A Constant Struggle:  
A History of Deaf Education in New South Wales since World War II

Naomi Malone

A thesis submitted for the degree of Doctor of Philosophy  
University of Technology Sydney  
2017
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed statement</td>
<td>3</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>4</td>
</tr>
<tr>
<td>List of illustrations</td>
<td>5</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>6</td>
</tr>
<tr>
<td>Abstract</td>
<td>8</td>
</tr>
<tr>
<td>Introduction</td>
<td>10</td>
</tr>
<tr>
<td>Chapter 1 International Developments: An Outline History of Deaf Education</td>
<td>37</td>
</tr>
<tr>
<td>Chapter 2 ‘Speech is the birthright of every child’: Oralism to the 1960s</td>
<td>61</td>
</tr>
<tr>
<td>Chapter 3 The March of Integration: The 1970s</td>
<td>83</td>
</tr>
<tr>
<td>Chapter 4 Mainstreaming and Auslan: The 1980s</td>
<td>110</td>
</tr>
<tr>
<td>Chapter 5 ‘A new era in deaf education in Australia’: The 1990s</td>
<td>137</td>
</tr>
<tr>
<td>Chapter 6 Diversity: The 2000s</td>
<td>165</td>
</tr>
<tr>
<td>Chapter 7 ‘a true consumer organisation’: 2010 and beyond</td>
<td>192</td>
</tr>
<tr>
<td>Conclusion: ‘in pursuit of better outcomes’</td>
<td>210</td>
</tr>
<tr>
<td>Appendices</td>
<td>215</td>
</tr>
<tr>
<td>Bibliography</td>
<td>225</td>
</tr>
</tbody>
</table>
Statement of Originality/Authorship

I certify that the work in this thesis has not been previously been submitted for a degree, nor has it been submitted as part of the requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been fully acknowledged. In addition, I also certify that all information and sources used are identified in the thesis.

Signature of Student:

Date:

This research is supported by an Australian Government Research Training Program Scholarship.
ACKNOWLEDGEMENTS

To my parents,

For loving me,
For giving me a language to connect with both of you, my family, friends and others,
For letting me be, and
For the education I have had,

Thank you.

Thank you to my caring and loving sisters and brothers for always being there for me. Thank you also to my in-laws for their kind interest and support.

Thank you to Professor Paul Ashton, my patient, supportive, wise and enthusiastic supervisor for guiding and assisting me with my PhD research. It is with his never ending interest in the thesis that I was able to complete this PhD.

Many thanks to the University of Technology, Sydney, for giving me this PhD opportunity through its UTS: Research Excellence Scholarship. Also, to UTS Library and the UTS: Shopfront team for their wonderful support. Further, many thanks to numerous friends for their interest and support especially during the past few years after embarking on this PhD journey.
LIST OF ILLUSTRATIONS

I.1  An example of an audiogram.                      18
I.2  Source: www.aussiedeafkids.org.au               23
I.3  Victorian Hearing’s advertisement about the Lyric hearing aid. 35
3.1  Diagram showing the effects of medical model thinking. 87
4.1  An outline of the protest’s four demands.         129
5.1  Diagram showing the problems as perceived by 'social model' thinking. 142
# ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbr.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAD</td>
<td>Australian Association of the Deaf</td>
</tr>
<tr>
<td>ABC</td>
<td>Australian Broadcasting Corporation</td>
</tr>
<tr>
<td>ADK</td>
<td>Aussie Deaf Kids</td>
</tr>
<tr>
<td>ASL</td>
<td>American Sign Language</td>
</tr>
<tr>
<td>Auslan</td>
<td>Australian Sign Language</td>
</tr>
<tr>
<td>CDA</td>
<td>Children with Disability Australia</td>
</tr>
<tr>
<td>CEO</td>
<td>Catholic Education Office</td>
</tr>
<tr>
<td>CIDE</td>
<td>Council for Integrated Deaf Education</td>
</tr>
<tr>
<td>CODA</td>
<td>Children of Deaf Adults</td>
</tr>
<tr>
<td>CRPD</td>
<td>United Nations’ <em>Convention on the Rights of Persons with Disabilities</em></td>
</tr>
<tr>
<td>CSC</td>
<td>Catherine Sullivan Centre</td>
</tr>
<tr>
<td>Cwltth</td>
<td>Commonwealth (of Australia)</td>
</tr>
<tr>
<td>DA</td>
<td>Deaf Australia</td>
</tr>
<tr>
<td>DDA</td>
<td><em>Disability Discrimination Act 1992 (Cwlth)</em></td>
</tr>
<tr>
<td>DddHHHI</td>
<td>Deaf, deaf, Hard of Hearing, Hearing Impaired</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>DFA</td>
<td>Deafness Forum of Australia</td>
</tr>
<tr>
<td>HREOC</td>
<td>Human Rights and Equal Opportunity Commission</td>
</tr>
<tr>
<td>NAATI</td>
<td>National Accreditation Authority for Translators and Interpreters</td>
</tr>
<tr>
<td>NAL</td>
<td>National Acoustic Laboratories</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>PWD</td>
<td>People with disabilities</td>
</tr>
<tr>
<td>SC</td>
<td>The Shepherd Centre</td>
</tr>
<tr>
<td>SEP</td>
<td>Special Education Policy 1993</td>
</tr>
<tr>
<td>SRV</td>
<td>Social Role Valorisation</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>UTS</td>
<td>University of Technology, Sydney</td>
</tr>
</tbody>
</table>
ABSTRACT

Despite developments in legislation, policy, advocacy and technology, all designed to improve deaf education and its delivery, Deaf, deaf, hard of hearing and hearing-impaired (DdHHHI) students still face a raft of issues from their early years of education through secondary high school. This thesis argues that, while there have been improvements, that situation continues due largely to fragmentation within the DdHHHI movement based on competing advocation for differing approaches to deaf education. This has occurred in the context of growing corporatisation and privatisation.

The main area of difference has centered on how young DdHHHI people should learn, be it informal learning – in the home, the playground and the like – or formal learning – such as in the classroom. Should they be taught using oralism – teaching via spoken language – or manualism – teaching via sign language? The debate between oralism and manualism has had a significant impact on the type of education delivered to DdHHHI students in New South Wales (NSW). Deaf education has generally been affected by the choice of speech or sign, each being a communication mode that encapsulates its own unique languages.

Since the 1960s, this situation has become more contested and increasingly pronounced. Different models of disability have come and gone. The findings of various inquiries and reports have stimulated various exchanges, though they have been implemented either in an ad hoc manner or not at all. New technologies have been introduced, heralding different methods of educating DdHHHI students with particular regard to their individual abilities and to their differing degrees of hearing loss. The debate further deepened with the introduction of bilingualism as another educational method in the early 1990s. Disability discrimination legislation and the United Nations’ Convention on the Rights of Persons with Disabilities served to further drive the deaf education debate. These required countries to take measures to facilitate the learning of sign language and ensure the education of DdHHHI children be delivered in the
most appropriate languages, modes and means of communication for the individual and in environments that maximise academic and social development. However, DdHHHI students continue to be marginalised in the NSW education system.
INTRODUCTION

To further illuminate the situation [that is, the history of deaf education in New South Wales, Australia, being documented inadequately] there is a great need for deaf persons to write histories of deaf education and add the emic quality to inquiry and analysis that must always elude the current author.¹

I am deaf.

My profound deafness was discovered when I was eight months old and, consequently, I received bilateral hearing aids from the National Acoustic Laboratories. Following that, from 10 months old until four years of age, I attended the Shepherd Centre (SC), an early intervention centre based at the University of Sydney and later at Gordon Preschool. At the SC, I used the auditory-oral approach, learning to speak and listen with residual hearing, as amplified by hearing aids, and lipread. After the SC, I attended its pre-school program at Gordon Preschool where I continued individual lessons with a teacher of the deaf.²

During my early years, I attempted to use cued speech to aid my understanding of people conversing in English with me. However, I did not persist with this communication aid due to understanding the communication being spoken in context.³

³ Cued speech is a visual mode of communication in which mouth movements of speech combine with ‘cues’ to make the sounds (phonemes) of traditional spoken languages look different. Cueing (finger signals) allows users who are deaf, hard of hearing or who have language/communication disorders to access the basic, fundamental properties of spoken language through the use of vision. Source: Welcome! What is Cued Speech? (Online). Available: http://www.cuedspeech.org/ as accessed on 14 May 2015.
For primary school education, I attended the local co-educational Catholic school in Sydney, New South Wales (NSW), where I was visited by itinerant teachers from the SC and later from the Catholic Education Office. For high school education, I went to an independent all-girls school near Hornsby and continued to receive visits from the itinerant teachers. Further, I had ‘catch-up’ coaching from my English subject teacher in Year 7 and ‘catch-up’ tutoring for Maths and Chemistry during Years 11 and 12 to cover verbal information missed aurally while taking notes. During my primary and secondary educational years, I participated in various sports including netball, basketball, athletics and swimming, in the Duke of Edinburgh Award Scheme and in extra-curricular activities such as drama, the annual Music Festivals and some annual school plays.

After completing my Higher School Certificate, I attended the University of Sydney and graduated with a degree of Bachelor of Arts in 1994 and a degree of Bachelor of Laws in 1996, along with a Graduate Diploma in Legal Practice in 2004 at the University of Technology, Sydney (UTS). In 2003, I graduated with a Master of Arts in Public History and was awarded an Outstanding Student Award from UTS. I am an Associate Member of the Professional Historians Association NSW & ACT and a member of Deafness Forum of Australia. From mid 2009 until mid 2011, I attended NSW TAFE at Randwick to undertake Certificate II in Auslan for learning Auslan and about the Deaf community and its culture. In late 2012, I applied successfully to undertake a PhD at UTS for this thesis on deaf education and its history in NSW.

**Australian Literature on Deaf Education**

The origins and development of the education of the deaf and dumb is an obscure but fascinating subject. Not much has been written about it.4

4 Wright, David, *Deafness: An Autobiography*, Mandarin Paperbacks, London, 1969, p 157. Note that at that time, the actual meaning of the word ‘dumb’ was mute or being not able to speak. This term was not considered offensive by deaf people in the nineteenth and early twentieth centuries. Around the 1970s, ‘dumb’ took on the additional meaning of ‘stupid’, prompting deaf people and their organisations to cease using the word ‘dumb’. Source: Name
In his 1969 book, *Deafness: An Autobiography*, David Wright noted that the field of history of deaf education was underdeveloped. Forty-six years later, not much has changed. This is particularly the case in relation to Australia and NSW. One answer as to why this is the case can be found in the following quote:

This suspiciousness of ‘outsider’ researcher by individuals who are deaf in conjunction with the complex nature of deaf education are likely factors in the limited nature of previous research on the history of deaf education in Australia.\(^5\)

Significant if minor contributions have been made to the historical research of deaf education in NSW. These are Ernest Lund’s ‘The Education of Deaf Children – An Historical Analysis of Thought and Procedure in New South Wales’, a Master of Education thesis completed at the University of Melbourne in 1939, Joseph Alphonsus Burke’s ‘The History of Catholic Schooling for Deaf and Dumb Children in the Hunter Valley’, a MA thesis undertaken at the University of Newcastle in 1974 and Barbara Lee Crickmore’s ‘An Historical Perspective on the Academic Education of Deaf Children in New South Wales 1860s-1990s’, a PhD thesis completed at the University of Newcastle in 2000.\(^6\)

Lund’s education thesis was an historical endeavour that sought to discover and analyse pre-1939 facts for interpretation as a ‘living story’. Through collecting facts from a ‘prolonged search amongst a variety of official reports

---


\(^6\) Crickmore has written earlier on the history of deaf education in NSW. This is in her book *Education of the Deaf and Hearing Impaired: A Brief History*, Education Management Systems Pty. Ltd., Mayfield, 1990.
and other documents’, Lund wove a story about the development of the education of deaf children in NSW against ‘special resistances’ including ‘government inaction, religious disparity, methodological diversity and teaching laicality’.\(^7\)

Burke’s thesis outlined an historical overview of about a century of Catholic education for the ‘deaf and dumb’ in the Hunter Valley, a regional area north of Sydney. Focussing heavily on several ‘dominant personalities’ of the Dominican Sisters and their contribution to deaf education, Burke explored the ‘ecclesiastical and educational’ reasons for deaf education in Australasia and the establishment of an institution for the ‘deaf and dumb’. Further, the contribution of each ‘personality’ was examined as well as deaf educational methods, outlining the Dominican Sisters’ success with their ‘charges’ as they integrated ‘fully into the hearing classes at State and Private High Schools across the nation’. Burke emphasised that what the Dominican Sisters did was a ‘spectacular achievement’ in the field of special education.\(^8\)

In her PhD, Crickmore provided an historical ‘investigation’ of education services for deaf children in NSW since 1860. Adopting a chronological and thematic approach, Crickmore described the significant events that shaped deaf education such as the establishment of special schools in NSW, the rise of the oral movement and the 1940s rubella epidemic. She also argued that language acquisition was a ‘fundamental prerequisite to academic achievement’ and provided reasons for the academic failings of ‘the deaf’. These are inherent in five themes:

- the culture of politics and advocacy of deaf education,
- the framework within which the instruction of deaf children occurs,
- the imposition of the norm of the hearing child on the education of the deaf child,
- the resourcing issue and the


'mesh of meanings' applied to the education of the deaf by individual players and special interest groups.9

General history books on education have paid scant attention to deaf education. While there are no texts dedicated to the history of deaf education in NSW, Alan Barcan in his book, Two Centuries of Education in New South Wales, referred to deaf children in a few short references mentioning the Deaf and Dumb Institution in Sydney and the establishment of Opportunity Deaf classes for deaf children.10 In Each to His Full Stature, Thomas included limited information about deaf students, discussing the Deaf and Dumb Institution and Farrar School in a chapter of a book about children with disabilities.11 Over the last thirty years, several theses have been written about deaf education.12 This is partly because of the huge growth in interest in disadvantaged Australians including the Forgotten Australians. But only one of these has taken an historical perspective: Ian Colin Whitson’s ‘Provisions for the education of blind, deaf, hospitalized, convalescent and crippled children in New South Wales between 1860 and 1944’, a PhD thesis undertaken at the University of Newcastle in 1991.

Apart from Payne’s article on the challenges of producing an oral history of people who are Deaf, not one Deaf, deaf, hard of hearing or hearing-impaired (DdHHHI) person has written academically about deaf education and its history in NSW and Australia.

9 Crickmore, thesis, op cit, pp xiii-xiv
10 Barcan, Alan, Two Centuries of Education in New South Wales, New South Wales University Press, Kensington, 1988, pp 107, 197 and 228-229.
Nomenclature regarding Deafness

To appreciate the various ways of defining deafness, one must examine the terminology associated with it. This is complicated, contentious and warrants explanation. There are several terms for describing people with varying degrees of deafness or hearing loss. Aussie Deaf Kids (ADK), an organisation that provides an online gateway to information on deafness or hearing loss in relation to children, outlines a comprehensive and general summary of definitions for the terms ‘Deaf’, ‘deaf’, ‘hard of hearing’ and ‘hearing-impaired’. Deaf, with a capital D, describes people who are ‘culturally deaf’ in that they use Auslan for communication and identify as members of the signing Deaf community, which is a cultural and linguistic minority group.13 People who are ‘deaf’, with a lower-case d, are physically deaf but do not necessarily identify as members of the signing Deaf community. ‘Hard of hearing’ or ‘hearing-impaired’ are terms used to generally describe people with hearing loss acquired in late childhood or adulthood, or who have a mild or moderate hearing loss. Communication is usually through speech, lipreading and aided by hearing aids and/or cochlear implants.14

Deaf (with a capital D) people describe themselves as being part of a cultural linguistic minority group that shares a language, customs and traditions where deafness is seen in a positive light and is not regarded as a disability. When the term ‘hearing-impaired’ was introduced, it was perceived to be a more positive term than ‘deaf’ as it suggested some degree of hearing, which could be useful. Nowadays, ‘hearing-impaired’ and ‘hearing impairment’ are both

13 The signing Deaf community also includes the signing community, which comprises children of deaf adults (CODAs), parents, teachers and friends of Deaf people. Source: Ingram, David, Glyn, John and Garrick, Natalie, 'The teaching of languages and cultures in Queensland: towards a language education policy for Queensland schools', The Centre for Applied Linguistics and Languages, Nathan, Queensland, June 1990. See also Dillon, Angela, ‘Negotiating Two Worlds through the Media: Debates about Deaf Education and Sign Language’, PhD Thesis, University of South Australia, 2015, p viii.
perceived negatively as they emphasise the absence of hearing. This encourages some people to reject these terms and use ‘Deaf’, asserting the positivity of their deafness. However, other people continue to use ‘hearing-impaired’ due to not wanting to be classed as deaf as they find their friends among people who hear, identify with them and do not wish to be considered part of the signing Deaf community. Yet, others prefer ‘deaf’ as it refers to their degree of hearing loss with no association with the Deaf community. People who prefer to be referred to as ‘deaf’ may not have a more significant hearing loss than others who choose the term ‘hearing impaired’. The term ‘hard of hearing’ is commonly applied to adults who are progressively losing their hearing later in their lives. However, it has been introduced as a useful term to describe children with mild hearing losses. This highlights how complicated the deafness terminology issue has become and the complex politics of the broad and fragmented community associated with deafness.

Recently, in October 2013, the International Federation of the Hard of Hearing and the World Federation of the Deaf signed a Co-operation Agreement recommending that the terms ‘Deaf’ and ‘Hard of Hearing’ be adopted while deeming the term ‘hearing-impaired’ to be inappropriate. However, many Australian people and organisations continue to use the term ‘hearing-impaired’ in preference to ‘hard of hearing’.

Further complicating the deafness terminology issue is the degree of hearing loss. Hearing loss is measured by comparison with actual hearing and is expressed as mild, moderate, moderately severe, severe or profound. To gauge the degree of hearing or hearing loss, an audiometer is used where the individual wears headphones to detect single sounds, ranging across the

---

16 Ibid.
19 Note that within the Deaf culture, it is not customary to distinguish hearing loss.
frequency spectrum that they can hear. The results are then plotted on to a graph called an audiogram. The less the loss, the higher the line will be plotted on the audiogram and vice versa. An average loss of 50 decibels would be classified as ‘moderate’ while a loss of 80 decibels would be termed ‘severe’. A hearing loss may also be defined as being flat where all sounds across the frequency spectrum are equally affected. It may also be classed as a low frequency loss, affecting the low pitch sounds, or a high frequency loss where the high pitch sounds are impacted. This has consequences for the individual’s ability to discriminate speech. Where the consonant sounds of speech are mainly high frequency and carry vital information, an individual with high frequency loss may miss many parts of vital words.\(^{20}\) This can be addressed by wearing hearing aids and/or cochlear implants, both of which are devices designed to amplify residual hearing and stimulate a sensation of sound respectively.

\(^{20}\) Watson, Gregory and Powers, op cit, p 3.
I.1 An example of an audiogram. See Appendix 1 for implications of the various degrees of hearing loss and Appendix 2 for how we hear. See also Appendix 3 for types of hearing loss and Appendix 4 for causes of hearing loss.

In this thesis, I will be referring to ALL people with some degree of deafness, hearing or hearing loss. Consequently, the abbreviation ‘DdHHHI’ stands for ‘Deaf, deaf, hard of hearing and hearing-impaired’ and is designed to include all young students with some form of deafness, hearing or hearing loss. The acronym ‘DdHHHI’ will be used throughout this thesis unless other terms are more appropriate.

**The DdHHHI Movement as a Social Movement**

Social movements refer to ‘collectivities acting with some degree of organization and continuity, partly outside institutional or organizational channels, for the purpose of challenging extant systems of authority, or resisting change in such systems’. Social movements generally comprise people, whether individually or as members of groups or organisations, acting collectively, with a collective identity, pursuing social, cultural and political change goals. These goals are obtained from ideologies and interests that define an issue as warranting protest action. Protest action may be manifested in various ways including marches, sit-ins, demonstrations, picketing, meetings, rallies, social media activism and so on. Social movements are structurally diverse, consisting of ‘numerous, networked groups, organizations, and individual adherents’, and have cohesion and continuity over time where that continuity is partly based on the relevant social movement’s collective identity. However, that continuity can be disrupted on a cyclical basis when social movements experience fragmentation, division or abeyance.

To date, in Australia, particularly in NSW, there has hardly been a large and significant social movement for DdHHHI people, their parents, teachers, sign language interpreters, interested academics, education advocates and

---


audiological and medical personnel and their rights, unlike the women’s movement, the green movement and the gay and lesbian movement. However, there are similarities between all these movements – these being fragmentation, division and abeyance. The second-wave Australian women’s movement commenced around the early 1970s and continued into the 1980s. Since then, many observers and certainly participants have wondered where the women’s movement has gone as it waned and lost momentum over time. In the article ‘Damaged but Determined: The Australian Women’s Movement, 1996–2007’, Andrew Merrindahl and Sarah Maddison argued that the women’s movement is in abeyance after experiencing the hostile neoliberal and neoconservative conditions of the Howard Government, which contested issues including abortion, paid maternity leave, sex discrimination provisions and the funding of feminist non-government organisations.24 While the women’s movement may not be thriving but surviving, it ‘splintered into a collection of specific interest groups’ partly due to the varying and different perspectives held by women ranging from the conservative to liberal then to socialist to the radical end of the feminism spectrum.25

The green movement in Australia fought in the interests of the survival of the human and other species to limit the power of social forces perceived to be dangerous to the globe and its inhabitants.26 While there was a strong agreement among environmentalists about the environmental problems such as global warming, pollution and decreasing biodiversity, disagreements arose over the best organisational methods and strategies to prevent environmental damage.27 Furthermore, Verity Burgmann stated the green movement was

27 Ibid, pp 165-166.
‘highly fragmented’ because of differing ideas of causes of environmental damage. This led to contrasting and non-homogeneous positions about how to contest environmental degradation. As a result, this division caused the green movement to lose cohesion.

In the early 1970s, the ‘Out and proudly out’ movement for gay and lesbian people commenced in response to the societal oppression of homosexuality through Christianity declaring it a sin, Australian law declaring it a crime and the medical profession declaring it an illness. While in the beginning, there may have been cohesion and momentum as expressed through CAMP (Campaign Against Moral Persecution), which was launched in September 1970 and became a nationwide organisation in 1971 with 2000 members, there were debates within the gay and lesbian movement. One debate focused on the distinct categories or meanings of homosexuality while another addressed the differing strategies to overcome oppression against homosexuality. This fragmentation was also exacerbated by the disparate support case for the movement, both socioeconomically and politically. While sharing the experience of oppression, homosexual people came from all parts of society including across the class spectrum, from the privileged to the under-privileged. This was bound to cause divisions and non-cohesion within the gay and lesbian movement.

Fragmentation has been a constant theme in the DdHHHI movement due in part to the lack of a common communication mode – and the existence of various communication modes – across a relatively small community that is marginalised from mainstream society. Divisions are also due to the differing approaches as to how DdHHHI people should grow, develop and learn.

---


For a social movement to be large and prominent, it needs a high number of people actively participating in it. The DdHHHI movement has a relatively low population. While the actual number of Deaf people in Australia is unknown, recent population figures in relation to Deaf people are outlined in the Australian Commonwealth Government’s Department of Family and Community Services’ 2004 *Report on Supply and Demand for Auslan Interpreters*. In Australia, there are at least 7000 to 15400 people who are Deaf and use Auslan. In NSW, there are about 2102 Deaf people. The 2006 Access Economics report indicates that one in six Australians have some degree of hearing loss, which amounts to about 3.3 million Australians out of a population, in 2006, of about 20 million. For NSW, according to the 2006 Australian Bureau of Statistics Census, there were 6.5 million people in NSW. That amounts to about 1.08 million people having some form of hearing loss in NSW alone. The Australian Human Rights Commission has claimed that over one million Australians have a significant hearing impairment with around 30,000 Australians being totally deaf. Thus, the DdHHHI movement is, on the whole, a small group relative to the total Australian population. This has adverse implications for the size, strength, mobilisation and unity of the DdHHHI movement.

---


32 Frequently asked questions: Who is protected by the DDA? (Online), 2015. Available: https://www.humanrights.gov.au/frequently-asked-questions-who-protected-dda#reverse as accessed on 1 June 2015. Statistical information about DdHHHI people is difficult to disaggregate. But there is some useful material. For example, in the Australian Bureau of Statistics’s 2003 *Disability, Ageing and Carers: Summary of Findings, Australia*, the detailed figures for people using communication aids are given. A total of 892,900 people were using communication aids. At that time, the total population of Australia was 19.65 million. Therefore, at the most, 5% of the total population was using communication aids in the early 2000s. Source: Australian Bureau of Statistics, *Disability, Ageing and Carers: Summary of Findings, Australia*, Australian Bureau of Statistics, Canberra, 2003, p 31.
Argument

While there have been developments in legislation, policy, advocacy and technology, all of which aimed to improve education and its delivery for young DdHHHI students, they continue to face a range of issues during their educational years and continue to be marginalised within the NSW education system. This is to a large degree because of the fragmentation within the DdHHHI movement, as a social movement, where the division is due to the differing educational philosophies and methods for DdHHHI students being advocated. See diagram below generally describing the differing methods.

![Diagram](image)

1.2 Source: www.aussiedeafkids.org.au

Young DdHHHI people may learn through the educational methods of oralism, bilingualism or manualism. Oralism is the education of DdHHHI students through oral or spoken language by using speech, lipreading and listening through cochlear implants and/or residual hearing as amplified by hearing aids.
instead of sign language. Bilingualism is the learning through sign language while being taught the spoken language in its written form. Manualism involves learning through sign language in the classroom. For both bilingualism and manualism, in the case of NSW and Australia, the sign language is Auslan.

Auslan is a natural sign language used by the Australian Deaf community and has been in use for at least 100 years but was only coined as Auslan as recently as the late 1980s. Natural languages are languages that have developed naturally in people through use and repetition without any conscious planning or premeditation. Auslan is a language in its own right that operates in a visual modality and has its own grammar, syntax, lexicon and semantics. It involves the movement of hands and arms, gestures, facial expressions and body positioning to communicate. It does not follow and is not based on the spoken and written Australian English language. Moreover, it is not the sign equivalent of the Australian English language. A basic grammatical structure commonly used in Auslan is the ‘topic and comment’ form, which is similar to various Asian languages. As Ozolins and Bridge have noted:

Signed languages can express all the nuances, all the force, and subtleties which any [sic] normal language can express. Aspects such as punning, word plays and humour can all be expressed in Auslan. Fluent signers are able to communicate ideas, thoughts, abstract concepts, theories, jokes, narratives, poetry, etc.

In 1987, the Australian Commonwealth Government recognised Auslan in its four year national policy on languages as a ‘community language other than

---

34 Ibid, Johnston and Schembri, p 11.
English’. The 1987 publication of the first dictionary of Australian Sign Language provided linguistic recognition of Auslan. In 1990, an Australian Commonwealth Government’s green paper acknowledged Auslan as the ‘first language of the profoundly deaf’. In August 1991, in a companion volume to the Policy Information Paper on language policy, Auslan was stated to be ‘an indigenous Australian language, having developed from British and Irish sign languages brought to Australia’. While the Policy Information Paper had a section on ‘Languages other than English’, there was no express mention of Auslan in that section. However, in the companion volume to the Policy Information Paper, Auslan was mentioned in the definitions section as ‘Australian Sign Language (Auslan), which is the signed language of the Australian deaf community’. Further, Auslan was mentioned in a section about language provisions for the ‘deaf and hearing impaired’. Significantly, it mentioned the ‘signing deaf people’ constituting a ‘group…with a distinct sub-culture’. This demonstrated a lack of understanding by policy makers at the time about Deaf culture and how it is a culture unto itself and not a sub-culture of any culture.

Contemporary academic observers have misinterpreted official sources regarding Auslan. For example, in Claudia Slegers’s article, it was noted that Auslan was ‘recognised as a community language in an Australian Federal government white paper on language policy’ but as mentioned earlier, this was
not the case.46 This is because the companion volume to the Policy Information Paper explicitly stated that terms such as ‘community languages’ and ‘economic languages’ were not to be used in the Policy Information Paper or companion volume. So, how was Auslan acknowledged as a language in the companion volume? The answer can be found in the definitions section and in the quote below:

‘Languages other than English [sic] is used generically to denote all languages except English. These languages which are spoken or used in Australia and/or which are required for the purposes of international communication’.47

Unlike other countries such as Britain, Austria and New Zealand, all of which have recognised their own sign languages in law in 2003, 2005 and 2006 respectively, Australia is yet to recognise Auslan in legislation.48

The debate between oralism and manualism has impacted significantly on the kind of education to be delivered to young DdHHHI people in NSW. From the 1960s onwards, developments in legislation, policy, advocacy and technology shaped this debate making it more informed and pronounced. New technologies such as increasingly sophisticated hearing aids and the FM system49 helped to make oralism a more prevalent and widespread educational method than manualism. Further aiding the growth of oralism was the commercial introduction of the cochlear implant in 1984. While oralism grew, ironically enough, manualism, which had been on the decline, began to be

49 A FM system is a microphone and receiver equipment worn by the teacher and student wearing hearing aids respectively. The FM amplifies the sounds being spoken by the teacher while being heard by the student.
embraced through the introduction of bilingualism further deepening the divide and fueling debate.  

Anti-discrimination legislation including the *Disability Discrimination Act 1992* (Cwlth) and the *Disability Standards for Education 2005* (Cwlth) as well as the United Nations’ *Convention on the Rights of Persons with Disabilities* (CRPD) provided some protection for DdHHHI students from discrimination or adverse actions during their education. This legislation and CRPD required educational providers to enhance the learning by DdHHHI students, whether through English or Auslan, and to ensure that such learning be through languages, modes and means of communication most appropriate to the individual student having regard to their abilities and degree of hearing, hearing loss or deafness. But despite improvements to education for DdHHHI students, they continue to face various issues and are marginalised within the NSW education system.

**Participant Observation**

Participant observation is a research methodology that is appropriate for studies of almost every aspect of humanity. It is mainly designed for scholarly issues where little is known about the subject of research – like a newly formed group or movement – or where the researched subject is somehow obscured from the view of outsiders or is hidden from public view – like family life, groups with mental and physical illness, secretive groups and private organisations.  

Participant observation research can be enhanced by designing research with people who are the research subjects. This kind of research is conducted by a broad range of academics working in community engagement as opposed to being ‘ivory tower intellectuals’. Other terms similar to participant observation are ‘emancipatory research’, ‘participatory action research’ and ‘inside

---

50 Bilingualism is an educational method using both spoken language in its written form and sign language, which is the base or primary language.  
research’, which is a recent term for inclusive research among people with disabilities.53

My participant observation research has arguably a degree of authenticity and validity due to my lived experience of deafness. Being deaf enhances my position as a participant observer. Due to my life experiences, I have a particular ability to empathise with the interviewees. Apart from being a participant observer, I am also an inside researcher. This is the latest term embraced by the disability research sector and is designed to have people with disabilities researching themselves as opposed to people without disabilities. Inside research is research with people with disabilities by people with disabilities, rather than on people with disabilities, as reflected in the saying ‘Nothing about us without us’.54 Other people who are deaf have written about their lived experiences with deafness.55

At a conference at the University of Sydney in June 2012, which examined how people with disabilities are actively engaged in planning, doing research and disseminating findings, advantages about inside research were canvassed. The inside researcher has the lived experience of what is being researched and insider knowledge. The inside researcher knows what to ask while not having to deal with culture shock. Oral history interviews are more likely to contain greater depth and richness and experience rapport due to trust and acceptance by the participants – or interviewees – where the inside researcher has legitimacy. The interviewees are likely to be more comfortable with the

inside researcher and talk more, leading to enhanced affinity. The inside researcher is also arguably acknowledged to have some degree of authenticity and validity.\textsuperscript{56}

There are, however, disadvantages. The inside researcher may be subjective when interviewing and be too emotionally involved. Insider knowledge may lead the inside researcher to make assumptions about the lived experiences of participants and not expand on issues due to assumed commonality, leading to lack of validity. The inside researcher’s politics or vested interests may also lead to data being distorted. This is all of particular concern in a community with such linguistic and political divisions.

While embracing my position as an inside researcher, I have endeavoured to be objective as much as possible during my fieldwork and to thoroughly explore the interviewees’ educational experiences by asking exploratory questions. Overall, in my view, the advantages of inside research far outweigh the disadvantages.

**Other Methodology**

This thesis draws on a traditional range of historical sources. It includes research at archival and library repositories from Australian Hearing, NSW State Records, the Royal Institute for Deaf and Blind Children, St Gabriel’s School and Archives of the Dominican Sisters of Eastern Australia and the Solomon Islands. Novels, newsletters, newspapers and unpublished sources from organisations dealing with deafness or hearing loss have also been examined as well as personal communication and other correspondence. The Internet was researched thoroughly including the websites of the early intervention centres, Australian Hearing, Deaf Society of NSW, Deafness Forum of Australia, Deaf Australia, Aussie Deaf Kids and Parents of Deaf Children.

\textsuperscript{56} Research Rights, etc, op cit, author’s own notes. See also Nind, Melanie, *What is Inclusive Research?*, Bloomsbury, London, 2014.
I have included interviews with former and current DdHHHI students and a parent of a Deaf student. They are powerful sources of historical content and consciousness. As Brien and Adams note:

Memory is a resource beyond the reach of any library.

Two interviews have been particularly instructive; these were conducted by a Child of Deaf Adults (CODA) who interviewed her parents using written English questions provided by me. These questions were then translated into Auslan for the parents by their mature-aged child. The interviews were filmed to record the parents communicating in Auslan, their language. After completion of the interviews, these were translated into Australian English language in written form.

In using oral history, one must know about it and be aware of its limitations in engaging with the past. Oral history is a form of memory collection through an arranged interview that engages with the past and is recorded in written notes, audio or video tape. It emerged as a practice of social historians during the 1960s and 1970s to investigate the lives of people ‘hidden from history’, such as the oppressed or marginalised, or hidden histories about people and communities that left few in any written record behind and were linked to social movements at the time. It was perceived to be central to a more democratic history-making. Indeed, oral history was about the beginnings of the democratisation of history where history-making had primarily been in the hands of ‘amateurs’ and groups such as local historical societies until the boom in academic history after World War II.

However, oral history was regarded suspiciously by some academic historians. They were concerned about the unreliability of memory, claiming that oral history was a ‘transparent representation of experience’ and could only be

---

57 Five interviews were typed by the interviewees themselves.
used as verification of written historical evidence.\textsuperscript{60} Other historians argued that it should not complement the written and that it was involving people in examining memory. In the mid to late 1980s, oral history was entangled with the explosion of memory studies and became not just about filling in gaps in the written record. In his book \textit{A Shared Authority}, Michael Frisch noted that oral history was about ‘involving people in exploring what it means to remember’.\textsuperscript{61} Paula Hamilton observed that academic historians ‘examined the conditions under which historical knowledge is produced’ but realised ‘that stories told by others are not simply “the source of explanation but require explanation”’.\textsuperscript{62}

Growing numbers of oral historians are also engaging with memory studies, being concerned with what is remembered, why it is and how. In the early 2000s, the Australian Centre for Public History undertook a major national survey on how Australians live with, think about and use the past in their lives.\textsuperscript{63} It was about historical consciousness and one of the many results of the survey revealed a strong sense of the way in which oral history was an important practice in a society where history and memory are entangled. Thus, oral history is a social practice connecting the past and the present.

Since the 1980s, some historians commenced using oral history in a more constant way for writing histories for various audiences. Janet McCalman argued that oral history has ‘humanised history and brought it to wider audiences’.\textsuperscript{64} It changed the ways in which some academics work, prompted by strengthening connections with communities and groups.\textsuperscript{65} An example of

\textsuperscript{60} Ibid.
\textsuperscript{61} Frisch, Michael H., \textit{A Shared Authority: essays on the craft and meaning of oral and public history}, State University of New York Press, Albany, 1990, p 188.
\textsuperscript{62} Hamilton, op cit.
\textsuperscript{64} Hamilton, op cit.
this is Aaron Payne’s PhD research, which comprises an ‘oral history project conducting interviews with parents of deaf children’ in NSW from the 1970s to the present day exploring the different influences the parents experienced in relation to their children’s education. Oral history provides Deaf people a medium through which to tell their own ‘hidden’ stories and histories.

Disability Studies: Models of Disability

Another area which my thesis delves into is disability studies. As an interdisciplinary field of research that commenced in the late 1970s, disability studies focuses on the contributions, experiences, histories and cultures of people with disabilities. Within the broad field of disability studies, several modern models emerged through which ‘disability’ was to be seen, perceived and/or constructed. These were the medical model as prompted by the rise of medicine and science, the economic model as initiated by the growth of capitalist economies, the normalisation model that became prominent in the USA during the 1970s and the social model that surfaced in the United Kingdom in the 1980s. Another model – the ICF Bio-psycho-social model –


appeared during the 1990s but does not seem to have had any impact in Australia. I draw on these other approaches throughout my thesis.

**Identity Politics**

One of the underlying causes of fragmentation in the disability movement as well as the DdHHHI movement was identity politics, which was and continues to be a major issue within the broad field of disability studies. In the late 1960s, identity politics emerged as a political means through which people related to or identified with others and who, together, experienced oppression or marginalisation within their societies. It emphasised difference from the majority, the norm, the standard or the benchmark rather than commonality with others having shared and/or similar experiences. It also emphasised on self-identification being centrally based upon the ‘local or particular community of identity’ – for example, African-American community. While identity politics focused on difference from others, it arguably assisted people in the emotional connection and alignment with others having shared and/or similar experiences. Regardless, this led to developing a wide range of groups from which social movements advocating for societal changes or restructure formed such as the disability and DdHHHI social movements.

While identity politics in the disability and DdHHHI movements embraced a postmodern view of disability that portrayed disability as a positive identity, the social versus medical models paradigm debate aggravated identity politics in these movements. The people first stance advocates argued for ‘people with disabilities’ or a ‘person who is deaf’ rather than ‘the disabled’ or ‘deaf person’. Some asserted that this advocacy reflected the medical model of disability, which may have appealed to some and not appealed to others. The social model of disability advocated that ‘disabled people’ be used as the more

---


70 Carling-Jenkins, op cit.
appropriate descriptive ‘identity’ term since it initiated and aided societal understanding and awareness that they were really disabled by society and not by their impairment/s – the ‘disability’ was situated within society and not the actual impairment/s.\textsuperscript{71} Again, this model may have appealed to some and not appealed to others. Ironically, the United Nations’ Convention on the Rights of Persons with Disabilities reflected the medical model position in its title and yet subscribed to the social model as a base for the document’s principles through which to perceive ‘disability’. Nevertheless, the binary division, created by the two models of disability that was imposed upon identity politics within the disability and DdHHHI movements, contributed to fragmentation in these movements.

I.3 Victorian Hearing’s advertisement for the invisible Lyric hearing aid indicated ongoing stigma around issues concerning DdHHHI people. The ad showed a woman with a prawn, representing a hearing aid, on her ear. Victorian Hearing, which provided audiological services, was calling contemporary hearing aids ‘ugly’ and shamed deafness by using a picture of a woman with a prawn around her ear. This provoked a social media activist response by DdHHHI people, which was ‘Hearing Aids Are The New Black’, a Facebook community webpage that galvanised in May 2015.72 Victorian Hearing apologised and withdrew its advertisement.73

73 Company under fire for ‘deaf shaming’ after calling hearing aids ugly and using a picture of a
Structure

Chapter One discusses the early European, American and Australian colonial histories of deaf education. In this chapter, the term ‘deaf’ is used to describe people with deafness or hearing loss. Chapter Two examines education for deaf and hearing-impaired students in NSW including oralism as an educational method during the 1960s. Chapter Three looks at the march of integration and the introduction of Total Communication in the 1970s. Chapter Four investigates developments in deaf education during the 1980s, particularly mainstreaming. Chapter Five discusses accessible and inclusive education in the 1990s, the Disability Discrimination Act 1992 (Cwlth) and the introduction of bilingualism. Chapter Six refers to diversity and the UN’s Convention on the Rights of Persons with Disabilities during the 2000s. Chapter Seven examines the year 2010 and beyond.

CHAPTER 1

International Developments: An Outline History of Deaf Education

Deafness in Ancient History

From ancient times until the sixteenth century, there are very few records about deaf people. It can only be imagined how deaf people were educated during earlier times. However, in examining the very few existing records, it can be gleaned that deaf people experienced a variety of perceptions and attitudes as portrayed by the communities in which they lived and by their families. These perceptions and attitudes shaped the ways in which deaf people were, or were not, educated.

