REVIEW OF
CENTRES FOR HEARING IMPAIRED

Towards improving services for hearing-impaired students in public education

Government of South Australia
Department for Education and Child Development
Acknowledgements

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The authors have appreciated the valuable contribution of those who participated in the consultations and provided a wealth of information regarding the children and students who are deaf and hard of hearing and attend the six centres including the:

- children, students and young people
- parents/carers
- staff
- governing council
- school leaders
- supporting agencies.

Disclaimer

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Executive summary

At the request of the Minister for Education and Child Development, the Department for Education and Child Development undertook a review of South Australian public education services for hearing impaired students, specifically, the centres for hearing impaired (CHI).

- The review was conducted between February and September 2015. The purpose as stated in the terms of reference was to develop a future service model for the CHI.
- Extensive consultation was conducted and the recommendations and possible models are detailed in this report.
- The review committee made five recommendations that reflect the department’s strategic plan and accompanying document, Building a High Performing System. These recommendations are listed on page 9.
- There are six centres for hearing impaired, located at four primary school sites and two secondary school sites, servicing 84 students in total. There are approximately 49 staff providing services for these students.
- The goal was to provide an improved service using data projection techniques to estimate the likely demand for the next decade. The projected number of students is likely to remain reasonably constant.
- The immediate preferred model generated through the review is for four centres. Two co-located primary CHIs, one in the north and one in the south each incorporating a bilingual preschool. Two secondary CHIs co-located in the two existing secondary settings.
- There was a concerted effort to take into account stakeholder views and achieve consensus about recommendations.
- The effective delivery of a highly specialised service to a particular cohort of students with special needs in an integrated setting requires a critical mass of target students. This is especially so when the required methodology is language focused and possibly delivered in an alternative modality.
- Overwhelmingly, Auslan was seen as an essential component of the recommendations – firstly for each student to have curriculum access through Auslan and secondly, as a LOTE subject (included in the Australian Curriculum) accessible for all students in a school setting co-located with a CHI, and thirdly, additional training provided in some form to parents and support staff.
- An education and whole-of-school focus to raise awareness of Deaf issues was also seen as a benefit to a school culture, particularly in sites with hearing-impaired students. This would also include school leadership practices that support a multi-lingual school where hearing-impaired students are valued and considered at all levels.
• Appropriate and ongoing **professional development** and employment standardisation for specialist staff teaching hearing-impaired students were also seen as critical to the success of any approach.

• Utilising **technology and practices** such as digital hearing aids, personal FM units, captioning particularly of videos and DVDs along with auditing acoustic standards and Soundfield systems are regarded as paramount.

• The new service delivery model recommends that hearing centres remain **integrated into the co-located school**, and deliver the same curriculum opportunities for hearing-impaired students as for mainstream students. Consideration needs to be taken of assessment standards for hearing-impaired students.

• Research has pointed to evidence that including hearing-impaired students in mainstream classes has **stronger learning outcomes** for all students if there are two teachers (one a teacher of the Deaf and the other a mainstream teacher).

• Support for secondary CHI students who have strong Auslan skills be extended through the introduction of **educational interpreters**.

• The **implementation of the report’s recommendations** will be enabled through the creation of an overseeing role and supported by appropriate resourcing.
Recommendations

Introduction

The purpose of the review, as stated in the Terms of reference (see Attachment 1) was to develop a service model for the Centres for Hearing Impaired for South Australia (the centres) to support these specialist facilities to raise student achievement and sustain high performance into the next decade.

The review contributes to the realisation of the department’s strategic plan to build a high performing system, provide quality assurance, and build public confidence in the capacity of SA government schools to cater for those with significant hearing impairment. It has been developed with reference to the department’s policies and national and international models of school effectiveness and school improvement.

The report draws on evidence-based research and focuses on the use of practices proven to impact significantly on the achievement of outcomes for students with impaired hearing at the classroom and school level, and does not include everything that schools do.

Operating from February to September 2015, the review focused on the centres as part of a range of options that support children and students with impaired hearing. There is no separate criterion for enrolment in a centre and the ‘highest level of support’ (H LoS) provided through the Disability Support program has been adopted as the eligibility criteria. The centres are not zoned and the students attending travel from across the metropolitan area.

The six centres for hearing impaired are co-located at four primary schools (Brighton, Elizabeth Park, Hillcrest and Klemzig) and two secondary schools (Adelaide High and Windsor Gardens Secondary College), that cater for students with the most significant hearing loss (bilateral, greater than 40 decibels) and greatest communication needs.

The Hillcrest Oral Aural Unit (CHI) was previously reviewed by exception at the direction of the DECD chief executive, and the report was presented in August 2014. The current review provided information which verified that the Hillcrest recommendations were progressing and indicated that Klemzig and Hillcrest now offer increasingly similar programs.

Catering for approximately 85 students annually, the centres are staffed in 2015 by 28 full-time equivalent (FTE) teachers and 800 school services officer (SSO) hours weekly (21 FTE).

Centres come under the auspice of the DECD educational director responsible for that group of local partnerships and are line managed by the school principal and the centre coordinator.

All students in the centres are supported by a coordinator, teachers of the Deaf and bilingual school service officers (BSSOs) – although the number of staff and level of qualification varies across the centres.

The six centres have a diverse range of acoustically treated facilities, with Klemzig having purpose-built classrooms that cater for bilingual-bicultural Deaf education in state-of-the-art integrated co-located learning spaces.
Recommendations

The following recommendations relate to the quality of the educational service provided for implementation in all centres.

RECOMMENDATION 1

Improving achievement – the centres for hearing impaired will implement consistent pedagogical practices that reflect the tenets of a bilingual-bicultural approach to Deaf education, within the school’s curriculum framework reflecting the Australian Curriculum, Early Years Learning framework and the South Australian Certificate of Education (SACE).

STRATEGY
1.1 Adopt a bilingual-bicultural policy (English and Australian Sign Language) to apply in the centres for hearing impaired
1.2 Strengthen the leadership of the centres.

RECOMMENDATION 2

High quality workforce – the centres for hearing impaired will participate in significant capacity building.

STRATEGY
2.1 Develop a skilled workforce
2.2 Improve leadership in the centres
2.3 Provide high quality, discipline specific professional learning.

RECOMMENDATION 3

Delivery of the right service at the right time – the centres for hearing impaired will be involved in improving service delivery.

STRATEGY
3.1 Implement a curriculum that responds to the specialist needs of this cohort.

RECOMMENDATION 4

Engagement and wellbeing of students, families and communities – the centres for hearing impaired will develop consistent practices in catering for student need.

STRATEGY
4.1 Increase engagement with Deaf families and raise Deaf awareness
4.2 Improve capacity to meet needs of students with additional impairments through effective pedagogy.
RECOMMENDATION 5
Managing assets more effectively – the centres for hearing impaired will be involved in systemic processes that ensure a consistent provision of support structures.

STRATEGY

5.1  Provide effective learning conditions and classroom amplification through technology and acoustics
5.2  Plan to meet learning and well-being needs through achieving a critical mass of students
5.3  Ensure obligations under the Disability Discrimination Act are met through a sustainable service.

Each strategy incorporates a range of actions to be implemented either systemically or at the partnership or local school level. These actions require coordination, consistency and a rigorous implementation plan, with a timeframe that is explicit and shared across the centres to support the changes required to provide for continuous improvement and standards of high performance for all the Deaf or hard of hearing (DHH) students.

The following summarises the actions arising from the recommendation strategies and identifies the areas for implementation.
Action plan

RECOMMENDATION 1

Improving achievement

Improving achievement – the centres for hearing impaired will implement consistent pedagogical practices that reflect the tenets of a bilingual-bicultural approach to Deaf education, within the school’s curriculum framework reflecting the Australian Curriculum, Early Years Learning framework.

STRATEGY

1.1 Adopt a bilingual-bicultural policy (English and Australian Sign Language) to apply in the centres for hearing impaired

ACTIONS

Policy

- Promulgate a bilingual-bicultural policy (Auslan) education replacing the Total communication policy
- Implement Auslan as one of the school’s language other than English (LOTE)
- Develop a guide/policy on language access (both spoken and signed).

Human resources

- Standard in Auslan is applied for all staff working in centres
  - Existing staff will have four years to achieve the standard
  - New staff will be expected to reach the standard within two years of appointment
  - Application of a consistent, sustainable process to assess staff skills in Auslan
  - Support provided for existing staff to achieve the Auslan standard
- Put special measures in place for selection of both CHI and mainstream teachers, reflecting capabilities required in inclusive bilingual classrooms
  - Increase the number of Deaf staff and staff with Auslan as their first language who work in centres to provide role models of adult language and to act as models for students.

