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The Standing Committee on Health, Aged Care and Sport

Dear Committee Chairperson

Re: Submission to the inquiry into the Hearing Health and Wellbeing of Australia

I am writing to you on behalf of the Western Australian Council of State School Organisations Inc. (WACSSO), the state's peak parent body for public schools, to raise concerns surrounding the level of education access given to students who are Deaf, Hard-of-Hearing and experience hearing loss (conductive or otherwise).

I offer the following submission as an index of unmet need and a call for equity for every Australian who lives with hearing loss or impairment, a chronic ear disorder or tinnitus; are Deaf or Deafblind; and their families.

Yours sincerely,

Kylie R Catto
WACSSO President

23 December 2016

WACSSO

Submission to the inquiry into the Hearing Health and Wellbeing of Australia

Standing Committee on Health, Aged Care and Sport

***Western Australian Council of State School Organisations Inc. Submission
23 December 2016***

About WACSSO

The Western Australian Council of State School Organisations Inc. (WACSSO) is the peak body representing parents of public school children in Western Australia. WACSSO provides services and representation at State and National level to 645 Parents and Citizens Associations (P&Cs), four school boards and two school councils¹ in Western Australia. WACSSO is largely a volunteer organisation made up of a President and State Councillors (representatives) from geographically-based electorates and as such, the organisation has a wide representative reach across the state.

Through consultation with external organisations and affiliates, WACSSO has identified several key hearing health and wellbeing issues which are currently impacting on Australian students' access to quality education.

This submission deals with four of the terms of reference and some additional points within the scope of the organisation's representation of parents of public school students across the state.

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Abbreviations

ASLIA WA	Australian Sign Language Interpreters Association Western Australia
ATSI	Aboriginal and Torres Strait Islander
CHL	Conductive Hearing Loss
CIRCA	Cultural and Indigenous Research Centre Australia
DoE	Department of Education
EA	Educational Assistant
EI	Educational Interpreter
EIPA	Educational Interpreters Performance Assessment
JDF	Job Description Form
NAATI	National Accreditation Authority for Translators and Interpreters
OM	Otitis Media
WA	Western Australia
WACSSO	Western Australian Council of State School Organisations Inc

Introduction

It is universally acknowledged that access to education is fundamental to the development of human potential and to full participation in a democratic society.ⁱⁱ Access to quality education should not be reserved for the privileged, but delivered to all without restriction as a basic human right. Irrespective of where you live, your socioeconomic status, your race or religion, or whether or not you have a disability, you have the right to education. Keeping this in mind, it is simply beyond belief that students with hearing health and wellbeing needs continue to be left behind in our education system.

This submission focusses on two targeted concerns surrounding access to education for students facing hearing health and wellbeing challenges.

1. Educational interpreters' professional standards.
2. Hearing loss in Indigenous students

Educational interpreters' professional standards

1. Access to, and cost of, services, which include hearing assessments, treatment and support, Auslan language services, and new hearing aid technology

At our 2016 Annual Conference, WACSSO was made aware that there are (currently) no minimum qualifications in Auslan proficiency required for Educational Interpreters (EIs) in Western Australian classrooms. In Western Australia, schools are the only State Government settings where interpreters are employed without holding a formal qualification from the National Accreditation Authority for Translators Interpreters (NAATI). Upon speaking with parent groups across Australia, it is apparent this is not an isolated issue. WACSSO's position is that EIs in Australian schools should be required to hold this qualification and existing EIs should be supported to work towards the NAATI qualification to ensure all Deaf and Hard-of-Hearing children have full access to a quality education and rich language development.

As discussed, access to education is an irrefutable human right. To further support this, The Commonwealth Disability Education Standards 2005 state that students with disability (inclusive of Deaf and Hard-of Hearing students) have the right to access education through specialist services and support. Stating that, "Students with disabilities [have] rights in relation to specialised services needed for them to participate in the educational activities for which they are enrolled (including) specialist expertise (or) personal educational support."ⁱⁱⁱ These requirements sit firmly on the premise of inclusion. However, studies suggest that Deaf and Hard-of-Hearing students are not truly included.^{iv}

Under the current EI job requirements, Deaf students across Australia are not being afforded their rightful access to education. The main cause of this is the nation's Departments of Education failing to set a quality standard when appointing EIs. This is not to say that all EIs are skill deficient, but there are significant portions of the workforce that are severely under-trained with beginner level language skills (as reported to the WACSSO office by concerned affiliates), yet they are not considered un-qualified because the standards simply don't exist.

