year 12 Deaf facilities within mainstream schools, all within metropolitan Melbourne.

Concerns:

- There is gross inequity in the current access to services for Deaf and Hearing-Impaired children in Victoria. Practice does not match policy. Please see above for concerns as outlined in (iii) and (iv) above.
- In schools where Deaf facilities operate, there is widespread shortage of appropriately modified acoustically modified tutorial space, which is vital for the teaching of individual language, listening and speech programs.

vii) Teacher training and professional development:

Comments and concerns:

- It is imperative that incentives be offered to qualified teachers to train as a Teacher of the Deaf. In recent years we have seen incentives applied to areas such as Reading Recovery, LOTE, Maths, Science and rural schools. Financial incentives should encompass direct HECS payments to encourage participation in the post-graduate training as a Teacher of the Deaf. It is the basic human right of each of these children to have appropriately trained Teachers of the Deaf to facilitate access to education in the government or independent system.
- It is vitally important also that state governments adopt guiding principles for special education by appointing specialist teacher representation to each respective Institute of

Teaching. Expert input at the highest level of influence is vitally important for the proper recognition of the needs of children with disabilities, impairments and special needs. Acknowledgment of specialist teachers' skills also must be shown through proper accreditation processes.

- In all general undergraduate teacher-training courses, there should be a compulsory unit on disability. However, it is important to understand that such a unit will not turn classteachers into specialist professionals. There is critical need for more fully qualified specialist teachers.

vii) The legal implications and resource demands of current Commonwealth and state and territory legislation.

Comments and Concerns:

- Many Deaf and Hearing-Impaired children and their families living in Victoria do not have equal access to a wide range of quality educational services. With the exception of Bendigo there are no secondary facilities outside the metropolitan area. In some areas of Victoria, parents have choice between programs, while in other areas, choice is highly limited. In some areas, there is not even choice because there is no access at all to specialist programs or properly qualified teachers of the deaf. Across metropolitan areas there is wide disparity in access to transport, and in rural and remote areas, there is no access. This goes completely against the Australian and State government's Equal Opportunity and Anti-Discrimination legislation and policies that promote inclusiveness, choice, and best practice.

References:

- Blamey, P., & Sarant, J.Z. Speech perception and Language criteria for paediatric cochlear implant candidature. Department of Otolaryngology, The University of Melbourne & Bionic Ear Institute, 1999.
- Yoshinaga-Itano, C., & Sedley, A. Early speech development in children who are deaf or hard of hearing: Interrelationships with language and hearing. *The Volta Review* 100(5). (2000). pp. 181-211
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