



# Queensland Minimum Standards of Practice

## Early intervention for children who are deaf or hard of hearing and their families

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## Why a Queensland approach to Minimum Standards of Practice?

The introduction of universal newborn hearing screening in Queensland has resulted in early diagnosis of hearing impairment in approximately 120 infants each year. It is widely acknowledged that delays in identification and treatment of permanent childhood hearing impairment may profoundly affect quality of life in terms of communication development, language acquisition, social and emotional development, and education and employment prospects<sup>1</sup>. There is universal agreement that access to, and engagement with, early intervention optimises the communication and developmental outcomes of children who are deaf or hard of hearing.

In Queensland, following a hearing loss diagnosis, children and their families are offered a range of early intervention programs that cover the communication spectrum. Although some of these early intervention programs have developed assessment and treatment guidelines for children who are deaf or hard of hearing, these are not standard across organisations. This results in children with the same diagnoses potentially receiving different levels of service depending on the organisation they attend.

Queensland Health's Guidelines for Working with People who are Deaf or Hard of Hearing (from the Mental Health Services department) discusses the terms "deaf", "Deaf", "culturally deaf" and "hard of hearing" in detail. For the purposes of the Queensland Minimum Standards of Practice, the term "deaf or hard of hearing" encompasses those who identify as culturally deaf and belong to the Deaf community, as well as those who have a permanent hearing loss and identify primarily with the mainstream hearing culture<sup>10,11,12</sup>.

The Health Hearing Early Intervention Working Group (HH-EIWG) was established in September 2012, with the purpose of discussing professional issues relevant to the provision of early intervention for children who are deaf or hard of hearing in Queensland. Goals of the HH-EIWG have included developing minimum standards of practice and clinical benchmarks for early intervention assessment and treatment for children who are deaf or hard of hearing and their families.



## Purpose of this document

The purpose of this document is to provide a framework that emphasises universal and equitable standards of early intervention for children who are deaf or hard of hearing, whether they attend government, non-government or private providers. This framework aims to build and strengthen the quality of services by creating a minimum standard of care. Previously published and complementary to the Minimum Standards of Practice, is the National Framework for Neonatal Hearing Screening which addresses the issues of universal newborn screening and identification of permanent childhood hearing loss<sup>1</sup>.

It is acknowledged that early intervention is not discrete, but is integrated into the broader pathway of diagnosis and management. Queensland children who are deaf or hard of hearing and their families are supported by many services including Queensland Hearing Loss Family Support Service (QHLFSS), Childhood Hearing Clinic (CHC), ENTs and paediatricians in medical management, and Australian Hearing for fitting of amplification devices and ongoing reviews. Early intervention and these contiguous services provide a continuum of care for children who are deaf or hard of hearing and their families along the pathway from screening to early intervention, however the Minimum Standards of Practice were specifically developed for early intervention services.

Three foundational documents were drawn on for the development of the Queensland Minimum Standards of Practice with the intention that the standards reflect both national and international perspectives.

These documents are:

- *National Framework for Neonatal Hearing Screening* (Australian Institute of Health and Welfare, 2013)<sup>1</sup>

In August 2013, the *National Framework for Neonatal Hearing Screening* was publicly released. This document outlines national benchmarks for practitioners working within the areas of hearing screening, audiological management, parent support and early intervention.

- *Best Practices in Family-Centred Early Intervention (FCEI) for Children Who Are Deaf or Hard of Hearing: An International Consensus Statement* (Moeller et al., 2013)<sup>2</sup>

The FCEI Consensus Statement highlights the importance of family-centred practice and how to optimise outcomes for children who are deaf or hard of hearing and their families. This document also emphasises that the child who is deaf or hard of hearing is part of a family and promotes the family's need to live their typical lives<sup>2</sup>. International experts in family-centred early intervention contributed to the development of this document.