Early records pertaining to the deaf experience show the role of signs and gestures in the daily life of deaf people, prompting contemplation about the extent to which deaf people were perceived as being able to communicate and reason in ancient times. Plato’s *Cratylus*, 360 BC, includes a discussion between Hermogenes and Socrates, which raised a question about the use of signs as a form of communication between deaf people:

\[
\begin{align*}
\text{Socrates:} & \quad \text{And here I will ask you a question: Suppose we had no voice or tongue, and wanted to indicate objects to one another, should we not use, like the deaf and dumb, make signs with the hands, head and the rest of the body?} \\
\text{Hermogenes:} & \quad \text{How could it be otherwise, Socrates?} \\
\text{Socrates:} & \quad \text{We should imitate the nature of the thing; the elevation of our hands to heaven would mean lightness and upwardness; heaviness and downwardness would be expressed by letting them}
\end{align*}
\]

---

drop to the ground; if we were describing the running of a horse, or any other animal, we should make our bodies and their gestures as like as we could to them.\(^{75}\)

In ancient Egypt, there was general acceptance of people with disabilities due to the Egyptian philanthropic way of life. Deaf people were considered to be especially selected by the gods because of their communicative behaviour due to not being able to hear and desire to communicate. Consequently, they were treated respectfully and educated, usually through the use of hieroglyphs and gesture signs.\(^{76}\) In ancient Greece, despite a general hostility towards people with disabilities, some individuals with disabilities lived in Greek society. In 7 BC, the orator, M.V. Corvinus, had a deaf relative who received instruction in painting.\(^{77}\) Greek philosophers such as Plato and Aristotle held certain views about deaf people. Plato’s belief of the innate intelligence whereby intelligence was present at birth was considered the norm. It was only time that was required for the demonstration of outward signs of intelligence through speech. People who were deaf and could not speak were considered incapable of rational thoughts and ideas.\(^{78}\)

Aristotle, a prominent philosopher during his time (384-322 BC), argued that deaf people were incapable of reasoning, hence, incapable of receiving education: ‘Men that are born deaf are in all cases also dumb; that is, they can


make vocal sounds, but they cannot speak’. \(^{79}\) According to Aristotle, people with the inability to hear could not learn due to having no hearing. Since the Greek language was regarded as the perfect language, people who did not speak Greek – including deaf people – were considered Barbarians. \(^{80}\) As Aristotle was well regarded in his society, his theory was adopted, leading to deaf people not being educated. The idea of not educating deaf people remained unchallenged until the sixteenth century. \(^{81}\)

In ancient Rome, as in ancient Greece, there were exceptions to the general non-acceptance of people with disabilities. In the first century AD, there is evidence of an influential parent seeking assistance for a deaf child. In *Natural History*, Pliny the Elder mentions Quintus Pedius, the deaf son of a Roman consul. The father managed to seek permission from Emperor Augustus for his son to become an artist. Pedius then went on to become a successful painter. \(^{82}\) It is assumed that Pedius received instruction through the art of painting. This is supported by the following quote:

…I must not omit, too, to mention a celebrated consultation upon the subject of painting, which was held by some persons of the highest rank. Quintus Pedius, who has been honored with consulship, and who had been named by Dictator Cesar as co-heir with Augustus, had a grandson, who being dumb from birth, the orator Messala, to whose family his grandmother belonged, recommended that he should be brought up as a painter, a proposal which was approved by the late Emperor Augustus. He died, however, in his youth, having made great progress in art. \(^{83}\)


\(^{80}\) Eleweke, op cit, p 182.


\(^{82}\) Marschark, Lang and Albertini, op cit, p 17.

\(^{83}\) Pliny the Elder, *Natural History*, vol 6, circa AD 77-79, accessed at [http://voices.yahoo.com/deaf-history-was-quintus-pedius-painter-really7429470.html](http://voices.yahoo.com/deaf-history-was-quintus-pedius-painter-really7429470.html) on 14 April 2014.
In reference to theological literature, the Talmud – the rabbinical teachings and Jewish oral law begun in the fifth century AD – suggested the possibility of educating deaf children because they were children of God. Christianity raised new perspectives on the injustice of neglecting deaf people. In the fourth century AD, Saint Jerome’s interpretation of the Vulgate discussed deafness and the possibility of salvation through signed and written communication. He viewed ‘the speaking gesture of the whole body’ as serving to communicate the word of God in addition to speech and hearing. Saint Augustine, who wrote *De Quantitate Animae* and *De Magistro*, discussed signs and gestures as an alternative to spoken language in the communication of ideas and in learning the Gospel.  

> Have you not seen men when they discourse, so to speak, by means of gestures with those who are deaf, the deaf likewise using gestures? Do they not question and reply and teach and indicate everything they wish or at least a great many things? When they use gestures they do not merely indicate visible things, but also sounds and tastes.  

The Middle Ages

The following ten centuries provide very little evidence that might assist in understanding the lives of deaf people and their education. One can only assume that the Middle Ages, which include the Dark Ages to the mid-eleventh century, might have been a particularly dark time for deaf people. Mystical and magical cures for deafness were common, highlighting the range of beliefs people held about deafness or hearing loss. One such example was expressed by Saint Hildegard of Bingen (1098-1179): ‘Deafness may be remedied by cutting off a lion’s right ear and holding it over the patient’s ear just long enough.

---

84 Marschark, Lang and Albertini, op cit, pp 17-18.
to warm it and to say, “Hear admicus by the living God and the keen virtue of a lion’s hearing.”

During the Middle Ages, deaf people were denied the right to marry, to celebrate Mass and to claim inheritance. Regardless, examples of deaf people being educated have been recorded. Venerable Bede, a Saxon monk, wrote about Bishop Hagulstad, otherwise known as St John of Beverley, teaching a dumb youth to speak in 712 AD. This enabled some people to accept the fact that deaf people could be taught to speak and St John continued to teach the youth by an oral method using repetition of letters, syllables, words and sentences. He eventually became the patron saint of teachers of the deaf.

The Renaissance
The Renaissance ushered in an era of revival of classical art, literature and learning after the Middle Ages. Some indication of attitudes towards deaf people in this period may be found in the writings of Leonardo da Vinci, Dutch humanist, Rudolphus Agricola, and the Italian mathematician and physician, Girolamo Cardano. Agricola and Cardano played a role in generating awareness of the potential of deaf people’s ability to learn.

---

86 Marschark, Lang and Albertini, op cit, p 18.
87 In Educating Deaf Students: From Research to Practice, op cit, Marschark noted that there seems to be little doubt that the youth was also deaf after examining the Venerable Bede’s writings and his use of the words ‘deaf’ and ‘mute’. However, in Pritchard, D.G., Education and the Handicapped 1760-1960, Routledge, Oxford, 1963, p 4, it was asserted that it was at least possible that the youth was recovering from aphasia. Aphasia is an impairment of language affecting the production or comprehension of speech and the ability to read or write.
88 Sellar, A. M., Bede’s Ecclesiastical History of the English People: A Revised Translation with Introduction, Life and Notes by A. M. Sellar, G. Bell & Sons Ltd, London, 1917, pp 302-304. Available at https://archive.org/details/bedesecclesiast00bede as accessed on 17 April 2014. The following quote comes from this work: ‘There was in a township not far off, a certain youth who was dumb, known to the bishop, for he often used to come into his presence to receive alms. He had never been able to speak one word...When one week of Lent was over, the next Sunday he bade the poor man come to him, and when he had come, he bade him out his tongue out of his mouth and show it him; then taking him by the chin, he made of the sign of the Holy Cross on his tongue, directing him to draw it back so signed into his mouth and to speak. “Pronounce some word”, said he; “Say ‘gea’” which, in the language of the English, is the word of affirming and consenting, that is, yes. The youth’s tongue was immediately loosed, and he spoke as he was bidden. The bishop then added the names of the letters: “Say A.” He said A. “Say B;” he said B also. When he had repeated all the letters after the bishop, the latter proceeded to put syllables and words to him, and when he had repeated them all rightly he bade him utter whole sentences, and he did it.’
90 Ibid, pp 162-164.
In 1499, Leonardo da Vinci referred to lipreading in his written works *Precepts of the Painter*, as published in the passage *Of Parts of the Face*. Agricola’s 1528 work, *De Inventione Dialecta*, described a deaf person who had been taught to read and write. He advocated the theory that the ability to use speech was separate from the ability of thought. Agricola’s work fell into the hands of Cardano who mused upon the ability of deaf people being able to ‘speak by writing’ and ‘hear by reading’, and described how deaf people may conceive words and associate them directly with ideas. Cardano was not necessarily a professional teacher of the deaf but became involved in deaf education due to his personal experience as a parent of a unilateral deaf son. He challenged Aristotle’s theory, recognising that deaf people could reason while advocating that they be taught to read and write and that abstract ideas be conveyed through signs.

The mid-fifteenth century saw the introduction of the printing press, a significant invention that dramatically affected all societies throughout the world. This included deaf people. The printing press enabled teachers and literate parents of deaf children to read about each other’s experiences with deaf students and children in published works. The increasing availability of published works strongly encouraged societies to use the written word to communicate and reduce reliance on the spoken word. This spread of the written word enabled deaf people to rely upon and use written language as used by hearing people for their education and to enjoy the ‘enhanced benefits that came with an understanding of words.’

The emergence of Spain as a powerful nation influenced the lives and education of deaf people. During the sixteenth century, methods of education for deaf people were influenced by laws for deaf people in Spain. In 1578, the

---

91 This work is cited in Crickmore, op cit, p 10.
92 Wright, op cit, p 162.
93 Eleweke, op cit, p 183.
94 Marschark, Lang and Albertini, op cit, p 19.
95 Eleweke, op cit, p 183.
97 Crickmore, op cit, p 10.
great advocate of deaf people and a Spanish Benedictine monk, Pedro Ponce de Leon, described how he taught the congenitally deaf sons of lords and other notables to read and write, gain knowledge of Latin, Greek, natural philosophy and history and to pray.\textsuperscript{99} Ponce de Leon has been recognised by many as being the first person to systematically teach deaf-mutes to speak.\textsuperscript{100} After graduating from the University of Salamanca and before becoming a Benedictine monk, his first deaf student was Gaspard Burgos who wanted to enter Ponce de Leon's monastery. However, as Burgos was deaf and dumb, he was not able to become a monk due to Canon law, which required all persons to be able to make confession through speech. It has been documented that Ponce de Leon successfully taught Burgos to write and speak, enabling him to become a monk.\textsuperscript{101}

Other evidence of Ponce de Leon's work points to his tutoring of two deaf brothers, Francisco and Pedro de Velasco, from a wealthy and influential Spanish family. It was desired that the brothers learn to read, write and speak to enable them to own property and make wills, as during this period of Spanish law, based on Roman law, it was decreed that deaf and dumb persons were incapable of holding responsible positions within society.\textsuperscript{102} Deafness among the Spanish aristocracy was common. This may have been induced by recessive genes eventuating from consanguineous marriages among the aristocratic families. As the Spanish nobility acquired wealth during Spain's imperial expansion, nobles became increasingly concerned about the inability of their deaf children to speak and be literate. Hence, they approached Ponce de Leon to establish a school in a monastery at Valladolid to tutor their deaf children.\textsuperscript{103}

While the success of Ponce de Leon's work has been documented, it is not known how he achieved success in teaching deaf children to read, write and

\textsuperscript{99} Marschark, Lang and Albertini, op cit, p 20.
\textsuperscript{101} Wright, op cit, p 164.
\textsuperscript{102} Ibid, p 166 and Moores, op cit, p 38.
\textsuperscript{103} Ibid, p 165 and Crickmore, op cit, p 12.
speak. It has been inferred that a combined method, using oral and manual techniques, was used. A description of how Pedro de Velasco learned is noted:

While I was a boy and ignorant… I began to work by copying what my teacher had written; and I wrote all the words of the Castilian tongue in a book prepared to that purpose. Hereupon I began… to spell, and to utter some syllables and words with all my might, so that saliva flowed from my mouth abundantly. Thus I began to read history, and in ten years read the history of the whole world.\(^{104}\)

Ponce de Leon did not appear to prepare anyone to become teachers of the deaf after his death. The descendants of the Velasco family, who had persuaded Ponce de Leon to provide deaf education, sought similar services from another tutor for their deaf child. Born in the 1570s, this tutor, Juan Martin Pablo Bonet, initiated publication of the first book on deaf education techniques in 1620, entitled in English *The Reduction of Letters and the Art of Teaching the Mute to Speak*.\(^{105}\) He was influenced to do so by a Spanish aristocrat mother keen to record teaching techniques for deaf people.\(^{106}\) The teaching techniques, used by Bonet, involved the deaf students pronouncing letters, beginning with vowels followed by syllables, words and the student’s native language by set grammatical steps. This suggested a combined method that used a one-handed alphabet, using one hand to portray signs representing letters of the alphabet. Bonet also advocated early speech training.\(^{107}\)

---


\(^{107}\) Wright, op cit, pp 168-169 and Moores, op cit, p 42.
In 1591, a German physician, Solomon Alberti, published the first book of any kind specifically about deafness, *Discourse on Deafness and Speechlessness*. He argued that hearing and speech were separate functions and that people with hearing impairments were rational and capable of thought despite lacking speech. He demonstrated that people with hearing impairments could be taught to read lips, understand speech and read with no ability to hear.\(^{108}\)

**The Age of Enlightenment**

The Age of Enlightenment was a revolutionary cultural movement that swept through Europe in the seventeenth and eighteenth centuries, emphasising reason and individualism rather than tradition. Its purpose was to reform society using reason, to challenge ideas grounded in tradition and faith and to advance knowledge through the scientific method. It promoted scientific thought, skepticism and intellectual growth.\(^{109}\)

In 1648, the philosopher and British physician, John Bulwer, published *Philocophus; or, the Deaf and Dumbe Man’s Friend*, which described a manual alphabet that could be used with deaf people.\(^{110}\) He also published *Chirologia*, also known as *Natural Language of the Hand*, in 1644. Both works are the first English books on deaf education and language. Bulwer advocated schooling for ‘those with hearing impairments’.\(^{111}\) In contrast, John Locke,\(^{112}\) the English philosopher, argued, like the ancient Greeks, for the importance of speech as he theorised that it was a prerequisite for the ability to think. This justified creating the existence of a need for the deaf people to speak. And it prompted the rise of the oral method in deaf education.\(^{113}\)

---

\(^{108}\) Eleweke, op cit, p 183.
\(^{111}\) Eleweke, op cit, p 184.
\(^{113}\) Crickmore, op cit, p 15.
The seventeenth century saw the slow rise of deaf education in Europe as Bonet’s book became known. Further publications on deaf education were produced: *Didascalocophus; or, the Deaf and Dumb Man’s Tutor* in 1661, by George Dalgarno in Scotland.\(^{114}\) Dalgarno never taught the deaf but contributed to deaf education through his book where he wrote about his method of teaching deaf people using early and continuous use of two–handed finger spelling alphabet. He advocated the commencement of communication with deaf children when they were very young, which put him ahead of his time. However, this was considered to be too early an age by many educators of deaf people and was not actually canvassed and practised until the late nineteenth and early twentieth centuries.\(^{115}\)

In *Philosophical Transactions of the Royal Society*, published in 1670, William Holder, a priest, and John Wallis, a mathematician and professor, argued about being the first to teach deaf students to speak and ‘speechread’ – that is, lipread – in Great Britain.\(^{116}\) In 1659, Holder commenced tutoring a deaf student, Alexander Popham, who was a relation of the Earl of Oxford, by utilising a two-handed alphabet\(^ {117}\) for teaching speech that was taught after the acquisition of writing. The problems of speechreading similar lip movements – such as p, b and m – and the confusion caused by ambiguous words were overcome by using a leather thong to demonstrate the different tongue positions.\(^{118}\) In 1661, Wallis began tutoring a twenty-five year old deaf man, Daniel Whalley, who was the son of the Mayor of Northampton. This student learned natural gestures before learning to write and the manual alphabet before learning to speak. Whalley’s achievements were recognised by being presented at a meeting of the Fellows of the Royal Society. Both Holder and Wallis contributed to the deaf education debate by making it more public and prominent through their associations with the Royal Society.\(^{119}\)

---

115 Crickmore, op cit, p 16 and Wright, op cit, pp 176-177.
116 Marschark, Lang and Albertini, op cit, p 21, Crickmore, op cit, p 15 and Moores, op cit, p 43.
117 The two-handed alphabet involved using both hands to portray signs representing each letter of the alphabet.
118 Moores, op cit, p 43, Wright, op cit, p 175 and Crickmore, op cit, p 15.
119 Crickmore, op cit, p 16 and Wright, op cit, pp 174-175.
recognised that deaf children were capable of developing the ability to use language and commented:

Why should it be thought impossible, that the eye...might as well apply such complications of letters or other characters, to represent the various conceptions of the mind, as the ear a like complication of sounds?120

Further publications include *Deaf and Dumb Man’s Discourse* in 1670 by George Sibscota in England, *Surdos loguins – The Speaking Deaf* – in 1692, and *Dissertation de loguela – A Dissertation on Speech* – in 1700, by the Dutch physician, Johan Konrad Amman.121 A medical doctor in Holland, Amman taught a deaf child and patient, Esther Collard, to speak after discovering her deafness, which he originally tried to ‘cure’. His publications were widely regarded due to their extensive descriptions of speech and lipreading techniques that had been used with deaf students. Amman’s books were translated into English enabling them to be used widely during that period while the French and German methods were influenced by Amman’s published deaf education techniques.122

The body of literature, as described above, laid the groundwork for the most challenging and contested issue in deaf education – whether to use sign language or spoken language while teaching by teachers of the deaf and learning by deaf students. As formal public schools had yet to be established, generally it was the deaf sons of prominent and wealthy people such as nobility and royals who were educated and are visible in history. The experiences of deaf children of the poor remain unknown. How were they educated? Were they able to read and write? How did they communicate their needs and desires?123

Parallel to the growth of deaf education in the seventeenth century was the growth of science, including the establishment of scientific societies, which

---

120 Marschark, Lang and Albertini, op cit, p 23.
122 Crickmore, op cit, pp 16-17.
123 Marschark, Lang and Albertini, op cit, p 23.
brought legitimacy to the instruction of deaf students. These societies, which have lineages traced back to Plato, spread throughout Europe in the sixteenth and seventeenth centuries, especially in Naples, Rome, Leipzig and Florence. They became centres of experimentation, generating studies on the anatomy of the ear and the use of tubes and trumpets for improving hearing. In 1662, the London Royal Society was established while the Royal Academy of Sciences was formed in France in 1666. The societies’ early interest in acoustics would most probably have encouraged discussions about hearing loss, deafness, deaf people and their instruction of learning.

**Deaf Education: France**

In 1755, the first state public school for deaf children was established in France under the guidance of Abbe Charles Michel de l'Epee and with the support of the King of France. After being a priest for 25 years, l'Epee became totally involved in deaf education when he commenced tutoring deaf twin sisters in religious instruction. L'Epee believed sign language to be a natural way of communication for deaf people and it was adopted in the school’s curriculum. A manual alphabet was taught. Verbs were also taught using actions and spelling out the words and ‘articles were given brief signs’. Further taught was the pronunciation of syllables and words. L'Epee argued that articulation and lipreading used valuable time and effort, hence, he preferred teaching via the ‘silent method’, that is, sign language. He sourced his methods from the sign language being used by deaf Parisian adults and Bonet’s and Amman’s works. In 1760, he established the Insitut Nationale des Sourds-Muets in Paris, and published his educational methods in *The True Manner of Instructing the Deaf and Dumb* in 1784. Teachers from around the world attended the Institut to be trained. After l’Epee’s death, Abbe Roch Ambroise Sicard

---

124 Ibid, pp 22-23.
126 Marcshark, Lang and Albertini, op cit, p 24.
127 Crickmore, op cit, p 22.
129 Crickmore, op cit, pp 22-23.
130 Bradford & Hardy, op cit, p 53.
continued the Institut, moved it to new premises, received a grant from the new French republican government and published on the grammar and dictionary of sign language in his book, *Theorie des signes*.131

The l’Épee establishment enabled the emergence of a Parisian community with shared interests and a common language – sign language. As students left the Institut, this prompted the growth of an adult deaf community, which saw deaf artists, writers and teachers as its members. One notable member was Pierre Desloges, a deaf bookbinder, who published a defence of sign language for the education of deaf students.132 Meanwhile, a Spanish-born Frenchman, Jacob Rodriguez Pereire, gained experience in deaf education by instructing his deaf sister, a deaf woman and a sixteen-year-old male who was ‘exhibited’ before the French Academy of Sciences. Pereire used the methods of pronunciation, signs, fingerspelling and speechreading, which he attempted to keep secret. This involved the use of the one-handed alphabet for the teaching of speech, auditory training procedures for students with residual hearing and exercises using touch and sight for sense training.133

**Deaf Education: Germany**

In 1778, Samuel Heinicke commenced a school in Leipzig, Germany, adopting the oral method, the practice of teaching deaf pupils to speak. He became known as the father of ‘pure oralism’.134 Heinicke learnt finger spelling while young before entering the military. Upon leaving the military, he became a tutor of a deaf and dumb boy and later a teacher of deaf children in several German cities. He eventually ended up in Hamburg. No full records of Heinicke’s methods of teaching deaf students survived. In fact, Crickmore asserted that Heinicke kept his teaching methods secret as he believed such methods should not be given away for free.135 This must be considered in the context where the financing of deaf education was a major problem. Hence, any means to acquire

---

131 Wright, op cit, p 188.
132 Marschark, Lang and Albertini, op cit, p 25.
133 Crickmore, op cit, pp 21-22.
134 Moores, op cit, pp 49-50 and Wright, op cit, p 186.
135 Crickmore, op cit, p 20. See also Bradford & Hardy, op cit, p 28.
revenue from practising methods of deaf education were likely to be considered to be acceptable.

After the death of Heinicke in 1790, the influence of the oral method declined due to French conquests during the Napoleonic wars. Vanquished countries adopted the use of the sign language method for schools of the deaf. When Napoleon’s reign ended, efforts to continue the sign language method declined due to hostile reaction to anything to do with the French. Van Cleve, John Vickory (ed), Deaf History Unveiled: Interpretations from the New Scholarship, Gallaudet University Press, Washington DC, 1993, p 253.136 During that time, the oral method established in Germany began to receive more attention. In fact, efforts to integrate deaf students with hearing students persisted in Germany until the early nineteenth century. Victor August Jager and Friedrich Moritz Hill published accounts on aspects of an environment that involved integration and early intervention for deaf children.137

**Deaf Education: Britain**

During the eighteenth century, three key people were involved in deaf education in Britain: Henry Baker, a Fellow of the Royal Society, Thomas Braidwood and his nephew, Joseph Watson. Henry Baker became interested in deaf education due to his young niece.138 In 1783, he established a school for the deaf at Hackney, near London, where the selection criteria included the ability to pay a bond of one hundred pounds, a large amount of money at that time, and the student’s potential ability to speak.139

Thomas Braidwood was approached by Charles Shirreff, a parent determined to educate his deaf son who had lost his hearing at three years of age. Wallis’s writings on deaf education had been found by Shirref, who persuaded Braidwood to establish a school for deaf children at Edinburgh in 1767, prior to the one set up at Hackney. During the early years of Braidwood’s provision of deaf education, he advertised for staff to assist him.140 At the same time, he sought financial assistance but was unsuccessful. However, the number of deaf

---

137 Crickmore, op cit, p 21.
138 Moores, op cit, p 44 and Wright, op cit, p 178.
139 Ibid, Moores.
140 Wright, op cit, p 180.
students did not decline, contributing to the growth of Braidwood schools in which he employed family members. This reduced the costs involved with operating the schools and kept the knowledge of Braidwood’s deaf education methods within a closed circle. While such methods may have been kept secret, Francis Green, a parent of a Braidwood student, documented the education that his deaf son received at the Braidwood Academy at Edinburgh in *Vox Oculis Subjecta – Voice Made Subject to the Eyes* – published in the late eighteenth century. It described the signs used in the early years of instruction until the oral method was fully adopted. These involved the use of the two-handed alphabet, gestures and natural sign and articulation practice to learn reading, writing and, eventually, speech.\(^{141}\)

In 1792, the first school for deaf children of poor families was established by a charitable scheme with funds provided by Reverend John Townsend, Reverend Henry Cox Mason and philanthropist Henry Thornton. The Asylum for the Support and Education of the Deaf and Dumb Children was located at Bermondsey in London. Its first principal was Joseph Watson, the nephew of Thomas Braidwood. Six students commenced at the Asylum. While the generosity of the public ensured the Asylum’s survival, there was no government aid. The principal’s salary was covered by fees from those families able to afford them and profits from contracts covering school supplies. This encouraged Watson to ensure an adequate number of fee-paying students at the detriment of accepting those unable to pay the fees. Furthermore, any non-fee paying students were relegated to the care of assistant teachers while the other students received full and proper instruction. In 1809, the Asylum moved to larger premises at Old Kent Road in London with twenty students and a waiting list of fifty.\(^{142}\) In 1810, the same charitable scheme established the Edinburgh Institute, employing John Braidwood, the grandson of Thomas Braidwood.


\(^{142}\) Crickmore, op cit, pp 18-19.
Braidwood.\textsuperscript{143} Two years later, a similar school commenced at Birmingham with another Braidwood grandson as principal.

Watson published his deaf education techniques in \textit{Instruction of the Deaf and Dumb} in 1809, three years after his uncle’s death.\textsuperscript{144} By 1820, the Old Kent Road Asylum had a school population of about 200. This school remained under the leadership of the Watson family with descendants of Watson succeeding him as principal. These families’ control lasted for nearly a century.\textsuperscript{145}

\textbf{Deaf Education: America}

The New World saw colonists striving to accept progressive European views about deaf children and their learning.\textsuperscript{146} The colonial environment made it difficult for scholars to translate observations on deaf education into useful practices. The first members of the American Philosophical Society, unlike the similar European societies, did not study the educational needs of deaf people, resulting in few opportunities for deaf children to receive education. However, John Harrower, a Scottish teacher in Virginia, did teach John Edge, at 14 years of age, who learned to read and write.\textsuperscript{147}

A few American deaf children went to Europe to receive their formal education. A deaf nephew of President Monroe was sent to l’Epee’s school in Paris and the deaf children of Major Thomas Bolling, a descendant of Pocahontas, were sent to the Braidwood Academy, along with the son of Francis Green, a merchant of Boston.\textsuperscript{148} While most deaf children of the colonial era were not

\textsuperscript{143} Wright, op cit, pp 191-192.
\textsuperscript{144} Ibid, p 191.
\textsuperscript{146} Marschark, Lang and Albertini, op cit, p 25.
able to receive either formal or vocational education, a spark of interest in deaf education had been kindled in America.\textsuperscript{149}

In 1793, after studying the work of the followers of Braidwood and l’Epee in Edinburgh and Paris, William Thornton, head of the US Patent Office, published a treatise on elements of teaching speech and language to deaf children.\textsuperscript{150} Thornton was one of the first American scholars to provide views on deaf education, writing on the phonological basis for reading, the importance of vocabulary building and the varied ways of communicating with deaf people such as speech, fingerspelling and signs.\textsuperscript{151}

\textbf{The Nineteenth Century}

The nineteenth century saw the rise of deaf schools throughout the world, particularly in the USA and Britain. In 1803, the American Francis Green requested a census on the number of deaf children residing in Massachusetts. This was published in a Boston newspaper. The census was taken to determine whether their number justified the establishment of a school for deaf children.\textsuperscript{152}

In 1812, after momentum for deaf education increased, Thomas Gallaudet, a young Yale University graduate, was hired by his neighbour, Mason Fitch Cogswell, to instruct his young deaf daughter Alice Cogswell. Gallaudet originally began teaching with the aid of a book published by Sicard, l’Epee’s successor, but that was followed by teaching methods acquired from his observations from a study tour to Europe. In 1815, Gallaudet left for 15 months

\begin{flushright}
\textsuperscript{149} Marschark, Lang and Albertini, op cit, pp 26-27.
\textsuperscript{150} The treatise was entitled ‘On Teaching the Surd, or Deaf, and Consequently Dumb, to Speak’ as noted in Gannon, Jack R., \textit{Deaf Heritage: A Narrative History of Deaf America}, National Association of the Deaf, Maryland, 1981, p 1.
\textsuperscript{151} Marschark, Lang and Albertini, op cit, p 27. See also \textit{The Silent Worker}, vol 36, no 9, June 1924, p 412, as accessed at \url{http://dspace.wrlc.org/view/ImgViewer?img=28&url=http://dspace.wrlc.org/doc/manifest/2041/39}\textsuperscript{133} on 13 May 2014.
\end{flushright}
to investigate the oral method used at the Braidwood schools in Britain and the
sign method used by the L'Epee school in Paris. 153

Meanwhile, Braidwood's grandson, John Braidwood, emigrated to the USA in
search of a teaching position. Instead, in March 1815, he opened Braidwood's
Institution for the Education of the Deaf and Dumb in Colonel William Bolling's
mansion in Virginia. Bolling had a deaf son and a deaf daughter. 154 After falling
into debt, Braidwood left the Virginia school by 1816 and never returned to
teaching deaf students. 155

On his European tour, Gallaudet failed to secure agreement with the Braidwood
family about learning their 'secret' teaching methods of deaf students, as they
wanted to keep their methods secret and perhaps as a result of the hostile
relations between the USA and Britain at the time. In contrast, after attending a
lecture in London by Sicard, Gallaudet was welcomed at the National Institution
for Deaf-Mutes in Paris where he spent several months. There, he met Laurent
Clerc, a 33-year-old deaf man, and convinced him to accompany him to the
USA. Clerc was to become the first deaf teacher of deaf children in America. 156

After their arrival in the USA, fundraising activities were undertaken with Clerc
displaying his literacy knowledge. Funds from the Connecticut government –
the first appropriation of public funds to a benevolent society to be made in the
USA – and private donations went towards establishing the first permanent
American school for the deaf at Hartford, Connecticut, in 1817. It was known as
the Connecticut Asylum for the Deaf and Dumb, now named the American
School for the Deaf. Gallaudet was its director with Clerc a teacher. Alice
Cogswell enrolled at the school along with six other students. This increased to

153 Crickmore, op cit, pp 30-31. For a brief biography of Thomas Gallaudet, see Eleweke, op cit,
p 185 and Fernandes, James J., 'Galladet, Thomas Hopkins' in Van Cleve, J. (ed), The
Gallaudet Encyclopedia of Deaf People and Deafness, Gallaudet University, Washington DC,
154 The Silent Worker, vol 36, no 9, June 1924, p 412, as accessed at
133 on 13 May 2014.
155 Marschark, Lang and Albertini, op cit, p 28.
156 Ibid, p 27, Crickmore, op cit, p 31 and Bradford & Hardy, op cit, p 30.
33 students within a few months. At the Asylum, Gallaudet introduced the combined method with the oral method being withdrawn in 1819 enabling students to focus on sign language, the one-handed alphabet and writing. The oral method then returned to the school in 1857 when an articulation teacher was employed.

Further schools for the deaf opened in Philadelphia in 1820, Kentucky in 1823, New York in 1818 and 1825, Ohio in 1829, Missouri in 1838 and Virginia in 1839. Numerous other smaller schools were established but not did last long. The 1818 New York school, known as the New York Institution for the Instruction of the Deaf and Dumb, used the oral method. This school is now known as the New York School for the Deaf. In 1857, the Columbia Institution for the Deaf and Dumb was founded in Washington DC and renamed Gallaudet College after Thomas Gallaudet, the first pioneer for the combined method in the USA. The Llandaff School for the Deaf and Dumb was established in 1862 and used the combined method. In 1867, the Clarke School for Deaf Mutes was founded in Northampton, Massachusetts, and used the oral method, ushering in a new trend of educating deaf pupils.

A newspaper, *Deaf Mute Times*, later renamed *The Silent Worker*, commenced in 1888 and become popular with the American deaf people. It covered a broad range of topics including deaf education. From 1904 to 1919, there were several references to occurrences in Australia such as the first Australian Congress of the Deaf in 1903 and the death of the Australian representative of *The Silent Worker* in 1919. There was even mention of Australian appreciation

---

157 Ibid, Crickmore and Bradford & Hardy.
158 Wright, op cit, p 198.
160 Wright, op cit, p 194.
161 Crickmore, op cit, p 32.
of The Silent Worker – ‘It has been passed through so many hands that it has gotten very much tattered and torn.’\textsuperscript{164} This newspaper facilitated international communication and most probably influenced deaf education in Australia.

In 1890, Scottish-born American, Alexander Graham Bell, a proponent for the oral method and an inventor of the telephone, established the National American Association for Teaching Speech to the Deaf, known from 1954 as the Alexander Graham Bell Association for the Deaf. Bell’s mother was hard of hearing and his wife was deaf. Neither used signs. He was also prominent in the eugenics debate arguing for the health of humanity to be maintained by reducing hereditary deficiencies. This further inflamed hostilities generated by the oral-sign debate.\textsuperscript{165}

In Britain, by the end of the nineteenth century, the Watson and Braidwood monopoly ended with the growth of the sign method due to its ease of use in instructing larger numbers of deaf students in comparison with the spoken method, which demanded teachers to provide more individual attention to each student learning to lipread and speak.\textsuperscript{166} Earlier, by 1829, charitable schools for deaf children had been established at Glasgow, Aberdeen, Dublin, Manchester, Liverpool and Yorkshire.\textsuperscript{167} In 1864, a Jewish school for deaf children was founded at Whitechapel by Baroness Mayer de Rothschild and adopted the German oral method.\textsuperscript{168} This resulted in the need for English trained teachers of the deaf, which precipitated the opening of a college for oral teachers of the deaf at London in 1872. A day school for deaf children opened in London in 1874 while in 1877, Sir John Ackers founded the Society for Training Teachers


\textsuperscript{166} Crickmore, op cit, p 28.

\textsuperscript{167} Wright, op cit, p 202.

of the Deaf and Diffusion of the German Method.\textsuperscript{169} The oral method’s popularity grew in Britain so much so that by 1889, the Royal Commission of the Blind, Deaf and Dumb advised that ‘all should be given opportunity to learn to speak and lipread, but those found incapable of learning by the oral method should be taught by the manual system.’\textsuperscript{170} In 1893, the \textit{Elementary Education (Blind and Deaf Children) Act (UK)} made education of deaf children compulsory, requiring deaf children from the age of seven to sixteen years to be educated.\textsuperscript{171}

\section*{The 1880 Milan Congress}

From 6 to 11 September 1880 in Milan, the Second International Congress on Education of the Deaf saw the sanctioning of the oral method as opposed to the sign method for education of the deaf people.\textsuperscript{172} It asserted the superiority of oralism over sign languages by voting for the following resolutions:

1. Considering the incontestable superiority of speech over signs in restoring deaf mutes to society, and in giving them a more perfect knowledge of language,
   
   Declares –
   
   That the Oral method ought to be preferred to signs.

2. Considering that the simultaneous use of speech and signs has the disadvantage of injuring speech, lipreading, and precision of ideas,
   
   Declares –
   
   That the Pure Oral method ought to be preferred.\textsuperscript{173}

\begin{thebibliography}{9}
\bibitem{169} Wright, op cit, p 201.
\bibitem{170} Ibid, p 211.
\bibitem{171} In contrast, students who could hear were to commence their formal education at the age of five.
\bibitem{172} Wikipedia. 2014. Available at \url{http://en.wikipedia.org/wiki/Second_International_Congress_on_Education_of_the_Deaf#The_energy_resolutions} as accessed on 17 April 2014.
\bibitem{173} Milan 1880 Congress. 2014. Available at \url{http://milan1880.com/milan1880congress/eightresolutions.html} as accessed on 17 April 2014.

\end{thebibliography}
This caused hostile debate and controversy for years after among deaf people and educators of deaf students over the vexed issue – whether to learn and communicate through sign or speech. At the end of the nineteenth century, there were two opposing schools of thought – sign and oralism. As seen in this chapter, this debate can be traced back to Plato in 360BC.

The Congress was organised by the Pereire Society,174 a group opposing sign language. Hence, at least half of the 164 invited delegates supported the oral method and voted accordingly.175 Furthermore, the outcome was ensured by the general exclusion of deaf people to vote – only one of the 164 delegates was deaf.176 Those attending included Alexander Bell and Thomas and Edward Gallaudet.177 The Gallaudets advocated unsuccessfully for a combined method. Edward Gallaudet continued to argue for the combined method at the next Congress held at Chicago in 1883, calling unsuccessfully for an end to all conflicts about deaf education stating that ‘no single method was universally effective in the education of deaf students’.178 Thus, schools for deaf children in European countries and in the USA generally implemented the oral method without sign language as a method of education for deaf people.

**Deaf Education in New South Wales, Australia**

During the early years of the New South Wales (NSW) colony, parents of deaf children had three options for educating their children. Firstly, the child could be sent overseas to a residential boarding school for deaf children if the parents could afford it. Secondly, the child could stay at home and be supported. Thirdly, if the child was uncontrollable and unable to learn social skills, the parents could endeavour to place the child in an institutional asylum for deaf people.

---


175 Ibid.


178 Crickmore, op cit, p 37.
destitute children.\textsuperscript{179} By the late 1850s, a fourth option arose, which involved establishing schools for only deaf children in Australia, introducing the delivery of segregationist deaf education.

In October 1860, the Deaf and Dumb Institution was established in Sydney by a deaf Scottish migrant, Thomas Pattison. The Liverpool Street building that housed the Institution was established within the requirements of the \textit{National Education Act 1848} (UK), which allowed a school to be established in a private house under certain circumstances.\textsuperscript{180} Seven deaf children were enrolled in the Institution and were taught via the British method of two-handed finger spelling, the mode that Pattison would have learned at Braidwood’s Edinburgh School.\textsuperscript{181} Until the 1960s, the Institution underwent several name and ownership changes and moved around at various premises until its current location at North Rocks under the present name of the Royal Institute for Deaf and Blind Children.\textsuperscript{182}

Other schools established for deaf children in NSW were the Rosary Convent for the Deaf and Dumb, established in December 1875 at Newcastle by the Catholic order of Dominican Sisters, which was later moved to Waratah at Maitland,\textsuperscript{183} and St Gabriel’s School for Deaf Boys. This was established in 1922 as a Catholic boarding school for deaf boys by the Catholic order of Christian Brothers.\textsuperscript{184} Both schools were influenced by the French delivery of deaf education. Hence, they used the one-handed alphabet, sign language and writing when they commenced their deaf education work. However, it was not until 1948 that St Gabriel’s School for the Deaf commenced using ‘pure oralism’, a decision that was not made without due consideration.\textsuperscript{185}

\textsuperscript{180} Ibid, p 34.
\textsuperscript{182} For further historical information about this organisation, see 106th Annual Report, The Royal NSW Institution for Deaf and Blind Children, pp 6-8.
\textsuperscript{183} Crickmore, thesis, op cit, pp 49-52.
\textsuperscript{184} St Gabrieles School for the Deaf, Golden Jubilee 1922-1972, Macarthur Press, Parramatta, 1972, np.
\textsuperscript{185} Ibid.
In 1946, an independent school, Farrar School for the Deaf, was established at Ashfield and implemented delivery of a pure oral method of education – that is, full delivery of education through speech with no sign language communication. The School underwent name, ownership and location changes until its closure in December 2000.

The *Public Instruction (Blind and Infirm Children) Amendment Act 1944* (NSW), which required parents or guardians to send their deaf children to school to have an education, was enacted by the NSW Parliament. However, the Act did not come into effect until after World War II in 1946.186 This paved the way for segregation to give way to a new form of deaf education known as oralism. Subsequently, this would encourage tensions to surface amongst users, educationalists and advocates of spoken language and of sign language, revealing divisions and undermining cohesion in the Deaf, deaf, hard of hearing and hearing-impaired community.

---

CHAPTER 2

‘Speech is the birthright of every child’: Oralism to the 1960s

This chapter looks at oralism as the main and all-encompassing educational ideology for deaf and hearing-impaired students throughout the 1960s. It examines factors influencing the surge of oralism and the conflict that the deaf education debate, in relation to its educational philosophies, generated within the DdHHHI movement.

The Lead Up to the 1960s

From 1946, NSW law required Deaf, deaf, hard of hearing and hearing-impaired (DdHHHI) children to be compulsorily educated. Thus, despite the prevalence of segregation as an educational philosophy for children with disability, integration\(^\text{187}\) of DdHHHI students at local schools with pupils who could hear became a viable option.\(^\text{188}\) At the same time, Australia was involved in drafting the United Nations’ *Universal Declaration of Human Rights*, which was to slowly permeate throughout Australian society, particularly in its delivery of education to children with and without disability, from the second half of the twentieth century.\(^\text{189}\)

During 1947, an inquiry into the education of deaf children commenced, which coincided with the increased number of school entry age of deaf children due to a large rubella epidemic during the early 1940s.\(^\text{190}\) The inquiry’s report,

\(^{187}\) At that time, integration meant, for deaf and hearing-impaired students, attending a ‘special class’ besides the ‘normal’ classroom at the same school where deaf, hearing-impaired and hearing students then experience ‘frequent contacts’ during playground time. Source: Crickmore, Barbara Lee, ‘An Historical Perspective on the Academic Education of Deaf Children in New South Wales 1860s-1990s’, PhD, University of Newcastle, 2000, pp 135-136.


\(^{190}\) This inquiry was mentioned in Breije, H. William (ed), *Global Perspectives on the Education of the Deaf in Selected Countries*, Butte Publications Inc., Hillsboro, Oregon, 1999 at p 4, but no
released in 1949, formally recommended the continuation of ‘day classes already in operation’, pre-school education for deaf children and the establishment of a training course for teachers of the deaf.\(^{191}\) Support classes in regular government schools then known as Opportunity Deaf Classes (ODCs) were established in primary schools in 1948 and in secondary schools in 1954.\(^{192}\)

In 1952, the NSW Department of Education assumed responsibility for the delivery of education at Farrar School for the Deaf. Five years later, it assumed control of then named the New South Wales Institution for the Deaf, Dumb and Blind where it provided teaching staff and facilities while the Institution provided free accommodation for boarders and looked after ‘out-of-school activities’.\(^{193}\) This was achieved through legislation, *The Royal New South Wales Institution for Deaf and Blind Children Act 1957* (NSW), and involved the deletion of ‘Dumb’ in order to improve the public image of children who were deaf.\(^{194}\) The word ‘Royal’ was bestowed on the Institution by Queen Elizabeth II, providing it with further societal status.\(^{195}\) The assumption of responsibility of the Royal New South Wales Institution for Deaf and Blind Children by the NSW government was due ministerial desire to be responsible for the delivery of education to deaf children particularly in light of financial constraints being experienced by the school.\(^{196}\) It was also due to increasing public criticism about the lack of action being played by the NSW government in deaf education especially after the 1950 visit to Australia by the Ewings who advocated for oralism.\(^{197}\)

---


\(^{192}\) Byrnes, Brown, Rickards and Sigafoos, op cit, pp 246-247.


\(^{194}\) Crickmore, thesis, op cit, pp 148 and 162.


\(^{196}\) Crickmore, thesis, op cit, p 159 and NSW Legislative Assembly, Hansard, 30 October 1957, pp 1447-1453.

\(^{197}\) Plowman, op cit, p 40.
With NSW Catholic deaf education, in 1948, the Dominican Sisters signed a Statement that urged the primacy of oralism amongst other things, as prompted by a study tour in New Zealand from where Sr Ann Walsh later commented:

The Sisters were doing remarkable work with the children and getting good results with the oral method of education. I noticed how alert the children were and so talkative. Though only young they were able to cope with simple religious lessons.  