EIs are often drawn upon by Deaf and Hard-of-Hearing students as a chief source of linguistic input.^v Therefore, an EIs role often extends to that of language model.^{vi} This presents some challenges and concerns when the current job description form (JDF) fails to mandate strong Auslan competency. If an EI does not possess a rich linguistic knowledge and a student is modelling their language skills on said EI, they are missing out on the full breadth of language they rightfully deserve. Further, studies show that unqualified/unskilled interpreters performing the task of interpreting for Deaf students will inevitably result in a 'substandard level of quality access to mainstream classroom instruction, discourse with peers, and inclusion in the wider school community.'^{vii} All of which have a deep impact on student outcomes; be they educational, social, mental, emotional or otherwise. This is why it is important for the nation's education system to acknowledge the significant role played by EIs in facilitating access to education, considering that a portion of EIs are currently not sufficiently skilled to perform the role adequately.

In 2001 (an astounding 15 years ago) studies into the efficacy of EIs highlighted the need for recognition, ongoing training and co-ordinated, consistent support for professionals in this specialised area.^{viii} The existing lack of recognition by the Department of Education and lack of qualifications (spurred by present standards) has caused a cyclical issue. There is little or no impetus or support for EIs to further their qualifications and skills with the resulting limitations having a major impact on the education of the Deaf child whose quality of education is dependent on the standard of his/her interpreter. In order for Deaf and Hard-of-Hearing students to have equal access to education, our schools need to employ EIs who are able to perform to a standard. It is important to set this bar high in order to attract EIs that can offer Deaf and Hard-of-Hearing students rich language development and a quality interpretation of class, peer and wider school community communications.

Recommendation

WACSSO recommends that the Australian Government reform the role of Educational Interpreter, across all states and territories, to include NAATI qualification, setting an acceptable standard for EIs to work within. This reform should be accompanied by:

- ongoing professional development;
- guidelines demarcating how an EIs workload must be appropriately managed; and
- a greater focus on respecting the EI role as a professional and integral part of the educational team.

2. *Any other relevant matter*

Implementing Educational Interpreter reform

It has been proposed that a two year time period in which current EIs would be supported to upskill is established upon changing job requirements. This time frame may need to be revised once the program is underway and will probably require an extension, depending on the existing skill levels of the interpreters in schools. EIs may need 3 years to get to NAATI standard. Firstly, underqualified EIs will need to study Auslan for 2 years at TAFE to get a Diploma in Auslan. In addition they would need to do a Diploma of Auslan Interpreting, which is another year following that. Another consideration is interpreters in regional areas

where resources are limited. These courses are currently only available in metropolitan areas. The time frame may have to be lengthened in regional areas.

When reforming the job requirements for EIs, it is essential that the role, qualifications and remuneration of educational interpreters are examined in order to assess possible avenues for enhancement of interpreting services and, ultimately, improve Deaf and Hard-of-Hearing students' access to education and their educational outcomes.^{ix} Studies call for greater focus on 'making mentoring matter.'^x Suggesting that in order to maximize successful and positive outcomes for Deaf students, EI workload must be appropriately managed and the EI role needs to be respected as professional and integral part of the educational team.^{xi}

According to ASLIA WA, they believe one of the reasons there are not enough qualified interpreters in schools is that there is quite a significant pay difference between interpreters working schools and those working in the community. Remuneration levels offered to educational interpreters do not reflect the level of skill required to perform the job well.^{xii} Interpreters in schools are paid as 'EA (Auslan)' where they receive the same wage whether they are qualified or not. Therefore, there is currently no incentive for an EI to pursue NAATI qualifications as they won't get paid more than those without the NAATI qualification. Many interpreters who could (and should) be working in school settings choose not to due to lower rates of pay. The JDF of Educational Interpreters should be reviewed to accurately reflect the unique and differing function they perform, as compared to an Educational Assistant.

In the USA, interpreting/language standards are now seen as necessary, and recruitment practices require interpreters to perform at required standards, as laid out by the USA's Educational Interpreters Performance Assessment (EIPA) protocol.^{xiii} Along with compulsory NAATI accreditation, this model should be considered when making decisions on EI reform.

Recommendation

WACSSO recommends that:

- minimum interpreter qualification standards, including mandated NAATI qualification, be enforced by all of Australia's states and territories;
- ongoing professional development and training for interpreters is critical to (a) mitigate the skills gap that exists for many practitioners upon graduation from programs and (b) prevent the fossilisation of skills in more experienced practitioners;^{xiv}
- a review of the remuneration offered to interpreters be undertaken; and that
- remuneration be commensurate with the level of skill required to perform the complex and vital role of enabling access to education.^{xv}

Hearing loss in Indigenous students

3. *Community awareness, information, education and promotion about hearing loss and health care*

Otitis media (OM) is the most common ear disease afflicting ATSI children. OM involves an inflammation/infection of the middle ear typically caused by bacterial and viral pathogens, with varying degrees of severity and often resulting in temporary or permanent hearing loss.^{xvi}