Pedagogy

- Primary centres will have a flexible model of integration where generally two teachers (at least one trained in Deaf education and Auslan) plan together and team teach
- Audit the structural needs of bilingual classrooms with a report to the Director, Special Education
• Increase training in Auslan for families provided across the centres
• Apply consistent Auslan assessment tools and language developmental scales for students across the centres
• Provide regular opportunities for DHH students to access social and educational exchanges with DHH peers in other schools and interstate.

**STRATEGY**

1.2 Strengthen the leadership of the centres

**ACTIONS**

**Human resources**

• Develop new job and person specifications where centre coordinator positions are 1.0 FTE, with a minimum of 0.5 for administration (dependent upon enrolment numbers), require Auslan skills, the ability to model inclusive bilingual pedagogy and be part of the school leadership team.

**RECOMMENDATION 2**

High quality workforce

High quality workforce – the centres for hearing impaired will participate in significant capacity building.

**STRATEGY**

2.1 Develop a skilled workforce

**ACTIONS**

**Human resources**

• By mid-2016, develop a consistent job and person specification for:
  a) centre teaching roles, requiring Teacher of the Deaf and Auslan accreditation
  b) centre coordinator position, requiring Teacher of the Deaf and Auslan accreditation
  c) educational interpreter (Auslan), secondary schools
• Create a new classification of educational interpreter (Auslan)
• Develop a systemic liaison process with an interpreter training institution on educational interpreter training requirements and career structure.
Professional learning

- Develop a consistent induction program for educational interpreters
- Develop a consistent training program for class teachers on role of interpreter.

**STRATEGY**

2.2 Improve leadership in the centres

**ACTION**

Professional learning

- Create a curriculum-focused forum for the centre coordinators that facilitates regular exchanges of pedagogy, initiative and good practice.

**STRATEGY**

2.3 Provide high quality, discipline specific professional learning

**ACTION**

Professional learning

- Conduct an annual audit of the training needs of existing teachers and support staff
- Provide a sustained program of high quality professional learning that caters for teaching staff, support staff and includes a one-year mentoring program for all new appointments to centres, reflecting coordinated planning and agreement across Centres on format and timing of training provided for all cohorts
- Develop a coordinated process that enables accessing of existing national professional development programs (Victorian Deaf Education Institute, University of Newcastle, Australian Association for Teachers of the Deaf)
- Budget for training requirements identified
- Ensure that training sufficient to satisfy the National Australian Association for Teachers of the Deaf Competencies (NAATD).
RECOMMENDATION 3

Delivery of the right service at the right time

Delivery of the right service at the right time – the centres for hearing impaired will be involved in improving service delivery.

STRATEGY

3.1 Implement a curriculum that responds to the specialist needs of this cohort

ACTIONS

Pedagogy

- Implement a curriculum that responds to the specialist needs of this cohort and provides programs in speech, language, auditory management and social skills
- Audit centre programs in speech, language, auditory management, social skills and transition processes
- Include a consistent speech pathology service in centres that has expertise in working with DHH students
- Provide interpreting support for non-class activities (extra-curricular)
- Develop and apply a consistent approach to pathway/transition planning.

Human resources

- Provide a psychology service to the centres that has expertise in the needs of DHH children and students
- Develop job and person specifications for educational interpreters including non-classroom duties.
RECOMMENDATION 4

Engagement and wellbeing

Engagement and wellbeing of students, families and communities – the centres for hearing impaired will develop consistent practices in catering for student need.

STRATEGY

4.1 Increase engagement with Deaf families and raising Deaf awareness

ACTIONS

Governance

- Develop a school improvement plan that articulates the process for engagement with the Deaf community and development of a Deaf-friendly ethos
- The annual school report will include a report on the CHI and the student learning achievement
- There will be a report on the CHI at school governing council meetings.

Pedagogy

- Schools and centres will link with national and international events of significance
- Schools will provide regular opportunities for hearing families to meet Deaf staff and other families.

STRATEGY

4.2 Improve capacity to meet needs of students with additional impairments through effective pedagogy

Pedagogy

- Assess the impact of co-morbidity upon educational achievement
- Engage allied services to provide support.

Intervention

- Students with more than one service involved in their schooling will be part of a ‘team around the child’ strategy to involve families, agencies and Integrated Services/Statewide Support Services in coordination and collaboration on the learning and wellbeing for each student.
RECOMMENDATION 5

Managing assets more effectively

Managing assets more effectively – the centres for hearing impaired will be involved in systemic processes that ensure a consistent provision of support structures.

STRATEGY

5.1 Provide effective learning conditions and classroom amplification through technology and acoustics

ACTIONS

Learning environment

- Audit centres to ensure all learning places meet the department’s acoustic performance standards
- Conduct an annual audit of Soundfield systems
- Investigate the viability of live captioning for secondary CHI students
- Investigate interstate captioning services for electronic media and the viability of access for South Australia.

STRATEGY

5.2 Planning to meet learning and wellbeing needs through achieving a critical mass of students

ACTIONS

- Plan for integrated classes in centres to have four or five DHH students per average class in primary and junior secondary classes
- Conduct a systemic investigation of the equitable access needs of senior secondary students.
STRATEGY

5.3 Ensure obligations under the Disability Discrimination Act are met through a sustainable service

Policy

- Maintain current resourcing levels for the centres
- Establish specific eligibility criteria for students to access a centre based on educational needs (not reliance upon the H Level of Support, which has a different purpose).

Implementation

- Conduct bi-annual mapping of all children eligible for CHI, including prediction data to inform equity of access, staffing and transport requirements
- Track systemically the pathways of CHI students on schooling exit to inform future practice and policy in centres for hearing impaired to maximise long-term equitable employment for young people
- Establish an implementation group (duration 18 months) to oversee the review recommendations, to include representation of families, the Deaf Community and the Auslan Reference Group
- Share the report with all interested stakeholders.
Model of service delivery

The review aimed to provide a model of service delivery that would maximise the potential of the Deaf and hard of hearing (DHH) students and ensure they received the optimum benefit from their education into the next decade, in line with the legislative requirements as articulated in the Disability Discrimination Act.

The consultation and literature review identified a critical mass of students as a crucial factor in service delivery. The critical mass provides for the effective delivery of a highly specialised service to a discrete cohort of students, namely those who are DHH in an integrated setting. This is especially so when the required methodology is language focused and possibly delivered in an alternative modality.

The centres have experienced declining and fluctuating enrolments, which does not make the continuation of the six centres viable in their present form.

Using the findings of the consultation, data analysis and research, five models for service delivery were developed in consultation with the steering committee.

Consideration was also given to the possibility of a stand-alone Deaf school but this was not in line with DECD policy and research nationally and internationally showed this as a waning trend.

Five models for service delivery were proposed and considered. Appendix 5 provides discussion of the elements of the various models and the selection process.

Table 1: Five proposed CHI option models – grey shading shows preferred option

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maintain existing 6 centres with no change</td>
</tr>
<tr>
<td>2</td>
<td>Maintain existing 6 centres and implement recommendations of the report</td>
</tr>
<tr>
<td>3</td>
<td>1 centre, Birth-Year 12, co-located, central location (approximately 80 students, 45 staff) and implement recommendations of the report</td>
</tr>
<tr>
<td>4</td>
<td>2 primary centres (approx. 25 students and 13 staff each, including bilingual preschool) 1 secondary centre (approx. 35 students, and 18 staff) – all co-located, and implement recommendations of the report</td>
</tr>
<tr>
<td>5</td>
<td>2 primary centres (approx. 25 students &amp; 13 staff each, including 2 bilingual preschools) 2 secondary centres (approx. 17 students each, and 9 staff) – all co-located and implement recommendations of the report</td>
</tr>
</tbody>
</table>
The final reconfigured option proposals were analysed and the working group recommended Option 5, based on the analysis presented in Table 2 below.