This suggested a religious imperative to implement oralism, which was further endorsed in 1969 when there was a review of the efficacy of the Dominican Sisters’ work in Adelaide. Sr Caterina observed that:

The motor Mission ensures that every Catholic deaf child in Adelaide receives religious instruction and is prepared for the sacraments. This is a bare minimum and must be supplemented by example in the home.

New directions and changes in NSW Catholic deaf education were being facilitated by Vatican II, which commenced in 1962, and the overseas study tours undertaken by several Dominican Sisters and Christian Brothers during that time. The studies involved the learning of integration as being assistance to deaf and hearing impaired students’ studies and the importance of parental involvement at the pre-school level – ‘As a help to their studies, Sister [Norbert] saw “integration of the deaf with hearing students as greatly desirable.”’

While integration was tentatively introduced in 1953, it was not until 1967 that integration became a reality with the involvement of Santa Sabina, a Catholic day and boarding school for female pupils who hear, based at Strathfield,

---

198 Dooley, Annette, To Be Fully Alive, a monograph on Australian Dominican Education of Hearing-Impaired Children, unpublished, pp 37 and 47.
199 Ibid, p 59.
200 Ibid, p 55.
Sydney. This was largely due to the influence of new educational curricula and parental pressure for day schooling.

In 1967, Br Gerald McGrath, a Christian Brother and Superior at St Gabriel’s School for Deaf Boys, went to Gallaudet College in the USA for six months to learn about developments in deaf education and discovered cued speech. Developed by Dr Orin Cornett, a physician, mathematician and vice-president for long range planning at Gallaudet, it served as a method of communication focusing on the English language. Cued speech comprised finger signals around the mouth to aid the spoken communication – for example, with the four words, ‘pour’, ‘poor’, ‘pore’ and ‘paw’, there were differing finger signals around the mouth to identify the ‘p’ word being spoken. Knowing that there was a ‘pedagogical and therapeutic problem’ at St Gabriel’s School for Deaf Boys, Br McGrath invited Dr Cornett to visit Australia to advise of his expertise on cued speech. He visited Australia in 1969 for ten days and gave lectures on cued speech to the Dominican Sisters and the Christian Brothers. However, before his visit, Dr Cornett provided Br McGrath with an ‘instructional film and tape’ on the methods of cued speech, as noted in the 1967 St Gabriel’s School for Deaf Boys’ Annual Report. This Report went on to note:

Our main concern must be for as much integration with hearing people as possible.

---

201 Report of the Committee Appointed to Survey Secondary Education in New South Wales, 1957 – also entitled The Wyndham Report. This gave rise to the Public Education Act 1961 (NSW), which was brought into effect in 1962.
204 History of Catholic Deaf Education in Australia, Centennial Booklet 1875 – 1975, Newey & Beath Ltd, 1975, p 34.
206 Ibid.
Oralism: An Educational Method for DdHHHI Students

Oral-aural instruction, or the oral method or pure oral method, concentrates on the development of speech, speechreading, and use of residual hearing. It does not include any sign language, sign system or manual alphabet.207

Nowadays, in Australia, the majority of DdHHHI children are born to parents who hear and use spoken language.208 However, in the 1960s, it is not known as to how many DdHHHI children were born to hearing parents.209 Deaf educational ideology during that time promoted an exclusive emphasis on speech based on the assumption that using sign language would interfere with speech development.210 Earlier in 1953, oralism had been endorsed, not sign language, at the Fifth Triennial Conference of the Australian Association of Teachers of the Deaf held in Darlington, Sydney.211 The aim of oralism was to teach DdHHHI children to speak for spoken communication with their hearing family members and the hearing society. Oralism promoted spoken language, developing one’s ability to understand spoken language where the development of that language provided itself as a basis for thought and for developing literacy skills. One reason advanced for the use of oralism as an educational method for DdHHHI students was that it enabled DdHHHI people significant and extensive access to opportunities within the hearing world, which was far more populated than the DdHHHI community. Further, with spoken language, it was

208 Aussie Deaf Kids states that 90% of deaf children are born to hearing parents: http://www.aussiedeafkids.org.au/ as accessed on 16 September 2015.
209 The Australian Bureau of Statistics was consulted with about the population number of DdHHHI children in the 1960s. Their advice outlined surveys’ results on the population numbers of DdHHHI people since 1993. No information was provided for the decades before 1993.
argued that DdHHHI children experienced a more level playing field with fellow hearing peers, albeit with some difficulty.\footnote{212}

The increased use of oralism was stimulated after the visit to Australia by ‘prominent British arch-oralists’ Professor Sir Ewing and Lady Dr Ewing in 1950.\footnote{213} This visit was organised and paid for by all State and Commonwealth Governments except the Western Australia Government.\footnote{214} Governments were attempting to formulate policy on deaf education.\footnote{215} The Superintendent at the New South Wales Institution for the Deaf, Dumb and Blind commented:

\begin{quote}
they made us aware…that gone are the days of complete segregation of the deaf…and that to these children, the wide range of contacts with the normal hearing community are possible in all phases.\footnote{216}
\end{quote}

The Ewings were very committed to oral education for deaf children and advocated for day care and the ‘integration of the deaf child into the community’.\footnote{217} The far-reaching impact of the Ewings’ visit was felt for the next 25 years.\footnote{218}

\begin{footnotes}
\item[213] Slegers, op cit, p 05.3.
\item[214] National Archives of Australia: A461, 748/1/823, Visit – Ewing, Mr and Mrs – Education of deaf children. See Dooley, op cit, pp 40-41.
\item[215] Plowman, op cit, p 38. See, ibid, Dooley.
\item[216] Ibid.
\item[217] Ibid.
\end{footnotes}
As evinced by schools for deaf students only in NSW – discussed below – and integration of deaf and hearing-impaired students at regular schools, oralism, as an educational theory, was being practised. Oralism meant, for deaf and hearing-impaired students, learning and being educated via the spoken language and not sign language. With the aid of technology including the individual hearing aid to boost residual hearing, students learnt and spoke the English language. This was facilitated by speech therapy. While oralism may have been successful for some deaf and hearing-impaired students, it was a fraught and ambivalent experience for other students that continued into the 1990s.\(^{219}\) That experience has been documented in Claudia Slegers’s article, *Signs of Change: Contemporary Attitudes to Australian Sign Language*.

Claudia Slegers’s article examined past and contemporary attitudes to sign language, particularly Auslan, which was in the 1960s not known as Auslan but rather as ‘TRUE DEAF SIGN’ or ‘FULL DEAF SIGN’.\(^{220}\) As part of a set of interviews involving 31 people, including 23 deaf people, about their attitudes towards Auslan, a woman named Ursula recalled how she was to learn only speech and lipreading. This was at the request of her parents who, in the early 1960s, sent her to a preschool that used oralist methods. As for using her hands to communicate, Ursula recounted how her mother reprimanded her for gesturing and pointing to food when she needed it.\(^{221}\) No doubt, this would have created communication frustrations between mother and daughter, possibly leading the daughter to develop ambivalent emotions towards sign language.

**Helen Keller: A Proponent for Oralism**

> Speech is the birthright of every child. It is the deaf child’s one fair chance to keep in touch with his fellows.\(^{222}\)

---


\(^{220}\) Slegers, op cit, p 05.10.

\(^{221}\) Ibid, pp 05.7-05.8.

A prominent advocate for oralism, Helen Keller, who was deaf-blind, was also a political activist, author, suffragist, radical socialist and a supporter and co-founder of the American Civil Liberties Union. Keller had a lasting influence on those who met her. She inspired them by her perseverance, determination and humour in dealing with her disabilities. Born in Alabama, USA, Keller became deaf and blind as a result of scarlet fever at 19 months old. At the age of seven, she came under the wing of Anne Sullivan who taught Keller the manual alphabet, tapped on to the palm of her hand, and how to lipread by placing her thumb and forefingers on the speaker’s face. With these skills, Keller was able to acquire knowledge and display her exceptional intelligence. After her college studies, under the influence of Sullivan’s husband, John Macy, Keller embarked on further learning by devouring political books on radical change and Marxism and reading socialist publications.

Between 1946 and 1957, Keller visited 35 countries on five continents including Australia in 1948, serving as one of the USA’s most effective but unofficial international ambassadors. In Australia, Keller toured schools including St Gabriel’s School for Deaf Boys, nursing homes and libraries for people with vision impairment across the country. The effect of Keller’s visit on the Australian public was massive and, at times, euphoric. The Advertiser proclaimed that ‘it is an amazing, an almost overwhelming, experience to meet for the first time Helen Keller, who, although deaf, blind and partially dumb since


225 Keller went on to write about radical, social and political causes outlining her class analysis in books such as Social Causes of Blindness (1911), The Unemployed (1911) and The Underprivileged (1931). Source: The Radical Dissent of Helen Keller (Online), 2015. Available at http://www.yesmagazine.org/people-power/the-radical-dissent-of-helen-keller as accessed on 16 September 2015.

226 Helen Keller Tours Australia (Online), 2015. Available at http://www.abc.net.au/archives/80days/stories/2012/01/19/3411258.htm as accessed on 14 September 2015.
childhood – she is now 68 – has become one of the most famous women of the world’.227

Keller was a proponent for oralism, having been influenced by Alexander Graham Bell who promoted lipreading and oralism over sign language. Thus, Keller alienated herself from the communities using sign languages by declaring oralism to be ‘one of the divinest miracles of the nineteenth century’.228 Partly as a result of Keller’s endorsement of oralism, it was taught to many deaf students in the twentieth century. Keller’s visit and her stance on oralism significantly influenced the schools for deaf students only and their teaching methodologies, which lasted for decades, reflecting the long influence of the American experience on developments in Australia.229 Her extensive impact was reinforced by the 1962 release of an American film about Keller’s life, which heightened the Australian public’s consciousness about deafness. The Miracle Worker, based on Keller’s autobiography about her early years, The Story of My Life, became an instant critical success and was nominated for five Academy Awards. It won two Academy Awards – for Best Actress and Best Supporting Actress.230

The Oralism versus Manualism Debate

It ought to be said…that there is, today, a large body of opinion which holds the view that manual methods are best for some (probably the minority) of the children while oral methods are best for others.231

---

227 The Advertiser, 23 June 1948, p 2.
The views about oralism and manualism served to generate incohesion and conflict within the DdHHHI movement. This was because the contrasting views about deafness and how DdHHHI students should learn and be educated revealed tensions and conflicts amongst people’s understandings of both deafness and deaf education.

The oralism versus manualism debate had been in existence ever since education of DdHHHI students began. In the 1950s and 1960s, sign languages were beginning to be recognised as natural languages as asserted by Dutch linguist, Bernard Tervoort, and American linguist, William Stokoe. However, in Australia, it was still a commonly held attitude that sign languages were like pantomime or pictorial gestures and that sign language users were perceived as lacking intelligence and the ability to think, socialise and learn – ‘Speech was seen to be the mark and proof of intelligence’. This may have prompted many parents of DdHHHI children to adopt oralism out of a desire to not have their children perceived as ignorant and illiterate.

Further aiding parental decisions to embrace oralism were the adverse societal attitudes towards sign language. The negativity of these attitudes derived from, perhaps, the societal status of deaf people who used sign language, which was then perceived to be the language of the ‘deaf and dumb’. Deafness was usually seen in negative terms by society.

**NSW Schools for Deaf Students in the 1960s**

During the 1960s, there were only four schools in NSW exclusively for deaf students. These were Farrar Public School for the Deaf at Croydon Park, New South Wales Institution for the Deaf, Dumb and Blind at North Rocks, Rosary

---


Convent for Girls at Maitland near Newcastle, and St Gabriel’s School for Deaf Boys at Castle Hill.

Farrar Public School for the Deaf (Farrar) commenced in 1946 as a private school at Ashfield. It adopted the pure oral method while incorporating a parent education scheme and a Latin motto that meant: ‘I Strive Until I Overcome’.235 After being purchased by the NSW Department of Education in 1952 at the request of the financially troubled owners, Farrar became the first segregated and specialist school to be operated by the NSW Government for deaf children.236 In 1962, the school moved to Croydon Park with an enrolment of 40 deaf children the following year.237 Farrar practised integration with the secondary-school aged female students undertaking home economics at the Croydon Home Science School one day a week. The male pupils attended the Croydon Park Junior Technical School to attend classes of ‘suitable subjects’.238

In Maitland, the Rosary Convent, then known as School for Deaf Girls,239 operated as a residential school for female deaf students by the Catholic order of the Dominican Sisters. This school, which was established in December 1875, went ‘oral’ in 1954 and hence followed oralism in the 1960s and 1970s until its closure in 1976. It had 80 students in 1967.240 This oralism paved the way for integration in 1967 where secondary deaf students of the School went to reside at Santa Sabina, Strathfield, where they attended classes with their peers who could hear for lessons.241

236 Crickmore, thesis, op cit, p 159.
238 Ibid.
The New South Wales Institution for the Deaf, Dumb and Blind was renamed the Royal New South Wales Institution for Deaf and Blind Children (RNSWIDBC) in 1957, with the deletion of the word ‘Dumb’ and the word ‘Royal’ being conferred in the title by Queen Elizabeth II. The Board of Directors now considered ‘dumb’ to be ‘no longer a truism as applied to the deaf children now being taught to lip read and use vocal expression’.\(^{242}\) In 1959, RNSWIDBC purchased land at North Rocks prompted by the unsuitability of the Darlington premises and commenced building a complex there, which was officially opened in 1963.\(^{243}\) The North Rocks complex was based on the latest methods and trends being used globally in the care and education of deaf children – ‘Every classroom has rubberised linoleum flooring and an acoustic, foam plastered ceiling’.\(^{244}\) The residential school with several day pupils\(^{245}\) generally implemented the oral mode – along with the combined method. According to a statistical summary table in a journal, it used the combined method as a method of instruction for 51 students in 1965.\(^{246}\) However, a later issue of that journal, published in 1967, stated that the combined method was not being used as a method of instruction.\(^{247}\) Further, a 1969 issue advised that the method of instruction was the oral method for up to grade two, followed by the combined method using fingerspelling for grade three upwards when needed.\(^{248}\)

St Gabriel’s School for Deaf Boys (School) was commenced in 1922 at Castle Hill by the Catholic order of the Christian Brothers. The School’s mission was to help children with hearing impairment achieve their full potential by focusing on language development and speech.\(^{249}\) It operated as a residential school for male deaf students with some day students and adopted the oral mode, which

---

\(^{242}\) 106\(^{th}\) Annual Report, The Royal NSW Institution for Deaf and Blind Children (RNSWIDBC), p 7.  
\(^{245}\) In 1966, there were 169 deaf pupils – they comprised 70 full boarders, 70 weekly boarders and 20 day pupils. Source: 105\(^{th}\) Annual Report, RNSWIDBC, p 30.  
\(^{249}\) History of St Gabriel’s, unpublished.
was introduced to the School in 1955. It had 65 students in 1967. The School, since it began, had a strong commitment to teaching the English language and initially the students received their learning via Signed English, which was actually an artificial sign system (see Chapter 3).

These schools used oralism in a formal educational context. However, generally, it did not work because students could not then access the English language being conveyed through speech despite wearing hearing aids. Outside the formal educational context, many students used sign language to communicate for connection with each other.

Signed language was never completely abandoned in many of the large central residential schools, and certainly continued to be used in dormitories and playgrounds.

EXPERIENCES AT RNSWIDBC
A resident of the North Rocks boarding school was Gillian Ratcliffe (nee Hancock) who is profoundly Deaf and, while as a boarder, wore hearing aids and a ‘box system’ around her neck and on her chest. However, Ratcliffe, an Auslan user, was unable to hear anything through the audiological devices. She remembered that: ‘They would try to talk through it but I couldn’t hear anything’.

Ratcliffe did not enjoy her time at school as she was quite limited in being able to participate orally. She noted:

There [sic] was groups of deaf students that had deaf family members so there were the groups I got involved in and I would learn from them. I had tried oral learning, which didn’t

---

251 History of St Gabriel’s, op cit. Artificial sign systems use manual signs to represent the various vocabularies and grammars of related spoken languages. This will be further explored in Chapter 3.
suit me and other methods of communication. But the students who signed that’s what really touched my heart, I felt connected to them, that’s what I wanted to be part of.  

As for learning and being educated, Ratcliffe experienced significant difficulties. Life in the classroom was frustrating – ‘I wanted to learn, but it was so hard. I wanted to ask questions but I just felt like there were too many barriers’. It was an experience comprising negative emotions as Ratcliffe recounted – ‘I would feel quite belittled because I didn’t know what to do’.  

While the 1960s saw the emergence of the modern tertiary education sector that provided better teacher training, limited teacher training for students with disabilities, particularly for DdHHHI students, continued. Ratcliffe recalled – ‘We didn’t feel supported or encouraged by the teacher’. Furthermore, there was an absence of trained teachers of the deaf for deaf students. Ratcliffe remembered, ‘We were in a class of 9 students. We would have the one teacher, sometimes other classes would join us and we would have to share our desks, our class would grow to twice the size. It would be squashy and there [sic] was too many students’.  

Rote learning was common in the classroom while sign language was discouraged. Reflecting on the lack of sign language in the classroom, Ratcliffe described how they had no sign language interpreters and how they would get excited about new teachers only to be disappointed on discovering that they were not deaf nor sign language users:  

---

255 Ibid.
256 Ibid.
257 Ibid.
259 Ratcliffe, Gillian, op cit.
260 Ibid.
But the school forgot that we needed sign language, they didn’t think. We were all wishing, many of us hoping that we would get a teacher, hearing or Deaf, [sic] which could sign, then we would be able to learn.\footnote{Ibid.}

Technological aids including the individual hearing aid with its ‘box system’ were rudimentary at best – but regarded as sophisticated and cutting-edge at the time – which served to exacerbate the learning experience.\footnote{Shepherd, Bruce D., ‘The deaf and doctors: a shepherd’s two flocks’, \textit{Medical Journal of Australia}, vol 187, nos 11/12, 3/17 December 2007, p 678.} It was, however, not all bad at school. She went on to note there were:

Positives, yes, there were friends, sports, we would play together. On the weekends at the boarding school, we all spend time talking and chatting together. That was good…\footnote{Ratcliffe, Gillian, \textit{op cit.}}

\section*{Experiences at St Gabriel’s School for Deaf Boys}

At St Gabriel’s School for Deaf Boys (School), which used the oral mode of spoken English language as a medium of instruction, several students experienced difficulties in learning the English language. Christopher Ratcliffe, who is profoundly Deaf – born with hearing but acquired a hearing loss through illness at the age of two or three years – boarded at the School from a young age from 1957 until 1968.\footnote{See enrolment record at Johnston, Brian James, \textit{Memories of St Gabriel’s: A History of St Gabriel’s Deaf School, Castle Hill, NSW, NSW Government Printing Service, Sydney, 2000, p 144.} \footnote{Ratcliffe, Christopher, interviewed by Naomi Malone, 5 August 2014.}} He wore a hearing aid and a system that ‘sat’ on his chest. He recalled that:

In class we were forced to copy from the board as the teacher spoke to us, the teachers didn’t sign. I would just copy the English words yet not understand what they meant. As we copied again and again, I started to understand some of it, but not so well.\footnote{\textit{op cit.}}
In relation to the oralism versus manualism debate, Ratcliffe, an Auslan user, described that with his generation:

…we were not allowed to use sign language, we were smacked or caned on the hands. Only to speak orally and use our hearing aids, we had [sic] speak therapy which included learning to speak with the use of the fingers and hands near the mouth to feel the puffs of air from our mouths…But we often would secretly sign to each other out of sight of the teachers, but in class we were not allowed.\textsuperscript{266}

This was reflective of an ideology where there was an exclusive emphasis on speech with the assumption that any use of sign language would interfere with speech development.\textsuperscript{267}

Overall, for Ratcliffe, while there were the negative experiences of a poor education, lack of literacy in English and the School being ‘heavily religious’ – ‘they were sent to church so much and it was never explained about who Jesus was’ – there were also positive experiences as described below:

The positive aspects of school would be that we were all Deaf and the association we would enjoy, we would talk, using sign language, that was great. It was all boys, so we were a united brotherhood, we had a connection with each other.\textsuperscript{268}

\textsuperscript{266} Ibid.
\textsuperscript{267} Slegers, op cit, p 05.8.
\textsuperscript{268} Ratcliffe, Christopher, op cit.
Commonwealth Acoustic Laboratories: the Emergence of Audiological Advances Aiding Oralism

Of those two modes of hearing amplification [that is, the group and individual hearing aid], the individual aid had the greatest pedagogical influence and has made integration much more possible.\(^{269}\)

In 1948, a Commonwealth Acoustics Laboratories\(^{270}\) (CAL) was established as a section of the Commonwealth Department of Health for deafened veterans of World War II and the large number of children deafened by the rubella outbreaks from 1933 to 1943 with 30,228 'rubella cases' in 1940.\(^{271}\) The question of integration was envisaged within CAL when it espoused the idea of DdHHHI children being placed in a 'normal' school to experience the 'normal educational system' with the aid of hearing aids – 'normal' meaning schools for children who hear. However, there was opposition to that philosophy, which prompted CAL to abandon it. At this time, hearing aids were mainly of use to 'partially' deaf children.\(^{272}\)

By 1950, hearing aids were provided at no cost or, rather, on permanent loan to deaf and hearing-impaired children.\(^{273}\) Being provided freely served to fuel oralism as an educational method. The hearing aids provided were actually a monaural or singular aid per child for use in one ear – and not both ears – and it

---

\(^{269}\) Dooley, op cit, p 91.


\(^{273}\) Ibid, Plowman, p 40 and Dooley, op cit, p 92.
was called the CALAID, which was at the time thought to be a ‘miracle cure’.274 Meanwhile, in 1952, CAL commenced parental guidance, which involved parents in learning about hearing aids and the wearing of these aids by DdHHHI children.275

During the 1960s, there were very few fittings before the age of six months but the rubella epidemic of 1963 to 1969 saw an extensive increase in the number of fittings of children under the ages of 12 months, 18 months and 24 months. From 1961 to 1969, there were 855 fittings of children under the age of two years.276 The very few early fittings, especially before the age of six months, prompted researchers to gauge as to how to discover the deafness or hearing loss of babies. It was not until the 1970s that such discovery methods were invented.

As CAL started to expand from 1967 onwards, academic Graeme Clark began researching the possibility of an electric implantable device inspired by his close relationship with his hearing-impaired father. He later became the inventor of the cochlear implant, which was a medical device that provided electrical stimulation of the auditory nerve to produce a sensation of sound enabling a degree of hearing.277 This technological advance was to later and further encourage widespread use of oralism.

Meanwhile, at the NSW level, in 1946, the NSW Government created the Division of Research, Guidance and Adjustment, which was restructured into two agencies in 1957. These agencies aided oralism by being responsible for the testing and placement of deaf and hearing-impaired children in regular schools and provision of educational guidance to parents. Such services were

---

275 Dooley, op cit, p 57.
276 Upfold, op cit, pp 138-140.
staffed by nine district guidance officers, 88 school counsellors and 460 careers advisors but no teachers of the deaf were provided.\textsuperscript{278}

\textbf{The Seeds of Integration in the Early Years}

\textbf{PRESCHOOLS IN THE NSW STATE EDUCATION SYSTEM}

In a newspaper series about deaf education, an article in \textit{The Sydney Morning Herald} in July 1963 touched upon the ‘inadequacy of pre-school training in NSW’ for deaf children.\textsuperscript{279} Around that time, awareness was being generated amongst those concerned with deaf education about the differing degrees of deafness and the importance of early diagnosis of deafness or hearing loss. This was evinced in the growth of the academic field associated with deaf education – for example, \textit{The Australian Teacher of the Deaf} journal, which commenced in November 1956 with a year’s suspension in 1959. According to an addendum in a 1966 journal issue, the NSW Department of Education provided a pre-school service to 56 deaf children using the oral method of instruction.\textsuperscript{280} Also, there was a Visiting Teacher Service, comprising two teachers, for those at the age of diagnosis to the age of four and a half years. Furthermore, parental guidance at the pre-school level and ‘Specialist Counselling Services’ were provided.\textsuperscript{281} In 1966, Farrar had a ‘complete Nursery Grade’ for the ‘first time in some years’.\textsuperscript{282} However, it was not clear if any education was being undertaken. At RNSWIDBC, a ‘Pre-school Parent Counselling Service’ was introduced in 1967 for parents of deaf children to instruct them in ‘general procedure with the children such as will fit them for entry’ at RNSWIDBC’s school for their deaf children to enrol at the age of three.\textsuperscript{283} This service was available by correspondence for country and international parents – for example, in 1969, a translation into French was made possible for the ‘residents of French territories in the Pacific’. Further in 1969, a

\begin{footnotesize}

\begin{itemize}
  \item \textsuperscript{278} Crickmore, thesis, pp 150-151.
  \item \textsuperscript{279} Staff Correspondent, ‘Education of Deaf Children (II): Inadequacy of Pre-school Training in NSW’, \textit{The Sydney Morning Herald}, 25 July 1963, p 2.
  \item \textsuperscript{280} ‘Classes for the Deaf in Australia, July 1965 (Addendum)’, \textit{The Australian Teacher of the Deaf}, vol 7, no 1, April 1966, p 4.
  \item \textsuperscript{282} ‘Farrar School for the Deaf’, \textit{The Australian Teacher of the Deaf}, vol 7, no 1, April 1966, p 29.
  \item \textsuperscript{283} 106\textsuperscript{th} Annual Report, RNSWIDBC, pp 15 and 31-32.
\end{itemize}
\end{footnotesize}
new building with five ‘Nursery classrooms’ was opened to provide for the ‘under-fives’. In the same year, three pre-school classes using the oral method of instruction for ‘profoundly deaf three year olds’ were opened at Busby (Green Valley), Narraweena and Sutherland by the NSW Department of Education. Further, a parent counselling service was provided where ‘children with a parent’ were ‘seen for guidance for an hour’s weekly appointment’.

**ST DOMINIC’S PRESCHOOL FOR DEAF CHILDREN**

Throughout the 1960s, the DdHHHI students all had differing educational experiences due to where they were educated and their various degrees of hearing loss or deafness. This contributed to the fragmentation of the DdHHHI social movement in the years after the 1960s. Further deepening that fragmentation was the arrival on the scene of NSW deaf education of St Dominic’s Preschool for Deaf Children.

The 1960s’ rubella epidemic provided the foundation for the first movement towards early fitting of hearing aids in children. This saw an increase in the DdHHHI population that led to the establishment of St Dominic’s Preschool for Deaf Children on the grounds adjacent to Santa Maria del Monte at Strathfield in February 1969. At that time, parents were no longer wishing to send their children to boarding schools for deaf students only.

These parents, unlike the war-time, post-Depression parents were on the whole better educated and were heirs to a growing understanding of child psychology as well as receiving direct parent guidance from the National Acoustic Laboratory. Must their young child already deprived, suffer a second deprivation – that of the family circle?  

---

286 St Dominic’s Preschool for Deaf Children underwent two name changes. It became the Catholic Centre for Hearing Impaired Children (CCHIC) in 1979 and then the Catherine Sullivan Centre in 2009. Source: Clare Hopley and Elizabeth Hellwig, personal communication, 18 March 2016 and Dooley, op cit, p 75.
287 Dooley, op cit, p 60.
A further reason for the Preschool’s establishment was the influence of a Dominican sister, Sr Joan Mulhall, who undertook a two year Fulbright Scholarship in 1965 to further her experience in deaf education at Gallaudet, a ‘signing College in the USA’.\textsuperscript{288} However, after being disappointed with Gallaudet, Sr Mulhall went to the Teachers’ College at the University of Columbia in New York for the second year to attend the hearing impaired unit that was affiliated with Lexington School, ‘one of the great USA oral schools’.\textsuperscript{289} On her return to Australia, she was asked about her greatest impression gained from her experience in the USA. Sr Mulhall’s response addressed the policy of ‘sending pre-school hearing-impaired children to hearing kindergartens prepared to accommodate a social interaction programme for them’.\textsuperscript{290}

Faced with parental pressure, Cardinal Gilroy listened to the parents’ request for a Catholic day kindergarten for DdHHHI children and contributed $50,000. Before a volunteer refurbishing effort valued at $100,000 by the Del Monte Staff and Parents’ Association was undertaken, a sale of a building, owned by the Anglican Trinity Preparatory College and adjacent to Santa Maria Del Monte, was negotiated. This building was to house the Preschool.\textsuperscript{291}

Apart from the three state preschools, the Preschool was the first for young deaf and hearing-impaired children in NSW. It commenced for only 14 children around three years old for two years.\textsuperscript{292} It also saw the beginning of the Family Support and Early Intervention Programme. The children were transported by Government subsidised taxis with one group arriving in the morning and the other in the afternoon. Sr Mulhall commenced individual language, speech and auditory training lessons while group activities were supervised by mothers and volunteer helpers. During the individual lessons, the relevant mother observed

\textsuperscript{288} Ibid.
\textsuperscript{289} Ibid.
\textsuperscript{290} Ibid.
\textsuperscript{291} Ibid, p 61.
Sr Mulhall’s work with her child, and thereafter, conducted follow-up work at home.\footnote{293}

Integration arrived when it was decided at the beginning of 1970 to adopt an integration model where children with all kinds of hearing and deafness were together at the one Preschool. This was made possible by joining with the day kindergarten at Santa Maria Del Monte.\footnote{294} To make integration a real possibility and to conform with the Welfare Department’s regulations, a pre-school teacher was employed while 30 preschoolers who hear joined the programme giving a ratio of four hearing preschoolers to one deaf or hearing impaired preschooer. Further, cued speech was introduced in 1971 but not fully used until 1973.\footnote{295}

The Preschool along with the Council for Integrated Deaf Education, which focused particularly on the early years of the deaf infant’s life – discussed in the next chapter – paved the way for increased integration of deaf and hearing impaired children in preschools and regular primary and secondary schools.

After the ‘It’s Time’ election campaign by the Australian Labor Party, the Whitlam Australian Commonwealth Government was elected in December 1972 concluding 23 years of successive conservative Coalition Governments, which thrived on ‘years of fat’ economically that ended in the early 1970s and preempted an economic downturn. After taking office, the Whitlam Government swiftly established an inquiry into education at all levels examining the deficiencies in resources, inequalities and quality of teachers and curricula. In May 1973, the Karmel Report for the Australian Schools Commission was released and hailed as being the ‘first of its kind and a landmark in educational history’. It called for new values to be identified in future educational policy and recommended expenditure on seven programs. Some of these programs were ‘disadvantaged schools’, which included pre-school education, ‘special education’ that outlined a section on preschools and ‘teacher development’.

For preschools, the Karmel Report emphasised the importance of early education as a ‘widely acclaimed means of providing more equal education, and hence life-long opportunities for children’. Further, it advised that preschool education was particularly important for ‘handicapped’ children especially in cases of ‘deafness’. It further noted that ‘State Education Departments have been active particularly in the training and education of deaf children from a very early age’. In NSW, such training and education were being provided by the NSW Department of Education, Farrar, RNSWIDBC (later...
RIDBC, the Rosary Convent, St Dominic’s Preschool for the Deaf and the CIDE, which is discussed later in this chapter. To address that, the Report advanced that such responsibilities for pre-school education should fall under the Preschools Committee and that collaboration be encouraged between the Committee and existing special education services.\textsuperscript{300} For teacher development, increased funding was made available to colleges of advanced education. This led to an expansion of teacher education courses, including the teacher of the deaf courses.\textsuperscript{301} This was further aided by the Cohen Report of 1973-1975\textsuperscript{302} on advanced education, which recommended that the Australian Universities Commission establish at least one Department of Special Education in each state. It also recommended that the Australian Commission on Advanced Education set up specialist courses for teacher of the ‘handicapped’ in several Colleges of Advanced Educations (CAEs) and incorporate special education training in all general teacher training courses.\textsuperscript{303}

The Karmel Report was the first significant intervention by a Commonwealth Government in education leaving behind an ad hoc response to certain demands. However, it further recommended that the Commonwealth Government be involved in the determination of broad policies and provision of resources and not in the conduct of education. All recommendations of the Karmel Report were accepted and the Australian Schools Commission was set up in 1973. Significantly, it promoted the movement towards integration.\textsuperscript{304} The Commission formally closed in 1988 but prior to its closure, its programs were transferred to the Department of Education, Employment and Training in December 1987. Implementation of the recommendations was hampered by the economic circumstances of the mid 1970s, in particular, a massive rise in unemployment. This led the Commonwealth Government at that time to revise

\textsuperscript{300} Ibid, p 118.
\textsuperscript{301} Barbara Lee Crickmore, ‘An Historical Perspective on the Academic Education of Deaf Children in New South Wales 1860s-1990s’, PhD, University of Newcastle, 2000, p 228.
the work of Australian Schools Commission as impacted by changing educational policies and priorities.305

Responding to the Karmel Report, in August 1973, after outlining a plan to make education accessible to all and to have education as a high priority in the distribution of resources, the Whitlam Government quadrupled expenditure on education within its first two years. Fees for universities, CAEs and technical colleges were abolished. Several grants were offered to the states for specific programs including the ‘education of Aborigines, migrants, and isolated and handicapped children among others’.306 However, research at the National Archives of Australia revealed no such grants for education of ‘handicapped’ children at that time.

The end of the economic boom was accompanied by liberating societal changes in Australia, as wrought by the ‘swinging ’60s’ throughout some parts of the world. Social movements emerged from the grassroots populations of women, gay and lesbian people, indigenous Australians and anti-Vietnam War protestors demanding new societal approaches and accountability by institutions. However, the broad disability and DdHHHI movements were not part of this groundswell and were marginalised due to disability and deafness being perceived adversely. At that time, Pierre Gorman in his article The Reorganisation of Educational Facilities in Australia for Children with Speech and/or Hearing Impairments, stated:

...individuals who have had a significant hearing impairment since infancy are limited not so much by the deafness itself, but much more by the attitude and behaviour of the general community towards them.307

306 Crowley, op cit, p 86.
Nevertheless, in December 1975, the Declaration on the Rights of Disabled Persons was formulated by the UN. While not binding on the UN’s member nations, it provided a framework for their national legislations. This sparked a growing awareness of people with disabilities and their place in civic society. Despite no explicit mention of the right to an education for people with disabilities in the Declaration, it recalled the principles of the UN’s 1959 Declaration of the Rights of the Child. That Declaration confirmed the right of physically, mentally or socially ‘handicapped’ children to be given an education as required by their disability. This implied support for segregationist education as further on in the Declaration, the right of children to receive free and compulsory education was affirmed.

The adverse attitudes towards people with disabilities were aided by the medical model of disability. This model saw people with disabilities as the problem and with deficits to be cured, focusing on what one cannot do rather than what that person can do. People with disabilities were to be adapted to fit into the world as it was. If this was not possible, then they were to be shut away in a specialised institution or isolated at home. The impairment was the problem as illustrated below:

---

The thinking behind this model had been in existence in Australia since the early twentieth century. However, the medical model of disability was not conceptualised as such by the disability movement until the mid 1970s. This was not to deny the essential role that medicine played in keeping people with disabilities alive and alleviating their pain and discomfort. But, the model was to ensure that people with disabilities were not limited to just their impairments. Eventually, the medical model of disability was challenged by normalisation theories and practices in the 1970s and the social model of disability in the early 1990s (see Chapter 5).

In the early 1970s, Wolfensburger’s concept of normalisation in relation to people with disabilities was being introduced in international academic circles. Normalisation in relation to people with disabilities in the educational context meant ‘inclusion of students with disabilities in every aspect of life as

---

312 The History of Attitudes to Disabled People (Online), 2015, op cit.
led by their peers without disabilities’. It had been widely commended throughout Scandinavia, the UK and the USA. Although, normalisation was specifically about people with intellectual disabilities, potential was soon recognised in the normalisation principle for people with other disabilities.

In terms of education, towards the end of the 1960s, swelling enrolments could not be accommodated by state and Catholic primary and secondary schools. This led governments to provide state aid to Catholic schools, which had been previously hindered by sectarianism. The enrolment crisis was accompanied by social changes whereby schools in the 1970s were crowded with students from a wide range of socio-economic and ethnic backgrounds. Furthermore, the economic recession of 1975 onwards, along with changes in ideology including a new egalitarianism and a crisis of religious belief and the expansion of the middle classes, contributed to a new educational and social scene. Aided by the Karmel Report, this scene saw revised structures, curricula and methods where progressive educational policies emerged, causing disillusionment with state education in the late 1970s. This prompted increased enrolments at independent schools.

The NSW Catholic education sector was in a state of constant flux throughout the 1970s. Religious staff declined while numbers of lay principals and teachers

---


increased. Average class sizes halved from 1970 until 1995. In 1970, the
Commonwealth government commenced providing grants to aid the ongoing
funding of non-government schools in Australia. After the Karmel Report,
Commonwealth funding for Catholic schools grew significantly. The Sydney
Catholic Education Office, which had been established earlier in the 1950s,
grew exponentially over time and was responsible for programs that attracted
government funding such as the Disadvantaged Schools and Multicultural
Education.317 In 1975, the Catholic Education Commission (CEC) of NSW
commenced as an agency to communicate with both state and Commonwealth
Governments for the 11 dioceses situated throughout NSW and independent
congregational schools in NSW. The CEC NSW became responsible for
negotiating funds for Catholic schools in NSW while the National Catholic
Education Commission (NCEC), established in 1974 in Canberra, represented
all Catholic Schools at the national level.318

It was within this environment that integration increased significantly as an
educational trend with manualism, as an educational medium of instruction,
gradually not being used. Elsewhere in the world, while there was a growing
appreciation of sign languages as actual languages, deaf education in NSW
during the 1970s was marked by the progress of oralism sparking
‘integration’.319 This reflected the social ‘integration’ policy that was occurring in
Australia at that time. Cued speech had been introduced earlier in 1968 at St
Gabriel’s School for Deaf Boys, aiding the focus on the English language.320
Hearing aids were continuously being improved – before one had to wear the
batteries encased in a metal case in body pockets. With the increasing

317 Luttrell, John, Worth the Struggle: Sydney Catholic Schools 1820-1995, Catholic Education
318 Canavan, Kelvin, ‘The Quiet Revolution in Catholic Schooling in Australia’, Catholic
Education: A Journal of Inquiry and Practice, vol 2, issue 1, July 2013, article 5. See Luttrell,
John, Worth the Struggle: Sydney Catholic Schools 1820-1995, Catholic Education Office,
Sydney, 1996, p 43.
319 See Lowe, Armin, ‘Prevention and Integration: The Two Main Tasks of the Present
Education of Hearing-Impaired Children’, The Australian Teacher of the Deaf, vol 19, July 1978,
1979, pp 4-7.
320 Payne, Aaron, ‘The challenges of producing an oral history of the Deaf: cued speech in New
See also Cahill, Noelle J. and Vize, Stuart D., ‘Cued Speech for Australia’, The Australian
sophistication of technology allowing for miniaturisation of batteries, they have become stand-alone hearing aids to be worn behind or in the ears. The Sydney Catholic Education Office started the Catholic Itinerant Teacher of the Deaf Service, which enabled deaf and hearing-impaired children to attend regular Catholic schools where they received support from the itinerant teachers.³²¹ The Shepherd Centre, an ‘early intervention’ centre, was established by Annette and Dr Bruce Shepherd who had two deaf children. They strongly and effectively advocated for spoken language.³²²

**Council for Integrated Deaf Education: The Shepherd Centre**

One of the most important developments of the surge of integration during the 1970s was the Council for Integrated Deaf Education (CIDE).³²³ The origins of the CIDE emerged from the parental experiences of Annette and Bruce Shepherd. Annette was the daughter of L.J. Hooker, a wealthy owner of a national real estate agency chain.³²⁴ Her daughter, Penelope (Penny) and son Daniel, born in 1962 and 1963 respectively, were both discovered to be profoundly deaf during their early years. Following Penny’s diagnosis in Sydney after arrival from England where they had been based for Bruce’s medical career, the Shepherds were advised that there was ‘nothing... here' in terms of pre-school education for deaf children and to return to England.³²⁵ At the time, the customary practice was to send the deaf child, once they turned three or four years old, to boarding schools dedicated to deaf children only, thus ‘becoming a relative stranger, not only to the hearing world, but even to his or her own family’.³²⁶ Furthermore, the NSW Education Department advised the

---


³²³ While CIDE was usually referred to as the Shepherd Centre, it underwent an official name change in 1979 when it became known as The Shepherd Centre, which was then registered. Source: Ibid, p 44.


³²⁵ Shepherd, Dr Bruce AM, in collaboration with Tom Sanger, *Shepherd: Memories of an Interfering Man*, Dr Bruce Shepherd, Australia, 2010, p 101.

Shepherds that its responsibility towards deaf children did not commence until the age of four years. While there were Opportunity Deaf Classes (ODCs), which provided intense tutoring for deaf children within the hearing school environment, these classes were for school-age pupils with less severe hearing loss than the Shepherd children. Importantly, these were not preschools.327

Faced with an agonising dilemma and adamant not to send their children to segregated educational boarding schools for deaf children only, the Shepherds resolved to teach their children to use their residual hearing aided by their individual hearing aids and to speak the English language well enough for attendance at mainstream primary schools for children who hear.328 This decision was in large part informed by their experiences with the John Tracy Clinic in the USA.