- *Principles and Guidelines for Early Intervention After Confirmation That a Child is Deaf or Hard of Hearing* (Yoshinaga-Itano, 2013)<sup>3</sup>

This comprehensive document provides an international perspective on high quality and evidence-based practice for early intervention for children who are deaf or hard of hearing and their families.



## Principles of the Queensland Minimum Standards of Practice

The FCEI Consensus Statement<sup>2</sup> presents 10 principles that guide family-centred early intervention, which were agreed upon by an international panel of experts<sup>2</sup>. From these principles, the overarching framework for the Queensland Minimum Standards of Practice was developed, with standards and target performance indicators that relate to each theme.

The Queensland Minimum Standards of Practice encourages all early intervention agencies to take responsibility to increase families' sustained engagement with early intervention by integrating early access, family-centred values and a culture of responsiveness into a collaborative and flexible framework. Within that framework, early intervention agencies should also promote the themes and principles from the FCEI Consensus Statement and the Principles and Guidelines endorsed by the JCIH, 2013<sup>3</sup>, to achieve high quality early intervention. These principles are incorporated within these Minimum Standards of Practice and align with other strategic frameworks including *The Queensland Universal Child Health Framework – Implementation Guide* (Queensland Child and Youth Clinical Network – Child Health Sub-network, Queensland Health, 2014); *National Framework for Neonatal Hearing Screening*<sup>1</sup> and *Investing in the Early Years – A National Early Childhood Development Strategy* (Council of Australian Governments, 2009).

### Overview and Rationale

Principle 1, “Access to and engagement with early intervention services”, describes the initial steps in the early intervention process in particular, the family’s understanding of and sustained interaction with services. Barriers to engagement, disengagement, transitioning between services and considerations for known at-risk groups were highlighted by the HH-EIWG as key factors that may potentially influence a family’s sustained engagement and were subsequently made explicit in the standards within Principle 1.

As with the three foundation documents, “Qualified providers” and “Family-centred practice and parent support” were recognised to be areas of importance and are comprised in Principles 2 and 3 respectively. An approach of cultural responsiveness was considered paramount in the development of the Minimum Standards of Practice and Principle 2 reflects the need for flexibility and cultural sensitivity when considering the diverse nature of families who live in Queensland and attend early intervention services, including Auslan speakers, Aboriginal and Torres State Islander children and children from linguistically and culturally diverse families.

Although Principle 3 specifically details family-centred practice, the values of family-centred practice are also embedded throughout the document in order to emphasise the importance of the professional-parent partnership. Additionally, Principle 3 contains the standards that relate to social and emotional support as well as informed choice and decision-making. The Queensland agency that helps families connect to support systems after diagnosis of permanent childhood hearing loss and offers counselling is referred to in Principle 3.

Finally, Principle 4, “Monitoring and Evaluation” regards quality and reliability of early intervention services. Services are encouraged to provide evidence of evaluation processes to assess and monitor the quality of intervention. Evidence of quality assurance measures to assess the quality of the services offered by the organisation as a whole is also included in the final Principle.



# Queensland Minimum Standards of Practice: Framework

## Queensland early intervention minimum standards of practice for children who are deaf or hard of hearing

### Access to Services

#### → Principle 1: Access to and engagement with early intervention services

- Facilitating early engagement
- Equitable access and coordinated approach
- Transition between services

### Content of Services

#### → Principle 2: Qualified providers and early intervention processes

- Specialised quality services that are evidence-based
- Professional development
- Assessment and monitoring
- Collaborative teamwork

#### → Principle 3: Family-centred practice and parent support

- Family and professional partnerships
- Informed choice and decision-making
- Social and emotional support

### Quality and Integrity of Services

#### → Principle 4: Monitoring and Evaluation

- Quality assurance
- Data collection
- Ethical and national guidelines





## Consultation for Review

This document has been reviewed and developed in consultation with stakeholders from across all major providers of services to Queensland children who are deaf or hard of hearing and their families. It is intended as a resource for early intervention service providers, including but not limited to, speech pathologists, Teachers of the Deaf and visiting teachers.