*Table 2: Analysis of the five proposed CHI options – grey shading shows preferred option*

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maintain existing 6 centres – no change</td>
<td>No critical mass, no avenue for change. Does not address any of the recommendations. Five sites against this option</td>
</tr>
<tr>
<td>2</td>
<td>Maintain existing 6 centres – implement recommendations</td>
<td>No critical mass, limited avenue for change although implementing recommendations would improve some services. Three of the four primary centres agreed to this option but were concerned about possible staffing losses</td>
</tr>
<tr>
<td>3</td>
<td>1 centre, Birth-Year 12, co-located, central location (approximately 80 students, 42 staff)</td>
<td>Meets the critical mass and provides an opportunity to create a seamless service in a co-located environment. Auslan as LOTE. Lack of availability of a centrally located Birth-Year 12 school in/or near Adelaide. Least favoured option of CHI Steering Committee representatives. This option restricts parent choice</td>
</tr>
<tr>
<td>4</td>
<td>2 primary centres (approx. 25 students &amp; 13 staff each, including bilingual preschool) 1 secondary centre (approx. 35 students, and 18 staff) – all co-located</td>
<td>Agreed in principle with the reduction in primary settings to one in north and one in south as supported the critical mass and the ability to implement the recommendations. Secondary schools also agreed it best met the students’ needs to a greater extent but requested the maintenance of the two secondary schools in the interim. This inclusion also considered by the primary school as see both secondary schools serve different purposes and suit different students. Two bilingual preschools requested</td>
</tr>
</tbody>
</table>
| 5      | 2 primary centres (approx. 25 students & 13 staff each, including 2 bilingual preschool) 2 secondary centres (approx. 17 students each, and 9 staff) – all co-located | All agreed to Option 5 being put forward as addressed the issues raised in Option 4 namely:  
- maintaining the 2 secondary schools  
- reducing the primary settings to 2  
- for 2 bilingual preschools to be co-located with primary schools  
- for a primary school in north and south with students attending the nearest option  
- that recommendations are implemented to ensure equity, continuity and consistency across sites  
- to better use salaries  
- that the recommendations can be actioned.  
This option meets the critical mass |
Recommended model

The recommended model is Option 5 – a total of four co-located centres, achieved by reducing the current primary school centres from four to two and maintaining the current two secondary schools. The primary centres are each to incorporate a bilingual preschool.

The review further recommends that following a transition to fewer primary centres, consideration be given to replacing the two secondary centres with a single facility.

The viability of an option of a single co-located centre in a centrally located Birth-Year 12 school should be further researched following the implementation of this review’s recommendations and monitoring of outcomes.

Implementation considerations

Ideal service elements

In seeking the best outcomes for the Deaf and hard of hearing (DHH) students this work reflects the principles of the department’s strategic plan and Building a High Performing System, and encompasses:

- Service quality
- Sustainability
- Effective teaching and learning
- Inclusion and integration.

Regardless of the setting for facilities that cater for DHH students, the following are required elements of a quality service, drawn from the literature and consultations. Some of the elements are independent, some interdependent and some dependent. The derivation of these elements is documented in Appendix 6.

Table 3: Factors to consider for a sustainable model – developing a sustainable service model for centres for hearing impaired takes into account these factors.
The outcome – raising student achievement and sustaining high performance

Each of the factors illustrated above are further described below and discussed fully in Appendix 5, which addresses the development of the preferred service model.

Critical mass

The effective delivery of a highly specialised service to a specific cohort of students with special needs in an integrated setting requires a critical mass of target students. This is especially so when the required methodology is language focused and possibly delivered in an alternative modality.

Research indicates critical mass for integrated DHH students is between a minimum of three per class, up to a maximum of 30% of the class – this facilitates learning from each other and has a positive impact upon social and emotional development.

Intercultural methodology – Bilingual-bicultural (Auslan)

DHH students educated through a bilingual-bicultural (bi-bi) approach have better development in cognitive, linguistic, and meta-linguistic processes than their monolingual peers, as having a basis of sign language benefits the acquisition of spoken and written English.

Individual DHH students integrated into a class do not have a communication community to learn from or with, as do their hearing peers.

Most CHI students are unable to sufficiently access spoken English to gain full comprehension. Bi-Bi education uses sign language as the primary language for instruction and provides support to maximise the acquisition of spoken English and celebrates DHH students as visual learners (not deficient auditory learners).

Culture is conveyed through the language.

- Multiculturalism/Bilingualism involves the ability to use two or more different languages successfully.
- Inter-culturally proficient people are able to function and interact in a culturally diverse community.

Leadership – systemic/local

Catering for the needs of any cohort with special needs requires specialised leadership at the local and system level.

Fulfilling the rights of DHH students to access a quality education requires discipline specific leadership that includes managing access, curriculum, methodology, resources, accountability, governance and staff expertise.
Skilled workforce

Bilingual-bicultural education requires specialised teaching staff who have an understanding of how DHH students think and learn.

The need for qualified teachers and support staff with qualifications in the field and in the communication modality/language, with access to discipline specific professional learning was raised as a concern in the consultations and in the literature.

Educational interpreters (Auslan)

Educational interpreters provide DHH students with access to teacher instruction and all aural communication – facilitating independence, fostering communication with hearing peers and enabling participation in classroom activities. Providing DHH students with similar access to the learning environment and extra curricula activities enables them to make similarly informed decisions regarding their learning.

Consultation feedback indicated the interpreter role was perceived as crucial for providing opportunities for enabling students to access all aspects of schooling and required formal qualification and ongoing training.

Professional learning

Having a skilled workforce in any area of special education requires the maintenance of discipline-specific knowledge and skills through professional learning.

Discipline-specific curriculum

Students with special needs have particular curriculum requirements. For DHH students these include language development, speech and articulation, auditory habilitation, classroom audiology, wellbeing and identity, and social skills development.

The consultation and research affirmed the need for support that was qualified and experienced in the needs of DHH students in areas of speech pathology, audiology, psychology and counselling.

Inclusive ethos

Outcomes for DHH students are enhanced when placed in mainstream classes with support.

Curriculum and wellbeing outcomes for students with special needs are enhanced when schools have an evident ethos of inclusion and diversity.

Learning environment – space, acoustics, amplification

DHH students require various technical interventions to enhance access to the curriculum – including personal amplification, classroom amplification, acoustic management, captioning, lighting to enhance speech reading, clear lines of vision. Amplification and sign language alone is insufficient to enable DHH students to learn the same material at the same rate as their peers.
Community engagement

As centres of expertise, engagement with the local school community and the wider Deaf community enriches schooling for DHH students and enhances a centre’s sustainability.

Sustainability

Students with special needs can experience greater disruption to schooling due to the lack of a cohesive and sustained program.

Outcomes for all students are improved when there is a system-wide approach to ensure interventions for all children and students with impaired hearing are consistent, coherent and integrated – including eligibility criteria, placement, availability, staffing, curriculum, staff expertise, expectations, accountability and leadership.

Enrolment projection

Based on current enrolment numbers, the viability of moving and integrating the primary students in the north into one setting and maintaining the only southern primary centre would enable the reduction of the primary schools from four to two. It would be plausible to maintain Klemzig in the north and Brighton in the south.

The predicted enrolments have been extrapolated from data provided by Early Intervention Services. There are predicted to be a total of 31 DHH students eligible for a CHI in 2014, 20 in 2015, 11 in 2016, 10 in 2017 and 12 in 2018. Although eligible, a breakdown of these totals into the various settings the families may choose, including other DECD services and non DECD services is at present arbitrary and inconclusive.

It is predicted that on average, six new students will enrol in the centres each year. The overall CHI enrolment will remain reasonably constant.

The inclusion of Auslan bilingual preschools in both the two primary sites will provide access for children who are DHH and CODAs (Children of Deaf Adults), through a state-wide panel process and will support the families to know their children are enrolled into the system from the point of early identification and enable access to early intervention with a smooth transition into school.

Maintaining the two secondary schools in the short term while further investigation is undertaken to identify whether to develop a single new Birth-Year 12 site, or amalgamate the current secondary sites will provide time to implement the report recommendations and analyse whether the interim programs enable the DHH students to achieve beside their hearing peers.
Site selection

The following were identified as important issues for consideration when selecting a new site for a special option, such as a centre for hearing impaired.

- Accessible by public transport
- Inclusive ethos that welcomes diversity
- A large school with broad curriculum offerings
- Access to support services
- Sustainable – including enrolments, staff expertise, leadership.

Changes required

Achieving a quality service that embodies the elements outlined above, requires changes to the services currently provided through the centres. These changes include the following:

- Policy – introduce a bilingual-bicultural policy, access to the co-located schools for siblings of those with impaired hearing, revised CHI eligibility criteria
- Number of facilities – reduce to achieve critical mass
- Leadership – discipline-specific expertise and leadership at the local level and across the system
- Auslan – introduce Auslan as LOTE and training for families
- Educational interpreter – create a new classification
- Auslan standards – introduce a standard for staff
- Curriculum – meet student needs with programs in speech, language development, social skills, wellbeing, audiological management
- Professional learning – provide discipline-specific training for all centre staff
- Speech pathology and psychology services – provide services with specialised expertise
- Community engagement – include the Deaf community
- Governance – represent the centre in school administration and governing councils
- Engagement with support services – utilise the services of the Integrated Services/Statewide Support Services
- There would be no impact on the total staffing entitlements, as the resource entitlements were outside the scope of this review.
- There would no changes predicted for the resourcing of the centres.
Potential costs

Major costs involved in the implementation of the review recommendations include the following:

**Implementation process** – establishing an Auslan Standard, resourcing to implement Auslan training courses, mentoring for new staff, developing the educational interpreter role with Human Resources and Workforce Development and an induction program, overseeing the introduction of Auslan as LOTE, facilitating a trial of live captioning, developing a process for centres to have dedicated speech and psychology support.