After visiting a number of schools for deaf children in the UK, USA and Australia and knowing the importance of some form of auditory stimulation as early as possible, the Shepherds found their answer in the John Tracy Clinic (Clinic) based in Los Angeles, California. Named after the deaf son of the actor Spencer Tracy and his wife Louise, it was dedicated to the oral mode, teaching pre-school deaf children to lipread and speak at no financial cost to the parents. Further, the Clinic involved the parents in the pre-school education of their deaf children. It offered a correspondence course, in which the Shepherds enrolled and within the year, Annette visited the Clinic for a six-week summer school session to learn more about its techniques. Upon Annette’s return to Australia, she and Bruce implemented the lessons learned via correspondence and from Annette’s visit.329

During the Shepherd children’s early years, Annette’s efforts and lessons reaped educational benefits, resulting in Penny’s enrolment in a kindergarten for hearing children at the Castlecrag School and later at the ODC at Chatswood School. Daniel also enrolled at these schools. It was at the

327 Shepherd, Bruce in collaboration with Tom Sanger, op cit, pp 103-104.
328 Ibid, p 98.
329 Shepherd, Bruce D., op cit and ibid, p 105.
Castlecrag School that Annette observed the teachers to be implementing many techniques similar to that of the Clinic. Subsequently, Annette thought that with added training, the teachers could become effective teachers for preschool deaf children.330

With the Shepherd children attending regular schools by the late 1960s, Annette and Bruce Shepherd felt that the only way to convince educators of deaf children was to establish their own education program.331 Along the way, they faced a lack of interest from Macquarie University after making a presentation about establishing a preschool for deaf and hearing children in 1967 – ‘it became clear that the university saw us only as donors...we were amateurs in their eyes and they had no intention of allowing us any role’ in the preschool’s operation.332 Also, they faced opposition from RNSWIDBC when its then Chairman, Sir Garfield Barwick, opposed the Shepherds’ application to the NSW Chief Secretary’s Office for recognition of CIDE as a charity. Barwick had advised in a letter to the Office that RNSWIDBC was ‘doing all that needed to be done for deaf children in the state’. But the Shepherds wrote back to the Office explaining that there was nothing for the education of pre-school deaf children. Eventually, it was resolved after a ‘boisterous exchange’ between Bruce Shepherd and Barwick with RNSWIDBC taking no further opposing action and CIDE receiving its charity status in 1969.333

Meanwhile, around 1967, the University of Sydney became involved with the Shepherds’ idea through the meeting of Lynne Selwood and Annette Shepherd. Selwood, who was active in campus politics as Secretary Treasurer of the Women’s Union, had been working for a few years to ‘establish a child-minding facility’ for young female university students and staff. While initially reluctant to fund the facility, the University finally became interested after the Shepherds offered to fund the building for the facility if the University provided the land.334

---

330 Shepherd, Bruce in collaboration with Tom Sanger, op cit, pp 108 and 117.
331 Shepherd, Bruce D., op cit.
332 Shepherd, Bruce in collaboration with Tom Sanger, op cit, p 129.
334 Ibid, p 129.
After a year of discussions, drafting and ‘toughest negotiations’ with ‘campus groups, university administrators and various bureaucrats’, on 24 December 1969, a deed of agreement was signed between the University, CIDE and the Shepherds as guarantors. The University contributed the land and $20,000 while CIDE contributed $20,000 as well as met the remaining costs of the project. L.J. Hooker was appointed ‘Founder Chairman’ with Bruce’s father and the Shepherds being appointed directors along with several other people. One director was Sir Keith Campbell who became Chairman in 1976 as well as Chairman of Hooker Corporation Ltd after Hooker’s death until he died of a heart attack in 1983. Hooker Homes Ltd was commissioned to build the facility at a ‘competitive price’ under the guidance of a pro bono consulting leading architect. Further aid arrived in the form of a NSW Government subsidy for ‘buildings to benefit the handicapped’, which enabled Bruce Shepherd to meet a third of the ‘funds to finish the top floor’.

In January 1970, with the help of numerous friends, the CIDE commenced providing a pioneering program of early years integrated education for five deaf children aged approximately three whereby its educational philosophy was based on the following statement by Annette Shepherd:

Both my husband and I had decided that as our two profoundly deaf children would, as adults, have to live in a world of hearing people, then the best way to equip them for this was to keep them part of it, from the very beginning…

---

335 Later in 1973, L.J. Hooker was awarded a knighthood. Source: Shepherd, Bruce in collaboration with Tom Sanger, op cit, p 165.
337 Ibid, p 139.
338 Ibid, p 140.
339 Epstein, June, op cit, p 38. To see the Opening Speech of the Shepherd Centre, see Dr Bruce Shepherd, Historical Documents, Speech at the Opening of the Shepherd Centre (Online), 2016. Available: http://bruceshepherd.net/historical-documents/25-speech-at-the-opening-of-the-shepherd-centre as accessed on 20 August 2016. See also Crickmore, thesis, op cit, pp 204-205.
While the Shepherds were thrilled with the opening of the CIDE, they were ‘keenly aware of the skepticism, professional jealousies and thoughtless discrimination that had threatened our [that is, their] project at every turn’.\(^{340}\)

To achieve the aim of living in a world of hearing people, the CIDE focused on the all-important first five years of the deaf child’s life where the brain is at its best for acquisition and development of language. From the time of diagnosis of deafness until commencement of primary school, the CIDE believed that the deaf child should not be separated from the hearing environment and from their families wherever possible. It emphasised strongly the role of parents to be adequately instructed and motivated in their care and education of their deaf children.\(^{341}\)

The CIDE was first located at the Children’s Hospital in Camperdown for a month followed by ten months at the Outpost Kindergarten in Newtown while permanent premises were being built on the University’s land. Media coverage followed documenting the Shepherds’ pioneering efforts in education of pre-school deaf children.\(^{342}\) In November 1970, the CIDE opened its new premises where the upper storey of the building was the training centre for deaf children while the remainder of the building was known as the Sydney University Child Care Centre providing a nursery and a kindergarten for children who hear.\(^{343}\) The upper floor was named ‘The Shepherd Centre’.\(^{344}\) This enabled the mixing of deaf children with hearing children to occur, sowing the seeds of integration during the very early years of the deaf children.

In 1971, the CIDE commenced accepting babies as soon as they were diagnosed with deafness.\(^{345}\) To meet that end, they established the Home

---

\(^{340}\) Shepherd, Bruce in collaboration with Tom Sanger, op cit, p 140.


\(^{343}\) Epstein, op cit, pp 35 and 44. See also Shepherd, Bruce in collaboration with Tom Sanger, op cit, pp 134-135

\(^{344}\) Shepherd, Bruce in collaboration with Tom Sanger, op cit, p 134.

Visiting Program where the teacher of the deaf would visit the family once weekly until the child was three years old. Following that, the child would then enrol at one of the preschools affiliated with the CIDE. In the same year, a social worker was employed who was succeeded a year later by a trained psychotherapist to counsel parents. In 1977, the CIDE added to its preschool ‘early intervention’ service an annual Residential Workshop and a Correspondence Program for families not residing in Sydney, where the CIDE was based. Parents from outside Sydney even as far as Papua New Guinea stayed at nearby International House – a residential college at the University of Sydney – and attended the Workshops for lessons while their children were at the CIDE’s premises. The Correspondence Program served to reinforce the lessons learned and provided new lessons and other helpful information. This Program helped parents as far away as New Zealand, Hong Kong and India.

Earlier, in 1976, a visiting itinerant teacher program commenced where the teacher visited integrated deaf children at their regular schools. It was reported that the ‘geographical area was so extensive, from Blacktown to Dural to Edgecliff and the need so great that the following year a second itinerant teacher was appointed’. This program was developed in response to the absence of visiting teachers of the deaf at independent and Catholic systemic schools. State schools at that time were being supported by the Department of Education’s itinerant teachers of the deaf. By the end of the 1970s, 156 preschoolers and 38 school-age children had been enrolled at the CIDE aiding the march of integration in their later educational years.

**Closure of Boarding Schools for Deaf Students**

Integration of DdHHHI children at regular schools was fuelled by the closure of boarding schools for only deaf and hearing-impaired students. During the early to mid 1970s, the boarding schools were experiencing declining enrolments due to the arrival of St Dominic’s Preschool for Deaf Children in 1969 and the CIDE

---

346 Epstein, op cit, p 58 and Shepherd, Bruce in collaboration with Tom Sanger, op cit, p 153.
347 Epstein, op cit, p 53.
348 Shepherd, Dr Bruce AM, in collaboration with Tom Sanger, op cit, pp 179-180.
349 Epstein, op cit, p 53.
350 Ibid.
351 Ibid, p 56.
in 1970 and the introduction of ‘educational’ integration of deaf and hearing-impaired children at regular Catholic systemic and state schools. The Rosary Convent closed in 1976, ending a tradition of Catholic boarding school education for only deaf females that had begun in 1875. Earlier in July 1971, at Wahroonga, Sydney, a meeting was held amongst the Dominican Sisters and the Christian Brothers about the future of deaf education. Subsequently, it was recommended that St Gabriel’s School for Deaf Boys be phased out as a boarding school and converted into a co-educational day school with ‘possibilities for integration and include grades from preschool through to secondary’. This occurred in 1973 at St Gabriel’s School for Deaf Boys with a name change to St Gabriel’s for Hearing Impaired Children in 1976. However, it continued with the remaining boarders until the last ones left in 1976.

The other schools for deaf only pupils that continued were Farrar School and RNSWIDBC, which changed its name to Royal New South Wales Institute for Deaf and Blind Children (RNSWIDBC) in 1973 – instead of ‘Institution’. RNSWIDBC experienced a decline in enrolments of deaf children – in 1970, 194 deaf children where as in 1976, 131 deaf children. Farrar School had a ‘falling and changing enrolment’ from the mid 1970s to end up with 25 children in 1979.

New Services at Schools for Deaf Students during the 1970s
As influenced by normalisation and with integration in mind, schools for deaf pupils established new services. St Gabriel’s School, in 1972, introduced the

352 Clare Hopley and Elizabeth Hellwig, personal communication, 18 March 2016. See also Dooley, Annette, To Be Fully Alive, a monograph on Australian Dominican Education of Hearing-Impaired Children, unpublished, p 75.
353 Fitzgerald, Sarah, op cit, p 186.
354 St Gabriel’s 75th Anniversary 1922 – 1997: Celebrating 75 years of educating children who are deaf, 1997, p 12.
355 Ibid, p 13 and St Gabriel’s School for Hearing Impaired Children (St Gabriel’s), Annual Report, 1976.
‘Video Tape Recorder’, eight ‘Language Masters’ and setting-up of the Loop system in the dining room and bedrooms to enable ‘amplified music to be played at any time’. In 1974, the School introduced the ‘Family Support Centre’, a program for pre-school deaf children and was the first such school to use a social worker on a trial basis, where such a person was employed in 1975. Further, an ‘Audio/Visual’ room was built for the teaching of speech. Equipment was upgraded – ‘machines, films and cassettes...are now available within in a room with a group hearing aid’. In 1975, an inservice course on the teaching of ‘Speech to deaf children’ was approved and attended by teachers of the deaf. Early integration was made possible by ‘some mixing with hearing children during play periods’ at the local Catholic primary school. International expert visitors in deaf education, particularly in speech, visited the School throughout the 1970s.

At RNSWIDBC, cued speech was introduced via a presentation to the Board by Br McGrath in August 1971. Thereafter, eight housemasters learnt cued speech, which was ‘of great assistance in overcoming the problems of lipreading’.

Integration
Integration of children with disabilities within the regular education system was being canvassed at the Commonwealth policy level. The Fry Report into the care and education of young children, released in November 1973, and the Coleman Report of July 1974 advocated for integration of ‘handicapped’ children in regular pre-school and day-care centres providing for other young

---

359 1972 Annual Report, St Gabriel’s, np.
360 History of St Gabriel’s, unpublished and St Gabriel’s 75th Anniversary 1922 – 1997: Celebrating 75 years of educating children who are deaf, 1997, p 12. See also 1974 Annual Report, St Gabriel’s, np.
361 St Gabriel’s 75th Anniversary 1922 – 1997: Celebrating 75 years of educating children who are deaf, 1997, p 12.
362 1974 Annual Report, St Gabriel’s, np.
363 1975 Annual Report, St Gabriel’s, np.
364 Ibid.
365 1972 Annual Report, St Gabriel’s, np, 1974 Annual Report, St Gabriel’s, np, 1976 Annual Report, St Gabriel’s, np, 1977 Annual Report, St Gabriel’s, np, 1978 Annual Report, St Gabriel’s, np and 1979 Annual Report, St Gabriel’s, np.
366 110th Annual Report, RNSWIDBC, p 27.
children. Additionally, the Commonwealth Schools Commission’s April 1978 Report urged ‘integration of handicapped children in ordinary schools and classrooms’ but ‘stressed the importance of providing special assistance’ – this came to be known as ‘mainstreaming’ as used during the 1980s, to be discussed in the next chapter. Due to these policy making activities and the influence of normalisation, integration was on the march throughout the 1970s as deaf and hearing-impaired children graduated from the NSW state preschools for deaf and hearing-impaired young children, St Dominic’s Preschool for Deaf Children and the CIDE. They went to regular schools with children who hear – either in ODCs or fully integrated in the schools’ classes. In 1976, St Gabriel’s School for Hearing Impaired Children introduced an Integration Program whereby its students went to their local regular schools in the afternoons after spending the mornings at School. In 1978, Farrar School adopted an integration program that was followed by the introduction of cued speech in 1980.

In 1970, at RNSWIDBC, the question of integration was discussed in RNSWIDBC’s official journal, the Lantern Light – ‘whether or not the handicapped child should be integrated into classes of “normal” children’. In its March 1970 issue, it was stated that RNSWIDBC:

… is moving towards doing more in the way of integration and by way of improvement of standards of education, language attainment and particularly language comprehension.

---

370 Plowman, op cit, p 59.
371 Ibid.
By 1972, two itinerant teachers of the deaf were ‘appointed to visit children who, by then, were integrated into normal classes’. To further improve integration, in 1973, RNSWIDBC entered into a research partnership with Macquarie University to study ‘teaching methods, language comprehension and communication in relation to the deaf child’.

In the NSW state education system, in the early 1970s, integration was emphasised through the Department of Education’s establishment of two positions for itinerant teachers of the deaf. Initially, the two teachers visited regular schools and provided resources, ideas and information to the class teachers. By 1973, the Department of Education advised its policy to be:

... integrate hearing impaired children...into educational environments with non-handicapped children where appropriate. This will be achieved through expansion of the Itinerant Teacher Service, the Opportunity Deaf Class system...and development of multi-purpose Resource Centres.

Throughout the 1970s, the NSW Department of Education expanded its educational services for deaf and hearing-impaired children by increasing the number of ODCs and itinerant teachers. In 1970, there were 52 ODCs for both ‘primary and secondary levels’ but no provision was made for integrated preschools. The itinerant teachers were centred at ‘headquarter schools in the Sydney Metropolitan area and at some country centres’. Further, the ODC student:teacher ratio was reduced from 10:1 to an average of 6:1.

---

372 Ibid, p 60.
375 Ibid.
1978, a ‘nursery program’ for only ‘severely deaf’ children aged three was made available at RNSWIDBC, Farrar and Mt Druitt, Lalor, Wollongong and Adamstown Public Schools. However, limited services were available to ‘Deaf Children of Pre-school Age’ – ‘Teachers of ODCs in country centres see young children and their mothers at a time when the pupils of the class can be integrated with regular classes’. But for metropolitan preschoolers, it was ‘where feasible, ODC teachers…may provide a similar service’. Additionally, ‘Teachers of the Deaf see young children and their mothers on an appointment basis…in some metropolitan and country centres’.

It was not until the late 1970s that the practice of integration was formalised by a policy statement where:

… the basic principle in education for hearing-impaired children is the teaching of the maximum possible number of such children in the immediate company of their hearing peers.

Further aiding the march of integration was the Department of Education’s canvassing for the first time that a distinction should be made between the action of speech and language being conveyed through speech. Additionally, improved and more teachers of the deaf training courses were made available with lectures at the Sydney Teachers College and practical work conducted at the CIDE. In 1974, Nepean College of Advanced Education (CAE) established a Diploma in Special Education for teachers of the deaf. By 1978, Nepean CAE was offering two courses – the Diploma in Special Education (Hearing Impairment) and Graduate Diploma in Education Studies (Hearing Impairment), both held in a full academic year. The audiological training part of the Diplomas was held at NAL’s offices.

Further, St Dominic’s Preschool for the Deaf

---

379 Swan, D., op cit.
380 Ibid.
381 Ibid, p 68. See also Byrnes, Linda J., Brown, P. Margaret, Rickards, Field W. and Sigafoos, Jeff, op cit, p 247.
382 Epstein, p 57.
became a practice-teaching centre for students undertaking teacher of the deaf training.\textsuperscript{384}

**Change at St Dominic’s Preschool for Deaf Children**

While St Dominic’s Preschool for Deaf Children in Sydney preempted the closure of boarding schools for deaf students only, its discontinuance, or rather, refinement, in 1976\textsuperscript{385} actually further assisted integration of deaf and hearing-impaired students by freeing up the Preschool’s resources to set up a Visiting Teacher Service for such students. Influencing the decision to refine the program at the Preschool was the impact of the Remobilisation, which began in 1973 as a response to the canvassing the actual purpose of Catholic religious life – ‘to undertake the twin tasks of renewal of religious life and retrenchment of some of the Province’s apostolic commitments’.\textsuperscript{386} This involved examining all Dominican schools including ‘special schools’ through questionnaires, community discussions and teachers’ meetings. Resources available outside of Province’s network of schools were investigated.\textsuperscript{387}

For pre-school pupils, the Visiting Teacher Service introduced a home-based program where teachers of the deaf visited deaf and hearing-impaired children at their homes and, with the mothers, worked on individual sessions with the children, enabling their acquisition and development of spoken English language. Parents were encouraged to bring their deaf and hearing-impaired children to the weekly playgroup at Santa Maria Del Monte to provide the children with opportunities to socialise with pre-school children who hear. Parents were also strongly encouraged to enrol their children at the local preschools for children who hear.\textsuperscript{388}

\textsuperscript{384} History of Catholic Deaf Education in Australia, Centennial Booklet 1875 – 1975, Newey & Beath Ltd, 1975, p 42.

\textsuperscript{385} Dooley, Annette, *To Be Fully Alive*, a monograph on Australian Dominican Education of Hearing-Impaired Children, unpublished, p 75. See also Clare Hopley and Elizabeth Hellwig, personal communication, 18 March 2016.

\textsuperscript{386} Ibid, p 73.

\textsuperscript{387} Ibid.

In 1979, the Preschool underwent a name change, to be known as the Catholic Centre for Hearing Impaired Children (CCHIC), an umbrella term for two services under the Dominican administration. The second service was the Catholic Itinerant Teacher of the Deaf Service.

The Catholic Itinerant Teacher of the Deaf Service
Integration of deaf and hearing-impaired children at regular Catholic primary and secondary schools was supported by the establishment of the Catholic Itinerant Teacher of the Deaf Service (Service) in 1978, which provided visiting teachers of the deaf that called on deaf and hearing-impaired children at their schools. Before the Service began, in Sydney, deaf and hearing-impaired children were being visited by a Dominican Sister, Sr Joan Mulhall, at their Catholic schools. In the meantime, Catholic parents of deaf and hearing-impaired children in state schools became aware of this service and approached Cardinal Freeman for this service to be extended to their children but at Catholic schools. Cardinal Freeman approached the Sydney CEO, which then established the Service. Over time, while being based at the CCHIC’s premises but travelling to the schools, the visiting teachers of the deaf would advise the children’s class teachers about hearing aids and the FM system and work up to two hours each week per child to help them ‘keep up with their peers’. This pioneering service, in addition to the CIDE’s visiting itinerant teacher program, was available to Catholic systemic schools only and remained unchanged with no review of the nature of its service until 2014.

Catholic Deaf Education in Newcastle and throughout NSW
In the Newcastle area and throughout NSW, significant integration of deaf and hearing-impaired children at local regular schools in Newcastle and rural and regional NSW occurred. Since 1970, students at the Rosary Convent joined in ‘recreational activities’ at the local Catholic primary school – ‘this socialising proved to be of great help to the deaf’ so much so that integration was extended

---

389 Ibid, p 75.
390 Ibid.
391 Fitzgerald, Sarah, op cit, p 187.
392 Ibid and Michele Cutrupi, personal communication, 19 April 2016.
The 1976 closure of the Rosary Convent saw, by then, ex-pupils but still of school-age completely integrated at their local schools. It was resolved that the Dominican Sisters provide assistance to the pupils at their new schools. Others who were located too far away for the Dominican Sisters to visit were offered placement at St Mary’s, Portsea, in Victoria. No educational provision was made for preschoolers. Prompted by parental representation as aided by the local media, the Dominican Provincial Council negotiated with the Newcastle Catholic Education Office (CEO) to accept the responsibility for deaf education under the direction of a Dominican Sister. Subsequently, the Rosary Convent became the Catholic Educational Centre for the Deaf. Between 1979 and 1980, the Newcastle CEO assumed the responsibility of ‘hearing impaired children in the Maitland diocese from diagnosis to school leaving age’.

From 1977 to 1978, Sr Frances Caine visited the integrated children at their schools twice weekly until the inauguration of the Itinerant Teacher Service for the Maitland diocese in 1979 at the helm of a lay staff member, Mrs June Cameron. At the end of 1979, the Dominican assistance to deaf and hearing-impaired children integrated at schools in ‘country areas’ ceased. This was to cause parental agitation that lasted into the 1980s.

**Total Communication: Signed English**

Another important development of integration of deaf and hearing-impaired students at regular state schools during the 1970s was the use of Total Communication, which developed in the USA in the late 1960s. It relied on...
a combination of some or all of lipreading, cued speech, speech, residual hearing boosted by hearing aids, gestures, fingerspelling and Signed English – all of which focused on the English language. Signed English was an artificial sign system that sought to represent the spoken English language in a visual modality using fingerspelling and sign language in the English grammatical word order. By adding signs to accompany speech, it was expected that this would clarify the spoken message and result in literacy learning.

Earlier during the late 1960s, parents and teachers were questioning the educational underachievement of deaf and hearing-impaired students due to research discovering that the totally oral approach was only partially successful in the students’ attainment of communicative competency and literacy skills in the English language. Meanwhile, the gradual recognition of sign languages as legitimate languages internationally was being felt in Australia and slowly ‘in the eyes of some educators, created a new regard for sign’. To address the deaf and hearing-impaired students’ educational underachievement in the English language, ‘sign language’ was brought back through the arrival of Total Communication. Programs establishing Total Communication directed improvement in the use of ‘sign language’ in schools for deaf children only. However, the ‘sign language’, including signs and fingerspelling, to be used was to accurately reproduce English syntax and accordingly was named Signed English.

In 1971, a dictionary publication, Aid to Communication with the Deaf, was published by the Victorian School for Deaf Children. With seven editions and

---

401 Komesaroff, Linda R., op cit, p 121.
402 Ozolins, U. and Bridge, M., op cit, p 11. See Dillon, Angela, ‘Negotiating Two Worlds through the Media: Debates about Deaf Education and Sign Language’, PhD, University of South Australia, February 2015, pp 52-55.
403 Kyle, Jim, op cit, p 208.
404 Ozolins, U. and Bridge, M., op cit, p 11.
405 Kyle, Jim, op cit, p 209.
11,000 copies sold, it provided descriptions and photographs for over one thousand signs, systematically recording signs used in Australia, and was to be used as a resource for teachers and parents of deaf children.\(^{406}\) While originally used in Victoria, Australia, the book was soon used as a reference throughout Australia especially for the development and use of Signed English.\(^{407}\) Over time, training programs for teachers of the deaf endorsed the acquisition of Signed English.\(^{408}\) In 1976, RNSWIDBC released *Let’s Talk With Our Hands*, a NSW dictionary of fingerspelling and signs for communication with deaf children to ‘at last provide an “authority” on which to base...training programmes in communication and language’ for the child-care workers in the residences.\(^{409}\)

However, by the mid 1970s, schools using sign became aware of limits of the publication, which were addressed at a meeting in late 1974 attended by Deaf people, teachers of the deaf and the providers of the training programs for teachers of the deaf. At the meeting, the need and appeal for an increased lexicon of signs to meet the requirements of families and schools using Signed English were canvassed. Several issues were agreed upon, notably, more and specific signs for readily implementation of Signed English, standardisation of new signs throughout Australia and the inclusion of people who are Deaf in this project via the formation of state groups where as least one member of each group be Deaf. The state groups were to liaise with a two member editorial committee to produce the revised dictionary.\(^{410}\)

In 1977, after much discussion and debate on the issues, certain guidelines were documented such as all decisions being in line with the primary objective of being able to present Signed English and sign markers not to be used for

---

\(^{406}\) While it is not expressly clear if the signs recorded in this book are actually Auslan, it is most probable that the signs were Auslan. See next footnote.


\(^{408}\) Ozolins, U. and Bridge, M., op cit, p 11.

\(^{409}\) Auslan: Australian Sign Language (Online), 2016, op cit and 115\(^{th}\) Annual Report, The Royal New South Wales Institute for Deaf and Blind Children, p 5.

The project was named the Australian Sign Language Development Project.\(^{412}\)

The Project extended the use of Signed English by adding to sign language ‘various fingerspelled markers for tense, plurality, adverbial markings, and so forth, as well as invented signs\(^{413}\) and adopted signs from the Deaf community and where necessary, from Gestuno\(^{414}\) and British and American Sign Languages. For example, fingerspell ‘ed’ after signing ‘walk’ to convey the message of ‘walked’, with the idea of the sign to accompany speech.\(^{415}\) So, while the Project had the aim of improving Signed English, ironically, it increased the exposure of sign language giving it a raised profile.\(^{416}\) It would be important to note that the ‘majority of deaf people who had been asked to participate in the construction of the Australian version of Signed English’ boycotted the ‘committee’. Nevertheless, the Project was continued by the teachers of the deaf who exhibited authority over deaf education and signing as a mode – ‘their actions clearly indicated that Signed English belonged to the teachers of deaf students and not to Deaf people themselves’.\(^{417}\) From the 1970s through to the late 1990s, Total Communication was the primary mode of educational instruction for deaf and hearing-impaired children in the NSW state education system.\(^{418}\)

\(^{411}\) Ibid, pp 68-69.


\(^{413}\) Ibid, Power, D.


\(^{415}\) Auslan: Australian Sign Language (Online), 2016, op cit.

\(^{416}\) Kyle, Jim, op cit, p 209.


National Acoustic Laboratories during the 1970s

The arrival of miniaturised hearing aids accompanied by the issue of two hearing aids per child in 1974 made integration easier to be implemented – ‘up-to-date, lighter hearing aids worn behind each ear, giving these youngsters a better opportunity to use their residual hearing’.

Yet, there were problems with the aids as it gave feedback – a whistle sound – hampering integration efforts. While the National Acoustic Laboratories (NAL) administered an effective service of providing hearing aids to returned servicemen and pensioners, for the DdHHHI children, the hearing aids were considered, at times, problematic due to the changing nature of the children’s ears and hearing, which developed and changed over time. In the case of Penny and Daniel Shepherd, the ‘damn things would whistle loudly at times because they were so ill-fitting’ causing teachers to ask Penny and Daniel to turn off their hearing aids.

The issue of two hearing aids per child was prompted by parental lobbying particularly as spearheaded earlier by Annette and Bruce Shepherd. When their daughter, Penny, was a toddler and wearing one hearing aid, they began to feel strongly that ‘two aids were better than one’ in order to stimulate not one but two auditory nerves. Also, it made sense that if one aid was not working then the second one could compensate and two aids could better help locate sound sources. They presented their arguments to the Department of Health, the issuer of the aids, but it refused the Shepherds’ request as it was against ‘department’s policy’. A compromise was reached by the issue of a ‘Y’ cord to connect two ear pieces to the single aid that Penny wore on her chest. Nevertheless, the Shepherds refused to give up and invited the bureaucrat responsible for CAL, which did the testing for hearing aids. Over ‘a leisurely meal that included a few bottles of fine red wine’, they made their case for two hearing aids to the bureaucrat. After dinner, he responded that it wouldn’t hurt for the government to ‘experiment’ with the Shepherd children by having them receive two hearing aids. Thereafter, the Shepherds approached the Australian

---

419 Shepherd, Bruce in collaboration with Tom Sanger, op cit, p 176.
420 Ibid, pp 117-118.
421 Ibid, p 118.
Women’s Weekly with their story about Annette and their efforts to educate their children. The story featured a photo of the Shepherd children wearing two hearing aids each and within days, the Health Department was bombarded by parents requesting two hearing aids for their children. This ‘experiment’ was to promptly become standard practice and formalised in 1974.422

During the childhood years, DdHHHI children had to visit the NAL offices numerous times for production of impressions, which would be dispatched to the laboratories for the impressions to be developed into moulds. The resultant new moulds were then posted to the children’s homes or to relevant NAL offices for collection or fitting with hearing aids.

At NAL, the 1970s saw some increase in the number of fittings of hearing aids for DdHHHI children before the age of 12 months. However, there was a decline in the number of fittings in the age range of 18 to 24 months. This may have been due to the children receiving hearing aids at an earlier age and to a lower incidence of rubella. In the 1970s, rubella was less severe than in the 1960s and by the mid 1970s, was almost eliminated by vaccination.423

While there were increased fittings of children before the age of 12 months, there were attempts to further increase that rate. These attempts included ‘baby bonus’ information leaflets, neonatal ‘startle response’ screening using fast rise time loud sounds and baby clinic distraction testing.424 In 1975, the Commonwealth Government introduced with each maternity cheque a ‘notice explaining the warning signs of hearing impairment and telling parents where they could seek help’.425 From 1970 to 1981, there were 1219 fittings of children under the age of two years.426 This early discovery of deafness or hearing loss provided at least some early stimulation of the auditory nerve, prompting a direction towards developing spoken language.

---

424 Ibid.
425 Shepherd, Bruce in collaboration with Tom Sanger, op cit, p 176.
426 Upfold, Laurence John, op cit, p 140.
Meanwhile, at the NSW state level, in August 1972, the Division of Guidance and Adjustment merged with the Special Education section leading to improvements in their services including the ‘establishment of a position for a consultant for the deaf’. The merger was prompted by pressure from the Federation for Junior Deaf Education, which resulted in a ‘deputation by the Federation to the Minister for Education in the early 1970s’.427

During the 1970s, there were major economic and social changes including the growing secularisation of Australian society and the expansion of the middle classes. There was a significant governmental intervention in deaf education as evinced by its push for integration. Research at NSW State Records revealed a mixture of organisations, including the Federation and the CIDE, and metropolitan and regional interested persons all lobbying for deaf educational resources at different levels whether together or independently and whether intentional or unintentional.428 Despite the formation of The Forum of Deaf Education in 1970 as initiated by J. Colebrook, President of the Federation, and L.J. Hooker, Chairman of the CIDE, the impact of the differing lobbying efforts and deaf educational approaches throughout the 1970s was the growth of a fragmented DdHHHI social movement instead of a strong united front.429

CHAPTER 4

Mainstreaming and Auslan: The 1980s

The International Year of Disabled Persons was a watershed year for disability rights and for the Deaf Community.430

A watershed implies a dramatic and sudden change but this was not the case for the DdHHHI movement in NSW during the International Year of Disabled Persons in 1981. Symbolically, it may have been a watershed year for people with disability but it was an event that took six years to occur after being proclaimed by the UN in its 1975 Declaration on the Rights of Disabled Persons. It called for a plan of action at the national, regional and international levels that emphasised equal opportunities and rehabilitation and prevention of disabilities.431 However, changes advancing better societal living conditions for people with disability were slow to occur and endless lobbying was essential to ensure that policy shifts were translated into action.

The 1980s was a decade of multiculturalism, entrepreneurship – the rise and fall of entrepreneurs – deindustralisation, economic deregulation and globalisation. It was, mostly, an era of the Hawke Labor Government that saw a harsh recession and prompted the rise of the New Right. The decade was a time of fight for social change by unions and the women and environment movements, though ironically the corporatist Hawke government began the push for neoliberal economic reform and worked with large unions to undermine smaller and more progressive ones.432

For the Deaf community, this period saw an increasing sense of pride in sign language. And it led to developments such as signing classes – mainly in

---

Signed English – at TAFE colleges, the coining of the term ‘Auslan’ for Australian Sign Language, the recognition of Auslan as a language in Commonwealth Government policy in 1987 and the publication of the first dictionary on Auslan in 1987. Further, multiculturalism – an ideology that sought to recognise diversity and saw the official Bicentennial slogan change from ‘The Australian Achievement’ to ‘Living Together’\(^{433}\) – was having a significant impact on Australian society. It helped hasten the acceptance of Auslan within Australian society, though multiculturalism, like the DdHHHI movement, was to become riddled with tensions and debates.\(^{434}\)

In 1984, the Hawke Commonwealth Government declared that it shared responsibility with the States and non-government school authorities for the education of all Australian children but with a primary obligation to the public education system. Nevertheless, the Government guaranteed grants to the States for all schooling for eight years. Meanwhile, it brought changes to funding of non-government schools by replacing the funding measurement tool, the Schools Recurrent Resources Index, with the Educational Resources Index.\(^{435}\) But the impact of this, at the Commonwealth and NSW levels, was marginal for DdHHHI students as it was not ‘special education’ funding.

Another significant change imposed by the Hawke government was the abolition of the Australian Schools Commission towards the end of 1987. Previously, it had been transferring staff and financial responsibility from the Commission to the Commonwealth Department of Education – ‘perhaps, because its economic demands could be difficult for the government to meet or… because it was seen as too much directed to private schools’.\(^{436}\) From then on, successive Commonwealth Governments were to have direct control over Federal funding and even some policy direction in schools through its education, employment and training departments. Again, this had marginal

\(^{434}\) International Year of Disabled Persons (Online), 2016, op cit. Regarding the difficulties of multiculturalism, see Jakubowicz, Andrew (ed), _Racism, Ethnicity and the Media_, Allen & Unwin, Sydney, 1994, p 179.
\(^{436}\) Ibid.
effect on DdHHHI students but may have affected significantly those attending mainstream schools with itinerant teacher of the deaf support.

Earlier, the national Schonell Report was released in 1979 during the UN International Year of the Child in response to a pressing need for an adequate account of special education provision in Australia. It was based on a survey of special education to review provisions, needs and priorities in the education of children with handicaps and learning difficulties. The Report found that one third of DdHHHI children were in special or ‘separate’ schools, one third were in special class situations and one third were in regular schools with itinerant teacher of the deaf support. This suggested that two thirds were experiencing integration either partially or fully.

An interest group for DdHHHI students made a submission to the Schonell inquiry arguing that the two main factors concerning parents and teachers of these students were the paucity of the English language and the lack of social training for developing social behaviour skills in accordance with the hearing environment. This group recommended delaying school entry until the age of seven and the development of a concentrated program of social training and language teaching. In order to achieve this, pre-school teachers were to be recruited for teachers of the deaf training courses. The Report recommended that ‘multi-disciplinary services for handicapped infants and young children and their families be provided’.

Such services were to be forthcoming for DdHHHI children through the early intervention and parent support programs at the Catholic Centre for Hearing Impaired Children, the Council for Integrated Deaf Education and Farrar School, discussed later in this chapter.

To advance special education in NSW, in December 1980, the NSW Minister of Education, Rodney Cavalier, commissioned a Working Party to canvass how to implement integration by advising on a master plan for special education. The

---

Working Party drew on the UK’s experience as reported in the British Warnock Report, which emphasised the importance of early intervention, parental involvement and a professional to assist parents. Released in May 1982, the NSW report included a lengthy policy statement called Strategies and Initiatives for Special Education in New South Wales. While noting that NSW lagged well behind all other States in the proportion of teachers employed in special education holding appropriate postgraduate qualifications, it called for a ten-year implementation plan. It also emphasised the need for adequate resources including the establishment of 200 special education teachers and 200 specialist resource teachers. For DdHHHI students, the Report documented the current services and made 20 recommendations while acknowledging the controversy over oral, signing or total communication methods.\(^{438}\) It was ahead of its time in providing a solution to this situation by stating:

> The research available to date does not support one method for all children, but rather the use of appropriate methods of communication to meet individual needs.\(^{439}\)

It also flagged the ongoing problem of competing modes of communication and factionalisation.

Later in 1988, the NSW Government, through its Minister for Education and Youth Affairs, appointed a committee to evaluate its integration program for students with disabilities in regular classes. This occurred nine years after the Schonell inquiry, suggesting that there was a delay in effecting moves towards integration. However, integration was slow to be implemented due, largely, to it being subject to institutional change. Warren Hopley, who was the Principal of Our Lady Queen of Peace Primary School at Gladesville around that time, commented that:


\(^{439}\) Ibid, p 54.
it was a massive change at the time...schools and school systems went into shock...no one knew how to teach hearing and visually impaired and a whole range of students with disabilities...teachers needed to be professionally developed, specialist teachers had to be trained and programs implemented...it takes time to make big changes!\textsuperscript{440}

However, some people argued that integration, as special education, was being ‘ignored’.\textsuperscript{441} Moreover, the change to integration was slow due also to the fragmented nature of the DdHHHI movement whereby many of its members were lobbying for their own versions of integration to take place, whether through speech, sign or total communication.

The resultant report recognised widespread support for the integration of students with disabilities within regular schools and confirmed the validity of the objectives of integration. It also revealed areas for improvements including issuing a policy statement and simplifying policy documents for review and implementation by principals and counsellors. Further, it called for stronger involvement of parents with enrolment and school decision making, amended curriculum to allow more students with disabilities to access it and provision of funds for minor modifications to properties to facilitate ‘many otherwise difficult integrations’.\textsuperscript{442} However, many of the integration developments experienced by students with deafness or hearing loss were the product of technological advances. The 1980s saw the consolidation of integration, which became known as mainstreaming throughout the decade, primarily through technological innovation.

Facilitating mainstreaming was a new device for hearing, the FM system, and hearing aids, which became increasingly sophisticated over time. Compared to

\textsuperscript{440} Warren Hopley, personal communication, 7 October 2016.


\textsuperscript{442} Evaluation of the Integration Program for Students with Disabilities in Regular Classes 1988, a report for the NSW Department of Education.
the 1970s, the 1980s saw a marked increase in early fittings of hearing aids for children. This was evinced in the under 12, 18 and 24 months groups. Furthermore, the number of fittings for the under six-month group doubled in volume between 1980 and 1990. One of the reasons why this occurred was the extensive use of conditioned orientation response audiometry, especially in National Acoustic Laboratory clinics, and the increased numbers of regional audiology clinics. From 1982 until 1990, there were 1262 fittings of children under the age of two years.\textsuperscript{443} Another reason was the expansion of academic research into audiology and linguistics.\textsuperscript{444} Also aiding mainstreaming was the cochlear implant, which emerged prominently as an optional hearing device with its first commercial release for adults in 1982 and for children in 1987.

Earlier, in 1978, in Melbourne, Ron Saunders, who had a hearing ability but lost it, became the first research cochlear implant (CI) adult recipient with Graeme Clark supervising the research project.\textsuperscript{445} This major event was to change the way many deaf and hearing-impaired people related to the world as primarily occupied by people who hear. The CI, also known as the bionic ear, functioned by inserting a 22-electrode device into the cochlea, which was normally filled with thousands of nerve endings that transmitted hearing signals to the brain via the auditory nerve. An external unit, the speech processor, worn on the side of the head, picked up the sounds and sent them through the skin to the implanted receiver. The receiver then sent the signals to the cochlea through the electrodes, which were interpreted by the brain as sounds. In the case of Ron Saunders, the results were extremely encouraging, prompting funding for further development of the CI to generate its commercial release.\textsuperscript{446}

In Sydney, at the Shepherd Centre, parents were demonstrating enthusiasm for the CI. However, with his orthopaedic experience in prostheses being

\textsuperscript{443} Upfold, Laurence John, \textit{A History of Australian Audiology}, Phonak Pty Ltd, Sydney, 2008, p 141.
\textsuperscript{445} Cochlear's history of innovation (Online), 2015. Available: \url{http://www.cochlear.com/wps/wcm/connect/intl/about/company-information/history-of-innovation} as accessed on 20 August 2015.
\textsuperscript{446} Shepherd, Dr Bruce AM, in collaboration with Tom Sanger, \textit{Shepherd: Memories of an Interfering Man}, Dr Bruce Shepherd, Australia, 2010, pp 181-182.
introduced with great promise but demonstrating shortcomings later, Bruce Shepherd advised them to wait and observe as to how well the CI worked over time. While waiting, the speech processor was reduced in size from ‘that of a small briefcase to something akin to a deck of cards.’ In 1982, the first commercial CI was successfully operated on Graham Carrick at the age of 37. Five years later, at four years old, Holly McDonnell, born hearing but recently deafened through meningitis, was the world’s first paediatric commercial CI recipient. In the same year, five years old Pia Jeffrey, a 1985 graduate of the Shepherd Centre, became the world’s first congenitally deaf child to receive the CI.

New and Changing Services for Mainstreaming

Mainstreaming for DdHHHI children arose due to new and changing services being introduced at the Catholic Centre for Hearing Impaired Children, the Shepherd Centre, St Gabriel’s School for Hearing Impaired Children, Farrar School, Royal New South Wales Institute for Deaf and Blind Children and within the NSW state education system. However, all these educational bodies progressed at different levels with differing agendas according to their beliefs about deaf education – whether the deaf child should learn a language through speech or sign and attend support classes at regular schools, regular schools with itinerant teacher of the deaf support or schools for deaf children only.

Catholic Centre for Hearing Impaired Children

At Strathfield, the Catholic Centre for Hearing Impaired Children (CCHIC) continued its services in early intervention for young DdHHHI preschoolers to prepare them for mainstreaming at their local regular schools. Additionally, the services were adapted to meet changing needs of families particularly those

---


further burdened by language and cultural barriers’. Home visits were continued as well as supervision of the deaf child at their local preschool. However, in 1980 to 1982, there was difficulty in sustaining the pre-school services including a service for ‘non-English speaking, poor and immigrant parents’. This included interpreters and an educational psychologist. The Dominican Sisters mounted a ‘desperate effort’ to attract government funding by lobbying Canberra. Their approaches to Canberra were recognised and ‘acted upon most positively’ through provision of further funding.450

Another service being continued by the CCHIC was its Catholic Itinerant Teacher of the Deaf Service (Service). However, in 1984, the Dominican Sisters had to relinquish their leadership of the Service when the Co-ordinator, Sr Margaret Gibson, was needed for the pre-school program due to being unable to attract suitable lay staff. Consequently, the Service’s administration was relocated to the CEO office in Leichhardt in May 1985.451 However, in Newcastle, the responsibility for delivering deaf education remained with the Dominican Sisters.