Representation on the Healthy Hearing Early Intervention Working Group was provided by the below organisations. This group helped inform and progress this body of work. Their contribution is acknowledged.

- Aussie Deaf Kids
- The Benevolent Society, Early Childhood Early Intervention Partner
- Childhood Hearing Clinic, Children's Health Queensland
- Child and Youth Mental Health Service, Children's Health Queensland
- Deaf Children Australia
- Griffith University
- Hear for Kids, Deaf Services Queensland
- Hearing Australia
- Department of Education
- Healthy Hearing, Children's Health Queensland
- Hear and Say
- Speech Pathology, Queensland Children's Hospital, Children's Health Queensland
- Queensland Hearing Loss Family Support Service, Children's Health Queensland
- Royal Institute for Deaf and Blind Children
- University of Queensland

## Statement of Endorsement

The review of the Queensland Minimum Standards of Practice: Early intervention for children who are deaf or hard of hearing and their families was endorsed by the Healthy Hearing Early Intervention Working Group.

The Queensland Minimum Standards of Practice will be reviewed three-yearly, due in January 2023.



## Definitions for Queensland Minimum Standards

For the purpose of the Queensland Minimum Standards, consensus was reached on the following terminology. It is acknowledged that terms may not convey the most accurate meaning; however, consistency within this document and with foundational documents was required.

*Children:* Refers to babies, toddlers and three to five year olds, unless otherwise stated<sup>7</sup>.

*Communication:* Refers to the method and modality in which a child communicates, be it sign language, a spoken language or augmentative and alternative communication (AAC).

*Deaf or Hard of Hearing:* Refers to all types of permanent hearing loss: congenital or acquired, bilateral or unilateral; sensorineural, conductive or mixed and includes auditory neuropathy spectrum disorder<sup>3</sup>.

*ECEI (Early Childhood Early Intervention):* The National Disability Insurance Scheme has a national approach to early childhood early intervention to allow children aged 0-6 years access to support.<sup>8</sup>

*Early Childhood Early Intervention (ECEI) partners* are appointed by the National Disability Insurance Agency to assist families understand the potential role of the NDIS and to guide them to other appropriate supports and to offer independent advice on providers of support most suited to their needs.<sup>8</sup>

*Early Intervention:* Early intervention is the process of providing specialised support and services for infants and young children with developmental delays or disabilities, and their families in order to promote development, well-being and community participation<sup>8</sup>.

*Early Intervention Services:* All programs, services, organisations and private practitioners that offer intervention to children who are deaf or hard of hearing and their families, not including Queensland Hearing Loss Family Support Service, Hearing Australia and medical clinics.<sup>8</sup>

*Interdisciplinary teamwork:* A service delivery model that involves a team of professionals that may conduct their own assessments and develop discipline-specific goals, but communicate regularly to co-ordinate service planning. Actual service delivery is still done by the professionals separately but as part of an overall plan<sup>5</sup>.

*Language:* Refers to all spoken and sign languages<sup>3</sup>. The sign language of the Australian Deaf Community and used in Queensland schools is Auslan<sup>10</sup>.

*NDIA (National Disability Insurance Agency):* implements the National Disability Insurance Scheme<sup>8</sup>

*NDIS (National Disability Insurance Scheme):* is a scheme of the Australian Government that funds costs associated with disability.<sup>8</sup>

*Professionals:* Trained people who provide direct services to children who are deaf or hard of hearing and their families in a capacity of clinical consultation, assessment, diagnosis, intervention and in making clinical recommendations. Para-professionals who also provide direct services are not included.

*School:* Prep is recognised as the first year of school in Queensland. To be eligible for Prep a child must turn 5 years old by 30 June in the year they start Prep<sup>13</sup>.