**Bilingual preschool** – establishment of a new preschool facility

Training – introducing a standard in Auslan will require additional training and introduction of an assessment process; introduction of a mentoring program for staff new to a centre

Transport costs – a change in the number of centres may result in changes to the total costs for transporting CHI students

There would be no impact on the total staffing entitlements, as the resource entitlements were outside the scope of this review.

There would no changes predicted for the resourcing of the centres.

Interim plans for those current CHI students who remain in their existing co-located school and not transferring to a different centre following the closure of their existing CHI.

Risks

Some of the risks associated with the implementation of the review’s recommendations include:

- not introducing the recommended changes will miss an opportunity to maximise the achievement of DHH students
- implementing changes may result in loss of some qualified and experienced staff
- a lack of qualified and experienced staff able to provide discipline specific leadership
- failure to introduce a structure overseeing the centres will allow continued inconsistency in service and lack of cohesion.
Background

The review of the Centres for Hearing Impaired (CHI) was instigated in 2014 following approaches to the Minister for Education and Child Development by concerned parents whose children had a hearing impairment. The Minister requested the department undertake a comprehensive review of the six centres for hearing impaired based within metropolitan Adelaide.

There are four primary and two secondary centres. The two secondary centres at Adelaide High and Windsor Garden Secondary College cater for 17 and 15 students respectively and provide different approaches to service delivery. In the primary sector, Klemzig with 20 students and Brighton with 15 are the larger centres and are located north and south of the city. Elizabeth Park has an enrolment of seven students and Hillcrest 13. The centres are co-located with a mainstream school.

Table 4: The location of the six centres for hearing impaired and establishment date
The centres provide for students with the most significant hearing loss and greatest communication needs, that is those students with a bilateral hearing loss greater than 40 decibels (dB).

The review of the centres for hearing impaired operated from February to September 2015. The purpose of the review was to develop an effective service model for the centres for the next decade.

Extensive consultation occurred with the families, staff, students, governing councils of the six centres, the allied agencies and the Deaf Community in the first six months of 2015.

A series of recommendations and proposed models were developed in consultation with the steering committee. Consensus was reached by the CHI representatives on the committee and the recommendations were endorsed for inclusion in the report.

The review committee identified five key areas for the development of the recommendations that reflect the DECD Strategic Plan 2014 – 2017 and the plan for Building a High Performing System. Strategies and actions were developed based on the major themes raised through the research and consultation process.

Data was sourced from the system and sites. The wealth of information informed and focused attention on areas that were valued and seen as vital to maintain a quality services, plus areas that required improvement or new direction. The findings from an evidence-based literature research on comparable populations were evaluated and aligned with the review’s thematic topics. This process supported the development and formulation of the recommendations and strategies outlined in Section 2.

**Profile of students attending a centre for hearing impaired**

There are currently 84 students enrolled in the six centres across all year levels from Reception to Year 12. As illustrated in Table 5 the numbers in each year level vary and in some centres there are no enrolments in some of the designated year level. The composition of the centres by year level is reflected in the table over page.
While hearing impairment is a low-incidence impairment, the impact upon the individual is significant. Any level of hearing loss during childhood will impact upon the development of speech and language.

The students enrolled in the six CHIs have a level of hearing loss that ranges from mild to profound as described in (Table 6).

**Table 6: Level of hearing loss of students by centre as at May 2015**
Generally, children and students with impaired hearing will exhibit a range of educational needs, which include:

- delayed spoken language acquisition
- restricted curriculum access
- poor development of identity and social skills
- need for support of technical interventions.

Meeting the needs of this cohort requires specialised services and skilled staff. Jurisdictions across Australia and overseas have been challenged meeting these needs and especially for those who access the curriculum through sign language.

Of the students currently attending CHIs, sixty (71%) use Auslan (Australian Sign Language) as a communication mode. Table 7 illustrates that 45% of CHI students use both Auslan and Oral Aural, 26% only Auslan and 29% Oral Aural only.

*Table 7: Communication modality across all centres*

Deaf students are not the same as hearing students who can’t hear. The removal of communication barriers through the use of sign language or amplification is insufficient to enable Deaf students to learn the same material at the same rate as their hearing peers.

The Hillcrest Oral Aural Unit has not provided for students requiring Auslan. The majority of students using Auslan are from hearing families (94%) and experience difficulty in acquiring a first language because of the communication miss-match within the family. Despite the best attempts of hearing families they cannot provide the Deaf child with an Auslan-rich environment that equates to the English-rich environment experienced by hearing babies, when the family is learning Auslan as a second language.

Each of the centres includes students with cochlear implants (28% of the total CHI population) who are supported to develop speech and language through the optimising of residual hearing and are taught through oral aural methodology.
Fifty-three (63%) of the students have been provided with hearing aids by Australian Hearing. It should be noted that 5% of students use both cochlear implants and hearing aids. The range of amplification systems used by students in CHIs is illustrated in Table 8.

Table 8: Amplification used by students attending a centre for hearing impaired, May 2015

The nature of the CHI student cohort has changed as more children survive premature birth and enter school with additional impairments, which have a compounding effect upon curriculum access. Twenty-six per cent of the CHI population have a verified impairment in addition to hearing loss as shown in the table below.

Table 9: Additional Impairment as verified by DECD (Students with Disabilities Data Base, May 2015)

Further to the presence of additional impairments, there are various other factors that compound difficulties with curriculum access for the CHI students. These include high percentages of students not having English spoken at home or coming from an Aboriginal background. The CHIs are co-located in mainstream schools that already experience higher than average percentages for these factors as illustrated in Table 10. (Further information is available in Appendix 3)
Table 10: Comparison of average of complexity of government school, mainstream CHI host schools and CHIs, May 2015

<table>
<thead>
<tr>
<th>Home language</th>
<th>State school average</th>
<th>The 6 mainstream schools, average</th>
<th>Centres for hearing impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language other than English spoken at home</td>
<td>12%</td>
<td>21.5%</td>
<td>46%</td>
</tr>
<tr>
<td>Aboriginality</td>
<td>4.2%</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Students with a DECD verified impairment</td>
<td>8.9%</td>
<td>7.8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Student group**

The complexity of the student group and the need for specialised expertise has resulted in 43% of the DHH students having a non-DECD agency visiting the school to provide additional support during school hours. (See Appendix 3)

In addition to the CHI students reflecting different levels of language competence, higher levels of linguistic and cultural backgrounds, multiple impairments as discussed previously; the national and international literature also mention the following common features. (See Appendix 4)

The following are key points to note:

- Hearing loss is low incidence but has a **high, and much individualised, impact** upon the child.
- All categories of hearing impairment have a **negative** impact on achievement.
- The impact is compounded when combined with **additional impairments** or disadvantage.
- DHH students show **delays** in all areas of the curriculum, not just literacy.
- Over 92% of all students with significant hearing impairment are born to hearing parents and will **struggle to access** (or acquire) their parent’s language.
- Between 30-40% of DHH students will have **additional impairments**.
- The level of hearing is **not a predictor** of educational success. Any level of loss will interfere with language, communication and social development, which interferes with learning.
- A much higher percentage of these students are **unemployed** in the years following schooling.
- Students with **cochlear implants** do not perform as hearing students do, but have needs similar to those with moderate hearing impairment.
- Most students with cochlear implants choose to acquire **sign language** at some time.
Despite advancements in hearing technology (eg digital hearing aids, personal FM units, cochlear implants) providing some students with improved access to spoken language, there remains huge variability in spoken language outcomes and increasing achievement gaps with age.

Deaf students bring a different set of skills to the classroom. These include differences in cognitive and metacognitive abilities – working memory, information processing, integration/organisation of knowledge, evaluating own comprehension and performance.

The earlier language achievement following the introduction of newborn hearing screening programs around the world (from 2006 in SA) has yet to show long term impact on student achievement.

**Current facilities**

The department’s range of supports for those with impaired hearing includes six Centres for Hearing Impaired (CHIs) which are special option facilities catering for those with significant hearing impairment. The Special Options Group is chaired by the Director Special Education and determines the policy, eligibility criteria and resourcing for the CHIs.

Line Management is through the school principal and the Office for Education. The coordination and daily running of the CHI is managed by the school principal with the support of the Coordinator. In one centre the Coordinator is also the Assistant Principal.

The Centres are part of a range of options which support a total of over 2000 children and students with impaired hearing. In providing for those students with the most significant hearing loss and greatest communication needs, the Centres are considered to be centres of expertise. The Centres are not zoned and are located across the metropolitan area.