CATHOLIC DEAF EDUCATION IN NEWCASTLE

With the premises of the closed Rosary Convent now being called the Catholic Centre for Children with Hearing Impairment (Centre), the more advanced primary school aged DdHHHI pupils were integrated at the local Catholic school, Corpus Christi Primary School. Nevertheless, these pupils attended the Centre when ‘more concentrated special assistance’ was needed.

At the Centre, an ‘early intervention programme’ was established, which involved providing ‘parent guidance’. This programme included one home visit a week and weekly visits to the Centre by the deaf children and their mothers. Siblings of the children were encouraged to visit to participate in the integrated playgroup activities while the mothers gave each other ‘moral support’ and discussed issues with the teachers.

450 Dooley, Annette, To Be Fully Alive, a monograph on Australian Dominican Education of Hearing-Impaired Children, unpublished, p 62.
451 Ibid, p 76.
For the pupils approaching secondary schooling, in 1983, the Newcastle CEO opened a ‘hearing-impaired unit’ at a regular secondary Catholic school, San Clemente, Mayfield. This school had transferred to the Maitland Diocese under the Remobilisation (see Chapter 3). At this unit, the students worked according to their individual education plans, choosing subjects from the regular NSW curriculum according to their language levels and post-school goals.452

THE SHEPHERD CENTRE
During the 1980s, the Shepherd Centre (SC) continued to grow as its reputation became well-known nationally and internationally for providing, particularly in the early 1980s, an ‘Infant Home Visiting Programme, Pre-school Programme and Itinerant School Programme’.453 It changed its name earlier in 1979 from the Council for Integrated Deaf Education to The Shepherd Centre for Deaf Children and their Parents, otherwise known as The Shepherd Centre. This was because the new name offered better ‘branding’ opportunities due to having a wider and more favourable public recognition than CIDE. As noted in its 1980 annual report, the SC believed that ‘these characteristics should make fundraising easier’.

In November 1980, the SC reached its tenth anniversary and by then, two itinerant teachers were visiting 21 SC graduates at independent and Catholic primary schools and 28 babies and toddlers were enrolled in the Home Visiting Service. In the previous decade, nearly 200 children had graduated from the SC and 23 teachers of the deaf had been trained at there.454

In 1985, the SC had a strong brush with politics when the NSW Wran Labor Government, through its Minister for Youth and Community Services, announced the withdrawal of $50,000 that had previously been approved for the SC. This appeared to be in response to Bruce Shepherd’s leadership role of the doctors’ dispute with the NSW Government, which advised that the ‘money would go to a programme for deaf children in Strathfield operated by the

452 Ibid, pp 76-77.
454 Shepherd, Dr Bruce AM, in collaboration with Tom Sanger, op cit, pp 180-181.
Catholic Dominican Sisters’. Bruce Shepherd declared to reporters: ‘If the government wanted to find the best way to hurt me, they have’. The Dominican Sisters weighed into the controversy saying that if the SC needed the funds, then they would refuse to accept the money. Subsequently, the controversy was resolved when Wran, who had been away, returned to Sydney and restored the grant to the SC. He told the media: ‘We don’t make war on little children’.455 The Sisters, at least, showed solidarity.

From the mid 1980s, there was a number of changes such as the discontinuance of the itinerant teacher program and decentralisation that led to establishment of SC branches. In late 1984 and early 1985, the SC had to discontinue its itinerant teacher program due to lack of funding – ‘As more children graduated, the demands on the programme grew and...having difficulty finding the funds to keep it going’. This was to hamper the progress of mainstreaming for DdHHHI children that had used that program.456

After the death of Annette Shepherd in November 1986, decentralisation was being seriously canvassed as the best way to meet Sydney’s growing suburban population needs by the SC’s Board of Directors including Bruce Shepherd. A significant legacy donated to the SC in 1987 enabled the Board to determine that it be used to purchase property for a new branch of the SC in Western Sydney. A property in Merrylands was found and acquired. With the help of several donations, a number of modifications was made to the property to make it suitable for a pre-school facility. One donor formed a fundraising charity for the SC, named the ‘Butterflies’ – an apt name since butterflies do not have ears and perceive sound as vibrations picked up through their abdomens. Eventually, the Butterflies became known as the Hills Butterflies while similar fundraising groups were formed over the years according to their geographical areas – the Illawarra Butterflies, the North Shore Butterflies and the City Butterflies. In May 1988, the Merrylands property was opened to pre-school

455 Ibid, p 255. See also Epstein, op cit, pp 92-93.
deaf children and their families in Western Sydney and named the Annette Shepherd Centre Merrylands.  

After successful fundraising efforts provided the SC with a ‘generous surplus of capital’, the Board decided to open a permanent branch in Wollongong in 1989. Until then, the SC could not accommodate all the applications particularly those coming from Wollongong. A short-term solution was to rent a space and arrange for a teacher to visit Wollongong regularly. Eventually, an ideal residential property at Figtree in Wollongong was found and purchased. In September 1989, after tree planting commemoration, the Figtree Shepherd Centre was opened with a ‘kindergarten of both hearing and deaf children’ – ‘after a long wait, The Shepherd Centre finally had a permanent facility to serve deaf children and their parents along the NSW southern coast’.

ST GABRIEL’S SCHOOL FOR HEARING IMPAIRED CHILDREN

St Gabriel’s School for Hearing Impaired Children continued to rely on overseas expertise to introduce improvements at the School. For example, in 1984, it pioneered in Australia the auditory-verbal method of teaching hearing-impaired babies and infants to develop intelligible speech through the use of their amplified hearing. Br McGrath introduced this method, which focused only on speech and using residual hearing, after observing it at a conference in Canada in 1982. The goal of auditory-verbal practice was to have ‘children with hearing loss… to grow up in regular learning and living environments that enable them to become independent, participating, and contributing people in mainstream society’.

Another example was the building of an audiological testing centre at the School in 1981 for audiologists to visit the School for hearing testing of the students on site. This served to advance more quickly the ‘nerve’ development of residual hearing, enhancing comprehension via listening. Further, in 1982, a

---

459 History of St Gabriel’s, unpublished.
460 St Gabriel’s 75th Anniversary 1922 – 1997: Celebrating 75 years of educating children who are deaf, 1997, pp 16-17.
branch of the Family Support Centre was opened at Westpoint Marketown in Blacktown to meet the needs of the growing western Sydney population. Also, full integration was experienced when the School's senior students went to Oakhill College for one year. They studied traditional subjects and courses aimed specifically at preparation for post-school options. In 1985, a new library was opened at the School while an autocuer was introduced in 1986. It was a portable microprocessor-based device that analysed the acoustic input, identified speech sounds and assigned them to cues, aiding understanding through speech.

In 1986 and 1987, there were visits from overseas experts to further develop the auditory-verbal method and to document the history of the School’s communication methods. In 1989, the School gained prominence when its video, ‘Speaking for Themselves’, was launched by Hazel Hawke, the wife of the then Prime Minister of Australia, Bob Hawke. The video featured three families from the Family Support Centre, Br McGrath and Professor William Gibson, who was to become a well-known otolaryngology surgeon providing cochlear implantation surgery in NSW. It also further promoted the auditory-verbal method amongst many professionals being ‘open to change’.

FARRAR SCHOOL

In 1981, the Farrar School had three classes – one that used cued speech, another that used spoken language and the third that used total communication. All these classes were geared towards the English language. Prior to 1981, Farrar had been experiencing declining enrolments, with only 25 students at the beginning of 1979. This was due to ‘children who would have been placed at Farrar… being enrolled in the Opportunity Deaf Units attached to normal primary schools’. Further, those who might have been in the units were being mainstreamed, assisted by an increasing number of itinerant teachers of the deaf. Hence, Farrar recognised that it needed to change and

---

461 Ibid, pp 15-17. See 1982 Annual Report, St Gabriel’s School for Hearing Impaired Children (St Gabriel’s).
462 1989 Annual Report, St Gabriel’s.
463 Michele Cutrupi, personal communication, 19 April 2016.
evolve with new directions, particularly in light of ‘much talk as to the future of special schools’ in NSW.\textsuperscript{464}

To address this, in 1979, the ‘Combined Method’ was introduced with parental approval and staff support while in May 1980, ‘Cued Speech’ was initiated. Farrar also aimed to market at those who were deaf and whose needs ‘were not being answered by “oralism”’, those who were deaf with ‘additional handicaps’ and those who were deaf with ‘migrant parents’. Parents were formally instructed on how to communicate with their children, whether through signing, fingerspelling or cued speech, at fortnightly meetings at Farrar on ‘Monday evenings’. Further, Farrar established a relationship with the Hearing Clinic at the Royal Alexandra Hospital for Children to initiate a family support group as led by a social worker. Additionally, there was a ‘comprehensive integration’ program that evolved since 1978 where deaf children were acquainted with ‘the wider world of their hearing peers’ and to give hearing children ‘some understanding of what it means to be profoundly deaf’. This had the effect of establishing ‘friendly and worthwhile relations’ with the local community and surrounding schools. Finally, hearing children were invited to join deaf children at Farrar’s integrated preschool for two mornings a week with the mothers being rostered to assist the ‘nursery teacher’.

As a result of these changes, Farrar entered into a period of growth with 34 children enrolled by 1981 where the greatest growth had been the ‘transfer from Opportunity Deaf Classes of children aged 7-10’ to Farrar and for whom oralism, as being then practised by the ODC, did not work.\textsuperscript{465}

\textbf{ROYAL NEW SOUTH WALES INSTITUTE FOR DEAF AND BLIND CHILDREN}

By 1983, there was a ‘notable decline’ in the number of deaf children boarding at Royal New South Wales Institute for Deaf and Blind Children (RNSWIDBC).\textsuperscript{466} Further, early intervention services were provided, including a

\textsuperscript{465} Ibid, pp 70-71.
\textsuperscript{466} 122\textsuperscript{nd} Annual Report, The Royal New South Wales Institute for Deaf and Blind Children (RNSWIDBC), p 4.
home-visiting service by ‘Parent Counsellors’ for assisting the deaf children and their families.\textsuperscript{467} Throughout the 1980s, school premises at RNSWIDBC’s North Rocks campus continued to be provided to the NSW Department of Education for the ‘conduct’ of a ‘Central School for the Deaf’.\textsuperscript{468} Towards the end of the 1980s, after the emergence of the cochlear implant, RNSWIDBC purchased a site at North Parramatta for to establish an auditory-verbal school, teaching ‘hearing impaired children’ to communicate by spoken language.

Prior to purchasing the North Parramatta site, in 1986-1987, RNSWIDBC became ‘enthusiastically’ involved with the Sydney University Children’s Cochlear Implant Program. Under the guidance of Professor William Gibson, a Research Officer was employed by RNSWIDBC to assist in the evaluation and training phases of the Program. In 1987, five children and teenagers received the CI with the Research Officer conducting their rehabilitation.\textsuperscript{469}

By June 1988, construction plans for the new ‘Auditory-Verbal School’ had been completed. This School proposed to implement a primary school education model that involved the ‘supported integration’ of up to 50 ‘severely and profoundly hearing-impaired’ students within independent and mainstream schools such as the King’s School, Tara Church of England Girls’ School, the Redeemer Baptist School and St Patrick’s Primary School.\textsuperscript{470} It opened in early 1989 by the then Premier of NSW, Nick Greiner and was named the Garfield Barwick School, after its then President, Sir Garfield Barwick. It had a ‘highly qualified and experienced staff of teachers’, a speech pathologist, an audiologist and a librarian. It also had an aural habilitation unit that was equipped with the latest associated technology.\textsuperscript{471} The philosophy of the School was that:

\textsuperscript{467} 123\textsuperscript{rd} Annual Report, RNSWIDBC, p 6.
\textsuperscript{468} Ibid, 124\textsuperscript{th} Annual Report, RNSWIDBC, p 5, 125\textsuperscript{th} Annual Report, RNSWIDBC, p 4, 126\textsuperscript{th} Annual Report, RNSWIDBC, p 4, 127\textsuperscript{th} Annual Report, RNSWIDBC, p 7 and 128\textsuperscript{th} Annual Report, RNSWIDBC, p 8.
\textsuperscript{469} 126\textsuperscript{th} Annual Report, RNSWIDBC, p 8.
\textsuperscript{470} 127\textsuperscript{th} Annual Report, RNSWIDBC, pp 8-9.
\textsuperscript{471} 128\textsuperscript{th} Annual Report, RNSWIDBC, p 6.
hearing-impaired children should have the same options and opportunities in life as do their hearing peers. The school’s program is...on the understanding that, with early diagnosis and the use of advanced hearing-aid technology, the majority of hearing-impaired children have sufficient usable residual hearing to develop competence in communication based on audition and speech.472

On the Garfield Barwick School's premises, a new preschool for three to four years old 'hearing-impaired' children learning to listen and talk was established. It was called the Rockie Woofit Preschool and it adopted a reverse integration model where children who could hear were also able to attend and be language and learning models for their 'hearing-impaired' peers. In 1989, there were 5 hearing-impaired pre-school children along with 26 hearing preschoolers, with 12 of them on any one day.473

NSW STATE EDUCATION

In 1980, it was reported in Leo Murphy’s article, ‘Three Decades of Education of the Deaf in Australia’, that there were 98 Opportunity Deaf Classes (ODC) in NSW in 1979.474 According to the ‘Directory of Services’, in 1982, there were 46 ODC, indicating a significant decline in the provision of ODC in the NSW state education system.475 Accompanying the decline in ODC was the expansion of the itinerant teacher of the deaf service for those attending mainstream schools from 1974 until 1984.476 In 1979, there were 55 itinerant teachers of the deaf, which increased to 96 such teachers by 1987.477

There was a decline in enrolments at deaf only schools due to moves to promote mainstreaming. An article in The Australian Teacher of the Deaf in 1984 reported that in NSW, 88% of ‘hearing-impaired students’ were partially or fully integrated with hearing students.\textsuperscript{478} This growth in mainstreaming was due to new and changing services being introduced at various preschools and schools for DdHHHI students where all these services were geared towards the aim of mainstreaming. While this was happening, Auslan emerged as a language in its own right during the 1980s and was subsequently recognised in Commonwealth Government policy documents (as discussed in the Introduction). Additionally, in 1981, it was recognised as an ‘official language’ by a Commonwealth Government agency, the National Accreditation Authority for Translators and Interpreters.\textsuperscript{479}

**NAATI**

Earlier in 1977, the Commonwealth Government established the National Accreditation Authority for Translators and Interpreters (NAATI) for testing of interpreters who spoke in languages used by migrants not fluent in the English language. It provided professional standards for interpreters and translators and developed the means for them to be accredited at various levels. Thus, the Deaf community saw NAATI as the logical place to test Auslan interpreting rather than setting up its own testing authority body exclusively for sign language like the Register of Interpreters for the Deaf in the USA and the UK’s Consultative Council for Communication with Deaf People. Initially, NAATI resisted the efforts of those wishing to use NAATI to test and accredit Auslan interpreters. NAATI reasoned that ‘deaf manual language’ was not an ‘ethnic’ language. Hence, it played no role in accrediting ‘Deaf Sign and Deaf Oral Languages’. However, over time, persistent efforts were made to gain NAATI’s acceptance of Auslan as a language.\textsuperscript{480}

\textsuperscript{478} Ibid, p 12.
Eventually, NAATI invited a representative to Canberra to present its case for Auslan. John W. Flynn went to NAATI’s Executive Committee’s meeting in October 1981 and proposed that ‘Deaf Sign Language Interpreting’ should be part of NAATI’s testing program. To support his case, he presented ‘copies of some of the newer writings in which it was held that Sign was a language in its own right’. Thereafter, NAATI accepted the argument and commenced testing of Auslan interpreters with Level I in November 1982, Level II in June 1983 and Level III in May 1986. NAATI’s acceptance of Auslan aligned it with other community languages in Australia and helped it to be drawn into National Language Policy activities (see Introduction for text about Auslan). 

As a result, NAATI provided the first ‘recognition’ in any form of Auslan at a national agency level.

**Australian Sign Language Project and the First Auslan Dictionary**

In 1982, signs from previously published dictionaries were incorporated together to spawn the *Dictionary of Australasian Signs for Communication with the Deaf*. Published by the Victorian School for Deaf Children, it outlined descriptions and sketches of 2200 signs. While it illustrated signs, this dictionary had the intention of not recording a sign language but rather signs for the generation of Signed English. The Project was renamed the Australasian Signed English Project in 1984. These dictionaries provided an incentive for the use of sign language in the form of Signed English in deaf education.

While Signed English was being documented, Auslan was also being recorded on paper. In 1987, linguist Trevor Johnston produced the preliminary signing dictionary of Auslan. Published by the TAFE National Centre for Research and Development, this dictionary was the first to use the term ‘Auslan’ and served as a companion volume to *A general introduction to Australian Sign Language (Auslan)*. In the discussion section of this dictionary, it canvassed the development of further work, which became another dictionary in 1989 called *Auslan Dictionary: A Dictionary of the Sign Language of the Australian Deaf Community*. This was written by Trevor Johnston. The 1989 dictionary was

---

481 Ibid.
superceded by a 1998 dictionary publication called *Signs of Australia*, again written by Trevor Johnston.\(^{483}\)

**Overseas Influences: *Children of a Lesser God*, Deaf President Now and Hegemony**

While mainstreaming was advancing, there were some overseas influences that helped to pave the way for using Auslan in NSW deaf education. These were the movie *Children of a Lesser God*, the significant appointment of the first Deaf president at Gallaudet University, a US college for deaf students, and the influence of hegemony.

Released in 1986, *Children of a Lesser God* was an American romantic drama film that explored the relationship between two employees at a school for the deaf: a Deaf staff member and a hearing speech teacher. Their ideologies on communication such as speech and sign and on deafness were in conflict, creating difficulty, tension and disharmony in their developing romantic relationship. A success in the USA, being in the ‘Top 10’ for eight weeks, the movie was nominated for five Academy Awards. The Deaf staff member character was performed by Marlee Maitlin, who is Deaf. She was awarded an Oscar for the Best Performance by an Actress in a Leading Role and went on to perform in other high profile productions such as the television series *Reasonable Doubts* (1991-1993).\(^{484}\) In Australia, this popular movie served to heighten awareness of sign language and its importance to people who are Deaf and use it.

At Gallaudet University, a college for deaf students in Washington DC, there was growing discontent with the lack of deaf staff within the University’s leadership. In the months leading up to 6 March 1988, many in the ‘deaf community and on campus’ advocated for the Presidency to be occupied by a deaf person. It was thought that a deaf person would be appointed as the University’s President because at that time there were more than 100 deaf


people with doctorates and many more deaf people in administrative positions. Moreover, two of the finalists for the presidential position were deaf. Nevertheless, on Sunday 6 March 1988, the University’s Board of Trustees announced that it had selected a hearing finalist for the position. This ignited a student-led protest named the DPN – Deaf President Now.\textsuperscript{485}

That evening, the DPN sought an explanation from the Board of Trustees after which one of the trustees allegedly claimed that: ‘Deaf people are not able to function in a hearing world’. This fuelled more discord for the DPN, which was being supported by the University’s staff, alumni and the US deaf community. On 7 March 1988, the DPN presented the Board with four demands, one of which was that the selected candidate was to resign with a deaf person appointed President. The other three demands were the chairperson’s resignation from the Board, 51% majority of deaf people on the Board and no retaliations against the protestors.\textsuperscript{486}

4.1 An outline of the protest’s four demands.\textsuperscript{487}

Throughout the week, the DPN continued its effective protest, which saw the resignation of the chosen hearing candidate on 10 March 1988. Eventually, on Sunday 13 March 1988, the chairperson resigned while a taskforce was established to ascertain the means to achieve a 51% deaf majority on the Board. No reprisals were carried out and Dr I. King Jordan was appointed the first deaf President of the then 124 year old Gallaudet University.\textsuperscript{488}

The DPN protest movement was reported widely in the USA and across the globe, more particularly in national deaf communities throughout the world. It was covered on the front pages of \textit{The Washington Post} and many other

\textsuperscript{487} Ibid.
\textsuperscript{488} Ibid.
newspapers and featured on television and radio news. The impact of the DPN was felt in Australia, especially in NSW, which served to provoke general curiosity about and awareness of Auslan. This was to pave the way for bilingual education to be introduced into NSW deaf education during the early 1990s (see next chapter).

Further influencing the direction of deaf education in NSW was the Marxist concept of hegemony. During the late 1970s and 1980s, this transnational idea was circulating in academia and beginning to have an influence on disability studies, which emerged from the mid 1980s. Hegemony was prevalent amongst UK Marxists and the intellectual left in the USA. In Australia, a notable book on hegemony was R.W. Connell’s *Ruling Class, Ruling Culture: Studies of conflict, power and hegemony in Australian life.*

Hegemony in relation to deaf education in the UK was discussed in an article in the 1986-1987 issue of *The Australian Teacher of the Deaf*. Written by Wendy Lynas from the Department of Audiology and Education of the Deaf at the University of Manchester, this article asserted that oralism was a cultural hegemonic take over of the Deaf community by the ‘dominant hearing group’. The community was to be absorbed into the hearing world, which would lead to the diminishment of Deaf culture and its customs and mores. This was to be achieved by dispersing deaf children to many different ‘ordinary schools’ and not to a few ‘special’ schools. The article claimed that, generally, deaf children were condemned to permanent disadvantage due to being unable to receive or produce spoken language as competently as hearing people. And it also claimed that it was much better for deaf people to develop sign language in a natural way with other users of this language. The article illustrated that the oral/manual debate had been playing out for over a century and that it was very

---

much ‘alive and flourishing’ in the late 1980s. The debate splintered the numerous deaf communities around the world and became pronounced in NSW through the establishment of a bilingual preschool and a bilingual school at RNSWIDBC in 1992 and 1993 respectively (see next chapter).

**Lobby Groups**

During the 1980s, some lobby groups emerged prominently while others were established. These lobby groups with their differing agendas impacted the delivery of education to DdHHHI students in NSW, either for their benefit or to their detriment.

**Parents of DdHHHI Children**

The first organisation of parents advocating for better deaf education for their DdHHHI children was formed in 1961. It was named the Federation of Junior Deaf Education (FJDD) and its meetings were regularly held in school halls around Sydney and Wollongong. Over time, it grew its membership despite financial constraints – at a certain pre-dollar time, its Treasurer reported only six pence in its bank account. In 1980, the Federation received its first major government subsidy from the NSW Government’s Department of Youth and Community Affairs, allowing it to operate more robustly. In 1982, FJDC was registered as a charity and on 15 September 1989, it became the Parent Council for Deaf Education, as incorporated under the *Associations Incorporation Act 1984* (NSW). While experiencing financial impediments at times, this group influenced NSW governmental policy on education, particularly for DdHHHI students, amongst other objectives.

---


494 It was renamed Parents of Deaf Children in 2012.


CONCERNED DEAF GROUP

The Concerned Deaf Group (CDG) was established by a small group of deaf people with hearing supporters in 1981. It persistently and effectively lobbied for the acceptance of Total Communication – and later Auslan – in education and advocated for better communication access in schools, TAFE and universities. This was to ensure that DdHHHI children and adults had more educational opportunities. They were successful when Farrar decided to use Signed English, Auslan and fingerspelling when teaching their students. However, there was a lack of qualified teachers and interpreters who could sign fluently and this presented a communication barrier, preventing many deaf people from pursuing education. Nevertheless, the CDG persevered and was instrumental in having Auslan recognised in Australia’s first national policy on languages.

After a decade, CDG was disbanded and its concerns with education were adopted by the NSW Association of the Deaf (NSWAD), which had evolved from the NSW Council of the Deaf in 1988. In 1986, with similar associations in other Australian states, the NSW Council of the Deaf came under the umbrella of the national organisation, the Australian Association of the Deaf. This organisation eventually became known as Deaf Australia.498

DEAF AUSTRALIA

Deaf Australia was founded in 1986 by Deaf people who felt that much could be achieved by working together, rather than as many small groups or in association with organisations not controlled by Deaf people. It advocated for better access to education for DdHHHI students. And it ended up campaigning for the provision of bilingual programs nationally. Such programs were to accord equal value to both Auslan and English, include access to speech and listening therapy and Auslan and provide support to parents and other family members.499

SIGN LANGUAGE INTERPRETERS IN NSW

With the recognition of Auslan as an official language by NAATI, sign language interpreters began to form support or professional groups throughout Australia. In 1983, in NSW, sign language interpreters formed the Registry of Interpreters for the Deaf (RID), which was auspiced by the Deaf Society of NSW. RID became a separate entity in 1986 and underwent several name changes until it became the NSW branch of the Australian Sign Language Interpreters Association in 1992. It was very active in raising the profile of sign language interpreters and providing them with mentoring and professional development. As a result, this led to a growing interest in sign language interpreting as a vocation, which could be used in educational settings.

AUSTRALIAN DEAFNESS COUNCIL AND ITS NSW BRANCH

In 1983, the Australian Deafness Council (New South Wales Branch) commenced operating as a non-profit, volunteer organisation with charitable status in NSW. It had been formed after the national Australian Deafness Council was established in 1975 when a number of like-minded bodies in NSW, Victoria and Western Australia merged. As a peak state body, the Australian Deafness Council (NSW Branch) functioned as a voice for its DdHHHI members and those with ear disorders. It also supported advocacy undertaken by DdHHHI people on issues of concern to them. Further, it advocated for DdHHHI people to experience equality and social inclusion especially in education. When Deafness Forum of Australia was set up in 1993 (see next chapter), the Australian Deafness Council (NSW Branch) was restructured as the Deafness Council of NSW, which continued advocacy activities in NSW.

In 1989, the Australian Deafness Council’s Education Committee released its first national statement of guiding principles for the education of students who are ‘Deaf/hearing-Impaired’. After extensive national consultation, the principles were issued to develop quality deaf education. One principle was that all State and Commonwealth governments were responsible for providing such

---

education regardless of the type of hearing loss, mode of communication, age, geographical location, educational setting or socio-economic status. Another stated that DdHHHI students be educated from the time of diagnosis in the communication mode that best suits their communication needs and that parents have the right to full information. This was to enable them make informed choices about the communication mode most appropriate for their DdHHHI children. 502

The differing agendas of the lobby groups served to splinter the DdHHHI movement, causing disunity and incohesion within it, as the DdHHHI students experienced their education individually. Their own unique experiences of learning varied from the positive to the neutral, to the ambivalent and through to the negative, highlighting the non-homogeneity of DdHHHI students. All of them held different attitudes to their own education and varying feelings and thoughts about their educational experiences. For example, Alison Conlon, whose profound deafness in her right ear and a severe to profound ‘hearing loss’ in her left ear were discovered at about 18 months of age, first went to St Luke’s at Dee Why, a ‘hearing school’, to ‘just interact with hearing children’. This made her not think that she was deaf. She reflected that: ‘I don’t think I wanted to acknowledge my deafness back then’. In hindsight, she said, ‘it was not the right thing to do’ as she did not realise what she was missing out on. This was due to not being able to lipread the class discussions and the teacher with her back to the classroom when she was writing on the board. While a teacher of the deaf visited Alison once a week, she was not cooperative – or ‘naughty’ as she put it – as she did not want to have the benefit of the teacher of the deaf: ‘I just sat there and talked to them about the weekend or sport or about the movies’, ‘never about what I might have been missing out on in the class’.

After attending kindergarten at St Luke’s, Dee Why, Alison did another year of kindergarten at Allambie Heights Public School, where she remained until Year 6. However, after moving homes, she spent Year 5 at Our Lady of Good

Counsel, Forestville, which she did not enjoy and thereafter returned to the public school. For high school, Alison attended Brigidine College at St Ives from 1983 to 1988, finishing Year 12. She explained that the teacher made sure she sat at the front of the class but she still ‘struggled’ and that by Year 8, her marks ‘started to go down’: ‘I was always average or below average’. She thought that this ‘might have had a lot to do with being deaf’ where information in the classroom was being provided aurally. Alison mentioned that she had the opportunity to wear a FM system but she ‘didn’t want that’ as ‘it was embarrassing’. Touching upon the issue of sign language, Alison said that it was ‘just all auditory learning’. She relied heavily on lipreading throughout her school years and remembered a time when there was a lot of cicadas outside the classroom, she mentioned ‘forget it… I don’t think I followed anything in class then’.  

Another student, Kate Obermayer (nee Locke), described her educational experiences:

Difficult is one. Inspiring was another at my second school, it was very inspiring, Challenging. Fearful and anxiety. So, difficult, challenging, fearful, anxious, but then also inspiring.

Now profoundly deaf, Kate had the experience of having almost ‘normal hearing’ when she was younger to being mildly to moderately deaf and then severely deaf. She felt that she experienced the whole spectrum of deafness with her deafness discovered during a ‘routine primary school hearing test’ when she was 11 years old. Kate was then supplied with one hearing aid from Australian Hearing because she only wanted one due to being ‘so embarrassed about it’. Her education was shaped by first attending West Dubbo Primary School from 1985 until 1991, Delroy High School for Years 7 to 10 and Wenona, an independent school in North Sydney, for Years 11 to 12. At Wenona, she was a boarder for one year, becoming a ‘day girl’ when her mother moved to Sydney. She described her education as follows:

It was all oral. So no sign language. No – nothing was used to help at all. So for my schooling I was pretty much just like another student in the school with no help at all.

Kate did not think her education was accessible or inclusive. Her mother mentioned her hearing loss to the high school but nothing was done: ‘there was no action plan for what happens if a child with a disability comes’. It was only in Year 12 that Kate realised it was make or break time and requested captions on the videos shown in the classroom. She realised that she needed to do well at high school to achieve ‘good marks’ to go to university. Due to captions not being widespread then, she estimated that ‘maybe 5% of the videos shown’ were captioned.504

**Conclusion**

During the 1980s, the progress of mainstreaming, as aided by technological advances, and the emergence of Auslan functioned to fragment even more the social movement for DdHHHI people and students, their parents, teachers, sign language interpreters and audiological and medical personnel. The various preschools and schools for DdHHHI students introduced new and changing services, all of which were aimed at mainstreaming. NSW state education for DdHHHI students expanded over time as enrolments at schools for deaf students declined. In 1981, Auslan was first recognised in any form by NAATI, later gaining further recognition in the 1987 national policy on languages with linguistic recognition through the publication of a preliminary signing dictionary of Auslan in 1987. The existence of the various lobby groups with differing agendas about deaf education exacerbated the complex fragmentation of the DdHHHI movement. This was to continue into the 1990s, a decade that saw the introduction – at least theoretically – of inclusive education as promoted by the *Disability Discrimination Act 1992* (Cwlth).

---

504 Obermayer, Kate, interviewed by Naomi Malone, 9 July 2014.
CHAPTER 5

‘A new era in deaf education in Australia’: The 1990s

While the 1980s was a boom and bust decade, the 1990s saw the introduction of economic rationalism. Australian society became more conservative and less progressive with a significant rise in neo-liberalism. This saw the reemergence of individualism, cuts in taxes, ‘user pay’ and the scaling back of welfare and social services. Corporatisation, which began in the 1980s, accelerated with more accountability measures being introduced. All this hastened after the election of the Howard Government in 1996. This election saw the rise of One Nation, a then new political party, which reflected the Australian electorate’s dissatisfaction with mainstream political parties. Multiculturalism continued but was being increasingly plagued with conflicts as criticism arose from across the political spectrum. This period also saw the rise of the history wars that involved a conservative Australian backlash to ‘blackarm band’ history, which portrayed Australia as an unfair and unequal society. Similarly, the process of reconciliation became polarised, squeezing out the approach involving working towards a treaty to gain constitutional recognition and promote self-determination.

It was within this environment that discontent began to grow in NSW against the Labor party. This significantly impacted the NSW state election in 1988 when the Greiner Liberal-National Coalition won government ending 12 years of Labor rule. Subsequently, it embarked on a reform of NSW state education


by appointing former Liberal state and federal politician Sir John Carrick, who was knighted for services to the Parliament of Australia, to review it. His *Report of the Committee of Review of New South Wales Schools* was submitted to the Premier of NSW – and not to the Minister for Education. It ended up being at the time, according to Alan Barcan, the ‘best educational report produced in New South Wales, indeed in Australia, since the 1957 Wyndham Report’ due to its content quality and discussion on aspects of education, particularly special education, which was usually ignored by ‘officialdom’. As Barcan suggested, this was a major shift in responses to people with disability. This signalled a change from a glacial speed of change to a more proactive and, in some cases, radical responses to people with disability. Beverley Kingston, in her book, *The World Moves Slowly*, indicated a similar process of change in terms of attitudes towards women and their rights.

**Regulation and Inclusion**

In 1990, in response to the Carrick Report, the NSW Greiner Government enacted the *Education Act 1990 (NSW)*. This significant legislation – which exists to date – affirmed that all children had the right to receive an education where this education was primarily the responsibility of the parents. It also stated that it was the State’s duty to ensure that all children receive the ‘highest quality’ education and that the principal responsibility of the State in the education of children was the provision of public education. While it covered government schools, it also provided marginally for non-government schools. DdHHHI children were significantly impacted by this legislation as it promoted mainstreaming, by then now known as inclusion, more than ever.

---

514 Section 4, *Education Act 1990 (NSW).*
Amongst the numerous aspects covered in the *Education Act 1990* (NSW) was special education. The legislation enabled the Minister to provide special or additional assistance for government school children with special needs including, amongst others, children with disabilities. This assistance included financial aid, facilities, courses of study, staff, staff training and distance education.\(^{515}\) This, along with a 1988 report recommending a policy statement discussed in Chapter 4, was to prompt the drafting of the Special Education Policy in 1993 (SEP) to be implemented by the NSW Department of Education. Despite the emergence of the social model of disability, as discussed later in this chapter, SEP was based on the normalisation principle; that is, the creation of a lifestyle and living conditions for people with disabilities which were as close as possible to those enjoyed by the rest of the population. This and the Special Education Plan 1993-1997 provided a framework to achieve the goals stipulated in the Carrick Report, which strongly endorsed the continuance of inclusion for students with disabilities and emphasised the importance of early detection and intervention.\(^{516}\) Further impacting the development of SEP was the *Disability Discrimination Act 1992* (Cwlth).

In 1992, the *Disability Discrimination Act 1992* (Cwlth) (DDA) was introduced to make discrimination against people with disabilities unlawful in many areas including education.\(^{517}\) The DDA was administered by the Human Rights and Equal Opportunity Commission\(^{518}\) (HREOC), which was established in 1986 as a statutory body funded by but operating ‘independently’ of the Commonwealth Government. It was stronger than the NSW legislative equivalent due to having a broader definition of disability and an application across private and public

---

\(^{515}\) Section 20, *Education Act 1990* (NSW).


\(^{518}\) HEROC underwent a name change in 2008 and became the Australian Human Rights Commission (AHRC). For information about the AHRC, see www.humanrights.gov.au.
sector operations, including independent schools.\textsuperscript{519} It provided an avenue for people with disabilities and associates of people with disabilities to seek recourse when experiencing disability discrimination. In 1997, a NSW support group for parents of children with ‘hearing disabilities’ and their families lodged six representative complaints on behalf of all students with deafness or hearing loss alleging that deficiencies in their state education amounted to discrimination on the grounds of their disability.\textsuperscript{520}

The DDA drove a huge wave of policy and strategy development across Australia. This included the National Strategy for Equity in Schooling 1994,\textsuperscript{521} which prioritised students with disabilities along with other students to more equitably access education, NSW’s SEP and the 1996 McRae Report. On an international level, there were the United Nations Educational, Scientific and Cultural Organization’s (UNESCO) Education for All in 1990 and the Salamanca Statement and Framework for Action on Special Needs Education in 1994, to which Australia was a signatory. In June 1994, the World Conference on Special Needs Education called for a dynamic new statement recognising the necessity of education for all ‘disabled children’ especially as provided by ‘regular schools’. The Conference was attended by representatives from 92 governments and 25 international organisations. The Salamanca Statement advocated for inclusion to be the ‘norm’ and became the founding document for inclusive education worldwide.\textsuperscript{522} This was to encourage, emphasise and enhance strongly the inclusion option for DdHHHI pupils in NSW.

\textsuperscript{519} Clear, Mike (ed), \textit{Promises Promises: Disability and Terms of Inclusion}, Federation Press, Sydney, 2000, p 69.
\textsuperscript{520} As a result, the Department of Education agreed to form a working party with members of the support group to address the issues. See DDA conciliation: education (Online), 2016. Available: \url{https://www.humanrights.gov.au/dda-conciliation-education} as accessed on 28 November 2016.
In 1996, the NSW Department of Education conducted a feasibility study into ‘integration/inclusion’ in education in NSW. This was a significant development, which recommended that support provided be based on the educational need of the student and not their disability or place of enrolment.\textsuperscript{523} Submitted to John Aquilina, Minister for Education and Training, the McRae Report recommended that funding be increased substantially to support integration, be tied to individual students and be capable of being portable if they changed schools.\textsuperscript{524} Moreover, the report identified parental choice, reform to enrolment policies, staff development and new forms of resource support as driving factors for an ‘inclusive education environment’.\textsuperscript{525} Consequently, The Students with Disability Policy, which required parents to notify the school of the student’s disability so that the school could organise resources before acceptance of that student’s enrolment, was abandoned. And a common enrolment policy was formulated to apply to all students.\textsuperscript{526} In 1998, the Special Education Handbook for Schools was produced to assist schools in management of the learning needs of students with disabilities and learning difficulties.\textsuperscript{527} These measures were to strongly confirm and drive inclusion for DdHHHI children.

\textbf{Models of Disability}

In relation to models of disability, the normalisation principle continued and was revised by being reconceptualised as ‘social role valorisation’ (SRV) in 1983.\textsuperscript{528}
The SRV was followed by the social model of disability, which emerged as an ideological concept in the UK during the early 1980s. It was developed by Mike Oliver, a disabled academic specialising in British disability studies. He coined the term ‘social model of disability’ in response to ideological developments that claimed that society was disabling physically impaired people.\(^{529}\) This model defined disability as socially constructed and was in contrast to the medical model of disability. The social model saw disability as:

… the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers. It therefore carries the implication that the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate in society on an equal basis with others.\(^{530}\)

5.1 Diagram showing the problems as perceived by ‘social model’ thinking.\(^{531}\)

---


In an increasingly conservative environment, the social model of disability arrived in Australian academia during the late 1980s and early 1990s. A significant development was the formation of the Social Relations of Disability Research Network. A radical ‘small band of scholars’ came together under the collective umbrella from the University of Technology, Sydney, the University of Sydney, the University of Newcastle, the University of Western Sydney – now Western Sydney University – and the University of NSW. They started a discussion about social model approaches towards disability. Members included academic sociologists Andrew Jakubowicz, Helen Meerkosha, Toni Schofield and disability advocate and academic Mike Clear. This network ran three biannual conferences and gave 12 seminars a year, generating public interest from 10 people turning up for a reading group to ‘literally hundreds’ for some of the seminars.\footnote{Professor Simon Darcy, personal communication, 30 September 2016.} Subsequently, the introduction of the social model of disability in Australia was to significantly impact the DdHHHI movement and its progress or rather its fragmentation as members of the movement sought to assert their own differing ideological ‘disability’ positions about deafness or hearing loss.

**In Bed with Phillip Adams: Deafness as Culture**

Developments in the DdHHHI movement generated a range of responses. One was a radio program by Phillip Adams, a well-known ABC broadcaster and an advertising guru who found great success with the advertising agency MojoMDA.\footnote{Phillip Adams (Online), 2016. Available: https://en.wikipedia.org/wiki/Phillip_Adams as accessed on 7 December 2016.} It went to air on 18 November 1993 and won a Human Rights Award. The broadcast gave high profile media coverage to ‘deafness’ and encapsulated issues relating to deafness. The topic was ‘Deafness as culture’ and it focused on a number of questions:

> Is deafness a disadvantage or a different way of being? In this discussion it was argued that deafness is a discrete, rich and triumphant culture that is so powerful that it doesn’t
really need medical intervention. Members of the Deaf community and medical doctors discuss the notion of a distinct ‘Deaf culture’.  

Participants in the radio broadcast were Carol-Lee Aquiline, manager at the Australian Association for the Deaf, Paula Webber, signer and speaker for Carol-Lee Aquiline, actor Sofya Gollan, jeweller Samantha Green, American academic and linguist Harlan Lane, Bruce Shepherd, founder of the Shepherd Centre, and Professor Graeme Clark, Director of the Bionic Ear and Hearing Institute.

The panel participants opened the discussion in response to Adams’s questions. Harlan Lane, a person with hearing, who signed fluently in American Sign Language (ASL) and wrote on the history of Deaf people and Deaf culture, began by discussing a ‘fundamental distinction…between big D Deaf and little d deaf’. He explained that there were many Americans who audiologically were deaf or hearing-impaired and did not use sign language. Thus, they did not belong with the Deaf community nor saw themselves as culturally Deaf. The Deaf group comprised people who were culturally Deaf and did not have a hearing loss because they have never had hearing in the first place. Deaf people had (and continue to have) Deaf literature, Deaf culture and their own sign languages – all ‘sufficient to discuss all matters of the world and of religion’. Adams, however, was shocked to learn that technological or rather medical intervention was being perceived as ‘almost rape’. But, Lane’s response was that Adams should not be shocked as, historically, ‘hearing people have been perpetrating for a very long time some really terrible practices that have cost deaf people very dearly in dignity, effective education and civil rights’. Lane said: ‘How can you not be angry about that?’.

534 Deafness as culture (Online), 2016. Available: http://www.abc.net.au/rn/features/inbedwithphillip/episodes/196-deafness-as-culture/ as accessed on 24 November 2016. The following discussion and quotations are drawn from this source.

The second and third participants, Carol-Lee Aquiline and Sofya Gollan, were brought into the discussion by Adams to draw out the Australian experience. Adams posed the question as to whether they agreed with Lane’s assertion that signing is a discrete language with its own richness, character and strengths as a mode of communication. Gollan, who learned English first and also used Auslan, replied; ‘Oh yes, absolutely’ and explained that she had been using sign language for about eight years having started to learn it when she was 17 years old at the Theatre of the Deaf. Prior to that, Gollan had no knowledge of sign language nor of Deaf culture and always viewed her deafness as something of a hardship or ‘perhaps some would say a disability’.

