What are the types of early development support available to children with hearing loss and their families in multilingual and multicultural Switzerland? The exemple of Suisse romande

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Abstract

The author proposes to look into the situation of small children with hearing impaired in Switzerland as a country which is developed, rich, multilingual and multicultural. An example of one part of this federal state with direct democracy, the Swiss romande, introduces readers to different forms of early-developmental support existing in its seven French- and Italian-speaking cantons. The description of existing types of early-developmental support allows to analyse gaps in the system of benefits and early education, which exist in individual cantons, and changes in their funding. This description in the form of a report also allows cantons to introduce new benefits for hearing impaired children and their families. In the summary the author proposes some possibilities of filling the gaps in early-developmental support which still exist in most of seven cantons to strengthen harmonious influencing in this important period of a child’s development.

Reference


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What are the types of early development support available to children with hearing loss and their families in multilingual and multicultural Switzerland? The example of *Suisse romande*

**Introduction**

In most European countries, Universal Newborn Hearing Screening is carried out in hospital neonatal wards. This does not translate into all children with a risk of severe hearing loss being diagnosed at this stage and provided with proper care. Switzerland (Helvetian Confederation) is a European country which is also one of the most developed, so it is worth having a closer look at the Swiss system of care provision for children with hearing loss. The country is divided into four linguistic and cultural regions (German, French, Italian and Romansch – Figure 1) and 26 cantons, which are self-governing, each having its own authorities, administration, education, healthcare and other social benefits systems.

Until 2007, the Disability Insurance (AI¹) was a general, federal organ of healthcare and social benefit provision to persons with disabilities. This changed with the introduction of the new, more self-governing division of these generally accessible benefits (RPT²). Since then, cantons have been allocated annual financing from the federal state, to be managed according to their local needs.

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¹ (Fr. Assurance Invalidité).
² RPT – (fr. Réforme de la Péréquation financière et de la répartition des tâches entre la Confédération et les Cantons) stands for new financing rules between the Confederation and individual cantons.
this article, we will focus our attention to the French and Italian speaking parts of Switzerland, which are often commonly referred to as Suisse romande. This region, which comprises approximately one third of Switzerland’s total surface area, is distinguished by particular initiatives for the unification of education systems. Suisse romande consists of 7 cantons (Figure 1): Geneva with the City of Geneva as its capital; Vaud with the capital in Lausanne; Valais governed from Sion; Neuchâtel and Fribourg with the capital cities of the same name; Jura with the capital in Délemont; as well as the Italian speaking canton of Ticino with the capital in Locarno. Because of the close proximity of at least one other language, many of the Swiss regions are bilingual, as is the case in the cantons of Fribourg; or Valais, with their French or German speaking valleys. In these cases, according to the rules of direct democracy, it is the local municipalities that decide whether schools are German or French speaking. Taking care of

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3 Fr.la Suisse romande ou la Romandie.
What are the types of early development support available to children...

the needs of the majority of residents, they suggest solutions that provide equal access to schools for all children.

This chapter is divided into three parts. The first presents the basic laws and legal acts that provide for the organization of support for children and young people with hearing impairment. Starting with the general rights of the disabled in Switzerland, it discusses the current changes taking place in the **romand** part of this country (section 1). The second part deals with the issues relating to the early diagnosis of hearing loss (section 2). The third section presents various forms of early childhood support for children with hearing impairment, based on data obtained from the OPERA project. In the discussion that follows we will summarize systemic omissions with regards to the early diagnosis and support for children and their families in this part of the Confederation.

**On the way to equal rights: disability rights and their application in Switzerland and its **romand** part.**

In April 2014, under relentless pressure from associations of people with disabilities, Switzerland ratified the United Nations Convention on the Rights of Persons with Disabilities (CDPH). Consequently, the Confederation became engaged in observing the principle of non-discrimination and adopting new legal regulations, aimed at providing care to disabled persons, along with appropriate support and aid which would help them fully participate in the life of Swiss society. This internationally important step highlighted the changes taking place in the Swiss social security and integration system. The process of change in the social and educational domains had been underway for a few years by that time. The first important legal act for disabled persons was the federal law granting equal rights to these citizens (Lhand, 2002). It provided foundations for the modern understanding of and support provision to people suffering from disabilities, deficits or illness. Other related laws were often local, depending on the cantonal commissions, involved in fighting for respect and equal rights for

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4 The fifth report of the project: Aber, Tièche Christinat, Ayer & Jost Sturmi (2012). For more details on the project itself see section 3.
5 CDPH (Fr. Convention des Nations Unies relative aux Droits des Personnes Handicapées)
6 The 2008 Convention, signed by the European Union in 2010, forced the Haelvetian Confederation to modify the existing rights and make available or introduce the necessary basic benefits guaranteed by the Convention.
the people with disabilities. In this section, we are particularly interested in the legal regulations concerning the integration of children and youth.