Other state-wide services for children and students with impaired hearing include:

- Early Intervention Service: Hearing Impaired (birth to school entry)
- Kilparrin Teaching and Assessment School (dual sensory impairment)
- Special Educators (Hearing)
- Disability Support program funding
- Auslan risk management funding.
Eligibility criteria

There is no specific criterion for enrolment in a centre. With the demise of distinct speech and hearing centres in 1994, the Highest Level of Support (H LoS) provided through the Disability Support program was adopted as the eligibility criteria (see Appendix 7). This criteria originated in the 1980s to provide Deaf students in country regions with funding that approximated the amount they would have attracted if they had been able to enrol in a local centre.

Under DECD policy, the H LoS provides eligibility to enrol in the nearest centre – on the understanding that each centre can meet the education needs of all eligible DHH students. Approval of the H LoS is through a state-wide panel and requires applicants to meet both impairment and disability criteria.

Not all students who receive the H LoS choose to enrol in a centre. Of the 124 students who meet the eligibility for centre enrolment (June 2015), 84 are currently enrolled in a centre for hearing impaired. Of the remainder, 23 attend their local country school and 17 attend a local metropolitan school. The service for these students is outside the scope of this review.

Resourcing

Resourcing for the centres is documented in the resource entitlement statement (RES), provided as a sub-RES attached to each school’s RES.

Each centre has an entitlement of 0.4 FTE for a coordinator for administrative purposes, classified as Band B 1 level.

Each full-time student enrolled in the CHI accrues 0.25 FTE of a teacher salary.

There is a base allocation of 30 hours for a school support officer (SSO) for administration support per centre, in addition to 26 hours 40 minutes SSO time per 1.0 FTE. The staff resourcing for each CHI is outlined on Table 11.

Table 11: Staff entitlement based on March 2015 enrolment

<table>
<thead>
<tr>
<th>Centres for hearing impaired</th>
<th>Enrolment</th>
<th>Teacher entitlement (FTE) (RES, May 2015)</th>
<th>SSO hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brighton Primary School</td>
<td>14</td>
<td>4.71</td>
<td>136 hrs 40 mins</td>
</tr>
<tr>
<td>Elizabeth Park Primary School</td>
<td>7</td>
<td>2.41</td>
<td>83 hrs 20 mins</td>
</tr>
<tr>
<td>Hillcrest Primary School</td>
<td>11</td>
<td>3.56</td>
<td>110 hrs</td>
</tr>
<tr>
<td>Klemzig Primary School</td>
<td>20</td>
<td>6.14</td>
<td>163 hrs 20 mins</td>
</tr>
<tr>
<td>Adelaide High School</td>
<td>17</td>
<td>5.54</td>
<td>163 hrs 20 mins</td>
</tr>
<tr>
<td>Windsor Gardens Secondary College</td>
<td>15</td>
<td>5.69</td>
<td>136 hrs 40 mins</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>84</strong></td>
<td><strong>28.05 FTE</strong></td>
<td><strong>(793 hrs 20 mins)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>21.14 FTE</strong></td>
</tr>
</tbody>
</table>
Each centre attracts an allowance for temporary relieving teachers (TRTs) of between 17 and 26 days per year. This allowance is based upon each centre’s total FTE.

Each centre also attracts an annual grant of between $4,000 and $5,500. These grants are historic in nature and are not aligned with enrolments or staffing numbers.

The centres are co-located with mainstream schools and each centre’s staff is a significant component of the co-located mainstream school’s resourcing.

The CHI enrolments constitute between 2% and 8% of the total school population.

The CHI teaching staff constitute between 5.6% and 22% of the school’s total teaching staff.

The CHI SSO officers constitute between 13% and 29% of the school’s total support staff.

Table 12 illustrates a comparison between the mainstream and the co-located CHI resourcing entitlements for 2015.

**Table 12: Staff entitlement, comparative – March 2015 enrolment**

<table>
<thead>
<tr>
<th>Centre</th>
<th>School Enrolment (sa.gov.au)</th>
<th>School Teacher entitlement (FTE)</th>
<th>School SSO entitlement (FTE)</th>
<th>Centre for Hearing Impaired (RES, May 2015) Enrolment - as % of whole school</th>
<th>Centre for Hearing Impaired (RES, May 2015) Teacher entitlement – as % of whole school (FTE)</th>
<th>Centre for Hearing Impaired (RES, May 2015) SSO entitlement (FTE) – as % of whole school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brighton Primary School</td>
<td>620</td>
<td>37.1</td>
<td>10.3</td>
<td>14 (2.2%)</td>
<td>4.71 (10.1%)</td>
<td>3.6 (26%)</td>
</tr>
<tr>
<td>Elizabeth Park Primary School</td>
<td>345</td>
<td>25.8</td>
<td>14.6</td>
<td>7 (1.9%)</td>
<td>2.41 (8.5%)</td>
<td>2.2 (13%)</td>
</tr>
<tr>
<td>Hillcrest Primary School</td>
<td>198</td>
<td>16.8</td>
<td>7.7</td>
<td>11 (5.2%)</td>
<td>3.56 (17.4%)</td>
<td>2.9 (27%)</td>
</tr>
<tr>
<td>Klemzig Primary School</td>
<td>213</td>
<td>21.7</td>
<td>10.8</td>
<td>20 (8.6%)</td>
<td>6.14 (22%)</td>
<td>4.4 (29%)</td>
</tr>
<tr>
<td>Adelaide High School</td>
<td>1251</td>
<td>93.8</td>
<td>23.3</td>
<td>17 (1.34%)</td>
<td>5.54 (5.6%)</td>
<td>4.4 (16%)</td>
</tr>
<tr>
<td>Windsor Gardens Secondary College</td>
<td>515</td>
<td>45.5</td>
<td>23.2</td>
<td>15 (2.8%)</td>
<td>5.69 (11.1%)</td>
<td>3.6 (13%)</td>
</tr>
</tbody>
</table>
Stimulus for the review

Since the last systemic review of services for Deaf and hard of hearing children and students in South Australia in 1984, four new facilities have opened and nine have closed.

Over the past 20 years there have been significant service changes which include the following:

Enrolments

- Declining enrolments – total CHI enrolments halved between 1995 and 2004
- Increasing inclusion of CHI students into mainstream classrooms
- Development of different formats for inclusion, eg ‘reverse integration’, ‘partial integration’, ‘bilingual bicultural model’.

Workforce

- Loss of CHI principal leadership positions in 1994, and the simultaneous move of the management of the Visiting Teacher Service from the CHIs to become hearing service coordinators within the regional support services under the groups of districts
- Variations to workforce supply and skills to meet changing needs, eg significant increase in SSO entitlement in 2010
- Loss of Teachers of the Deaf training course in SA during the 1990s.

Developments

- Recognition of Auslan as a community language, 1987
- Developments in personal amplification – introduction of personal FM units, digital hearing aids, bone conductors, cochlear implants, bone anchored aids
- Introduction of classroom amplification (Soundfields), DECD’s Acoustic Performance Standard and management of classroom acoustics
Concerned with falling enrolments, the coordinators and principals of the centres wrote to the assistant director special services and the superintendent of special education and equity in 2001 with a proposal to consolidate the centres. No changes were pursued.

During 2013 and 2014 a Deaf Education Think Tank was facilitated by Special Education. The Think Tank was composed of centre principals, coordinators, managers support services and several assistant regional directors and considered the potential benefits of a consolidation of the centres but no action followed.

Reviews in other states have resulted in significant reshaping of services – the Victorian department introduced a Deaf Education Institute in 2011 to ensure a rapid up-skilling of the workforce; the Western Australian department merged the existing Institute of Deaf Education to create the School for Special Education Needs: Sensory in 2011, responsible for all aspects of vision and Deaf education – policy, criteria, resourcing, staffing, support services, centres, training and assessment.

Forty years of international research shows that despite various interventions, Deaf students who use sign language leave school with the literacy of a 10 or 11 year old. The NAPLAN results for the CHI students 2008-2014 show they are four to five times as likely to be below the standard for their age group as their hearing peers. (Table 13 and Table 14 NAPLAN results for all CHI students, 2008 -14 numeracy and reading).

*Table 13: NAPLAN – Results for all CHI students, 2008 –2014, numeracy*

<table>
<thead>
<tr>
<th>Year level</th>
<th>Percentage below national standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Average</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>
The retention rate for the CHI students is 81%, compared to a state average of 92%. (See Appendix 3.10)

The argument to make significant changes to the current service model for centres for hearing impaired is clear from the evidence provided in this report and it is timely to consider the recommendations of the review and to put into actions that will provide the framework in establishing a new model.