Upon being asked about a device being invented that ‘miraculously’ made it possible for a deaf person to hear with no technological side-effects, Carol-Lee Aquiline responded that she would rather stay as a ‘deaf person’ having been brought up with ASL and knowing Auslan and English. ‘Sign language’, she explained:

> is every bit as rich and grammatical [sic] wonderful expressive – sometimes even more so than English language is. So people would say that my choice to sign today and speak through an interpreter I may be reducing my language. That’s not true.

Bruce Shepherd, who was initially against the cochlear implant (CI) when it was first introduced, felt that his two deaf children had optimised their potential using spoken English language and hearing aids. Shepherd initially opposed the CI based on his experience with other medical specialties using prostheses, which ‘worried’ him. It took Shepherd a long time to come around to believe that the CI was a ‘worthwhile thing’. He observed that ‘deaf infants’ with cochlear implants were now developing ‘miraculously good language and miraculously good understanding’ in English. Aquiline, however, argued that optimising potential meant the ability to have both – ‘to have English and sign language’:
That’s the optimal situation. I can fit into whatever situation I wish. If I only had English and no sign, that’s not optimising my potential. I have choices. I can join in in both arenas.

Samantha Green, who was ‘severely deaf’, went to the Shepherd Centre when she was three years old for two years and used ‘various technical aids to interact in the “hearing” world’, reiterated the issue of choice:

If I had a deaf child I would really think about doing as much as possible in the hearing world. And if my child grows up and doesn’t like this, she can always….use sign language.

The panellists were asked whether parents of deaf children had the right to exercise the decision as to whether their child, as an infant or youngster, was to have the CI? Lane’s position was that parents had the legal and moral right to do so as long as they were ‘properly informed and counselled’. That meant making the decision in ‘conjunction with deaf people’ who, being professionally trained, would examine all the different aspects of the decision. For Lane:

the thing to do is talk it over with deaf people who have been deaf all their lives and know what deafness is about. And I must say I respectfully disagree with Dr Shepherd. All of the published research makes it clear that implanted children will be, as the professionals say, severely hearing-impaired adults….So it’s terribly important to involve deaf people who know what that’s all about in the decision-making.

Professor Graeme Clark, who had a different experience working with DdHHHI people, was introduced by Adams as working on ‘these extraordinary devices’, which had been ‘so severely criticised’. He was questioned about the legitimacy of his work based on criticism, which came, amongst others, from the Australian Association of the Deaf (AAD). A few years earlier, AAD had argued in a
newspaper article, ‘Ear implant: a cure without a disease?’, that children with the CI missed out on ‘normal’ development and when unable to communicate, were ‘dumped at the door of the deaf community’. In response, two parents, including a representative from the Parent Council for Deaf Education, wrote letters to the editor arguing that the CI is a ‘sophisticated hearing aid for those who cannot use a conventional one’, and that the AAD was denying choice to deaf children and their parents by stating ‘what deaf people want is not the cochlear implant’. The representative argued in a letter to the editor entitled ‘Freedom to choose’ that:

Many hearing parents of deaf children want their children to be able to choose for themselves whether they become part of the deaf community or belong to both the hearing and deaf communities. Children who have been fitted with a cochlear implant can learn to sign and communicate with other sign language users. Denying them access to a cochlear implant denies them the opportunity to become part of the hearing world.

Further, one parent stated that she knew all children with CIs in Sydney and not one had been ‘dumped at the door of the deaf community’ as a failure and all had improved communication skills.

Strident criticism came from the NSW Association of the Deaf, which mounted a controversial campaign against the CI. It argued in a newspaper article, ‘Deaf pride splits the silent world’, that the CI ‘doesn’t cure deafness. It’s just another hearing aid’. More newspaper articles throughout the 1990s explored deafness, what it meant to be deaf or Deaf and touched upon the issue of who had the right to oppose the CI in young children. Being taught a sign language or learning to hear with the hearing aids and/or CI and spoken language was the

538 Ibid.
‘hardest’ choice with ‘enormous implications’ for a parent of a deaf child. Moreover, this was complicated by ‘sharp divisions’ within the ‘deaf community’ including ‘the deaf’ and hearing parents of deaf children. Critics asserted that that the CI imposed unrealistic expectations, placing the recipients under intense pressure to succeed in an unfamiliar world. Others, however, believed in integrating as much as possible with the ‘hearing community’.540

Professor Clark felt a personal empathy with ‘Deaf people’. His father had experienced hearing loss when he was a child. In his work with the CI, about 95% of deaf children were born to parents who hear. He and the Institute were giving parents the option for their children to have hearing ‘in the same way as with a hearing aid’. For him, the CI was for children who do not ‘get useful help with a hearing aid’. Clark emphasised the importance of having choice, asserting that if the hearing aids were not suitable, then there was the option of the CI provided the children were suitable for medical reasons. About 60% of the children with CI were achieving ‘open set recognition’, meaning the ability to understand a significant amount of speech without lip-reading. The remaining 40% continued to lipread and heard environmental sounds. These results were similar for adults who had hearing before becoming deaf. Clark’s research discovered that the younger the child received the CI, the better the results due to the brain being very ‘plastic’ in the early years of life. Further, the results were showing ‘no plateauing’:

We’re finding that the children are getting better and better results, so the ones we’ve operated on earlier are now performing as we’d had hoped and doing better and better each year.541

541 This quotation is from the radio transcript of Adams’s panel.
However, while only some children were suitable for the CI, a large number of parents wanted to have the CI option. Harlan Lane, however, felt very ‘uneasy’ about leaving the audience with the idea that the CI provided a significant understanding of speech for children who were deaf. For him, this was a ‘very rare occurrence’; he claimed that Clark cited figures that were out of the ballpark and ‘just not like the results of scientific studies’.

This important radio broadcast demonstrated the range of differing positions around deafness, deaf culture and the CI and the passion in which these beliefs were held. As the then perceived ‘much-maligned’ CI was gradually introduced within Australia, the DdHHHI movement became more clearly and sharply divided.\textsuperscript{542}

**Language and Identity in the Australian Deaf Community**

A couple of years before Phillip Adams hosted the panel, a significant and radical article appeared in the journal *Australian Review of Applied Linguistics* by Jan Branson and Don Miller, academics at La Trobe University in Victoria.\textsuperscript{543}

It drew heavily on the work of Harlan Lane, one of Adams’s panellists.

The main purpose of the article was to establish:

> that any effective language policy for the Deaf, a policy which must not only be oriented towards effective literacy in English but towards true communicative competence and the ability to conceptualize the world, must take account of [a number of factors]…\textsuperscript{544}


\textsuperscript{544} Ibid, p 137.
These factors were Auslan being the only viable first language for Australian people who were Deaf and access to and competence in a first language – such as Auslan – were vital for the development of a competent second language, that is, English. Further, as access to Auslan as a first language was only available to a minority of Deaf Australians through their Deaf families, Auslan acquisition, it was argued, had to be provided through formal programs prior to and during schooling. Additionally, the authors observed, such programs should be provided to parents who hear and have deaf children. In order to achieve literacy in English for children and people who were Deaf, this could be achieved effectively through bilingualism where Auslan was the first or primary language.\(^{545}\) In these factors, Branson and Miller, however, did not discuss the importance of informal learning of language. Generally, people tend to learn their first language from their parents and immediate family as informed by their first language.

**Bilingualism**

During the 1990s, interest in bilingual education grew as teachers of the deaf began to realise that Signed English as implemented under the Total Communication approach was generally failing DdHHHI students, signifying another competing approach to deaf education.\(^{546}\) But there was minor discussion around why Signed English did not usually work for the students.\(^{547}\) It could be argued that the primary reason was that Signed English was an artificial language, or rather a sign system, and not a natural language.\(^{548}\)

---

\(^{545}\) Ibid, p 138.


\(^{548}\) See Signed or Spoken, Children need Natural Languages (Online), 2016. Available: [www.bc.s.rochester.edu/people/newport/Bavelieretal-Cerebrum03.pdf](http://www.bc.s.rochester.edu/people/newport/Bavelieretal-Cerebrum03.pdf) as accessed on 30 March
Subsequently, in early 1992, RNSWIDBC introduced a formal bilingual pre-school program at the Roberta Reid Centre (RRC). It was for aged two to five years old Deaf children and hearing children of Deaf parents for whom Auslan was their first language. RRC offered a bilingual and bicultural reverse integration program where the primary language was Auslan. At RRC, hearing children were to integrate into a setting where Deaf children had ‘priority’. Auslan was the major language with Deaf staff/visitors occupying important roles in the program. Thus, Deaf children were in an environment with access to their first language, Auslan, ‘at all times’ with Deaf role models. In 1995, RRC was granted a three-year accreditation by the National Childhood Accreditation Foundation.

In early 1993, following the success of RRC, another formal bilingual program was established at the Thomas Pattison School (TPS) at RNSWIDBC, which was named after its founder. It originally catered for infants from Kindergarten to Year 1, providing a quality bilingual educational program that later followed the NSW Board of Studies curriculum. It was for Deaf students who used Auslan and used English for reading and writing. Over time, students enrolled at the TPS from Kindergarten to Year 10, all with a hearing loss of 60dB or greater in the better ear.

**Audiology and the Cochlear Implant**

The 1990s witnessed an extensive growth of early fittings of hearing aids within the groups of the ages of 12, 18 and 24 months with most of the growth occurring before the age of six months. Between 1991 and 1999, there were 1528 fittings of children under two years old. According Australian Hearing’s

---

2016.


demographic details, 2199 ‘clients’ under the age of 26 received a hearing aid and/or cochlear implant.  

In 1992, the National Acoustic Laboratories (NAL) changed its name to Australian Hearing and became a statutory authority. NAL became the name of the research division of Australian Hearing. DdHHHI children continued to receive more appropriate hearing aids due to programmable computer software. The hearing aids’ functionality was matched to the level of the hearing loss. Devices continued to be developed for educational purposes in the regular schools. These included the FM system and assistive listening systems for aid in hearing the television and radio. The FM system provided freedom of movement for the teacher and the student wearing the microphone and receiver respectively.

The development of the cochlear implant generated world-wide excitement. To make CI surgery available to youngsters, earlier in 1986, Professor William Gibson of the Otolaryngology Department at the University of Sydney established the Children’s Cochlear Implant Centre (CCIC) in conjunction with the University and the Children’s Hospital, then located at Camperdown.

More Lobby Groups
Following on the development of certain advocacy groups during the 1980s, including Deaf Australia and Australian Deafness Council, more ‘lobby’ groups were formed in the 1990s, which served to fracture even more the social movement for DdHHHI people. In April 1991, the Association of Australian Sign Language Interpreters was established with its constitution being formally adopted in April 1992. It intended to be the ‘Central Co-ordinating body for State Interpreting Groups’ while distributing information amongst the Groups,

553 Demographic Details of young Australians less than 26 years with a hearing loss, who have been fitted with a hearing aid or cochlear implant at 31 December 2015, Australian Hearing, 2016.
standardising interpreter remuneration and working conditions and promoting activities in the profession of interpreting.\textsuperscript{557}

In 1993, Deafness Forum of Australia (DFA) was set up as a registered non-profit company with deductible gift recipient status at the ‘instigation of the Australian government’. It formed from an amalgamation of the Australian Deafness Council with other national deafness organisations. DFA became another peak national systemic advocacy body for deafness in Australia, along with Deaf Australia. It sought to advise governments on key issues, interests and viewpoints of Australians who have a hearing loss, a chronic disorder of the ear, are Deaf or deafblind and the families who support them. DFA was funded by the Commonwealth Government through its Department of Social Services until 2015 when the recurrent funding was discontinued. However, it continues to be funded annually by the current Government with yearly reviews.\textsuperscript{558}

\textbf{New and Changing Services for Deaf Education in NSW}

Throughout the 1990s, due to the arrival of the CI, services were introduced to support that option. Accordingly, these services became competitive, contributing to the fragmentation within the DdHHHI movement.

\textbf{CATHOLIC CENTRE FOR HEARING IMPAIRED CHILDREN}

During the 1990s, at the Catholic Centre for Hearing Impaired Children (CCHIC), some services were continued such as home visits and the weekly playgroup at the CCHIC’s Strathfield premises. These services followed the ‘oral’ approach with signing using ‘Signed English’. Music therapy, which had been a strong part of the Dominican deaf education, also continued.

New services were introduced. In 1991, a one day a week ‘preschool’ was introduced for the deaf and hearing-impaired children preparing to attend kindergarten at the regular schools. This preschool enrolled hearing children so that they could be English language models. In the pre-school class, there were

\textsuperscript{558} Steve Williamson, personal communication, 1 October 2016 and \textit{DFA Newsletter}, Deafness Forum of Australia, Issue 64, February 2010.
two ‘hearing’ children for every six deaf and hearing-impaired children. This service was introduced because many of the deaf and hearing-impaired children had parents from non-English speaking backgrounds. Also, the pre-school deaf and hearing-impaired children were required to attend regular preschools two days a week. Support at the regular preschools continued where the itinerant teacher of the deaf assisted the pre-school staff and the child.

Grandparents’ Day and Fathers’ Day were introduced to ensure stronger family involvement in the children’s growth and development. In the early 1990s, auditory-verbal therapy was implemented, focusing on enhancing listening skills, relying on cochlear implants or residual hearing as amplified by hearing aids, rather than lipreading skills. The annual enrolment figure during the 1990s was around 20 deaf and hearing-impaired youngsters. The majority went to regular schools with two attending Farrar School.559

CATHOLIC DEAF EDUCATION IN NEWCASTLE

In the Newcastle region, the Catholic Centre for Children with Hearing Impairment (Centre) entered into a new phase. In 1993, the Centre moved to new premises at Mayfield and changed its name to St Dominic’s Centre for Hearing Impaired Children, after the Dominican Sisters. The building was purpose-built to reduce the ambient noise from outside and neighbouring rooms. This provided an environment for improved listening conditions and was ‘advantageous for children using amplified residual hearing or cochlear implants’ for developing listening and speech.560 Funded by the Commonwealth Government while being supported by the Maitland Diocese, the $1 million initiative was to be a non-denominational centre for teaching speech to deaf students through the auditory-verbal approach. With an original enrolment of 28 students, this increased to 34 students by 1997. By that year, the Centre changed its enrolment criteria to include students with communication delays or disorders.561

559 Patricia Bailey, personal communication, 24 February 2017. Sr Bailey was the Co-ordinator of the Catholic Centre for Hearing Impaired Children from 1990 until 2001.
At the Centre, four educational programs were provided; early intervention, infants and primary, secondary from years 7 to 10 and parent support. Integration was available and encouraged. The infants and primary school students went to the adjacent local St Columban’s Primary School (Kindergarten to Year 6) for various subjects as determined by the individual child’s abilities and needs. The secondary school students either attended the hearing-impaired unit at nearby San Clemente (Years 7 to 10) or were either fully or partially integrated into the regular classes there.\textsuperscript{562} For those partially integrated, they went to the Centre at certain times. Further, in 1999, a teacher of the Deaf was transferred from the Centre to St Francis Xavier at Hamilton to support students in Years 11 to 12. All the programs offered at the Centre, except the parent support program, were ‘primarily auditory-oral’ but ‘signing was also used’.\textsuperscript{563}

In 1999, at the Centre, students with ‘profound hearing loss’ were receiving the CI. However, they, with their families, had to travel to Sydney weekly for pre-implant and post-implant sessions. To ‘alleviate this hardship’, the Centre partnered with the Sydney Cochlear Implant Centre (SCIC) for SCIC to provide monthly ‘outreach’ clinics to the Centre’s families.\textsuperscript{564}

**THE SHEPHERD CENTRE**

With the advent of the CI, the Shepherd Centre headed into a new direction. Earlier in 1989, it was invited to be involved in Professor William Gibson’s CI program at CCIC, later named SCIC. Due to the long CI habilitation being similar to the SC’s concentrated teaching with hearing aids, where both focused on the recipients being trained to listen, the SC inevitably accepted the invitation by declaring its ‘open support’ for the program. This was despite ‘fierce opposition’ to the CI in ‘some quarters’.\textsuperscript{565}

\textsuperscript{562} Ibid, pp 291-292.
\textsuperscript{563} Frances Belcher, personal communication, 18 February 2017. Frances Belcher was the Principal of St Dominic’s Centre for Hearing Impaired Children from 1999 until 2015.
\textsuperscript{564} Ibid.
\textsuperscript{565} Epstein, op cit, pp 96-97.
Hailed by Bruce Shepherd as prompting ‘a new era in deaf education in Australia’, the CI appealed to parents ‘desperate to help their children’ who saw it as an alternative to conventional hearing aids, often the ‘bête noir’ of the parents. Parents generally experienced hassles in getting their deaf children to wear their hearing aids and not treat them as toys. Further, as the deaf child grew older, numerous visits to Australian Hearing were needed for new ear moulds. If the impressions and resultant moulds were not made nor fitted properly, intolerable acoustic feedback was the result, which was a high-pitched whistle that was generally not heard by the deaf child and was unpleasant for those who could hear. Often, at their detriment, the deaf child would be asked to turn down the volume or, worse, turn off the hearing aid/s.

Recognising the need for audiological services for hearing aids in addition to equipment needed to service the recipients’ CIs, the SC sent a staff member overseas to an audiological workshop. This staff member became a qualified audiometrist and provided much-needed assistance at the SC. By 1993, due to donor support, all the centres of the SC had the staff and equipment to complement the work of Australian Hearing, which provided free hearing aids and assistance to DdHHHI children. A further staff member experienced in audiology and speech pathology joined the SC. Her prioritised tasks were to undertake hearing and hearing aid assessments, conduct ear mould impressions, check the children’s ears, program the CIs for the recipients and give information on hearing loss and hearing aids to the parents.566

Further technological equipment were donated; a soundproof booth by the Paul Newman Foundation and the latest audiometer, a Medimate 622, by Madsen. This audiometer provided interface with a computer, creating an up-to-date database of the children’s hearing test results. Further, the audiometer was connected to a higher power amplifier and free field speaker for testing children wearing hearing aids and younger children who could not yet use headphones. Pacific Power funded the provision of an IBM computer to the SC, which contained the mapping software for the CIs. This enabled the audiologist to set

each electrode of the CI at levels of soft and comfortably loud sounds for the recipient. Finally, Rothschild Australia donated Speechviewers to all centres of the SC. The Speechviewer was an interactive computer program that portrayed sounds on the screen in a visual way to attract the deaf child’s interest.567

During the early 1990s, the number of families enrolled at the SC increased significantly, from 47 in 1990 to 126 in 1994.568 This increase was aided by the opening of a SC centre in August 1992 on the premises of Charles Sturt University at Bathurst. This centre catered for ‘hearing-impaired’ children from central west NSW. Further, three months later, the second SC unit commenced at Chatswood and was named the Golden Stave Shepherd Centre after the similarly named foundation that financed it. It was to service deaf children for the North Shore to the Central Coast, relieving pressure on the SC at its Sydney base.569 In 1998, this Sydney centre moved to new ‘purpose-designed’ premises located around the corner at Abercrombie St in Darlington while the Wollongong centre relocated to another purpose-built centre nearby.570

ST GABRIEL’S SCHOOL FOR HEARING IMPAIRED CHILDREN

With the resignation of Br McGrath towards the end of 1989, Br Alan Kelly commenced as Principal of St Gabriel’s School for Hearing Impaired School in 1990.571 The School now promoted itself as being ‘open to all hearing impaired children of any denomination’, as indicated in its earlier 1989 Annual Report. During the 1990s, the School focussed on its pioneering efforts in auditory-verbal therapy and continued to receive overseas visitors specialised in this therapy and for exchange of knowledge. Br Kelly presented on auditory-verbal therapy and conducted workshops about it throughout NSW and overseas.

In 1993, the School received a Certificate of Registration and School Certificate of Accreditation for the issuance of School Certificates to the end of 1998. It expanded by establishing an Early Intervention Centre in Brisbane as an

568 Ibid, p 106.
571 1990 Annual Report, St Gabriel’s School for Hearing Impaired Children (St Gabriel’s), p 5.
initiative of the Christian Brothers. Named the St Gabriel’s Early Intervention Centre, it took in families who had been travelling previously from Brisbane to the School in Sydney. The Early Intervention Centre continued providing weekly parents workshops and monthly coffee mornings for parents to ‘ask questions, share experiences and to support each other’. The Country Family Program also continued for families from rural areas to access the School’s programs.572

In 1994, Br Kelly took leave of absence with the appointment of the first acting lay Principal, Ms Elizabeth Ker. In December 1994, Ms Ker was made Principal, ending an era of the Christian Brothers in providing deaf education in NSW. In that same year, singing lessons were begun at the School as part of the ‘ongoing program of learning to listen’. It was asserted that listening to music helped the deaf and hearing-impaired pupils to ‘master the intricacies of the rhythm of speech’ and improved breath flow management.573

The School canvassed the option of the CI. In 1991, Calvin Shaw, from the School’s Early Intervention Program, became the second youngest child to receive a CI at the age of two. Later that year, two school students each received the CI. In 1993, three school students and two students from the Early Intervention Centres in Brisbane and at the School had the CIs. In 1997, an 18 month old attendee at the School’s Early Intervention Centre received the CI.

In 1995, the School’s Early Intervention Centre at Castle Hill moved into new premises at the former residence of the Christian Brothers. In 1996, it was renamed Hear The Children Early Intervention Centre,574 which became ‘autonomous’ in terms of management and funding. The School continued to provide ‘professional expertise, consultancy and overall educational supervision’ to the Centre.

In 1997, the School celebrated its 75th anniversary. By the end of that year, a total of 74 children had completed the early intervention program where [sic] 56

572 1994 Annual Report, St Gabriel’s, np.
573 Ibid.
574 1996 Annual Report, St Gabriel’s, pp 1-2.
of these children moved to experience full integration at four years old while 17 spent ‘variable periods’ at the School. Additionally, there were 42 children attending the Hear the Children Early Intervention Centres at Brisbane and Castle Hill in Sydney.\textsuperscript{575}

A highlight in 1998 at the School was the provision of its services to interested families in New Zealand (NZ) after having been approached a year earlier to share its knowledge in supporting an ‘oral option’. Workshops and presentations were provided to parents and professionals about auditory-verbal therapy. As a result, seven families from NZ enrolled in the ‘Sydney program’ and the School advised on the establishment of an auditory-verbal program in the Waikato/Bay of Plenty Region of New Zealand.\textsuperscript{576}

\section*{Farrar School}

The declining enrolments at Farrar School throughout the 1990s were possibly the result of deaf and hearing-impaired students being ‘integrated’ at mainstream schools. This integration was aided by the availability of the cochlear implant and sophisticated hearing aids, both of which continued to be improved. Also, beneficial FM systems were available. As Farrar School was no longer viable with only two students enrolled in 2000, it closed on 19 December 2000.\textsuperscript{577}

\section*{Royal New South Wales Institute for Deaf and Blind Children}

During the 1990s, RNSWIDBC entered into a period of expansion in terms of early intervention and education for DdHHHI youngsters and students. In addition to the establishment of RRC in 1992 and the Thomas Pattison School in 1993 – discussed earlier in this chapter – following the Board’s decision in 1989 to set up a ‘reverse mainstream’ early childhood centre in the Hunter region, 4.5 hectares of land was acquired at Tingira Heights in the city of Lake Macquarie.

\textsuperscript{575} St Gabriel’s 75\textsuperscript{th} Anniversary 1922 – 1997: Celebrating 75 years of educating children who are deaf, 1997, pp 19-28.  
\textsuperscript{576} 1997 Annual Report, St Gabriel’s, p 2 and 1998 Annual Report, St Gabriel’s, pp 2 and 6.  
In 1990, Tingira Centre was opened for ‘hearing-impaired and visually-impaired pre-schoolers in a setting where the majority of pre-schoolers’ were not disabled. It provided:

- early detection and diagnosis of the disability,
- early use of corrective devices if appropriate,
- early intervention, stimulation and development,
- a sound preparation for integrated schooling,
- gradual integration at the rate and to the extent possible for each child,
- appropriate and sufficient support within the integrated setting,
- parental involvement.\textsuperscript{578}

On RNSWIDBC’s premises at North Rocks, a paediatric audiological laboratory was provided to the National Acoustic Laboratory for hearing testings and the prescription and maintenance of hearing aids.\textsuperscript{579}

The Garfield Barwick School entered into three agreements with mainstream ‘partners’ for the intake of their students. These were Christ the King School at North Rocks and St Monica’s School and Burnside Public School, both at North Parramatta. A year after its 1989 opening, the School experienced a 28% increase in its enrolments. In the 129th Annual Report, the School promoted itself as ‘an excellent educational alternative for parents who wish to enrol their children into an oral program for hearing-impaired students’.\textsuperscript{580} In 1992, two additional ‘partner’ schools were added.\textsuperscript{581} Earlier, in 1991, RNSWIDBC commenced an Itinerant Teacher Service to support hearing-impaired and visually-impaired students integrated either partially or fully at regular independent schools.\textsuperscript{582} By 1995, this Service had grown to cater for 52

\textsuperscript{578} 129\textsuperscript{th} Annual Report, RNSWIDBC, p 14.
\textsuperscript{579} Ibid, p 12.
\textsuperscript{580} Ibid, pp 10 and 16-17.
\textsuperscript{581} 131\textsuperscript{st} Annual Report, RNSWIDBC, p 18.
\textsuperscript{582} 130\textsuperscript{th} Annual Report, RNSWIDBC, pp 11-12 and 16.
students. That increased to 63 students attending 40 independent ‘partner’ schools in metropolitan Sydney in 1996.

In 1993, the Rockie Woofit Preschool moved to North Rocks, making its previous site at North Parramatta available to the Garfield Barwick School with its growing enrolments. In the same year, after RNSWIDBC’s purchase of one hectare of land at Glenmore Park near Penrith, construction commenced for the Glenmore Park Early Childhood Centre, which opened in 1994. Catering for the growing population of ‘Sydney’s outer-west’, it followed the same ‘regimen’ – the reverse mainstream approach – of the Rockie Woofit and Tingira Preschools.

In 1997, with RNSWIDBC undergoing a name change to Royal Institute for Deaf and Blind Children (RIDBC), the North Rocks School for Deaf Children vacated its North Rocks premises, which had been there since 1963, for the construction of a new building for the Thomas Pattison School. This building was opened in 1998. In that year, new legislation was enacted by the NSW Parliament, replacing the ‘1905 “Institution Act”’. It provided new governance arrangements for RIDBC while modernising it.

In 1999, a ‘Special Priority Groups Program’ was set up to cater for deaf and hearing-impaired children from culturally and linguistically diverse backgrounds, including from Aboriginal and Torres Strait Islander backgrounds. Further, hearing assessments began to be provided to Aboriginal and Torres Strait Islander children in rural areas of NSW.

NSW STATE EDUCATION

From the early 1990s, the mainstreaming march continued with the number of students receiving special education support in regular schools increasing; that by 1996, there had been a 14.7% increase since 1993 and by 1997, a 16%
increase. The special education support included itinerant support teachers, support classes in regular schools and ‘special schools’. In 1997, 1351 deaf and hearing-impaired students were receiving ‘Itinerant Support’. According to the Special Education Handbook for Schools in 1998, to be eligible for enrolment in support classes (H), one had to have a ‘bilateral sensori-neural severe or profound hearing loss’. Such classes used either ‘total communication (including signing in English) or aural-oral communication’. Enrolment in these classes was from four years old to Year 12. Further, ‘approved nursery support classes (H)’ were available from three years old. In 1999, 270 hearing impaired students were enrolled in 35 ‘support classes (hearing)’. And a total of 1232 students with ‘hearing impairment’ were supported by 120 ‘Itinerant Support Teachers/Hearing impairment’ across the school sector.

On the Ground

Clearly, the 1990s saw a flood of policies, strategies and legislation and new and changing deaf education services. But what impact did all this have on the ground for DdHHHI students in terms of their educational experiences?

For Aaron Payne, it was a challenging experience. Born bilaterally profoundly deaf, Aaron received his hearing aids at six months old and went to the Shepherd Centre from 1986 until 1989. Thereafter, he attended Penshurst Public School for preschool and a hearing support unit from Kindergarten to Year 2. During that time, for some subjects, Aaron went to the regular school but for other subjects, he remained at the unit. He noted that the unit was for children from Kindergarten to Year 6, ‘all with different abilities’ and ‘different hearing losses’; ‘some sign, some speak’. So, the teacher had to meet all their needs, which was difficult.

---

593 Ibid.
Due to Aaron’s parents’ dissatisfaction with his academic progress and their desire for their son to be mainstreamed, Aaron changed schools to Miranda North Public School for from 1995 until 1998 for Years 3 to 6. He commented: ‘I think there was more of a challenge in the mainstream environment’; in the unit, ‘colouring in, drawing all day was very boring for me’. During his time at the public school, Aaron received visits from the itinerant teacher two to three times a week and used a FM system in the classroom. He began to progress academically due to completing different and challenging tasks and his attitude of: ‘Oh, I can do this’.

For high school, Aaron went to Sylvania High School from 1999 until 2004. At that time, it was thought that he should attend the hearing support unit at Endeavour Sports High School. But Aaron’s parents did not want to repeat the early years primary school experience and wanted him to be educated at the mainstream level. After looking at various high schools including Catholic and independent schools, they met with the principal at Sylvania High School who responded: ‘Okay. We’ll give it a go’. Aaron described his time at the high school as being ‘a very good experience overall’ with the teachers being more or less supportive of him. While he had the occasional issue of the teacher facing the board making lipreading impossible, he worked hard to hear, listen, participate and ‘to make it accessible’ even though ‘school was often a very tiring experience for me’.

However, for others, it was an ambivalent experience. One person who wished to remain anonymous described their educational experience as ‘supportive but challenging and exhausting’. Being deaf, that person was educated using the oral method and relied on lipreading, wearing one hearing aid and the FM system. In early years of primary school, there were visits amounting to a few hours a week from the ‘hearing impaired itinerant teacher’. However, in mid primary school the funding was cut for the itinerant teacher due to ‘higher priority students in the area’. In the final two years of school, peer note taking was

---

595 Payne, Aaron, interviewed by Naomi Malone, 10 March 2015.
provided after accessing the disability unit, which would liaise with the regular teachers and the person’s family to assist with strategies in the classroom.

Overall, this person found ‘education inclusive in some ways and not in others’ but they found school ‘exhausting and tiring’:

‘there were days when I struggled to hear what the teacher was saying, even with the FM system. I would get home...have a sore neck from straining to hear all day. I often missed out on classroom discussion. I found it very difficult taking notes and trying to lipread and follow classroom discussion...on occasions, I had teachers with a beard or accent which were very challenging’.

Touching upon negative aspects of their education experience, this person found it extremely difficult in the playground to make friends due to being unable to keep up with the group conversations and with the loud background noise. This left them ‘feeling sad and isolated at times’. The person noted:

One experience that will stay with me was when I was asked to leave the choir because my singing was not good enough. I remember being so upset and embarrassed and during choir practice once a week, I would sit with years 5/6 and play games whilst all my friends did choir practice. I remember coming home each week in tears.\textsuperscript{596}

All these experiences were diverse and different to each other. This diversity indicated the heterogeneity of DdHHHI students.

\textsuperscript{596} Anonymous, interviewed by Naomi Malone, 25 July 2014.
For New South Wales, 2000 began with Sydney hosting the Summer Olympic Games followed by the 100th anniversary of the proclamation of the Commonwealth of Australia in January 2001. However, the terrorist attack on 11 September 2001 in New York City heralded a new direction for the world. Soon after the attack, there was a general rise in fear, not only against terrorists but also the ‘other’ especially asylum seekers or ‘boat people’. Earlier, in August 2001, the Tampa crisis sowed the seeds of antagonism against illegal immigration, which was exacerbated by the terrorist attack. This saw the emergence of the ‘Pacific Solution’ that involved offshore processing of asylum seekers on Manus and Nauru Islands. The terrorist attack prompted the USA and Australia’s invasion of Afghanistan and Iraq in 2001 and 2003 respectively.

The 2002 Bali bombings in Indonesia also heightened fears against the ‘other’ after 88 Australians were killed. This all came to a crescendo with the Cronulla riots in December 2005 when ‘a series of racially motivated disturbances, assaults and riots’ took place in south-western Sydney. But Prime Minister John Howard, while describing the riots as ‘sickening and deplorable’, responded that ‘I do not accept there is underlying racism in this country’. Further, Australian politics became increasingly conservative with rising individualism. There was a general societal reaction against welfare and policies on equity and diversity, particularly in the context of the global financial crisis in 2008. The Howard Commonwealth Government continued to govern until 2007. By and large, Australian society generally became more conservative. And this was reflected

in the dominance of the right side of the Labor Party, which came to power federally that year.\textsuperscript{599}

In NSW, the Carr Labor Government won office in 1995 and Labor remained in power until 2011. Under that Government, through the NSW Department of Education and Training, a ‘continuum of services’ was provided to students with all kinds of disabilities. These students were either included in mainstream classes where possible, protected by disability discrimination legislation unless there was an ‘unjustifiable hardship’ to have inclusion, in support classes at the mainstream schools or in schools for students with disabilities only (Schools for Specific Purposes – SSP). Funding for inclusion was provided through the Funding Support Program and was directed at the student and not the school or district. Further, substantial capital funds were made available to schools to make their premises accessible to students with disabilities.\textsuperscript{600}

Committed to ensuring the provision of a quality state education in NSW, in September 2001, the NSW Teachers Federation and the Federation of Parents and Citizens Associations of NSW commissioned the most comprehensive and independent inquiry of public education since the 1957 Wyndham Report. Being a non-governmental review suggested that there was a pressing need to audit thoroughly the public education system in NSW. The resultant report, the Vinson Report,\textsuperscript{601} was presented in August 2002 and singled out ‘Participation of students with disabilities in mainstream education’ as being of special importance. After decades of inquiries and reports, it noted that ‘integration’ for students with disabilities deserved ‘commendation because of the seriousness of the endeavour rather than the completeness of its implementation’. It highlighted issues with completing implementation of integration despite the substantially increased resources from the Funding Support Program, which went from $9 million in 1996-1997 to over $50 million per annum in 2002.

\textsuperscript{599} Hirst, John, ‘Conservatism’ in Davison, Graeme, Hirst, John and Macintyre, Stuart (eds), \textit{The Oxford Companion to Australian History}, Oxford University Press, Melbourne, 2001, pp 148-150.  
supporting at least 17,000 students.\textsuperscript{602} According to the Vinson Report, despite the significant increase in funding, resources were still inadequate and it was noted that the implementation phase was carried out with too much haste. Teachers, too, lacked appropriate training in special education and were unfamiliar with the specific needs of students with ‘particular kinds of disabilities’.\textsuperscript{603}

The only governmental action undertaken at either the Commonwealth or NSW level during the 2000s in relation to education for students with disabilities was the \textit{Disability Standards for Education 2005} (Cwlth) (DSE). Prompted by the need for clarity about the \textit{Disability Discrimination Act 1992} (Cwlth), the DSE were formulated under that law by the Commonwealth Government and came into effect in August 2005. It clarified and made more explicit the DDA’s obligations of education and training providers while ensuring that students with disabilities accessed and participated in education on the ‘same basis as other students’. Further, the DSE covered all stages of education, including enrolment, and provided for the elimination of harassment and victimisation. Reviews of the DSE were to be conducted every five years. The potential impact of the DSE for DdHHHI students was positive as it protected their rights to an education including mainstream education. However, this was conditional with adjustments being reasonable and not too difficult for the education provider to administer. Otherwise, these were considered an ‘unjustifiable hardship’. Adjustment examples were the installation of hearing loops and provision of notetakers or Auslan interpreters in the classroom.\textsuperscript{604}

\textsuperscript{602} In the 2002 Annual Report, NSW Department of Education and Training, at page A-177, it noted that ‘students with disabilities who were enrolled in regular schools in 2002 (a total of more than 16,000 students) were supported by integration funding in excess of $65 million’ as well as by specialist itinerant teachers.

\textsuperscript{603} The Vinson Report, op cit, pp 11, 13 and 31.

It was at this time that the classic and influential text on disability studies, *Disability in Australia: Exposing a Social Apartheid* by Gerard Goggin and Christopher Newell, was published. It provided a comprehensive and accessible analysis of disability in Australia.\(^{605}\) While it mentioned deafness in a section about disability and culture, to date, deafness was still not featured prominently within the field of disability studies in Australia or internationally. Perhaps this was due to respecting the Deaf culture’s perspective that deafness was not a disability for Deaf people. In the UK, the following phrases have often been mentioned when describing people with disabilities and people who were Deaf: ‘disabled and Deaf people’ or ‘Deaf and disabled people’. This was because, in the UK, Deaf people were not considered to have a disability.\(^{606}\) However, deafness was, in practice and within society as a whole, a disability that made living in the world more challenging to varying degrees. And despite Goggin and Newell’s book, the literature in Australia on disability and social movements remained thin on the ground.\(^{607}\)

Notwithstanding the good intentions of the DDA, DSE and other policies, parents’ right to choose the educational settings for their DdHHHI children was limited. In the journal article ‘Denying Claims of Discrimination in the Federal Court of Australia: Arguments against the Use of Native Sign Language in Education’,\(^{608}\) academic Linda Komesaroff noted that due to the lack of teachers trained and fluent in Auslan:

---


The language of instruction to which a deaf child has access...may be less a matter of parental choice, particularly if that language is Auslan.

For parents wishing their deaf children to learn through Auslan, they had to resort to using complaints driven conciliation and adversarial and litigious court measures under the DDA, after having called for the provision of Auslan interpreters in the regular classroom. This impacted negatively on the ‘Auslan’ delivery of mainstream education to students using Auslan as educational authorities ‘defended’ their delivery of education through other means.

To further improve Australian schooling through national collaboration, in December 2008 the ‘Melbourne Declaration on Educational Goals for [sic] Young’ was developed and agreed to by all State and Territory Education Ministers and the Commonwealth Minister responsible for education. This Declaration superseded the 1989 Hobart Declaration on Schooling and the 1999 Adelaide Declaration on National Goals for Schooling in the Twenty-First Century, indicating a growing involvement of the Commonwealth Governments in shaping Australian school education, including early childhood education, and the Australian Curriculum. It had two goals. Firstly, Australian schooling was to promote equity and excellence. Secondly, all young Australians were to become successful learners, confident and creative individuals and active and informed citizens. To achieve these goals, it called for action that encouraged strengthened early childhood education, no discrimination against students with disabilities, personalised learning for fulfillment of diverse capabilities of ‘each young Australian’ and targeted support for students with disabilities to help them achieve better educational outcomes. Some people saw this as a great move forward. Michele Cutrupi, Director at the Catherine Sullivan Centre (discussed later in this chapter), observed that for her, the Melbourne Declaration implied that everyone including students with disabilities were covered by this Declaration. Others noted that this Declaration was to

---

610 Michele Cutrupi, personal communication, 19 April 2016.
underpin and drive educational policy reform and policies. But this implementation was piecemeal and uneven.611

Earlier in December 2006, the United Nations adopted the Convention on the Rights of Persons with Disabilities (CRPD) after decades working to change attitudes and approaches to people with disabilities (PWD). It prevented perceptions of PWD as “objects” of charity to encourage them to be seen as “subjects” with rights to make decisions about their lives as active members of society, based on free and informed consent. The CRPD was signed and ratified by Australia on 30 March 2007 and 17 July 2008 respectively. It was the first comprehensive human rights treaty of the 21st century and experienced the highest number of signatories – 82 member nations – in history to a UN Convention on its opening day.612 Article 24 on education recognised the right of PWD to be educated ‘to their fullest potential’ without discrimination and on the basis of equal opportunity. Further, it provided for member signatories to facilitate the ‘learning of sign language’ and promote the ‘linguistic identity of the deaf community’ to ‘enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community’.613 The impact of CRPD within Australia was a flurry of more inquiries, strategies, policies and legislation affirming the rights of PWD as contributing members of society and to experience all phases of life including education. (This is discussed in the next chapter.) But other developments were having a negative influence for DdHHHI children.

W(h)ither the Deaf Community?

In 2004, a development that highlighted the factional nature of the DdHHHI social movement was noted in a ‘controversial’ journal article by linguist and


academic, Trevor Johnston, entitled ‘W(h)ither the Deaf Community? Population, Genetics, and the Future of Australian Sign Language’. In his article, Johnston analysed trends involving school enrolment, neonatal screening and census data in Australia, concluding that the incidence of severe and profound childhood deafness nation-wide had been and continued to remain less than commonly assumed. Further, he claimed that such incidence was declining to ‘even lower levels’.

One reason for this was improved medical care including the vaccine for rubella. The last epidemic was in the mid 1960s. Further reasons included the high rate of mainstreaming in education, increasing acceptance of cochlear implantation, improved hearing aids and genetic science, including genetic screening and gene therapy. Johnston went on to assure ‘Deaf people’ that there was no need to feel ‘threatened’ due to governments’ potential willingness to ‘adequately and properly respond to the legitimate language needs of deaf and hearing impaired citizens if numbers are modest’. As a CODA, he indicated that this ‘scenario’ gave him ‘no joy’ and that he was experiencing ‘deep sorrow at the impending loss’. However, he argued that the ‘Australian signing Deaf community’ need not exacerbate the situation by displaying indifference and refusing to act appropriately, such as recording a corpus of Auslan.

Responses to Johnston’s article were varied and published in another journal, ‘Sign Language Studies’, in 2006. Differences on several issues were raised by various academics and advocates including Teresa Burke, Breda Carty, Merv Hyde, Desmond Power, Karen Lloyd, Donald Moores, Ross Mitchell and

---


Arnfinn Vonen. These issues were the Australian ‘treatment’ towards ‘deaf people and deafness’, the relevancy of different signers to the fate of signed languages, the inevitability or reversibility of declining deaf populations, the ethics of reproductive technology and the responsibilities of linguists in working within deaf communities.