# Minimum Standards of Practice for Children Who are Deaf or Hard of Hearing

## 1. Access to and Engagement with Early Intervention Services

Objective	Standard	Target Performance Indicator
1.1 Children who are deaf or hard of hearing and their families engage with early intervention services at the earliest time possible <sup>1</sup> .	<p>1.1.1 All families have early, timely, coordinated and equitable access to individualised and specialised early intervention that is specific to hearing loss. Culture-brokering models may be used to enable access to early intervention services as indicated. Services include but not limited to: face-to-face contact, consultations, groups and Telepractice<sup>1,2,3</sup>.</p> <p>1.1.2 Access to support networks and parent-led groups are offered to facilitate engagement with early intervention<sup>2,3</sup>.</p> <p>1.1.3 Families are informed of financial assistance and access to the National Disability Insurance Scheme (NDIS)<sup>8</sup>. Formal Advocates are accessed where appropriate.</p>	<ul style="list-style-type: none"> <li>• &gt;97% of children who are deaf or hard of hearing and their families are engaged in early intervention by 6 months of age<sup>1</sup>.</li> <li>• Early intervention services demonstrate that information about support networks and parent-led groups is provided.</li> <li>• Early intervention services demonstrate that all families are provided with information on the NDIS, the NDIS Hearing pathway and ECEI partners.</li> <li>• For children who do not qualify for NDIS, information regarding services including the NDIS ECEI partner organisation, is provided<sup>8</sup>.</li> </ul>
1.2 All children who are deaf or hard of hearing and their families remain engaged with an early intervention service until school entry.	<p>1.2.1 Early intervention services have an organisational standard policy and procedure in place which outlines a process for families who disengage including:-</p> <ul style="list-style-type: none"> <li>- The process to re-engage the family.</li> <li>- A threshold to distinguish the point of disengagement and the follow up required after the point of disengagement.</li> <li>- Strategies to facilitate engagement with known at-risk groups.</li> </ul> <p>1.2.2 Children who are deaf or hard of hearing and their families are supported when transitioning from one early intervention service to another early intervention service, or transitioning to Prep and/or school support services (as appropriate)<sup>1</sup>.</p> <p>1.2.3 Early intervention services notify the education facility and assist in the development of a transition plan at least six months prior to enrolment in school<sup>1</sup>.</p>	<ul style="list-style-type: none"> <li>• Early intervention services demonstrate adherence to their standard policy and procedure at point of disengagement where appropriate.</li> <li>• Early intervention services refer on to support agency, such as Queensland Hearing Loss Family Support Service, or NDIS ECEI partner.</li> <li>• Early intervention services provide evidence of a policy or process to engage families which includes support for groups at risk of disengagement.</li> <li>• Early intervention services demonstrate that protocols are in place to facilitate transition to school.</li> </ul>



## 2. Qualified Providers and Early Intervention Processes

Objective	Standard	Target Performance Indicator
2.1 Children who are deaf or hard of hearing and their families have access to evidence-based early intervention services where the providers have specialised knowledge and skills to support and promote optimal developmental and functional outcomes <sup>1,2,3,7,8</sup> .	<p>2.1.1 Early intervention services comprise professionals with appropriate expertise and qualifications specific to hearing loss in babies and children, including teachers of the deaf and speech pathologists<sup>1,2,3</sup>.</p> <p>2.1.2 Early intervention professionals engage in professional development to ensure quality evidence-based practice<sup>2,3</sup>.</p> <p>2.1.3 Early intervention services that teach Auslan provide native or fluent Auslan professionals who have specialised skills and knowledge to facilitate Auslan development for children who are deaf or hard of hearing and their families<sup>3</sup>.</p> <p>2.1.4 Early intervention to develop listening and spoken language will be provided by professionals who have specialised skills and knowledge to facilitate listening and spoken language development for children who are deaf or hard of hearing and their families<sup>3</sup>.</p> <p>2.1.5 Early intervention services adopt an interdisciplinary model where appropriate (e.g.: families who have deaf or hard of hearing children with additional disabilities have access to early intervention services that meet the needs of the child and family in all developmental domains)<sup>2,3,7</sup>.</p>	<ul style="list-style-type: none"> <li>• Early intervention services demonstrate that all professional staff have the skills/ qualifications to provide services to babies and children who are deaf or hard of hearing and their families, including: <ul style="list-style-type: none"> <li>- Auslan teaching (qualifications in Auslan teachers are desired);</li> <li>- qualified professionals to provide listening and spoken language intervention;</li> <li>- and/or specialist speech pathologists and teachers of the deaf to provide communication intervention.</li> </ul> </li> <li>• Early intervention services demonstrate that support to uphold teachers' Auslan skill development and maintenance is provided.</li> <li>• Early intervention services provide evidence that clinicians engage in professional development to enhance the outcomes of children who are deaf or hard of hearing and their families.</li> <li>• Early intervention services provide evidence of implementation of interdisciplinary practice where appropriate.</li> </ul>