Table 14: NAPLAN – Results for all CHI students, 2008 – 2014, reading

<table>
<thead>
<tr>
<th>Year level</th>
<th>Percentage below national standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Average</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>
Detail

Introduction

Students with disabilities are protected by legislation to seek admission, participate in programs, and use facilities and services of education institutions on the same basis as a student without a disability – so that the person has choices and opportunities that are comparable to those available to students without disabilities.

The Disability Discrimination Act 1992 and the Disability Standards 2005 legislation are articulated in the department’s Students with disability policy 2014, and in particular the document On The Same Basis: Implementing The Disability Discrimination Act Standards For Education.

The Education Act of South Australia acknowledges that a range of options and programs will be made available for students with disabilities including those who are hearing impaired. (Sections 75B and 75D).

The accumulated evidence raised through the review supports the need to establish a new model based on the fact that a critical mass enables the successful implementation of many of the recommendations tabled.

The literature cites that a ‘critical mass’ (ie to have 3-4 DHH students per year level) enables additional specialised support to be employed and also facilitate learning from each other for both teachers and students and has a positive impact upon social and emotional development.

To accomplish this, there is a need to amalgamate the four primary CHIs into two. Composite classes may be required to achieve the minimum critical mass of DHH students.

Inclusion of the DHH students into mainstream classes is proven to have stronger learning outcomes for all students if there are two teachers, one a highly skilled teacher of the Deaf and the mainstream teacher. A comparison can be made with the Inclusive Preschool program for Aboriginal children with hearing impairment, which employs 0.5 FTE teacher of the Deaf, 0.5 FTE early childhood worker, 0.4 FTE speech language pathologist. The staff work closely together to share knowledge about curriculum and share an understanding of the type of instruction and methodology the students require.

There would also be a larger presence of the Deaf community and with them the opportunity to enhance the knowledge, build empathy and breakdown the barriers to collaborative and supportive education and care.

The ability to have a teacher of the Deaf and skilled BSSO plus the mainstream teacher in each class with DHH students will enrich the learning environment as the Deaf students and their specialised staff and culture bring a different set of skills into the classroom.

For this to be successful there needs to be teamwork, joint planning with shared educational and social goals, employment of staff with fluent sign language skills, deaf role models who engage with wider Deaf community, differentiation of the curriculum to meet the students’ needs and recognition and celebration of achievement.
To be sustainable the model requires leadership that nurtures a bilingual-bicultural approach, where the need to provide accommodations for the curriculum access needs of DHH students is seen as a whole-of-school responsibility. Achievement of this requires support from policy that drives access, resourcing and accountability.

**Based on all the previous discussion the preferred model is Option 5.**

The selection of Option 5 was endorsed by the working group and the steering committee. The decision was informed by the review process, consultations, data, research and the major findings. The discussion of the model is part 6 of this section.

**Review process**

The CHI review was overseen by a steering committee chaired by the executive directors of DECD’s Preschool and School Improvement and Office for Children and Young People. A working group completed tasks and background work for the preparation of the report. A steering committee as part of its obligations worked collaboratively to provide guidance, monitor progress, consider the recommendations and endorse the report.

The review was scoped to include:

- a data and literature review
- population analysis and prediction and service modelling
- analysis of policy and governance
- review of how other jurisdictions support students with hearing impairments
- a series of consultations with communities (including students) associated with centres
- visit to each of the six centres by the review team.

The consultation process was a key element of the review and focussed on engaging significant members the CHI communities namely:

- governing councils
- families
- staff
- students
- allied agencies
- deaf community

through a series of consultations that provided the participants with an opportunity to comment and record their views on four fundamental perspectives that of the strengths, opportunities, aspirations and other thoughts relating to the CHIs current functions and future directions.
The major findings

The outcome of the surveys, consultation, and research and data analysis was the compilation of a range of topics which formed the basis of the report’s recommendations. The areas were:

- Auslan and Auslan as LOTE
- staff including qualifications and skills, staff professional development needs and staff procedures
- curriculum design and differentiation
- deaf culture community awareness
- integration, inclusion and its impact
- pathways, transition and life skills
- technology, captioning and equipment
- interpreters.

Data

The review’s deliberations required the collection and consideration of extensive data about students, staff, curriculum and resourcing. The templates used and the data collected are available in Appendix 3.

Surveys to collect data on staff (de-identified) included:

- position held
- teacher qualifications
- teacher of the deaf qualifications
- special education qualifications
- Auslan first language users
- Auslan accredited training
- years of experience in Deaf education.

Data Management provided centre data on:

- yearly enrolments
- attendance
- retention
- NAPLAN results
- number of CHI students who attempted NAPLAN
- home suburbs of CHI students.
A data dashboard was used to collect the following data on CHI students (de-identified):

- year level
- home language
- Aboriginality
- additional verified impairment
- degree of hearing loss (mild, moderate, severe, profound).
- communication modality used for classroom instruction (Auslan, spoken English, combination)
- amplification device used during class time (hearing aids, cochlear implant, none)
- PAT M or Reading Recovery results
- years to complete SACE
- non-DECD agencies involved during school hours.

Whole-school data collected from school performance reports included:

- enrolments
- attendance rates

Whole-school data drawn from the My School website included staff numbers.

Centre information drawn from the resource entitlement statements included:

- teacher entitlement
- ancillary hours entitlement
- classification of the centre’s leadership position
- school operating grant amount
- temporary relieving teacher entitlement
- discretionary allocations for students with additional impairments

The students with disabilities database provided data on the numbers of students with disabilities in the whole school.

The Women’s and Children Health Network provided data from the Newborn Hearing Screening program.

The Early Intervention Service: Hearing Impairment provided predictions of centre enrolments.
Literature review

An extensive review of the research literature focused on education for students with a bilateral hearing loss greater than 40 decibels (dB) who were receiving high levels of direct support.

Articles were required to be peer reviewed, published, independently researched and relevant to the questions posed in the review. The complete literature review with references is available in the Appendix 4.

The general findings have been synthesised under several topics below.

Educational needs

- The achievement of DHH students is significantly below that of their hearing peers, they show delays in all areas of the curriculum, not just literacy
- Despite early identification and early intervention, most DHH students commence school without the linguistic ability to optimise benefit from instruction
- DHH students bring a different set of skills to the classroom, including differences in cognitive and metacognitive abilities
- The language delay that accompanies a hearing loss interferes with learning in various ways, including literacy development, background knowledge, poor social skills
- The complexity of student need is reflected in the different levels of language competence, knowledge of content and social identity
- There is a higher percentage of those with additional identified impairments
- There is a higher percentage of students from ethnic backgrounds, where the home language is not the language of instruction
- Hearing loss is a risk for late diagnosis, and many students with a late diagnosis commence school with delayed language
- DHH students experience almost double the level of mental health issues compared to hearing peers
- More likely to use sign language as the preferred mode of communication
- Students reliant upon speech and audition for learning require a clear signal:noise ratio, eg 20 dB advantage over background noise
- DHH students are more reliant upon visual cues and are more likely to be distracted
- Students with cochlear implants do not perform as hearing students do, but have needs similar to those with moderate hearing impairment
- Most students with cochlear implants choose to acquire sign language at some time
- A critical mass of DHH has positive impact upon social-emotional development
• Discipline-specific needs of DHH students that result from restricted communication (auditory management, social skill development, language development, wellbeing) remain, regardless of education placement

• Meeting these needs requires specialist skills and knowledge and cannot be met through ad hoc or informal programs.

Service provision trends

• There is a general move towards the non-categorisation of students with special needs

• Numbers attending special schools for the Deaf have fallen since the mid-1970s

• There is a move from segregation towards inclusion in the general curriculum, and though there is no consistent research showing the anticipated academic benefits, there is no evidence of harm.

• While inclusion is a pervasive issue in special education generally, it poses conceptual and practical challenges. There is no evidence of there being a negative impact upon the achievement of other students

• There is the expectation that DHH students will participate in national and state assessment regimes

• There is now a recognition that the learning needs of Deaf students differ from their hearing peers

• There is now a recognition that DHH students need communication accommodations regardless of the language modality

• There is an increase in the merging of special education teacher training programs

• Research supports the use of sign language with all DHH students

• Despite technology improvements and improved access to spoken language, there remains an unexplained variability in achievement gaps that increase with age

• There is no evidence that DHH students with additional complex needs are better educated in separate special schools

• Acquisition of a sign language does not interfere with the development of a spoken language, and can facilitate it

• Instruction provided by highly skilled teachers of the Deaf leads to better outcomes in reading and writing skills

• Some studies show that some DHH students make age-appropriate progress using an oral-auditory approach in the early years, however most do not

• Teachers of DHH students must work closely with class teachers and be knowledgeable about curriculum
There is some benefit for non-DHH students learning a sign language, and no evidence of harm

Despite improvements in technology, there remains a huge variability in spoken language outcomes for DHH students

The expectation that mainstream education would close the gap for DHH students has not materialised

Instruction needs to be paced to allow for the DHH students (regardless of preferred communication modality) time to look away from the speaker/signer and attend to visual aids/information

A bilingual approach to teaching does no harm and clearly contributes to wellbeing

Governments in many countries (UK, America, Canada, Australia, New Zealand) have moved to increase the participation of Deaf students in mainstream education – and though there is no consistent research showing the anticipated academic benefits, there is no evidence of harm

There is greater attention being given to the social needs of Deaf students, and the possibility these can be better catered for through co-enrolment where one of the two class teachers is fluent in sign language and there is access to Deaf role models

In America there has been an increase in the appointment of teachers without special education qualification, and an increase in the merging of special education teacher training programs

In Australia and New Zealand, the number of tertiary institutions providing courses preparing teachers of the Deaf has declined from nine in 1980 to three in 2015

The trend towards a bilingual approach is waning in the UK and Scandinavia due to a lack of conclusive evidence of improved outcomes

There is an increasing recognition of the potential for impact upon educational access for those with minimal hearing losses (a medical definition, not educational). Marschark’s research suggests children with losses at 16 dB may be at academic risk, especially in literacy.