Ross Mitchell in his response entitled ‘Comments on “W(h)ither the Deaf Community?”: A Normalization Juggernaut?’, argued that Johnston’s prediction for a ‘possible demise’ of Auslan was ‘perhaps a bit premature’ though legitimate. Breda Carty concurred with Johnston’s ‘decline’ projection but suggested ways forward for the Deaf community and ‘allied professionals’ to respond to this situation. Deaf education academics Merv Hyde and Desmond Power, and Australian Association of the Deaf’s Manager, Karen Lloyd, noted that it was clear that the number of deaf children born in Australia had ‘fallen off’ due to technological and social factors as outlined by Johnston. However, they asserted that it was not clear that such a ‘drop’ would be as rapid as feared by Johnston and whether it would have impacts on ‘Deaf people and on the viability of a lively community of users of sign language – in the Australian case, Auslan’.

There was international interest in Johnston’s ‘ambitious and thought-provoking’ article as demonstrated by responses by an American Donald Moores and Norwegian Arnfinn Vonen. Both touched upon what was happening to DdHHHI people in their countries. Moores asserted that the USA had a ‘Deaf’ population ‘fifteen times greater than that of Australia’. Further, that population was heavily involved in deaf education, ensuring the strong future of American Sign Language and the ‘American Deaf Community’.

Vonen noted Norwegian Sign Language appeared to be ‘better protected as well as more threatened’ than ever. This situation occurred due to the ‘remarkable strengthening’ of Norwegian Sign Language (NSL) users’ rights and social standing since the 1980s. Further, in 1997, all ‘hearing-impaired’ children with NSL were provided with a ‘landmark’ legal right to compulsory
education, including a major subject on NSL, through NSL. However, by then, the cochlear implant, which promoted the stimulation of sound, had become an option. By 2005, between 80% and 90% of all Norwegian children with congenital or prelingual profound hearing loss were ‘fitted with cochlear implants’.617

**SWISH**

Earlier in the late 1990s, the Shepherd Centre funded a pilot study for an early detection neonatal hearing screening program for congenital deafness. It was prompted by ‘hearing loss’ generally being diagnosed at 21 months old and a 1995 study finding that only 14% of deaf children were fitted with hearing aids with 35% by 23 months old. The pilot study was in partnership with the Sydney Children’s Hospital and The Royal Hospital for Women. In August 2000, the program with its screening equipment, Statewide Infant Screening – Hearing (SWISH), was handed over to the NSW Government for use in hospitals throughout NSW. This enabled discovery and diagnosis of any degree of deafness to be confirmed by three months of age when deaf and hearing-impaired infants were referred to Australian Hearing, SWISH Hearing Support Services and other medical specialists. By December 2002, NSW was the Australian leader in providing this screening program, and by 2007, almost every child born in NSW was tested for deafness, achieving a 97% testing rate.618

**New and Changing Services for Deaf Education in NSW**

During the 2000s, in response to the increasing use of cochlear implants by deaf and hearing-impaired children, new complementary services were introduced by organisations concerned with early intervention and deaf

---

617 Ibid.
education. Hearing aids continued to be improved with analogue devices being replaced by digital hearing aids. Further, existing services were changed to facilitate better delivery of ‘early intervention’ and deaf education. Formal bilingual preschool and school programs with Auslan as the primary instructional language continued to be provided at RIDBC. The NSW state education system kept providing ‘deaf education’ amidst some changes. While new and improved services were introduced, state and Commonwealth funding models and the way governments worked with the independent service providers drove competitive behaviours. This served to reinforce the tendency to fragment the DdHHHI movement.

CATHOLIC CENTRE FOR HEARING IMPAIRED CHILDREN

In the 2000s, the Catholic Centre for Hearing Impaired Children (CCHIC) continued with its home visiting program and the weekly playgroup. The preschool program evolved into an Intensive Language Group that served as a transition to school program. However, over time, due to emerging occupational health and safety issues associated with home visiting and a desire to create a sense of community at CCHIC as well as free up resources, the home visiting program was gradually rolled back. In 2000, the maximum age of the child for a home visit was five years of age where as in 2006, it was three years old and in 2012, it was 18 months old. As a result of this change, the playgroup became well attended with an average of 13 families attending per week. It was to become the cornerstone of CCHIC’s early intervention program.

As the playgroup service developed, a Parent Support Group (PSG) was established in 2002. The PSG met an hour a week during the playgroup hours and it was pivotal to a ‘well rounded’ early intervention program. By having the PSG, CCHIC was reinforcing to parents that they were the main educators of their deaf and hearing-impaired children. Also, parents were encouraged to connect with each other for support and guidance.

Later in the early 2000s, formal workshops were regularly provided. Professionals including audiologists, ear/nose/throat specialists, doctors of
other specialties and parents of older deaf and hearing-impaired children were gathered at the workshops to present further information and education to the parents of the enrolled deaf and hearing-impaired youngsters. Further, audiologists from Australian Hearing visited once a term to attend to the audiological care of the youngsters.

In 2006, technological equipment was purchased to aid the listening conditions at the Strathfield premises. In the downstairs rooms, there were permanent soundfield speakers installed and for groups being held outside, there was a portable soundfield system. In both environments, the teacher wore the microphone. Also, the premises underwent refurbishment.

While the focus of CCHIC was on the spoken English language, using auditory-verbal therapy, it provided other options where it was found that a deaf or hearing-impaired child was not developing age appropriate language as expected according to milestones by the age of three. One option was Key Word Sign, which comprised gestures or key signs to convey meaning when speaking in English.619

In 2009, CCHIC’s name was changed to the Catherine Sullivan Centre (CSC) – named after the first deaf student to be educated by the Dominican Sisters in Australia. Accompanying the name change was the launch of a website to share information about the CSC’s services, making them be more widely known by the public.620

ST DOMINIC’S CENTRE FOR HEARING IMPAIRED CHILDREN
The 2000s saw changes for St Dominic’s Centre for Hearing Impaired Children (Centre) at Mayfield. For its Early Invention Program, it continued two individual sessions a week for deaf and hearing-impaired children and parent education. One session was conducted at the home while the other was at the Centre. A

---

619 Key Word Sign was previously known as Makaton. See www.signoncommunication.com.au.
weekly playgroup was held for families to have ‘formal and informal opportunities for parent education’ and to ‘network with and support each other’. However, the delivery of the Program changed with the arrival of SWISH in the early 2000s. SWISH saw an increased demand for the Program’s services due to ‘hearing loss’ being identified at an earlier age. Further, mild to moderate hearing loss, which was previously often not ‘picked up’ until later, was being detected.

The increased demand brought about change. Firstly, all individual sessions were now held at the Centre to allow for less travel time incurred by the teachers. Families were to access one – and not two – session a week and attend the weekly playgroup. This enabled more families to be enrolled in the Program. A twelve-month transition to school service was offered prior to entry to a mainstream Kindergarten. Limited funding for this Program came from NSW Government support – the Department of Education and Training’s Intervention Support: Young Children with Disabilities Grant – with the Catholic Schools Office in the Maitland Newcastle Diocese subsidising it.

The Primary Program, catering for children from Kindergarten to Year 6, followed the NSW Board of Studies curriculum with the addition of ‘Religious Education and Deafness Studies’. Nevertheless, each deaf or hearing-impaired pupil had an ‘individual timetable’, accessing the specialist programs at the Centre and mainstream class time at adjacent St Columban’s Primary School. At the Centre, a speech pathologist worked with the teachers to deliver the ‘English curriculum’. The Centre’s students wore the same uniform as those at St Columban’s Primary School and used its playground premises. Further, teachers from both schools shared ‘playground duties’.

The High School Program was based at nearby San Clemente. The deaf and hearing-impaired secondary school students were supported in the mainstream classes with individual sessions with specialist staff. Auslan was offered as an option under the LOTE program.  

---

621 LOTE is an abbreviation for Language Other Than English.
In 2006, the Maitland Newcastle Diocese conducted a review of special education, which recommended the closure of all 'special units' including the Centre to 'promote inclusion of all students in mainstream classes'. After parental lobbying, the Centre continued but with the closure of the Early Intervention Program, which was outsourced to RIDBC in 2009. Also, secondary school deaf and hearing-impaired students enrolled at nearby San Clemente with 'staff members appointed to San Clemente'. The Primary Program continued with the Centre’s enrolment criteria widened to cater for children with additional disabilities. Further, later in 2013, high school students with moderate cognitive disability and autism were enrolled at the Centre.\footnote{Frances Belcher, personal communication, 18 February 2017. Frances Belcher was the Principal of St Dominic’s Centre for Hearing Impaired Children from 1999 until 2015.}

**THE SHEPHERD CENTRE**

From 2000 until 2002, significant developments commenced at the Shepherd Centre (SC) leading to improved services. While a SC facility opened at Hughes Primary School in Canberra, the Annette Shepherd Centre was relocated from Merrylands to Casula, near Liverpool, for more space, to satisfy the demands of an increasing population of south-western Sydney and to be easily accessible by public transport.\footnote{2000-2001 Annual Report, The Shepherd Centre (SC), p 3.}

In May 2001, the SC had its first cochlear implant recipient supported by its newly established program, the Cochlear Implant Program, in conjunction with the Sydney Children’s Hospital at Randwick. Through this program, the SC was able to provide a 'seamless and streamlined’ service from 'initial detection to early intervention and cochlear implantation'. In that same year, the SC launched a new fundraising initiative called Loud Shirt Day. While fundraising for the SC, participants from schools and companies throughout NSW and the ACT wore their ‘loudest or brightest shirt’ while donating for the privilege.\footnote{2001-2002 Annual Report, SC, pp 1 and 13.}

In 2002, with 15 of the SC children implanted with the CI, professional training workshops were introduced at the SC while its reputation as an educator of
professionals in ‘early intervention’ grew.\textsuperscript{625} Due to the early neonatal screening – SWISH – the SC noticed a sharp increase in the number of deaf and hearing-impaired infants entering its ‘early intervention’ program. From 2002 to 2003, there was a 28\% increase in enrolments at the SC.\textsuperscript{626} At first, the infants were optimally fitted with hearing aids. However, if sufficient benefit was not derived from the hearing aids for developing ‘speech and language’, the CI and its ongoing management were offered. Additionally, in that same year, it provided 22 school age children with CI support services.\textsuperscript{627} Also, the Bathurst and Chatswood SCs celebrated their tenth anniversaries.

During the 2000s, at all SC centres, further new services were offered. These included the weekly ‘Playgroup’ attended by deaf and hearing-impaired children with their parents to meet each other and informally discuss issues and solutions with the audiologist and ‘family counsellor’.\textsuperscript{628} Visits were made to the local mainstream preschools attended by the SC children to enable the regular preschool teachers observe strategies used by the SC therapists for maximising ‘listening and language development in a group setting’.\textsuperscript{629} In 2003, ‘Kinda Music’ was introduced at the SC’s Sydney centre offering singing and dancing where the singing taught the children rhythm and differences in loudness, pitch and intonation.\textsuperscript{630} Further, auditory-verbal therapy was introduced that by 2008, there were five auditory-verbal therapists working at the SC – a ‘significant number’ for an organisation such as the SC.\textsuperscript{631} Formal preschools were made available at the SC’s Liverpool and Wollongong premises. Each preschool had 15 daily places with ten for local community ‘hearing’ children and five for the SC’s children to assist with the ‘integration’ aims.\textsuperscript{632} A transition to school

\textsuperscript{626} 2003-2004 Annual Report, SC, pp 1 and 3.
\textsuperscript{629} Ibid, p 5, p 5 and p 6 respectively.
\textsuperscript{630} 2002-2003 Annual Report, SC, p 5.
\textsuperscript{631} Ibid, pp 3-4 and 2008 Annual Report, SC, np. Previously, the auditory-oral method was used to teach deaf and hearing-impaired children to speak and listen with reliance on visual cues, including lipreading. For differences between auditory-oral method and auditory-verbal therapy, see http://www.auditory-verbal.org/avt/auditory-verbal-therapy-vs-auditory-oral-approach/.
program was introduced in 2004 enabling representatives from educational organisations inform parents of available options.633

Due to the increased demands on the SC’s resources, resulting from SWISH, in 2004, a social worker and a psychologist were employed. Research at the SC was initiated after the appointment of a research coordinator, who had conducted Masters and PhD research into literacy in severe to profoundly deaf people and service delivery of auditory-verbal therapy in hearing-impaired children in Canada.634 The Cochlear Implant program was renamed First Sounds and by its fourth year, provided mapping635 services at all SC centres along with audiological support for the CI until the child was 18 years old.636 By 2006, First Sounds experienced a 60% increase in the number of CI surgeries undertaken during the previous 12 months.637 In 2008, there were 105 CIs being supported while bilateral cochlear implantation became ‘standard procedure’ for ‘profoundly hearing impaired’ children. And the SC expanded its CI services to rural and remote families with the aid of Roden Cutler transport services, Ronald McDonald House and AngelFlight.638 By 2009, 124 CIs being used by 84 recipients were being supported across the five centres.639

After purchasing land in May 2005, the Chatswood SC, experiencing ‘cramped quarters’, was relocated to Roseville in 2006 to service the growing needs of the northern Sydney population including the Central Coast and Newcastle regions. It was named the Bourke Gibbons Shepherd Centre after Bourke Gibbons OAM who was a former patient of Bruce Shepherd and an active fundraiser for the SC.640 Further, in 2005, parental involvement at the SC strengthened as a parent representative was appointed to the SC’s board. This representative received ‘actions and recommendations’ formed at bi-annual meetings of the newly established ‘Parent Representative Committee’. This

635 This means the programming of the CI speech processor, which occurs on a regular basis changing over time due to the physical changes in the child.
committee comprised several parents, one from each SC centre. A family mentoring program was introduced, called the ‘Parent Coach’, where a past SC parent volunteered to support new families enrolling at the SC.641

In 2008, which saw a 20% increase in numbers at the Sydney SC, new premises were opened at Rivett in Canberra, replacing the facility at the Hughes Primary School. These premises were also used by the Canberra Deaf Children’s Association and the Deafness Resource Centre. Numbers at the Canberra SC peaked at 24 by November. In that year, the School Readiness program was introduced at the Sydney SC where at completion, the children showed improvement in their ‘number and letter recognition and pre-literacy skills’.642

By the end of 2009, 193 children were enrolled at the SC’s ‘Early Intervention Program’ in addition to 55 children as part of the school-age CI program.643 Since 1970, the SC had provided its services to more than 1500 children, with more than 90% of SC graduates attending their local mainstream schools while some attended ‘special needs’ schools and others went to ‘hearing’ support units attached to their mainstream schools.644

ST GABRIEL’S SCHOOL FOR HEARING IMPAIRED CHILDREN
From 2000, St Gabriel’s School for Hearing Impaired Children continued providing services in early intervention through Hear The Children in Sydney and the Early Intervention Centre at Brisbane. The School now had a ‘distinguished record’ in early intervention over the last ten years – over 90% of the young children had been integrated into regular kindergarten by five years of age. Schooling was also provided. However, the school was now accepting more students in the middle of their primary school years. Brother McGrath, who returned as Acting Principal in 2001, lamented over that fact, considering that many of the children had been fitted with cochlear implants. A contributing factor was the children came from ‘ethnic backgrounds’ impacting their effective

learning of English. It was proposed to include in the schooling a period for ‘conversation’ to enable the pupils learn the basic structures of English and to have a written diary for reflection about the conversations held. Additionally, a Language in Maths program was introduced, funded by the Ian Potter Foundation and the Sylvia and Charles Viertel Charitable Foundation. This Kindergarten to Year 6 program assisted the students to access the NSW maths curriculum by modifying the ‘mathematics language’ to cater for their ‘language limitations’.645

The School continued to be recognised world-wide as ‘leaders in the field of education for hearing-impaired children’. After many years of work by therapists such as Jan Tuohy, Charmaine Mercer-Moseley and Jackie Brown, the School introduced a new early intervention curriculum, launched by then Governor of NSW, Professor Marie Bashir. This specialised curriculum was published and made available to teachers and therapists of DdHHHI infants and children.

In 2001, eight new families were welcomed at Hear The Children, to reach a total of 21 ‘city’ families and 12 ‘country’ families. By the end of 2001, ten children left to attend regular schools ‘beside their hearing peers’. At the School, four new families were welcomed. During that year, the integration program was revised, resulting in the children attending the School four full days and ‘a half day on Fridays’ with extra hours being used to meet the language learning needs of the children.646

By 2004, along with a ‘Catholic identity’ in the Edmund Rice tradition, the School promoted itself as offering an auditory/oral education to children with hearing impairment – ‘We aim to develop our students’ ability to understand English and to be understood in spoken English’.647 Twenty-four students were enrolled at the School with one enrolled in the secondary Learning Support Centre, which commenced that year on the adjacent grounds of Gilroy College.

645 2000 Annual Report, St Gabriel’s School for Hearing Impaired Children and Hear the Children Early Intervention Centre, pp 2 and 13.
646 2001 Annual Report, St Gabriel’s School for Hearing Impaired Children, Early Intervention Centres Sydney and Brisbane, pp 2-3, 4 and 10.
647 2004 Annual Report, St Gabriel’s School for Hearing Impaired Children (St Gabriel’s), np.
at Castle Hill. This Centre catered for students with ‘severe or profound hearing loss’, ‘language delay of at least three years’ and used spoken English as their preferred mode of communication. Also, they needed the support and monitoring available at the Centre to achieve their educational potential. At the Centre, the enrolled student was afforded the opportunity to participate in secondary learning experiences, supported by a specialist teacher.

As for the primary school students, they participated in individual weekly language, speech and listening programs conducted by the auditory-verbal therapists. Some students accessed the weekly speech therapy sessions during school time. Also, the students spent time weekly at their ‘neighbourhood’ schools to experience ‘being part of a larger community’. Where that happened, as determined by the school personnel and the families, the students were supported by itinerant teachers who also supported the ‘host’ teachers. Extension of participation at the host school was dependent on the student’s progress and over time led to transition from the School to ‘full inclusion’ at the mainstream school. This was assisted by the transition program, which involved assessing the students’ progress in terms of readiness for mainstream schooling and visiting the regular schools for extended periods of time for familiarity purposes.648

By 2007, the Early Intervention Centre had an enrolment of 21 infants and youngsters and introduced a fortnightly playgroup, proving to be ‘so valuable’ to the children and their parents. The school had a total enrolment of 35 students – for both primary and secondary programs – and was catering for students with ‘hearing impairment’ in addition to other disabilities including ‘autism spectrum disorder’, cognitive disability and vision impairment. At the Learning Support Centre, there were seven students – up from one student in 2004. Further, a psychologist/family counsellor was employed one day a week with the support of the Gregory Patrick & Marie Dolores Farrell Foundation. As a result and with collaboration with the ‘teaching staff’, the School developed a ‘social skills’ program for the secondary students. Finally, with a special

648 Ibid.
education grant from the Catholic Education Commission, the primary school building and playground were ‘ramped’ to provide access to students in wheelchairs and with walking frames. An accessible bathroom was built in 2008.649

ROYAL INSTITUTE FOR DEAF AND BLIND CHILDREN

Entering into its 140th year in 2000, Royal Institute for Deaf and Blind Children (RIDBC), as ‘Australia’s major independent special educator’ continued providing services, serving ‘more children and families than ever before’. These included an ‘Assessment and Advisory Service’, ‘Homestart’ programs along with centre-based ‘Playgroups’ sessions, preschools including the Tingira Centre, the Roberta Reid Centre and the Rockie Woofit Preschool and the Glenmore Park Early Childhood Centre. Further, it provided schooling through the Thomas Pattison School, that used Auslan and written English as a second language in a bilingual context, and the Garfield Barwick School, which provided a ‘progressive supported integration into mainstream of education’ for hearing-impaired children who communicated orally. Support teachers visited hearing-impaired students fully integrated in regular schools and gave consultancy support to their teachers. ‘Associated Specialist Services’ were also provided through a variety of specialists including speech pathologists, audiologists and psychologists. The Special Priority Groups program – discussed in Chapter 5 – expanded to include those from Chinese and Arabic backgrounds while hearing assessments for Aboriginal and Torres Strait Islander children in rural NSW continued.650

Anticipating the state-wide implementation of SWISH, in 2001, construction commenced at the RIDBC’s North Rocks premises for a paediatric audiology clinic, which opened the following year as the Jim Patrick Audiology Centre (JPAC). Named after a ‘pioneer in the development of cochlear implant technology’, it provided hearing testing facilities for deaf and hearing-impaired babies, toddlers and children of all ages, including those with additional

649 2007 Annual Report, St Gabriel’s, pp 9-10, 13-14 and 2008 Annual Report, St Gabriel’s, p 11.
disabilities. Further, in 2001, a Host Family program was set up to provide accommodation for students from outside Sydney. The first student to use this program was a student from Queensland who attended the Thomas Pattison School and whose efforts were rewarded when his ‘reading age went up two years in his first six months’.  

In 2002, new services were introduced. These included ‘Remote Homestart’ programs, providing family-centred and early childhood services via ‘videoconferencing’ to families and their deaf and hearing-impaired children in rural and remote locations. Also, ‘Preschool Support Services’ were offered, which provided ‘special educational support’ to hearing-impaired children fully integrated at regular preschools and consultancy support to their teachers. For the Thomas Pattison School, which provided a bilingual ‘deaf education’ until Year 10, it was resolved not to establish a Year 11 class due to the ‘infeasibility of providing a broad subject range to a small number of students’. Thereafter, two programs were offered. One was a ‘Life Skills’ program provided at NSW TAFE. The other followed the Board of Studies curriculum at Sydney Secondary College. At the College, RIDBC had developed a pilot program where the students participated in the regular classes, supported by qualified teachers of the Deaf along with ‘in-class sign language interpreting and real-time captioning’. And the Roberta Reid Preschool was relocated to a ‘fully sound-treated and air-conditioned’ building, close to the Thomas Pattison School. This provided the preschoolers proximity to School’s students, who were ‘excellent language models’ considering their ‘high levels of Auslan competence’. At the Garfield Barwick School, ‘a classroom and a class’ were added.

RIDBC in 2003 commenced constructing the Welwyn Centre at its North Rocks premises to provide early childhood services for children who are deaf or ‘have impaired hearing’. Also, it began collaboration and resource sharing with the Sydney Cochlear Implant Centre for the benefit of children to receive a CI and

---

651 2001 Annual Report, RIDBC, pp 5 and 11.
653 Ibid, p 16.
established a relationship with the NSW Department of Education and Training for the provision of a senior high school program (Years 11 and 12) for ‘signing deaf students’. Further, JPAC in its first year of operation conducted 1790 tests and by 2005, had provided audiological services and support to over 5500 children.\textsuperscript{655}

In 2004, the Welwyn Centre was officially opened, bringing together RIDBC’s range of early childhood programs for children ‘who are deaf or hearing impaired, and their families’. It met the demand for its services, which had arisen from ‘earlier diagnoses’ due to SWISH. The Centre had a purpose-built playroom and acoustically designed teaching rooms. The Tingira Centre and the Glenmore Park Early Childhood Centre were renamed RIDBC (Hunter) Preschool and RIDBC (Nepean) Preschool respectively. The newly named ‘Early Learning Program’, as expanded from the ‘Assessment and Advisory Service’, provided a range of services delivered at the centres, homes and local community preschools in the Sydney, Hunter and Central Coast regions. These services included ‘individual teaching/therapy sessions for children and parents, group sessions for children and families, courses and workshops for families, audiological and cochlear implant services, assessment and specialist support services from a range of professionals’. In that same year, RIDBC secured $1.9 million from the Commonwealth Government for four years to make its Remote Learning Program with its videoconferencing facility, introduced earlier in 2002, available across Australia.\textsuperscript{656}

By 2005, there was a 20% increase in enrolments for the ‘Early Childhood Services (Hearing Impairment)’ due to SWISH, the ‘attraction’ of the Welwyn Centre and its improved service delivery, the provision of services throughout regional areas including the Hunter, Central Coast and Outer Western and South Western Sydney and the national roll out of the Remote Learning Program.\textsuperscript{657} Further, RIDBC expanded its ‘Aboriginal hearing screening’ services, made contact in the Korean community and established ‘satellite

\textsuperscript{656} 2004 Annual Report, RIDBC, pp 2, 4 and 6.
\textsuperscript{657} 2005 Annual Report, RIDBC, p 4.
programs’ at Campbelltown and Sutherland. The satellite programs were for families in these areas to access RIDBC’s services in their homes and community preschools.\(^{658}\)

In 2006, there was a 24% growth in enrolments in the Remote Early Learning Program reflecting the growth in the number of locations to which RIDBC’s services were being provided. By the end of 2006, 48 children from all Australian states and territories were accessing this Program. Further, new service centres were established at Miranda – relocated from Sutherland – and Narrabeen, providing early learning services and reducing travel time for families living in these areas.\(^{659}\) In 2007, the Remote Early Learning Program was renamed the RIDBC Teleschool, reaching out to 52 families with deaf and hearing-impaired children across regional and remote Australia. It provided the range of RIDBC’s services via videoconferencing and expanded its services to school aged children. To assist the roll out of the Teleschool, 29 ‘in-home video units’ were installed in the families’ homes so that they did not have to travel to a local studio to access the Teleschool.\(^{660}\)

In the same year, the ‘School Support Service (Auslan)’ was set up to deliver HSC studies as accessed through Auslan at the Hills Grammar School (HGS) at Kenthurst in north-western Sydney. The HGS provided two scholarships to two students from the Thomas Pattison School (TPS), who were supported by interpreters and tutors provided by (TPS). Further, younger students from TPS went to the HGS for classes in English, Mathematics, Computer Studies and PE.\(^{661}\)

During the later half of the 2000s decade, RIDBC expanded it services, which saw the enrolment numbers for ‘Student Support Service HI’ for deaf and

\(^{658}\) Ibid, pp 6 and 24.
\(^{659}\) 2006 Annual Report, RIDBC, pp 2, 6 and 18-19.
hearing-impaired children grow from 71 in 2007 to 143 in 2008 and then to 145 in 2009.  

Further, the early childhood programs for ‘HI’ grew from 103 in 2005 to 119 in 2009. At JPAC, in 2008, 2677 assessments were conducted with 2529 assessments in 2009. From 2006, the JPAC’s services were complemented by the provision of audiological services from Australian Hearing. This enabled deaf and hearing-impaired children to receive a ‘fully integrated service’ with the JPAC audiologist, Australian Hearing audiologist and the teacher. From 2007, audiologists from the Sydney Cochlear Implant Centre worked regularly at all RIDBC premises, providing ‘immediate post implantation support’ to children. Also, in 2008, early learning programs operated from RIDBC’s premises at Ourimbah on the Central Coast and Ingleburn in south-west Sydney. Further, in 2009, two service outlets were established. One was at Gosford, sharing its premises with Sydney Cochlear Implant Centre. The second was opened at St Dominic’s Centre for Hearing Impaired Children at Mayfield. With funding from the Commonwealth Government’s ‘Education Stimulus’ package, building improvements in terms of safety, acoustics, technology and library facilities were made at TPS and Garfield Barwick School. RIDBC Teleschool gained a two year funding extension from the Commonwealth Government for its Teleschool service while an iPOD Auslan Tutor app product was launched by Bill Shorten, then Parliamentary Secretary for Disabilities and Children’s Services.

**NSW State Education**

During 2000, special education was expanded to include adaptive technology and the ‘use of translation and interpreting services for community languages’. About 1500 students were supported by itinerant teachers (hearing) in regular schools. Nevertheless, a class for ‘deaf children’ at Wollongong Public School closed after 43 years of providing the only sign language education in

---

663 Ibid, ‘HI’ is an abbreviation for hearing impairment.
the Illawarra region. For a ‘profoundly deaf’ student who was going to enrol in that class, he would now have to travel to Sutherland one day a week to learn ‘sign’ and attend a ‘hearing school’ for the other four days. The remaining ‘deaf education’ in the region was provided at Coniston Public School, which catered for ‘hearing-impaired’ children and where ‘sign language’ was not taught.669

In 2001, as requested by the NSW Disability Community Consultative Committee, the NSW Department of Education and Training (DET) conducted a ‘comprehensive’ review of its educational services for deaf and hearing impaired young children and students. This review also examined international and national best practice for ‘deaf education’, national service provision, NSW service provision, educational outcomes, staff members’ specific competencies and Vocational Education and Training (VET) provisions for providing staff competencies. On the ground, hearing loops were installed in assembly halls at two Northern Beaches – north of Sydney – high schools to assist students with hearing impairment.670

In 2002, there were 184 itinerant support teachers servicing students in preschool, primary and secondary mainstream classes.671 To implement its Disability Action Plan 2000-2002, the DET collaborated with the ‘deaf community’ and RIDBC to plan the establishment of a primary and secondary school sign-bilingual program ‘(using Auslan sign language)’.672 This resulted in ‘two trial sign bilingual programs’ set up at Sydney Secondary College (Blackwattle Bay Campus) and Newington Public School in 2003. Five students were able to access the ‘regular school curriculum’ through their first language, Auslan. It was expected that enrolment numbers for this ‘innovative program’ would increase in 2004.673

670 2001 Annual Report, NSW DET, pp 253 and 301.
672 2002 Annual Report, NSW DET, p A-177.
673 2003 Annual Report, NSW DET, p 56.
In 2003, a ‘Disability Criteria’ was issued by DET. To meet the ‘Hearing Impairment’ criterion, students:

must have a current audiogram and report from Australian Hearing which indicates a sensori-neural or permanent conductive hearing loss of 30 decibels or more in both ears.

Further, a report was required from the AP/ET Hearing outlining an assessment of the student’s communication and auditory skills, and describes the educational impact of the student’s hearing impairment.674 It would appear that deaf and hearing-impaired children and young people with mild hearing loss or with single-sided deafness were not eligible for assistance.

In the same year, more than $500,000 was allocated to schools to employ sign interpreters and note-takers for deaf and hearing-impaired students in ‘support classes’.675 From 2007, hearing loops continued to be installed including at the National Art School.676 Such installation was prioritised during planning for ‘individual projects’.677 In 2008, the DET provided an ‘Auditory Skills Program’ at cost to specialist staff that supported teachers of primary school students with hearing impairment.678

**Student Experiences**

DdHHHI students continued to experience their school education in diverse ways. For Ayah Wehbe, she recalled her educational experience as being: ‘Great, supportive, determined, challenging’. With a severe to profound hearing loss, which was diagnosed when Ayah was in Year 1, she attended Bexley Public School for Kindergarten and most of Year 1. For the remainder of Year 1 until Year 6 in 2005, Ayah moved to Penshurst Public School. For high school

---

674 Disability Criteria (school sector), NSW DET, May 2003, p 1.
675 Ibid, p 212.
676 2007 Annual Report, NSW DET, p 87.
education, she went to Kogarah High School and completed her Higher School Certificate (HSC) in 2011.\textsuperscript{679}

At both primary and high schools, she was in the hearing support unit and was ‘educated mostly through spoken language with some sign language but the teacher wore an FM system’ connected to Ayah’s hearing aids. During high school, she began attending mainstream classes accompanied by sign language interpreters and watched them sign as well as lipread them. But during her HSC years, Ayah asked her sign language interpreters to take notes instead as she found it easier to ‘focus on and lipread the teacher’ who was wearing the FM microphone.

Ayah found her education accessible and inclusive: ‘I had a lot of support, aids and technology that assisted me, the support unit was amazing’. But she had some identity and belonging issues:

I always struggled to make friends or feel like I belonged anywhere. Even though I grew up with students who are also deaf and hard of hearing, I do not consider myself to be ‘deaf’ and always knew I had the potential to go further than they can. I could not fit with the mainstream population either. Although my high school had a lot of students from a similar background as myself, whereas my primary did not have students from same background, I still had identity crises and struggle to make friends or fit in a specific cultural group.

Another student, Veronica Nakhla, who attended schools on the Central Coast in NSW, north of Sydney, recounted her educational experience as being: ‘Complicated, challenging, enjoyable and adventurous’.\textsuperscript{680}

\textsuperscript{679} Wehbe, Ayah, interviewed by Naomi Malone, 13 June 2016. The following two paragraphs and quotation are sourced from this interview.
\textsuperscript{680} Nakhla, Veronica, interviewed by Naomi Malone, 14 June 2016. The remainder of this chapter excluding the last paragraph is sourced from this interview.
With a severe to profound sensorineural hearing loss, Veronica started wearing hearing aids when she was four years old. For her primary school education, she attended Chertsey Primary School from 2002 to 2004 and Wadalbla Community School from 2005 until 2008. Later, she went to Mackillop Catholic College for Years 7 to 8 and then to St Joseph’s Catholic College for Years 9 to 12, finishing in 2014. As a ‘hearing impaired student’, Veronica did not ‘catch everything that goes on in the classroom’. She went on to have a cochlear implant at the age of 16 and recalled that:

If I didn’t get the cochlear implant inserted, I don’t think I would have the same determination that I do now. So thank you Professor Graeme Clark.

Nevertheless, Veronica did have some ‘sad and hurtful’ times at school. She described being ‘bullied for being the way’ she was during primary and early high school years. She recounted:

As I got…older, people respected me more so I had nothing to worry about. But the worry is always there at the back of my mind and since year nine, I have vowed to always cover my ears when I am in public.

Twelve other students were interviewed about their educational experiences. These demonstrated the incredible diversity in the students and how they learned. The responses from the interviews of students from the 2000s included terms ranging from ‘exhausting’, ‘embarrassing’, ‘difficult’, ‘frustrating’, ‘supportive’, ‘inclusive’ and ‘a good time’.
CHAPTER 7

‘a true consumer organisation’: 2010 and beyond

In late March 2010, there was a flurry of ‘open letters’ between the two leading peak national advocacy organisations, Deaf Australia (DA) and Deafness Forum of Australia (DFA). The subject of the letters was a heated debate over the issue of the use of Auslan in Australia. The first letter was sent to DFA by DA. It expressed ‘grave concerns about recent actions’ being undertaken by DFA. The background to this debate was that DFA had been widely circulating a discussion paper about Auslan on YouTube, DFA’s website and DFA’s member email list. It proposed lobbying for Auslan to be recognised as an official language. This paper was prepared without consultation with DA, which had been working on this issue for a number of years.

DA argued that it was inappropriate for DFA to take the lead on this issue due to ‘Deaf people’ never having a majority on the DFA Board. It claimed that DFA was ‘not an organisation which represents “people who are Deaf and who use Auslan”’. For DA:

Deaf Australia is the national peak body that represents Deaf people in Australia. It is a true consumer organisation: its Constitution requires that its board is wholly comprised of Deaf people who are elected by Deaf members of Deaf Australia…Deaf Australia’s representative who speak on behalf of Deaf people are always Deaf themselves.681

The term ‘true consumer’ was a clear pointer to corporatisation of service provision.

681 Open Letter from Deaf Australia (DA) to Deafness Forum of Australia (DFA) dated 25 March 2010. The following two paragraphs are based on this letter.
DA also asserted that DFA was established at the 'instigation of the Federal Government' where as DA was established by the Deaf community. DA acknowledged that DFA had a 'valuable role in Australia', that it should have a 'productive relationship' with DA and elaborated on their past collaborations on issues and willingness to let the other take the lead where the other peak advocacy body had more expertise – 'as DA has with Auslan'. DA went on to say:

We are disappointed to see you depart from this tradition on such a significant issue, one that strikes at the heart of the Deaf community [that is, the signing Deaf community].

DA then endorsed a press release about this matter and asked DFA that it respect DA’s role as the ‘national body representing Deaf people who use Auslan, to allow them take the lead on issues related to Auslan’. Further, it asked DFA, as ‘a matter of urgency’, to ‘review its current actions on the Auslan discussion paper and liaise with Deaf Australia on the best way forward to ensure that Auslan does become recognised as an official language’.

DFA responded noting that it had been and continued to be a ‘strong supporter and advocate of the rights of Deaf people to use Auslan’. It explained that the preparation and circulation of its discussion paper was to develop a position statement on Auslan, which DFA did not have. It further explained that it was a Commonwealth funding requirement that such a position statement be developed.

DFA argued that it was promoting the discussion of Auslan as an official language for the ‘purpose of improved service provision and educational opportunities’ where ‘progress will only be achieved through open and frank discussion of this topic, with a range of stakeholders’. It also stated that:

---

682 Open Letter from DFA to DA dated 26 March 2010. The following three paragraphs are based on this letter.
Deafness Forum has members who are Deaf and use Auslan as their primary language. Our Board structure had equivalent representation from a number of different classes of members, which is our platform for our continued commitment to empower ALL members, and provide independent and unbiased advice. At Deafness Forum of Australia, we feel EVERYONE is just as important.

DFA expressed its disappointment that DA chose to ‘publicly criticise Deafness Forum in the manner they have’. While DFA acknowledged that it ‘could have been beneficial for Deafness Forum to have consulted with Deaf Australia’, the discussion paper was being issued, firstly, to its members for their input but that it was keen for external further consultation. But it noted that ‘consultation with our own membership is always the first step for Deafness Forum’.

DFA ended its response by claiming that it had tried to ‘negotiate on the matter of Auslan’ with DA but these attempts had been rejected. It also advised DA that it was welcome to ‘take advantage of the consensus information we obtain to lobby further on Auslan being an official language in Australia’ and that it was up to DA to ‘use any final position statement that Deafness Forum produces, in a constructive manner’. It finished its open letter with the following statement:

We are very keen to work with Deaf Australia on this matter if they are prepared to do so.

DA’s response was circulated to the Department of Families, Housing, Community Services and Indigenous Affairs (Department), which funded DFA. This letter requested a meeting with DFA and the Department’s representatives to discuss the ‘issue of contention, i.e. representation and self determination of Deaf people who use Auslan and the development of polices about Auslan’.683

683 Open Letter from DA to DFA dated 29 March 2010. The following three paragraphs are based on this letter.
DA asserted that it had met with DFA three times since February 2005 to discuss the ‘Auslan’ issue. These meetings, ‘held behind closed doors’, included a proposed memorandum of understanding that outlined each other’s roles and how they would respect the other’s role and work co-operatively. However, the memorandum was never signed as DFA would not accept ‘key elements of it’. DA further elaborated that ‘at no time has Deaf Australia or anyone representing Deaf Australia ever said we would not work with Deafness Forum’.

As for the issue being made public, DA defended its action arguing that ‘Deaf Forum is again making statements about Auslan and declining to work co-operatively with Deaf Australia, and further attempts to resolve the issue quietly were obviously futile’. To resolve the matter, DA requested a meeting with DFA and the Department to ‘again discuss the issue’ and ‘propose a long term solution to this issue so that both Deaf Australia and Deafness Forum can move on and work collaboratively in a way that respects the rights of both Deaf people and hard of hearing people to self-representation and self-determination’.

The open letters demonstrated the ongoing divisions within the DdHHHI movement, particularly over the issue of the use or, perhaps, ownership of Auslan. The depth of the fragmentation was exacerbated by significant moves by the Commonwealth and NSW in reassessing and reviewing policies and strategies around disability and education for students with disability. Other developments were to reinforce this.

Disability Matters: An Outbreak of ‘Disability’ Activism

Australia’s ratification of the United Nations’ Convention on the Rights of Persons with Disabilities (CRPD) earlier in 2008 signified a commitment by all

---

levels of governments to ‘eradicate obstacles faced by people with disability’. This and the Shut Out: The Experience of People with Disabilities and their Families in Australia report by the National People with Disabilities and Carer Council, released in 2009, were followed by the National Disability Strategy (NDS), launched in March 2011. The NDS set out a ten-year plan for implementing the obligations under the CRPD and improving the living conditions of Australians with disability, their families and carers.

As part of the NDS, the Commonwealth Government commissioned a Productivity Commission inquiry into a long-term care and support scheme for people with disability in Australia. The inquiry began in 2010 and reported in July 2011, finding the current disability support system to be ‘underfunded, unfair, fragmented and inefficient’. This paved the way for the introduction of the National Disability Insurance Scheme (NDIS) with its full roll out in NSW to be completed by July 2018. For education, the NDIS proposed to fund supports enabling children with disabilities to attend school education provided these supports were required for engagement in community activities. Some support examples were a wheelchair, personal communication device or a hearing aid.

In relation to education, in 2010, the Disability Standards for Education 2005 (Cwlth) were reviewed and improved after the first five years of operation. These were further reviewed in 2015. At the NSW level, in July 2010, a governmental inquiry report about the provision of education to students with a disability or special needs was released. Over 700 submissions were made by

---

686 Disability expectations: Investing in a better life, a stronger Australia, PwC, Sydney, November 2011.
a broad range of groups and individuals. Interested parties included the Catholic Education Commission NSW, the Catholic Education Office, Sydney, the Commonwealth Government’s Department of Education, Employment and Workplace Relations, Deaf Australia (NSW), Deaf Society of NSW, Disability Council of NSW, Royal Institute for Deaf and Blind Children (RIDBC) and the NSW Government. In RIDBC’s submission, it argued that there be no assumption of a ‘one size fits all approach’ when delivering education to DdHHHI children due to the diversity of the DdHHHI population. This diversity demanded comprehensive services for all members of the wide-ranging group. Deaf Australia (NSW) submitted that Auslan and English be provided as languages of instruction where students have access to them unless and until it was clear that the child can fully access the curriculum in English. Further, it was suggested that Signed English and Total Communication no longer be used as communication tools.