## 2. Qualified Providers and Early Intervention Processes (continued)

Objective	Standard	Target Performance Indicator
2.2 Longitudinal developmental assessments are implemented in order to monitor the child's unique developmental outcomes and to inform clinical judgments regarding appropriateness of communication approach and level of intervention <sup>2</sup> .	2.2.1 Early intervention services provide co-ordinated on-going measurement of communication outcomes for children who are deaf or hard of hearing and their families in their primary language <sup>2</sup> .	<ul style="list-style-type: none"> <li>• &gt;97% of children who are deaf or hard of hearing and who attend early intervention services receive a full developmental baseline assessment with standardised/norm-referenced assessment protocols or recognised criterion-referenced checklists for communication development by 12 months of age<sup>1</sup>. Assessment of the child and carers' social and emotional wellbeing is incorporated within the test battery.</li> <li>• &gt;97% of children who are deaf or hard of hearing who attend early intervention services have their progress monitored using objective developmental and communication measures at six-monthly intervals, following the initial baseline assessment, during the first three years of life and then annually until transition to school<sup>1,3</sup>.</li> <li>• Early intervention services demonstrate adherence to a standard policy and procedure if a family decline a recommended assessment.</li> <li>• Early intervention services demonstrate that objective measures of a child's rate of progress and communication outcomes are documented and shared with the family; and that referrals to other services are made according to the needs of the child<sup>2,3</sup>.</li> </ul>
	2.2.2 A common assessment battery is used to standardise the assessment process across and within early intervention services. Recommendations for assessment of children with additional disabilities and for whom a non-standardised assessment approach is appropriate (for example Auslan speakers and culturally diverse populations) is to be included <sup>2</sup> .	
	2.2.3 Parents of children who are deaf or hard of hearing are consulted about the assessment processes and are provided with information about their child's unique communication outcomes including their capabilities <sup>2,3</sup> . In the case that recommended assessments are declined by a family, a standard policy and procedure is in place to support the family's informed choice.	
	2.2.4 In collaboration with the family, assessment and objective measures are used to guide clinical decision making about the individual rate of a child's development and to determine when there may be a need for an enhancement in or change to intervention or for interdisciplinary or medical referrals <sup>2,3</sup> .	