**Inclusive practices**

- No single approach has proven to be the solution to the under-achievement of Deaf students.
- There is no evidence that language development in one modality interferes with another.
- There is no universal agreement upon either the criteria for determining levels of hearing loss or upon a model for service delivery.
- There is no unified provision of services for DHH students when looking at different countries.
- Placement in mainstream classes with the best hearing technology and/or the best sign language interpreting support does not automatically provide equal access.
Predictors of success

- The level of hearing
- The mode of communication
- Placement conditions that promote success amongst DHH students include:
  - a critical mass of DHH students, which facilitates the academic exchange of ideas and socialisation
  - teachers with specialist qualifications in Deaf education
  - an environment where the medium of communication is visual
  - teachers who have passed an exam in sign language fluency
  - a school environment that is Deaf friendly
  - a school environment that ensures full participation for DHH students.

System-level management

- There is now a recognition that while hearing loss is a low incidence disability, there is a limit to the viability of locally based services that are sustainable and high quality
- Leadership comes from policy makers, school governing bodies, principals and program leaders
- There needs to be an aggregation of students to enable the provision of specialist services – speech pathology, audiology, psychologist, counsellor, interpreter, program coordinator.

Models of service delivery for this cohort

Placement:

- Special schools (segregated)
- Co-enrolment (accessing special school support/programs within a mainstream setting) – placed in mainstream classrooms with withdrawal for special support lessons.
- Mainstream – placed in mainstream classes with support and accommodations provided within the classroom.

Communication modality:

- Extremes are – audition only (no lip-reading) – sign language only (no speech)
- Variations between the extremes include oral-auditory, Cued Speech, Total Communication, bilingual, bilingual-bicultural
- There is little evidence that oral-only education results in DHH students having literacy achievements that approximate the hearing peers
- After 20 years of bilingual education in some countries, the DHH students have not matched the literacy achievements of their hearing peers, though there is value in the interaction between students.
Teaching methodology

There are positive benefits in literacy from:

- explicit instruction in comprehension strategies
- teaching of story grammar and narrative structure
- use of modified directed-reading activities
- building background information before reading activities
- use of high-interest reading materials which have not been simplified in grammar or vocab
- building vocab knowledge.
- use of connected text rather than sentences in isolation to provide instruction in syntax or grammar
- promoting the use of imagery when reading
- teaching how to identify key words to assist comprehension.

DHH students especially benefit from:

- collaborative learning between students
- the use of concept maps and other visual aids to support knowledge organisation
- the explicit tying of new information to what students already know
- support in monitoring their performance
- the use of visual materials to support memory recall.

Factors that are predictive of success are shared across the different communication modalities, ie presence or absence of additional impairments, level of nonverbal cognitive abilities, family support, consistent exposure to a fluent language model, behaviour skills that reinforce interaction and learning.

Regardless of the placement of students, a strong collaboration is required between audiologists, teachers of the Deaf, school administrators, speech pathologists, psychologists and families.
Effective management

- There is recognition that while hearing loss is a low incidence disability, there is a limit to the viability of locally based services that are sustainable and high quality.
- Leadership is provided by policy makers, school governing bodies, principals and program leaders.
- The best school systems provide:
  - the right people to become teachers
  - support for the teachers to become effective instructors
  - the best possible instruction for every child
  - the aggregation of students to enable the provision of specialist services – speech pathology, audiology, psychologist, counsellor, interpreter, program coordinator.
- We need to question what the expected educational achievements are for DHH students.
- There is a significant delay in academic achievements for these students, whether they use sign language or spoken language or are placed in special schools or mainstream classes.
- Indicators of achievement include age at the onset of hearing loss, family socio-economic status, having a deaf parent and presence of additional impairments.

Students with additional impairments

- Due to the great individual variability among DHH students with additional impairments there is no clear evidence to guide practice.
- The suggestion that DHH students with additional complex needs are better educated in separate special schools is not supported by the research.
- DHH students with learning difficulties (often not diagnosed due to the impact of the hearing loss) will have challenges with the integration of information and require highly structured educational environments.
- The most effective interventions for DHH students with additional needs are family focused and involve a team of specialists.
- We need to question how to cater for the specific needs of the hearing impaired in an inclusive setting e.g., auditory management, social skills, language development, identity/wellbeing.
- The discipline-specific needs of DHH students that result from restricted communication (auditory management, social skill development, language development, wellbeing) remain, regardless of education placement.
- Meeting these needs requires specialist skills and knowledge and cannot be met through ad hoc or informal programs.
- Including Deaf students in mainstream classes increases opportunities for leadership, involvement in extracurricular activities and social interaction.
Preferred methodology

What does inclusion look like for this cohort?

- Of the approaches to language development and education, each is effective for some students but not all DHH students
- The acquisition of a sign language does not interfere with the development of a spoken language, and can facilitate it
- Instruction provided by highly skilled teachers of the Deaf leads to better outcomes in reading and writing skills
- Some studies show that some DHH students make age appropriate progress using an oral-auditory approach in the early years, however most do not
- Teachers of DHH students must work closely with class teachers and be knowledgeable about curriculum
- There is some benefit for non-DHH students learning a sign language, and no evidence of harm
- Instruction needs to be paced to allow for the DHH students (regardless of preferred communication modality) time to look away from the speaker/signer and attend to visual aids/information
- There should be a bilingual approach to teaching, as it does no harm and clearly contributes to wellbeing
- There should be formal and consistent transition programs to bridge early intervention support with preschools, to primary school, to secondary school, to post school options.

Required staff knowledge/abilities

- Deaf students can learn as much as their hearing peers when taught by experienced teachers of the Deaf
- All school staff have some facility in sign language.
- Specialised staff require knowledge of the general curriculum.
- Specialised training for the integrating mainstream teachers.
- Bilingual education requires staff to have specialised training and skills.
Critical mass

- There is little documented research on this topic.
- A definition of ‘critical mass’ used in a Colorado research paper requires sufficient DHH and non-DHH students to enable authentic peer interaction. Colorado practice is to have three or four DHH students per year level, which is sufficient to provide the services of speech pathology, audiology, psychology, counsellor and Interpreter.
- A 2011 American study suggested this kind of program requires the DHH students to compose a quarter of the class.

Facility requirements

- Learning spaces should provide a broad field of vision, and include flashing lights for sirens, phones and emergency alarms.
- There should be acoustic modification of learning spaces.
- Learning spaces that can accommodate two teachers, support staff and Interpreters.

Markers of effective inclusion programs

- Time for joint planning and coordination.
- Team work.
- Shared education and social goals.
- Employment of staff with fluent sign language skills.
- Presence of Deaf role models.
- Engagement with the wider Deaf community.
- The articulation and promotion of the goals of inclusion.
- Recognition of achievement, formal and informal.
- Leadership that manages the accessing and distribution of resources.
- Adoption of accommodations for Deaf students as standard operating procedure.
- Regular assessments.
- Access to the general education accountability procedures.
- Leadership by policy makers, school Governing bodies, principals.
- Employment of Deaf school assistants is associated with positive outcomes.
**The role of family**

- Increased family involvement in a child’s education results in improved development and academic success.

**Notes**

The right of deaf children to be educated in a national sign language was addressed in the Salamanca Statement and Framework for Action on Special Needs Education, 1994.

Contrived sign systems, such as Australia’s Signed English or America’s Signed Exact English, while based on sound pedagogical reasoning, have not proven to be either produced anywhere near the rate of the spoken language (or native sign language), or to represent the spoken language in a consistent and reliable visual form, ie without the spoken component, the manual information does not provide a model of language.

Australian and UK studies suggest 0.06% of the student population access a curriculum through sign language.