In 2014, in the Catholic Sydney Archdiocese, deaf education with its itinerant teacher support service underwent a major review. The resultant report recommended that the itinerant teacher support service be made redundant and replaced with a new and different ‘model of service’. This model created three positions for each of the three regions of the Sydney Archdiocese – Inner Western Region, Eastern Region and Southern Region. Two positions in each region became associated with ‘Hearing’, one for Kindergarten to Year 3 and the other for Year 4 to Year 12. Implemented in early 2015, the two positions were designed to build the capacity of the mainstream teachers to teach and support deaf and hearing-impaired students. Also included were ‘blocks of time’ at the mainstream school such as half a day to a full day depending on the number of students with hearing loss at the school. This model provided for

---

691 This Commonwealth department was restructured into two departments on 18 September 2013 – firstly, the Department of Education and Training and secondly, the Department of Employment. Source: https://www.ssc.gov.au/decommissioned/deewr-gov-au as accessed on 8 March 2017.
692 Inquiry into the Provision of Education to Students with a Disability or Special Needs – Royal Institute for Deaf and Blind Children, 22 February 2010.
693 Inquiry into the Provision of Education to Students with a Disability or Special Needs – Deaf Australia (NSW), 18 February 2010.
each student to receive needed and essential support. Therefore, the model enabled a flexible delivery of learning support while working with the regular teachers individually. Parents of Deaf Children (formerly, Parent Council for Deaf Education) earlier issued a press release expressing fear for the future of education for deaf and hearing-impaired children in the Catholic schooling system. It further stated that the model with no specialist itinerant teacher of the deaf support would not be sufficient for the children to access the curriculum, which was their right to do so under the *Disability Standards for Education 2005* (Cwlth). Nevertheless, it has been commented that ‘parents, teachers and principals are happy with this model’.694

In December 2014, the NSW Government passed the *Disability Inclusion Act 2014* (NSW) (DIA), demonstrating its ongoing commitment to build an inclusive community. The DIA set out the development and implementation of a state plan to ‘drive disability access and inclusion’, which became known as the NSW Disability Inclusion Plan 2015.695 This Plan focused on four priorities for action:

- developing positive community attitudes and behaviours
- creating liveable communities
- supporting access to meaningful employment and
- improving access to mainstream services through better systems and processes

The DIA required all government departments, including the NSW Department of Education, to undertake disability action planning to target the four priorities. Also, all their Disability Inclusion Action Plans (DIAP) had to be submitted to the NSW Government.696 In terms of educating students with hearing loss, the Department of Education outlined in its DIAP 2016-2020 that all its school


696 Ibid.
buildings to be built and updated were to be accessible to students with disabilities. Also, the number of teachers receiving training in the *Disability Standards for Education 2005* (Cwlth) was to be increased. The full impact of this DIAP may be realised by 2020.

While all this disability activism was occurring, in 2010, the Commonwealth Government commissioned a review of funding for schooling. The resultant report, the Gonski Report, the first of its kind in 40 years, was released in December 2011 and recommended the establishment of a national plan for ‘School Improvement’ to increase logical, consistent and public transparency. For ‘deaf children’, it recommended new funding benchmarks, increased training and professional development for teachers, extra support for children with disabilities and increased transparency and accountability regarding schools’ performance. The complete impact of the Gonski Report’s recommendations is yet to be seen due to its roll out being implemented in over six years from 2014. Yet, it remains unclear as to what extent the recommendations will be implemented.

**At The Early Intervention Centres and the Schools**

All the strategies, policies, plans and inquiries over the last few years had a piecemeal, uneven and varying impact on the education of DdHHHI students. This was reflected by the differing programs offered at the early intervention centres and the schools attended by DdHHHI youngsters and students. Further driving the fragmentation was a Commonwealth funding initiative, Better Start for Children with Disability, which was introduced in July 2011, providing up to $12,000 per child with disability from 0 to 7 years of age. At state level, the NSW Government’s Intervention Support funding program for young children with disabilities was continued. These governmental funding programs encouraged competitive behaviours from the early intervention centres and the schools. Some of their key activities are discussed below.

---


CATHERINE SULLIVAN CENTRE

After celebrating its 40th year in 2009, the Catherine Sullivan Centre (CSC) continued and developed its services, providing auditory-verbal therapy to deaf and hearing-impaired youngsters. A speech pathologist was employed in 2010 for half day a week with the aid of a grant from the Commonwealth Bank. Eventually, it became more practical to employ a speech pathologist as a full time teacher, taking on the dual roles of teaching and speech pathology. In the same year, the play area for the weekly playgroup was refurbished to have softfall, fencing and seating.

In 2011, with the aid of a Golden Stave Grant, the CSC employed a music therapist, continuing the strong role of music in Dominican deaf education. In 2015 to 2016, courses on parenting were provided through CatholicCare and a Family Support Worker commenced at the CSC to provide support and pastoral care from a strong holistic perspective to the families of the enrolled deaf and hearing-impaired children.699

THE SHEPHERD CENTRE

Entering into its 40th year anniversary in 2010, the Shepherd Centre (SC) established an advocacy organisation called ‘First Voice’ with five other member centres – Hear and Say Centre in Queensland, Taralye in Victoria, Telethon Speech and Hearing in Western Australia and the Hearing House in New Zealand. It evolved from the Alliance for Deaf Children, which formed in 2002/2003. First Voice’s primary focus was the provision of listening and spoken language therapy services and it played a more influential role in shaping ‘public policy and funding decision-making’ affecting ‘hearing-impaired children’.

While progressing its services, the SC introduced new services through its Child and Family Counselling (CFC) unit that included a tailor-made seven week ‘Positive Parenting’ program to address parents’ concerns of their

699 Clare Hopley, personal communication, 7 October 2016 and 14 March 2017. Clare Hopley was the Director, Catherine Sullivan Centre, from 2006 to 2015.
children's challenging behaviours and struggling with ‘boundaries’. Sessions on strengthening family resilience were provided in the residential workshops while ‘Art Attack’ sessions and mindfulness training were given to siblings of the SC children. Under the First Sounds Cochlear Implant program, 22 CI surgeries were undertaken while 100 people with CI/s received ongoing support and management. Babies and School Readiness programs were started at all centres, focusing on teaching advanced listening skills such as listening in background noise, in groups and from a distance, all of which need to be done in the future school environment. The SC provided an after-hours number to troubleshoot problems with the hearing devices, which may be solved over the phone or ‘by sending out parts’ enabling 24/7 hearing.

An outcome for the SC in 2010 was that all final year SC children with no additional disabilities and for whom English was a first language were graduating with age-appropriate language and ‘on par with the general population’. Further, in terms of its operations, the SC completed an IT upgrade, installed an e-appointment program and revised its Human Resource policy platform and financial reporting approaches. A new clinical structure was implemented to achieve ‘cross-matrix’ professional case management enabling all services and their progress to be monitored in a multi-disciplinary way. And the Liverpool and Wollongong SC premises were renovated, providing for increased space, new lighting fixtures and multi-purpose rooms for therapy, CFC and other clinical purposes.700

In 2011, due to the success of the Early Intervention program and an increase in enrolment numbers, four listening and spoken language therapists were employed. The CFC expanded to be provided across the five SC centres. Specially designed group learning programs were introduced to advance listening, speech and language skills in noisy and more complex situations. These also included development of social learning skills and were called ‘Little Laughs’ for babies and infants, ‘Talk Time’ for toddlers and pre-school children, ‘School Readiness’ and ‘Sing and Grow’. The Rural and Remote Program grew

---

to include three new residential workshops at the Hunter Valley, Newcastle and the South Coast. Also, a week-long summer workshop was held at Macquarie University. The First Sounds program, in conjunction with the Sydney Children’s Hospital at Randwick, saw 23 CI surgeries undertaken from July 2011 to February 2012.701

With the opening of the Australian Hearing Hub in 2012, the Roseville centre was moved to state-of-the-art facilities at the Hub located on the campus of Macquarie University, North Ryde for the start of 2013. In 2012, 54 CIs and five Baha devices were implanted while 133 people with 234 CIs and seven people with Bahas were supported in terms of their audiological management.702 Audiology booths were upgraded while new audiological equipment that measure the children’s detection of sound at their brain level was provided at each SC centre, ensuring that each child had optimal access to sound. Residential workshops were held at Batemans Bay, Terrigal and Maitland with families coming from as far afield as Dubbo, Wagga Wagga, Tasmania, Maude, Griffith, Singapore and Japan. A new initiative was introduced – the Clear Speech Clinic – that worked on and improved speech of school aged SC graduates where needed and who were attending regular primary schools.

In May 2012, the VidKids Alliance, a consortium comprising the SC along with other First Voice members, Vision Australia and Deaf Children Australia, was successfully awarded a Commonwealth Government tender valued more than $4.1 million to provide hearing and vision services for children living in rural and remote areas in Australia via videoconferencing technology. Subsequently, the SC provided its services through videoconferencing to families across NSW and Tasmania while sourcing local services in the rural and remote areas to aid the families in supporting the individual needs of their children.703

702 Baha is an abbreviation for bone anchored hearing aid. For information on what a Baha device is, see http://www.cochlear.com/wps/wcm/connect/au/home/discover/baha-bone-conduction-implants as accessed on 11 March 2017.
703 2012 Annual Report, SC, pp 3-4, 28, 29 and 41-44.
From 2013 until 2015, the SC experienced growth in its enrolment numbers from 426 to 467, reaching out to deaf and hearing-impaired children through its Early Intervention, School Age, Group and First Sounds programs. In December 2013, the Sydney’s SC moved to a new state-of-the-art campus at Burren St, Newtown, from its Darlington premises. In 2014, the SC started a ‘Confident Kids’ program for the learning of social skills based on the understanding that success in language was in how it was used with others and not just learning the words. This benefitted deaf and hearing-impaired children due to their developing strategies for communicating effectively at school and in social situations. This service was rolled out across all SC centres and through its ‘Teleintervention’ program in 2015. By 2016, the SC embarked on a growth program, working towards a ‘sound future’ to address the challenges of 50% of all Australian children with hearing loss not receiving support they need to succeed at school, in the workforce and within their community.

ST GABRIEL’S SCHOOL
Since it began in 1922 as a Catholic boarding school for boys who were deaf for 50 years, which became a co-educational day school in 1973, further changes were anticipated for St Gabriel’s School for Hearing Impaired Children (School) due to the success of the cochlear implant and other technological advances. To back track – when the School opened, the population of Australia was less than five million and 78 years later in 2000, it became about 19 million. These 78 years saw the introduction of captioning on the television in the early 1980s, along with videos and DVDs with captions, the Telephone Typewriter, the mobile phone with its smartphone features including text messaging and video calling, and the service of the National Relay Service; all of which enabled a much stronger participation of DdHHHI people, including students, in a world primarily for people who hear.

The technological advances and the CI enabled far more deaf and hearing-impaired children to enter mainstream education. This impacted significantly the enrolment patterns at the School, which observed the decline of deaf and hearing-impaired children enrolling at the School as they were now attending mainstream schools.\(^{707}\)

Earlier, in 2009, difficult decisions were made by the School that were implemented in 2010. The enrolment criteria was changed to cater for not only children with hearing impairment but also for children with a variety of disabilities including intellectual disability and autism in the mild to moderate range and who may or may not have a hearing impairment in the moderate to severe range.\(^{708}\)

Another difficult decision made was the closure of the early intervention program, Hear The Children (HTC). However, a group of ‘dedicated’ parents continued its operation and moved it to Kellyville. Later in January 2012, HTC was auspiced by the Royal Institute for Deaf and Blind Children and transferred to a ‘newly refurbished centre’ at Rouse Hill. It was named RIDBC Hear The Children and aimed to service the north and north-western areas of Sydney.\(^{709}\)

ROYAL INSTITUTE FOR DEAF AND BLIND CHILDREN
Celebrating 150 years of ‘changing lives through education’ in 2010, the Royal Institute for Deaf and Blind Children (RIDBC) progressed growing its services, responding to increasing enrolments. RIDBC laid down the groundwork for the establishment of a new early learning centre for ‘diagnosed’ deaf and hearing-impaired infants and children in the eastern suburbs of Sydney. The Matilda Rose Early Intervention Centre in Bronte was transferred to RIDBC to become RIDBC Matilda Rose Centre and was relocated to Waverley. As done at the Bronte centre, the Sydney Cochlear Implant Centre (SCIC) out-posted two staff


\(^{708}\) Ibid.

members to the new centre at Waverley.  

In 2011, RIDBC joined SCIC at Lismore to provide an early intervention service to deaf and hearing-impaired children on the ‘Far North Coast’ of NSW.

In 2011, at Garfield Barwick School, a social skills program was provided to its students and deaf and hearing-impaired students supported at their mainstream independent schools. It aimed to boost confidence and resilience for the students, helping them to develop strategies to build social skills and self-esteem and to ‘forge friendships and develop networks’. In that year, RIDBC was supporting 145 deaf and hearing-impaired students and 4 students using Auslan at regular independent schools. At the Hills Grammar School, where Auslan support was being provided, a captioning program provided the students with real-time captioning in the classroom. This involved voice recognition software converting the teacher’s speech into captions that appeared on the student's laptop, ensuring literacy in the English language. Further, a suite of language learning apps based around popular nursery rhymes was launched. For use on an iPhone or an iPad, the apps were to help deaf and hearing-impaired youngsters develop listening and language skills through sing-a-long music and interactive games. Instructional content was also provided for parents to learn techniques for developing their children’s listening and language skills.

RIDBC auspiced Hear The Children in early 2012 – see earlier this chapter. Later that year, it acquired an advanced video conferencing platform to enhance its Teleschool service and ‘blended services’, which were in-person sessions and remote videoconference sessions. Also, in response to ‘community demand for additional services’, RIDBC commenced RIDBC Plus, a ‘cost-recovery fee-for-service’, which gave families of children with ‘hearing loss’ access to therapy services including speech and language therapy. Additionally, a private parenting website, ‘RIDBC&Me’, was set up enabling

---

parents to connect with each other as well as with the RIDBC teachers and/or therapists.

In January 2013, the RIDBC extended its services for cochlear implant clients by introducing its RIDBC Cochlear Implantation Program. This enabled RIDBC to provide families of deaf and hearing-impaired youngsters with a ‘seamless service’ of diagnosis, early intervention, acute cochlear implantation services and extended rehabilitation and audiological support including mapping. This Program was extended to adults. Geographical barriers were overcome by videoconferencing technology, enabling cochlear implant clients to realise the benefits of the cochlear implant (CI). By the end of 2013, 18 CIs had been fitted through the Program and 21 children with CIs transferred from other CI programs to the Program for ongoing management. Further, RIDBC relocated its Central Coast site at Gosford and in April 2013, established its physical presence at the Australian Hearing Hub on the campus of Macquarie University, sharing a ‘joint service facility’ with SCIC. The RIDBC Teleschool service provided ‘Residential Weeks’ for families to visit the RIDBC’s North Rocks premises to connect with each other and participate in individual and group activities focusing on language and speech development for children with ‘hearing loss’.

RIDBC extended its reach significantly by merging with SCIC in July 2014. It now provided its combined services at 17 permanent sites throughout Australia and continued its Teleschool service for those in rural and remote areas. Around the same time, it also opened ‘RIDBC Liverpool’ to support families in south-western Sydney.

Due to the changing disability landscape as impacted by the NDIS and to changes in the education and health sectors, RIDBC launched its strategy for 2016 to 2020. By 2020, RIDBC intended to have expanded its reach to more Australians with hearing loss, established a centre of excellence for hearing

---

loss and relocated its North Rocks headquarters to the Macquarie University precinct.716

**NSW State Education**

From 2010, the NSW Department of Education and Training (Department) continued providing itinerant teachers and support classes in public primary and high regular schools. One educational instructional method used was ‘simultaneous communication’ using spoken language and in most cases, Auslan, while in other cases, ‘sign supported English’ that followed English grammar patterns.717 In 2010, the Department supported the trial of a captioning service for students with hearing loss.718 From 2011 to 2013, the Department embarked on implementing a new framework for improved learning and support for students with disabilities in every NSW public school through the national initiative, ‘More Support for Students with Disabilities’. This included further trialling of live captions in classrooms for students who are deaf and of support for skills development in Auslan.719 Later in 2013, the Department put to tender for a live captioning service to support students with hearing loss. In the same year, over 450 teachers completed the Department’s new course on hearing loss, improving their understanding of how to teach deaf and hearing-impaired students.720 By 2015, the Department had 116 and 140 deaf and hearing-impaired students in support classes at public mainstream primary and high schools respectively.721

As for ‘Early Intervention’ (EI) across NSW, EI classes and teachers in ‘46.6 FTE positions’ were provided to support children with a range of disabilities including but not limited to ‘hearing impairment’ from the age of three years to

---

717 Director, Disability, Learning and Support, NSW Department of Education, personal communication, 10 April 2017. Note the Director advised that ‘total communication’ – using formal signs, natural gestures, fingerspelling, body language, listening, lipreading and speech – was not being used but rather ‘simultaneous communication’ as described by the ‘itinerant specialist teachers’ using spoken language and Auslan in most cases while in other cases, sign supported English.
718 2010 Annual Report, NSW Department of Education and Training, p 149.
720 2013 Annual Report, NSW DEC, p 36.
school enrolment. These classes delivered a sessional program usually operating for two groups of eight children either two or three days per week, with the capacity to support 745 children in the morning program. For the afternoon program, the teachers provided support at the children’s local preschools. Also, three ‘nursery classes (hearing)’ were operated at Nuwarra Public School, Penshurst Public School and Toongabbie West Public School, specifically for youngsters with hearing impairment prior school enrolment.722

A Student Experience
Natalie Nakhla’s experience in terms of language learning was mixed. With a moderate to severe hearing loss, Natalie went to Chertsey Primary School from Kindergarten to Year 4 in 2003 until 2007. There, she attended the special needs classes and learned through Auslan. For Years 5 and 6, Natalie went to Wadalba Community School, ‘a normal public school’, and changed to the English language for learning for listening, reading and writing. She relied on speaking aided by many speech therapy lessons. During that time of change, it was ‘hard at first’ in terms of making friends and adapting to the learning environment. But with the help of her itinerant teacher and cochlear implant, she found the learning ‘very very useful’.723

Learning English aided her transition to high school at St Joseph’s Catholic College on the Central Coast, north of Sydney, from 2010 until 2016. Natalie continued to use the FM system but ceased using it in Year 7 due to it making her feel embarrassed. However, she was no longer struggling without it and when she missed ‘a couple of words’ from her teacher, she asked them to repeat what they were saying or copied from her friends’ notes. Natalie recalled:

The determination and working hard have led me to have good grades, well I like to think so. When it came to watching movies that [sic] has subtitles the teacher would put it on and

---

722 Director, Disability, Learning and Support, NSW Department of Education, personal communication, 10 April 2017.
723 Nakhla, Natalie, interviewed by Naomi Malone, 9 June 2016. The following paragraph and quotation are sourced from this interview.
that helps a lot. You could say that it made me the person I am today from the experiences.

From 2010, there were developments in deaf education, which can be seen to be improvements. However, they continued to be piecemeal and generally uneven.
CONCLUSION: ‘in pursuit of better outcomes’

In the controversies that have raged for centuries and in the more recent ones ongoing today, the tendency is to polarise educators, parents, and other gatekeepers whose philosophical views rarely or adequately recognize the universal truth that no one method or educational environment is suitable for all students.\textsuperscript{724}

While there have been critiques undertaken in some fields of disability studies, most historical work in Australia has been largely uncritical. For example, Joseph Alphonsus Burke’s MA thesis, ‘The History of Catholic Schooling for Deaf and Dumb Children in the Hunter Valley’, was not strong on historical contexts. Most of the histories of the schools for deaf children were old-fashioned, being akin to traditional local or pioneering histories. These were driven by narratives informed by the logic of ‘progress’ where, despite the occasional drawbacks and difficulties, modern life became better with the passing of time. While this was true to a certain extent, it obscured the complexity of the past, which was drawn on for various purposes in the present.\textsuperscript{725}

This thesis has taken a more critical perspective of the Deaf, deaf, hard of hearing, hearing impaired (DdHHHI) movement. Some may say that it is too critical, somewhat politically incorrect and potentially divisive; others may argue that it is not critical enough. Many people in the DdHHHI movement may find this thesis confronting.

The history of the DdHHHI movement is difficult and fraught. And the stakes are high. On the one hand, they are about the critical significance of language, culture and identity; on the other hand, they concern posterity. This is


demonstrated by the vehement exchange of letters between Deafness Forum of Australia (DFA) and Deaf Australia (DA).\textsuperscript{726}

This thesis has taken a broad historical overview of deaf education in NSW from the second half of the twentieth century. Since World War II, the growing permeation of human rights throughout Australian society, as elsewhere, prompted the integration of children with disability in ‘regular’ education. The 1970s capitalised on the growth of oralism that occurred during the 1960s, aiding the march of integration into the 1980s. This became known as mainstreaming. Inclusion and accessibility became the buzzwords during the 1990s that were built upon during the 2000s under the paradigm of ‘diversity’.

Today, one in six Australians experience some degree of hearing loss. Hearing loss is projected to increase to one in every four Australians by 2050 due to an ageing population.\textsuperscript{727} Yet, hearing loss is an issue that is rarely discussed. In May 2016, in the lead up to the 2016 Federal Election, Break the Sound Barrier was launched in Sydney, NSW. It was a national campaign by DFA to make ‘hearing health and well-being’ one of the top ten national health priorities. However, despite this attempt at unification, the DdHHHI movement remains fragmented.\textsuperscript{728}

In NSW and Australia, there are some 60 organisations that deal with deafness and hearing loss. Several of these organisations have worked together on educational issues and some, such as First Voice, have been merged to consolidate their common interests. But others were and continue to be divided on matters pertaining to deaf education. This has been demonstrated by the huge number of largely uncoordinated submissions into government inquiries and consultations, particularly to the NSW Government inquiry into the education of students with disabilities in 2010.

\textsuperscript{726} See Chapter 7.
\textsuperscript{727} ‘Listen Hear!’, a report by Access Economics Pty Ltd, February 2006, p 5.
In the past decades, there have been several models of disability. The latest model was proposed by Rachel Carling-Jenkins in her 2014 publication, *Disability and Social Movements: Learning from Australian Experiences*. Her new ‘postmodern model of disability’ placed people at the centre of the model where:

- Each person is valued, loved and created for relationship.
- People share a common humanity which transcends national boundaries, gender, race, categories, generations and multiplicities of additional identities.\(^{729}\)

This model located ‘disability’ within contextual narratives where it was defined by people identifying with disability through embracing it as an identity or engaging in a relationship with it on any level. Through embracement of or engagement with disability, this model supposedly alleviated ‘essentialist descriptors’ and created ‘possibilities for working together’.\(^{730}\) But it has not had any significant impact yet. Carling-Jenkins’s work sought to explain why ‘disability has been divided rather than united’.\(^{731}\) One reason for the division was identity politics focussing around two contrasting positions; ‘Ability not Disability’, reflecting relationship with the disability, and ‘Disability Pride’, reflecting self-identity as shaped by the disability.\(^{732}\)

Today, generally, policies of deaf education focus on the inclusion of DdHHHI students within all mainstream and regular education schools systems – Catholic, independent and state. The success of the early intervention centres can be seen in First Voice’s report in early 2017, which stated that 95% of ‘respondents’ to its survey attended a mainstream high school with 86% completing it. In this survey, 839 graduates of the early intervention centres


\(^{730}\) Ibid.

\(^{731}\) Ibid, backcover.

\(^{732}\) Ibid, p 105.
were contacted with 154 responding to the survey. But major problems continue to plague deaf education.

In May 2016, the NSW Auditor-General released a report about supporting students with disability in NSW public schools. Damning the NSW Government with faint praise, it asserted that the NSW Department of Education was doing a ‘reasonable job’ in managing the transition of students with disability to a new school, whether kindergarten, Year 7 or changing schools. This harked back to the Vinson Report of 2002, which also subtly berated the NSW Government. The 2016 report found that the level of support varied from school to school where inadequate support was due to cultural resistance in some schools and the lack of expertise of some teachers in relation to disability. The report suggested that ‘the negative attitude of some teachers towards disability is a barrier to improving outcomes’ for students with disability. Currently, state education in NSW is under enormous strain financially especially for infrastructure. In this environment, it is even more difficult to implement wholly and successfully current deaf education policies.

There needs to be more sustained and systematic research into NSW educational approaches for DdHHHI people. Perhaps, it needs to be driven by bipartisan NSW and Commonwealth government supported research. In late 2015, a Commonwealth Government Senate inquiry into the ‘current levels of access and attainment for students with disability in the school system, and the impact on students and families associated with inadequate levels of support’ was held. Around 300 individual and group submissions were submitted to the inquiry, with one entitled ‘Hear Our Voices’ by Children with Disability Australia. It asserted that:

---

...the current education system in Australia is failing to adequately meet the needs of students with disability. It is recognised that some students with disability have positive education experiences with good academic and social outcomes but this is by far the exception.

Further research about deaf education also needs to be undertaken, which includes extensive, significant and enhanced documentation of DdHHHI people’s experiences in relation to their education. As Barbara Lee-Crickmore noted in her thesis:

There is also a need for greater use of oral history and life history approaches, as well as a need for historical syntheses of the entire Australian situation. Then it may be that the cause for raising the standards of deaf education will be [sic] immeasurable strengthened.735

Deaf education in NSW has made significant and tremendous progress since the end of World War II. But issues remain, particularly with determining the instructional language to be used, especially during the early years of the DdHHHI children, and with the DdHHHI students experiencing identity crises. It is unfortunate that the history of the DdHHHI movement has been characterised by internal fragmentation. Future development in deaf education should be guided by the needs of DdHHHI students.

---

APPENDIX 1

Mild: 21–45 dB

You might have some difficulty hearing soft speech and conversations, but you are capable of hearing voices clearly in quiet situations. A hearing device will assist most hearing problems in this range.

Moderate: 46–65 dB

Conversational speech will be hard to hear, more so when background noise is present, such as when the television or radio is turned up. A hearing device will assist most hearing difficulties if speech discrimination is good and background noise low.

Severe: 66–90 dB

Normal conversational speech is inaudible, but will be assisted by a hearing device. The clarity of speech heard is likely to be significantly affected and visual cues will assist in understanding speech.

Profound: 91 dB +

There is great inconsistency in the benefit derived from a hearing device. You may be able to understand clear speech when face to face and in places with good auditory conditions when wearing a hearing device. But others will find it impossible.\textsuperscript{736}

What are the degrees of hearing loss?

<table>
<thead>
<tr>
<th>Hearing level in dB</th>
<th>Degree of hearing loss</th>
<th>Implication for children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 20</td>
<td>Normal hearing</td>
<td>The child may:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have difficulty in hearing faint speech and people may sound as if they are mumbling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have difficulty hearing in noisy classrooms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Benefit from sitting near the front of the classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use hearing aids</td>
</tr>
<tr>
<td>20 - 41</td>
<td>Mild</td>
<td>The child may:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have difficulty hearing group conversations, if the speaker’s voice is faint, if the face is not visible or is in the presence of background noise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Benefit from speech and language support and seating near the front in a noisy classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have limited vocabulary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use hearing aids</td>
</tr>
<tr>
<td>42 - 75</td>
<td>Moderate</td>
<td>The child may:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have great difficulty following classroom discussions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Need special education assistance for deaf children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Need preferential seating in a quiet classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Benefit from hearing aids or cochlear implants and they will benefit from the use of Auslan</td>
</tr>
<tr>
<td>76 - 90</td>
<td>Severe</td>
<td>The child may:</td>
</tr>
<tr>
<td>91+</td>
<td>Profound</td>
<td>The child may:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not rely on hearing for communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Need special education assistance for deaf children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not benefit from hearing aids</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use Auslan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receive cochlear implants (there are many factors involved here, not just degree of hearing loss)</td>
</tr>
</tbody>
</table>

APPENDIX 2

How do we hear?

The ear is an amazing piece of engineering. It is a complex structure that picks up sound waves in the air, converts them to larger mechanical vibrations and then into tiny electrical signals that are sent to the brain. This whole process happens almost instantaneously.

Parts of your ear

Anatomy of an Ear (printable)

The structures of the ear can be divided into three sections:

• The outer ear is made up of skin and cartilage on the outside, and the ear canal that leads down to the eardrum, about 2.5 centimetres inside the head.

• The middle ear includes an air space behind the ear drum and three bones called the “hammer”, the “anvil” and the “stirrup”. These three bones form a bridge across the middle ear space linking the eardrum to the inner ear.

• The inner ear contains the cochlea and the semi-circular canals. The cochlea is a small, fluid-filled structure in the inner ear. It contains many thousands of tiny hair cells which connect to nerve fibres.
The semi-circular canals give us our sense of balance.

How the ear works

Sound occurs when a vibrating object causes the air around it to move, creating pressure waves. These invisible waves radiate through the air as sound waves.

When sound waves reach the outer ear they are funnelled down to the eardrum, making it vibrate.

When the eardrum vibrates, the three small bones of the middle ear vibrate as well, carrying the vibration across to the cochlea.

When the vibrations reach the cochlea, they cause movement of the fluid in the cochlea. This movement triggers the hair cells in the cochlea to fire off a tiny electrical signal.

Beyond the cochlea is the auditory nerve which carries the electrical signals from the cochlea up to the brain. The area of the brain that focuses on interpreting sound is called the auditory cortex.\textsuperscript{738}

Types of hearing loss

december 12, 2013,
in hearing loss

The general types of hearing loss can be described as congenital or acquired. A congenital hearing loss is one that is present at, or soon after, birth. An acquired hearing loss is one that occurs later on in life. Depending on which part of the hearing system is affected, hearing loss is categorised as conductive, sensorineural or a mixture of both.

Conductive hearing loss

Conductive hearing loss is caused by blockage or damage in the outer ear, middle ear or both. It leads to a loss of loudness. Some of the causes of a conductive hearing loss include ear infections, perforated eardrum or blockage of the ear canal by wax or foreign objects. The degree of a conductive hearing loss varies, but you cannot go completely deaf. A conductive hearing loss can often be treated by medical or surgical means.

Sensorineural hearing loss

This is a result of damage to, or a malfunction of, the cochlea (the sensory part) or the hearing nerve (the neural part). It results in a loss of loudness as well as a lack of clarity. It can be caused by the ageing process, excessive noise exposure, diseases such as meningitis or Meniere’s disease, and viruses such as mumps or measles. There is rarely any medical treatment for sensorineural hearing loss, so it is permanent and hearing devices are often recommended.

Mixed hearing loss

A mixed hearing loss is caused by problems in both the conductive pathway (in the outer or middle ear) and in the nerve pathway (the inner ear). An example of a mixed hearing loss is a conductive loss due to a middle-ear infection combined with a sensorineural loss caused by ageing.

Causes of hearing loss in Australia

DECEMBER 22, 2013,

IN HEARING LOSS

The most significant cause of hearing loss—according to Access Economics, around 37 per cent of all cases—in Australia is exposure to excessive noise.

Hearing loss can also be acquired through illness, accident, exposure to certain drugs and chemicals, or as part of the normal ageing process.

**Why is loud noise so damaging?**

Loud noise can cause irreversible hearing damage, as it harms the delicate hearing mechanism within the inner ear.

Damage to hearing due to noise exposure is cumulative. This means the higher the noise level and the longer your exposure, the greater the harm, making it even more important to protect your hearing.

Many of your daily activities won’t harm your hearing, but some activities can start to cause damage after only a short time. For example, vacuuming, at around 65 decibels (dB), is unlikely to damage hearing, but listening to a portable music player at 94 dB for one hour can start to cause damage.

The level of noise at a nightclub, at 100 dB, can be as loud or louder than a chainsaw and this can damage your hearing after just 15 minutes’ exposure. Louder sounds, such as a jet plane or gunfire, both of which are more than 110 dB, can cause damage in just one minute.

**Hearing loss among children**

In Australia, between nine and 12 children per 10,000 live births will be born with a moderate or greater hearing loss in both ears. Around another 23 children per 10,000 will acquire a hearing impairment that requires hearing aids by the age of 17 through accident, illness or other causes. Each year, Australian Hearing fits around 2000 children with hearing aids for the first time.

Otitis media, also known as middle ear infection, is a common childhood complaint often associated with temporary or fluctuating hearing loss. This in turn can affect a child’s learning, language development and behaviour. Although it is usually easily treatable, the incidence of otitis media is significantly higher among Indigenous children, for whom it represents a serious health and educational problem.

**Hearing loss and age**

The incidence of hearing loss increases as we get older. It’s a part of the natural ageing process, with over half the population aged between 60 and 70 having a hearing loss. This
increases to more than 70 per cent of those over the age of 70, and 80 per cent of those over the age of 80.

**Hearing loss among veterans**
War veterans are likely to suffer from hearing problems due to damage from noise exposure during their service. Hearing is the second most common medical condition reported by Australian war veterans and war widows, with 55 per cent reporting hearing loss as a current medical condition.

**Hearing loss among rural Australians**
Over half of Australia’s farmers are likely to suffer from premature hearing loss through occupational noise exposure from agricultural machinery, tools and pigs in sheds at feeding time. Almost all farmers over the age of 55 who have been exposed to loud noise suffer some degree of hearing loss. However, only 18 per cent of farmers wear hearing protection while working with heavy machinery.\(^{740}\)

Types of hearing aids
FEBRUARY 04, 2014,
IN HEARING SOLUTIONS

A hearing aid is a miniature amplification system. The easiest way to categorise the type of hearing aid is to describe where it’s worn: put simply, hearing aids can either be worn in the ear or behind the ear. Its key parts include:

• a microphone
• an amplifier (most employ digital signal processing)
• a miniature loudspeaker called a receiver
• a battery.

**In-the-ear (ITE)**
ITE hearing aids are used for mild-to-severe hearing loss. As the name suggests, these aids sit entirely within the ear. Because they’re made to fit you snugly, you’ll need to have an impression taken of your ear.

**In-the-canal (ITC)**
When an ITE hearing aid occupies a sufficiently small portion of the ear, it’s referred to as an in-the-canal (ITC) hearing aid.

**Completely-in-the-canal (CIC)**
Hearing aids that fit entirely within the ear canal are known as completely-in-the-canal (CIC) hearing aids. These hearing aids use small components and don’t protrude into the outer ear.

**Behind the ear (BTE)**
BTEs are used for all types of hearing loss from mild to profound. In these devices, the electronics and receiver are mounted in a banana-shaped case, and the sound is passed via a tube to a custom ear mould. While they are still discreet to wear, they’re also typically more powerful than ITE varieties.

BTE aids can be open or closed. ‘Closed’ means that the ear mould almost completely fills the outer ear and ear canal, while ‘open’ fittings use a thin tube in place of an ear mould to connect the aid to the ear. There is also a receiver in each of the canal options that consists of a receiver placed within the canal and connected to the BTE unit via a thin tube.\(^{741}\)

---

BIBLIOGRAPHY

Books


Charlton, James, *Nothing About Us Without Us: Disability Oppression and Empowerment*, University of California, Berkeley, 1998.


Shepherd, Dr Bruce AM, in collaboration with Tom Sanger, *Shepherd: Memories of an Interfering Man*, Dr Bruce Shepherd, Australia, 2010.


**Journal articles and chapters in books**


Branson, Jan and Miller, Don, ‘Sign Language, Oralism and the Control of Deaf Children’, *Australian and Deafness Review*, vol 6, no 2, 1989, pp 19-23.

Branson, Jan and Miller, Don, ‘Sign Language, the deaf, and the epistemic violence of mainstreaming’, *Language and Education*, vol 7(1), 1993, pp 21-41.


Burnip, Lindsay, ‘What’s in a Name: Deaf or Hearing Impaired?’, *The Australian Teacher of the Deaf*, vol 33, 1993, pp 17-21.


Komesaroff, Linda and McLean, Margaret A., ‘Being There is Not Enough: Inclusion is both Deaf and Hearing’, *Deafness and Education International*, vol 8, issue 2, 2006, pp 88-100.


Maddison, Sarah and Martin, Greg, 'Introduction to “Surviving Neoliberalism: The Persistence of Australian Social Movements”’, *Social Movement Studies: Journal of Social, Cultural and Political Protest*, vol 9, no 2, pp 101-120.


**Reports and Proceedings**


Annual Reports, Royal Institute for Deaf and Blind Children, 1960-2015.

Annual Reports, St Gabriel’s School, 1967-2013 with some years missing.


Demographic Details of young Australians less than 26 years with a hearing loss, who have been fitted with a hearing aid or cochlear implant at 31 December 2015, Australian Hearing, 2016.
Early Intervention & Education for Deaf and Hard of Hearing Children: Addressing Challenges in Pursuit of Better Outcomes, a report by Grant Thornton commissioned by Deaf Australia Inc following its national conference on early intervention and education for Deaf and Hard of Hearing Children on 29 and 30 November 2012 in Canberra.


Evaluation of the Integration Program for Students with Disabilities in Regular Classes 1988, a report for the NSW Department of Education.

Evaluation of the Integration Program for Students with Disabilities in Regular Classes 1988 - Recommendations, a report for the NSW Department of Education.


Inquiry into the Provision of Education to Students with a Disability or Special Needs – Deaf Australia (NSW), 18 February 2010.

Inquiry into the Provision of Education to Students with a Disability or Special Needs – Royal Institute for Deaf and Blind Children, 22 February 2010.


Schools in Australia, a report of the Interim Committee for the Australian Schools Commission, May 1973.


The Integration/Inclusion Feasibility Study by David McRae, prepared for The Hon. John Aquilina, MP Minister for Education and Training New South Wales, October 1996 – also entitled The McRae Report.

The Integration/Inclusion Feasibility Study – A Summary of the Findings and Recommendations by David McRae, prepared for the Minister for Education and Training New South Wales, October 1996.


Theses


Cameron, Jill, ‘A Collective Case Study: How Regular Teachers Provide Inclusive Education for Severely and Profoundly Deaf Students in Regular Schools in Rural New South Wales, PhD, University of Newcastle, 2005.


Carty, Breda, ‘Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s’, PhD, Griffith University, 2005.


Dillon, Angela, ‘Negotiating Two Worlds through the Media: Debates about Deaf Education and Sign Language’, PhD, University of South Australia, February 2015.


Published and unpublished papers and essays

Community attitudes to people with disability: scoping project, Occasional Paper No. 39, Social Policy Research Centre, Disability Studies and Research Centre, University of New South Wales.

Disability expectations: Investing in a better life, a stronger Australia, PwC, Sydney, November 2011.


History of Catholic Deaf Education in Australia 1927 – 1950, np, nd.

History of St Gabriel’s, np, nd.


Parliamentary and Official Sources


Disability Discrimination Act 1992 (Cwlth).

Disability Inclusion Act 2014 (NSW).
Disability Standards for Education 2005 (Cwlth).

Education Act 1990 (NSW).

Every Student, Every School: Learning and Support, NSW Department of Education and Communities, March 2012.

Hansard, Commonwealth of Australia, House of Representatives.

Hansard, NSW Legislative Assembly.


New South Wales Institution for the Deaf and Dumb and the Blind Incorporation Act 1905 (NSW).

Public Education Act 1961 (NSW).

Public Instruction Act 1880 (NSW).

Public Instruction (Blind and Infirm Children) Amendment Act 1944 (NSW).

Royal Institute for Deaf and Blind Children Act 1998 (NSW).


Special Education Policy, NSW Department of School Education, 1993.


**Periodicals and Monographs**


St Gabriel's 75th Anniversary 1922 – 1997: Celebrating 75 years of educating children who are deaf, 1997.


**Personal communication and other correspondence**

Clare Hopley, personal communication, 7 October 2016 and 14 March 2017.

Clare Hopley and Elizabeth Hellwig, personal communication, 18 March 2016.

Director, Disability, Learning and Support, NSW Department of Education, personal communication, 10 April 2017.

Geraldine Gray, personal communication containing an information package, 23 March 2016.

Frances Belcher, personal communication, 18 February 2017.


Michele Cutrupi, personal communication, 19 April 2016.

Open Letter from Deaf Australia (DA) to Deafness Forum of Australia (DFA) dated 25 March 2010.

Open Letter from DFA to DA dated 26 March 2010.

Open Letter from DA to DFA dated 29 March 2010.

Patricia Bailey, personal communication, 24 February 2017.

Professor Simon Darcy, personal communication, 30 September 2016.

Steve Williamson, personal communication, 1 October 2016.

Warren Hopley, personal communication, 7 October 2016.

**Newsletters**


DFA Newsletter, Deafness Forum of Australia.

Hearing HQ, April – July 2014, printed by Offset Alpine.

One in Six, Deafness Forum of Australia.


The Shepherd Voice, Autumn 1999.

Newspapers

Illawarra Mercury

The Advertiser

The Age

The Daily Telegraph


The Sydney Morning Herald

Oral Histories

All interviews noted below were conducted by Naomi Malone.


Bartolillo, Frank – interview completed on 12 April 2016.

Conlon, Alison – interview completed on 17 July 2014.

Hay, Lauren – interview completed on 15 October 2014.


Maloney, Janette – interview completed on 26 September 2014.
Nakhla, Natalie – interview completed on 9 June 2016.


Obermayer, Kate – interview completed on 9 July 2014.

Payne, Aaron – interview completed on 10 March 2015.

Pilcher, James – interview completed on 16 October 2014.

Ratcliffe, Christopher – interview completed on 5 August 2014.

Ratcliffe, Gillian – interview completed on 5 August 2014.

Wehbe, Ayah – interview completed on 13 June 2016.

**Presentations**


Marschark, Marc, ‘Are we on the right path? How do deaf children learn? What does the research show? What do we know about deaf education?’, presented at Parramatta RSL, Parramatta, 8 July 2013.

**Internet sources**


Disability Standards for Education (Online), 2017. Available:

Disability Standards for Education (Online), 2017. Available:


Guidance, Inclusive language: words to use and avoid when writing about disability (Online), 2016. Available:

Hearing Aids Are The New Black (Online), 2015. Available:
https://www.facebook.com/Hearingaidsarethenewblack as accessed on 1 June 2015.


The UNESCO Salamanca Statement (Online), 2016. Available: 

Types of hearing aids (Online), 2016. Available: 

Types of hearing loss (Online), 2016. Available: 

United Nations Enable (Online), 2016. Available: 

University of Sydney, Mr Aaron Payne (Online), 2016. Available: 

Welcome! What is Cued Speech? (Online). Available: 


Wikipedia (Online), 2016. Available: 


Wikipedia (Online), 2014. Available: 

Wikipedia (Online), 2015. Available: 

Wikipedia (Online), 2015. Available: 

World Federation of the Deaf: Sign Language (Online), 2016. Available: 
Archival Sources

National Archives of Australia: A461, 748/1/823, Visit – Ewing, Mr and Mrs – Education of deaf children.

State Records NSW: Department of Education and Communities; NRS 3829, School files 1876-1979. [14/7752] North Rocks School for the Deaf SSP.