Statistics show that ATSI children living in urban, rural and, particularly, remote areas are more likely than their non-Indigenous counterparts to be afflicted with OM younger, more often, at a greater level of severity, and with more likelihood of further complications.^{xvii} Staggeringly, ear infections, such as OM, are responsible for the majority of hearing problems with lifelong consequences, many of which are preventable and treatable.^{xviii} For instance, we know that hearing loss is a major contributor to risk factors predisposing ATSI children to contact with the criminal justice system.^{xix} The causal link between hearing impairment and criminal activity has been identified as poor educational outcomes.^{xx} Evidence suggests that 'impaired language development and the stigmatising effects of hearing impairment on self-concept and social skills' also has causal links with criminal activity.^{xxi}

In order to improve outcomes for ATSI children we need to provide them with access to quality education. This includes facilitating learning environments that monitor and cater for hearing loss.

As discussed, the high incidence of ear disease in Indigenous children and the inadequacy of prevention, treatment and methods for addressing the side effects is quite alarming. When ear disease and hearing loss has such a pervasive impact on health, social interaction, language, communication, literacy and numeracy development, how can it not be more of a public health concern?

Indigenous children living in remote areas are more susceptible to OM as a result of higher rates of poverty and poor living conditions.^{xxii} These children will also experience inadequate primary health care services, poor access to specialist services, poor compliance with medical interventions and a poor understanding among medical staff of the role of social and environmental conditions on hearing loss.^{xxiii} Further, clinical staff in remote areas are often overwhelmed by a complete gamut of health conditions and not enough resourcing, hours or significance is given to the importance of addressing hearing health.^{xxiv} Awareness needs to be raised around the risk of permanent hearing loss, long term suffering from ear disease and the negative impacts this can have on the individual's access to education and social interaction.

The Care for Kids' Ears campaign was launched on 1 July 2011. It is the first national campaign to address ear health in ATSI communities. Overall, the campaign effectively reached the target groups with material that was easy to access, understand and was culturally appropriate. An evaluation of the campaign in 2013 recommended continued promotion and distribution of resources, given that audiences change regularly, e.g. new parents, new intermediaries; further development of strategy and focus on using intermediaries, e.g. health professionals, teachers and early childhood educator, to help convey ear health promotion; an expansion of opportunities to enhance the intermediary strategy targeting staff at schools, preschools and early childhood centres; the development of a strategy to increase people's understanding of prevention

messages, as the research showed that awareness of prevention strategies was lower in comparison to awareness of signs and symptoms of ear disease; lastly, the campaign scope could be expanded to include messages on treatment pathways.^{xxv}

As seen in the Care for Kids' Ears campaign, raising awareness must involve widespread, fully-integrated education, on the topic of ear disease and hearing loss, for healthcare providers, educators, community members and, most importantly, parents and carers (not just of young children; when rates decrease the focus can be switched to younger children).

The first step to catching diseases early and stopping people from getting sick in the first place is to raise awareness.

Recommendation

WACSSO recommends that the Australian Government:

- conduct a follow up review of the Care for Kids' Ears campaign, assessing effectiveness to date with consideration to the recommendations made by Cultural and Indigenous Research Centre Australia (CIRCA);
- place an increased focus on the serious effect ear disease and hearing loss has on education, physical and mental health, social interaction and life choices; and
- ensures any campaign effectively involves the full spectrum of stakeholders: health care providers, educators, ATSI children and adolescents, family and carers. As such, it will require the coordination and support of several government departments due to the overlap of education, health, culture and communities.

4. Current access, support and cost of hearing health care for vulnerable populations, including: culturally and linguistically diverse people, the elderly, Aboriginal and Torres Strait Islanders and people living in rural and regional areas

In Western Australia, the Earbus mobile ear health clinic initiative (established in 2006) has successfully been delivering comprehensive ear screening, on top of full primary health care, to Aboriginal children in schools, daycares, kindergartens and playgroups. A team of GPs, audiologists and ENTs are made accessible to regional and remote communities in a program designed by Aboriginal people, for Aboriginal people. In helping these communities to easily navigate an often complex health care system, the Earbus Foundation is working towards keeping children "in the treatment pathway from first contact to wellness."^{xxvi}

Otitis media (in all degrees of severity) can cause conductive hearing loss (CHL) for as little as one or two days or in excess of three months. In chronic cases of OM it is rare for a child's hearing ability to return to normal. A child affected by CHL may experience intermittent periods of normal hearing followed by periods of inability to hear properly.^{xxvii} Evidence presented in the *Hear Us: Inquiry into Hearing Health in Australia* report indicated that the pervasiveness of otitis media in Indigenous communities ranges between 10 per cent and 54 per cent. With some inquiry submissions suggesting that these figures understate the prevalence of the

problem. It's important to provide remote and regional communities with regular services and the right tools to stop ear disease from causing preventable hearing loss.