### 3. Family-Centred Practice and Parent Support

Objective	Standard	Target Performance Indicator
3.1 Early intervention services, support services and advocacy services are family centred.	<p>3.1.1 Early intervention services ensure they adhere to the 10 principles of the FCEI Consensus Statement<sup>2</sup> and the Parent Professional Charter<sup>6</sup> when developing policies and procedures or reviewing service delivery.</p> <p>3.1.2 Parents of children who are deaf or hard of hearing are represented in the development of service delivery standards and protocols<sup>2</sup>.</p> <p>3.1.3 Early intervention services provide information in a culturally and linguistically appropriate format, including Auslan<sup>1,2,3</sup>.</p>	<ul style="list-style-type: none"> <li>• Early intervention services include a mechanism to measure service delivery against the 10 principles of the FCEI Consensus Statement and the principles within the Parent Professional Charter.</li> <li>• Early intervention services provide evidence of engaging parents in the development of service delivery standards and protocols.</li> <li>• Early intervention services provide evidence that interpreter services and/or translated resources are available.</li> </ul>
3.2 Families have access to all available resources and information that is accurate, well-balanced, and comprehensive and is conveyed in an unbiased manner <sup>1,2,3,6</sup> .	<p>3.2.1 To assist informed decision-making, Early Intervention and Support Services, including Queensland Hearing Loss Family Support Service (QHLFSS) provide information to families on:</p> <ul style="list-style-type: none"> <li>- all communication approaches</li> <li>- the importance of children developing competency in a shared language with caregivers for social-emotional wellbeing and resilience.</li> </ul> <p>3.2.2 Early intervention services continually work in partnership with families to ensure that families understand the information they receive, and the processes involved to make fully informed decisions<sup>2,3,6</sup>.</p>	<ul style="list-style-type: none"> <li>• All services provide evidence that all communication approaches are discussed with families.</li> <li>• All services provide evidence that families are support by informed decision making, and choice and control.</li> </ul>
3.3 Families are provided with social and emotional support at the point of diagnosis and throughout early intervention <sup>2,3,6</sup> .	<p>3.3.1 All children who are deaf or hard of hearing and their families are offered support and advocacy to assist with social and emotional wellbeing<sup>6</sup>.</p> <p>3.3.2 Families have access to formal support programs that provide trained Parent Mentors and Deaf or Hard of Hearing Adult Mentors; and are offered access to informal networks that support the social and emotional well-being of parents and siblings<sup>2,3</sup>.</p>	<ul style="list-style-type: none"> <li>• Early intervention services provide evidence that all children who are deaf or hard of hearing and their families are offered support and advocacy as standard practise.</li> <li>• Early intervention services provide evidence that all families have been offered access to formal support programs and informal support networks.</li> </ul>



#### 4. Monitoring and Evaluation

Objective	Standard	Target Performance Indicator
4.1 Early intervention services regularly monitor and evaluate child and family outcomes to ensure integrity of the intervention that a child receives <sup>1,3</sup> .	<p>4.1.1 Early intervention services implement an individual family service plan for each child who is deaf or hard of hearing and their family<sup>3</sup>.</p> <p>4.1.2 Early intervention services apply principles of evidence-based practice and have knowledge of current research and evidence related to early intervention for children who are deaf or hard of hearing and their families<sup>2,3</sup>.</p> <p>4.1.3 Early intervention services reflect on current practises and evaluate outcomes according to objective data<sup>2</sup>.</p>	<ul style="list-style-type: none"> <li>• Early intervention services demonstrate that each child who is deaf or hard of hearing and their family has an individual family service plan.</li> <li>• Early intervention services demonstrate that they are engaging in evidence-based practice.</li> <li>• Early intervention services document the following data regarding early intervention service delivery: date of engagement, frequency of attendance, assessment dates, communication mode, and communication outcomes.</li> </ul>
4.2 Early intervention services use quality assurance principles to monitor and evaluate program outcomes <sup>3</sup> .	<p>4.2.1 Early intervention services adhere to the professional and ethical standards required for working with children and their families<sup>1</sup>.</p> <p>4.2.2 Feedback from families regarding the early intervention service, providers, practises and systems is actively sought and used for quality assurance outcomes<sup>1,3</sup>.</p>	<ul style="list-style-type: none"> <li>• Early intervention services provide evidence that professional and ethical conduct is upheld in line with jurisdictional legislation and guidelines.</li> <li>• Quality assurance and evaluation of program practises are documented.</li> <li>• Early intervention services provide evidence of a mechanism to encourage and record families' feedback, regardless of outcomes.</li> </ul>



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