There is no clear research on the use of live captioning providing benefits to learning for Deaf students.
Modelling

It is evident that once a centre reaches a critical mass of DHH students it is more efficient and easier to meet the needs through the provision of:

- increased leadership
- a critical mass of qualified staff including the scope to appoint a speech pathologist
- signing as part of the school based curriculum (Auslan as LOTE)
- broad inclusive curriculum
- education interpreters to support all DHH students in all facets of their daily school routine
- differentiation of curriculum to meet each individual child’s needs
- a strong bilingual bicultural school.

The enrolment records of the centres for the past four years and the predicted enrolments for the next three years have been taken into account in the selection of the most appropriate model. The predicted enrolment figures to 2019 for primary and secondary years are based on data provided by DECD’s Data Management (February 2015).

Also incorporated in the table are predicted numbers of children entering school as indicated by early intervention services and the number of students who may require more than two years to complete their senior secondary qualifications. As specified below the total enrolments range in average from 84 to 90 students annually.

Table 15: Predicted enrolment figures 2015 to 2019 for primary and secondary years based on data provided by Data Management for February 2015

<table>
<thead>
<tr>
<th>Year Level</th>
<th>2015</th>
<th>Total</th>
<th>2016</th>
<th>Total</th>
<th>2017</th>
<th>Total</th>
<th>2018</th>
<th>Total</th>
<th>2019</th>
<th>Total</th>
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</tbody>
</table>
Fluctuations in enrolment numbers each year impact on the number of staff allocated to support the students as designated by the staffing student ratio.

The recommendation to adopt Option 5 and consolidate the centres to provide two primary centres and maintain the two secondary centres, addresses the major findings from the review from both the research perspective and from the consultations and observations of the participants involved.

Placement with a critical mass of DHH provides the best opportunity to maximise not only the academic future but the social and emotional development of the whole student as they are part of an integrated setting.

Using the predicted data from Table 15 there would be an average of 55 primary students annually over the next four years. Two primary settings would therefore have an average of approximately 27 students each with a staffing allocation of 13.5 each (6.75 FTE teachers and 6.75 SSO). The secondary settings would sustain approximately 32 students and 16 FTE staff between the two settings. The intention would be to maintain the 1:4 teacher student ratios and the current SSO allocation for the centres.

**Primary reconfiguration**

The breakdown of the current primary classes by year level and students living north and south of the city is shown on Table 16. Colour coding shows the north and south breakdown of the suburbs in which the students live. Suburbs north of central Adelaide are in orange and suburbs south of central Adelaide are in purple.

Currently approximately 15 primary students live in suburbs to the south of the city and the majority attend the Brighton Primary Centre, compared with 40 who live north of the city – almost 50% of whom attend Klemzig, with the remainder enrolled at Hillcrest and Elizabeth Park. This data is in Appendix 3.

As there are not CHI enrolments in every primary year, composite classes may be required to achieve critical mass – as per current practice in the centres.

The predicted number of children identified by the Newborn Screening program and the Early Intervention Service have been included in Table 16 in red, which shows a breakdown of student numbers by year level and their home suburb location (ie north or south of the CBD).
The addition of a new preschool for DHH students in the southern area would increase new enrolments and improve sustainability for that centre.

**Secondary status quo or reconfiguration based on location**

With the maintenance of two secondary settings, a total of approximately 32 students and 16 staff in 2016 would be shared between the two schools. The current staffing entitlement would remain.

All 16 students attending Windsor Gardens Centre live in the north of Adelaide. Students enrolled at the Adelaide Centre are evenly split between the north and southern suburbs.

The predicted number of students in each year level attending a secondary school over the next four years is tabled below.

**Table 16: Predicted primary student numbers from 2015 to 2018 excluding Early Intervention Services numbers by year and home suburb location**

<table>
<thead>
<tr>
<th>Year</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
<th>Year 7</th>
<th>Sub Total</th>
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<td>3</td>
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<td>North</td>
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<td>6</td>
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<td>1</td>
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<td>1</td>
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<tr>
<td></td>
<td>North</td>
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<td>4</td>
<td>6</td>
<td>7</td>
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</table>

**Table 17: Predicted number of students by year level from 2016 to 2018 based on 2015 data**

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<tr>
<th>Year</th>
<th>Year 8</th>
<th>Year 9</th>
<th>Year 10</th>
<th>Year 11</th>
<th>Year 12</th>
<th>Sub total</th>
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<tr>
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<td>North</td>
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<td>2016</td>
<td>South</td>
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<td>1</td>
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<tr>
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<td>37</td>
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</tbody>
</table>
The secondary centres would maintain the status quo. The two sites currently offer different programs and parent/student choice influence the changing numbers at each year level. Predicted enrolments for the next three years show stable numbers.

If all secondary CHI students north of the CBD enrolled in Windsor in 2016, the CHI enrolment would be 17 – and if all secondary CHI students south of the city enrolled in Adeliade in 2016, the CHI enrollment would be 15.

For comprehensive details of the research, communication and guidelines that informed this report, please see the appendices, available on request from DECD:Special Education@sa.gov.au
Steering committee terms of reference

PURPOSE
The purpose of the review is to develop a service model for the Centres for Hearing Impairment for South Australia (CHI).

GOVERNANCE
The CHI review will be overseen by a steering committee chaired by the executive directors of Preschool and School Improvement and Office for Children and Young People.

A working group will take responsibility for completion of tasks and background work as outlined in the deliverables table, which will enable the steering committee to fulfil its obligations.

The final report will be submitted to the DECD chief executive and Minister for Education and Child Development by the executive directors.

The governance relationships are outlined in the diagram over page.

ROLES AND RESPONSIBILITIES OF THE STEERING COMMITTEE
The steering committee will be responsible for:

- working collaboratively to provide guidance and support for the review process
- monitoring the progress of the review in line with key deliverables
- ensuring stakeholders re engaged at their sites in line with the communication and consultation plan
- considering and make recommendations for the future CHI model for SA
- finalising and endorsing the report, its recommendations and implementation strategy.

COMMITTEE SUPPORT
The steering committee will be co-chaired by the executive directors from the DECD Office for Children and Young People and the Preschool and School Improvement unit.

The executive officer will be program leader – Deaf Education.

The project manager for the review will be Ms E Barber who will be supported by the working group as depicted in the diagram below (shaded green).

A detailed communication and consultation plan will be developed with the assistance of the Strategic Communications unit.
### MEMBERSHIP

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School/Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cathy Jackman</td>
<td>CHI Coordinator</td>
<td>Hillcrest Primary School</td>
</tr>
<tr>
<td>Grace Macri</td>
<td>CHI Coordinator</td>
<td>Elizabeth Park Primary School</td>
</tr>
<tr>
<td>Sue Nickson</td>
<td>CHI Coordinator</td>
<td>Klemzig Primary School</td>
</tr>
<tr>
<td>Melissa Phillips</td>
<td>CHI Coordinator</td>
<td>Brighton Primary School</td>
</tr>
<tr>
<td>Jan Ritzau</td>
<td>Deputy Principal</td>
<td>Elizabeth Park Primary School</td>
</tr>
<tr>
<td>Paulette Sargent</td>
<td>Principal</td>
<td>Windsor Gardens Sec College</td>
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<tr>
<td>Tony Zed</td>
<td>Principal</td>
<td>Klemzig Primary School</td>
</tr>
<tr>
<td>Anita Zocchi</td>
<td>Principal</td>
<td>Adelaide High School</td>
</tr>
<tr>
<td>Judith Allen</td>
<td>Principal</td>
<td>Brighton Primary School</td>
</tr>
<tr>
<td>Trish Strachan</td>
<td>Executive Director, Office for Children and Young People</td>
<td>State Office</td>
</tr>
<tr>
<td>Anne Millard</td>
<td>Executive Director, Preschool and School Improvement</td>
<td>State Office</td>
</tr>
<tr>
<td>Liz Barber</td>
<td>Project Manager</td>
<td>State Office</td>
</tr>
<tr>
<td>Mike Dillon</td>
<td>A/Director, Special Education</td>
<td>State Office</td>
</tr>
<tr>
<td>Quenten Iskov</td>
<td>Program Leader: Deaf Education</td>
<td>State Office</td>
</tr>
<tr>
<td>Melissa Howard</td>
<td>Psychologist Education Services</td>
<td>State Office</td>
</tr>
</tbody>
</table>
DIAGRAM OF GOVERNANCE ARRANGEMENTS FOR THE REVIEW

Chief Executive

Executive Directors
OCYP and Preschool & School Improvement

Review Project Manager

Director Special Education

Review Executive Officer & Psychologist

CHI Review Steering Committee

Stakeholders
- Students
- Parents
- Governing councils
- Allied agencies
- Deaf community