Recommendation

WACSSO recommends that the Australian Government invest in the design and delivery of a national program that delivers ear bus services targeting prevention of otitis media, based on programs in Western Australia, for all the nation's regional and remote communities.

5. *Current demand and future need for hearing checks and screening, especially for children (12 years and younger) and older Australians at key life stages*

Hearing loss is much more prevalent in Aboriginal and Torres Strait Islander (ATSI) children and adolescents than in the broader Australian population, as they are particularly susceptible to ear infections.^{xxviii} In fact, Indigenous Australians experience the highest levels of ear disease and hearing loss in the world: up to ten times more than non-Indigenous Australians.^{xxix} There is a serious need, current and future, to identify ATSI children suffering from ear disease and hearing loss in order to stop the damaging, flow-on effects it has on the individual's life.

The need for hearing checks and screening includes newborn hearing screening programs, a more coordinated approach to managing otitis media and hearing checks and hearing services for ATSI youth in contact with the juvenile justice system, throughout Australia but predominantly in remote communities.

In coordination with mandated hearing checks and screening in remote ATSI communities, there should be a health awareness campaign around the causes of OM; a coordinated approach (targeting families, schools and health care providers) comprising disease prevention, treatment and management is required.^{xxx} This includes routine child health checks that incorporate ear and hearing assessments to ensure early identification, management and treatment, and if necessary, fitting of hearing aids.^{xxxi}

Recommendation

WACSSO recommends that the Australian Government invest in the identification (through hearing checks and screening), management and treatment, and, if necessary, fitting of hearing aids, to combat the negative flow-on effects that ear disease and hearing loss have on the ATSI population.

6. *Whether hearing health and wellbeing should be considered as the next National Health Priority for Australia*

Hearing health and wellbeing requires the immediate attention of policy makers and health care professionals in Australia.

Indigenous ear and hearing health is in a state of emergency in Australia. Indigenous Australians suffer ear disease and hearing loss up to ten times the rate of non-Indigenous Australians, and at the highest rate of any people in the world. Rates of suffering far exceed the 4 per cent threshold at which disease is regarded as a major public health issue (as defined by the World Health Organisation). Not to mention, hearing loss as a result of ear disease is highly preventable.

Further, the consequences of (preventable) early onset hearing loss can be devastating for Indigenous Australians. For instance, experts claim that Deafness and hearing loss contribute to the cycle of disadvantage that leads children into contact with the criminal justice system.^{xxxii} Because education is arguably the best way to break this cycle, it's important to facilitate learning environments that monitor and cater for hearing loss (including providing adequate classroom facilities, like sound field amplification systems, and specific training for educators), as well as promote prevention of ear disease. The causal link between an inability to access education and contact with the law, unemployment and poor quality of life is too evident to ignore.

Finally, we have included the following statement from the *Hear Us: Inquiry into Hearing Health in Australia* for your consideration. The Commonwealth should not be idle on this front; no child should miss out on their right to listening and learning.

"The momentum to demand improvements is slowed by a widespread acceptance among families and communities that chronic ear disease among Indigenous children is a normal part of growing up."^{xxxiii}

Conclusion

Thank you for taking the time to consider this submission. In summation, WACSSO (and many other organisations and bodies) recognise that there are students who are Deaf, Hard-of-Hearing and those experiencing hearing loss (conductive or otherwise) who are currently not being afforded equitable, unimpeded access to education. Without the rightful access to education, these students will face a number of obstacles in their lives. For instance, they are at risk of issues with mental health, contact with the criminal justice system, unemployment dilemmas and social withdrawal.

WACSSO is passionate about establishing a set of minimum qualifications in Auslan proficiency for Educational Interpreters in Australian classrooms. Els in Australian schools should be required to hold this qualification and existing Els should be supported to work towards the NAATI qualification to ensure all Deaf and Hard-of-Hearing children have full access to a quality education and rich language development.

WACSSO is keen to see further evaluation and support of the Care for Kids' Ears campaign, as well as a roll out of nationwide Earbus services to benefit regional and remote communities where ATSI children are at greater risk of ear disease and hearing loss. We would also like to see classrooms fitted out with the appropriate equipment, resources and trained personnel to facilitate learning environments able to monitor and cater for hearing loss.

ⁱ Western Australian Council of State School Organisations Inc. Data accurate as of 7th December 2016.

ⁱⁱ Chris Sidoti, Human Rights Commissioner at the 29th Annual Federal ICPA Conference, Griffith NSW, 3 August 2000

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^{vi} Conrad, P. & Stegenga, S. (2005). Case studies in education. *Benjamins Translation Library*, 293-322.

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