At the beginning of 2010 a new cantonal law entered into force in Geneva, i.e. The Law on the Integration of Children and Youth with Special Educational Needs and Disabilities (LIJBEP)⁷. This was accompanied by other major changes in mainstream education, crowned by the victory of the project for the harmonization of education systems across Switzerland, HarmoS⁸ (2006). The project was subjected to popular vote in each Canton (according to the principles of direct democracy⁹) and entered into force in most of them, although some Cantons firmly negated the need for harmonization and others suggested delayed implementation. In the romand Cantons, Geneva led the way by introducing HarmoS in 2011. Other Cantons in this part of Switzerland adopted the new rules only in 2013.

Due to the changes not only in the general education system but also in the principles of financing the provision of assistance and support to persons with disabilities, it became urgent to develop a new cooperation framework in the field of special education between the federal office of social insurance OFAS¹⁰ and the Cantons (Maradan, 2011). The new legal act The Law on Cantonal Cooperation in the Field of Special Education, which was an agreement developed by the Conference of the Directors of Public Education¹¹, was signed in October 2012, providing the legal basis for cantons to create commissions, define uniform rules of cooperation in special education, and decide on the types of support necessary for children and young people with special educational needs.

As Nendaz (2011) reported, not every canton agreed to join in the cooperation. Out of the seven romand cantons, Geneva did and ratified the regulations of The Law on Cooperation in 2008; Vaud, Ticino and Fribourg did the same in 2009, Valais in 2010, and Jura and Neuchatel in 2011, suggesting a new

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⁷ Loi sur l’intégration des enfants et des jeunes à besoins éducatifs particuliers ou handicapés (LIJBEP).
⁸ HarmoS – L’accord intercantonal sur l’harmonisation de la scolarité obligatoire.
⁹ The cantonal or federal voting on various topics relating to social life, laws, education, emigration etc. takes place several times a year. Voting in Suisse romand is usually more open than in more conservative German speaking part.
¹⁰ OFAS – Office Fédéral des Assurances Sociales.
¹¹ CDIP-Conférence des Directeurs des départements cantonaux d’Instruction Publique.
structure of this law’s application, which entered into force in 2012. The Canton of Berne in Suisse romande was willing to cooperate but did not join in. Neither has it provided the institutional data necessary for the OPERA project, although it was interested in the results. This bilingual canton in which French is spoken along with German as the leading language is the seat of the federal authorities and one of the largest cantons in Switzerland. Since 2009, it has used the new application of Integrative Education Guidelines\(^\text{12}\) while waiting for the new federal strategy regarding special education to be developed by the Directorate of Public Education, health and social planning authorities and two other organs which deal with special or integrative education in primary and lower secondary schools as well as the specialist education in separate institutions taking care of the disabled children and young people. The ratification of The Law on Cooperation, foreseen in this canton for 2015 (Nendaz, 2011; CDIP, 2016), did not take place because of the development and modernization of the canton’s own policies in the field of provision of care and assistance as well as education for people with disabilities.

The OPERA Project\(^\text{13}\) was born from the need to harmonize the existing system of support and education, broadly interpreted, for children with hearing loss. The project was financed by the Inter-cantonal Conference of Public Education in Suisse romande and in Ticino (CIIP\(^\text{14}\)). Its aim is to gather information in the seven romand cantons on the types of support available to children with hearing loss and analyse the data against the up-to-date international academic research in the field. It is also an objective of the project to work out a uniform care and support system for all romand cantons under the title The Romand Concept for Teaching Deaf and Hard of Hearing Learners. The project is implemented by The Pedagogical College of the Vaud Canton (HEP VD\(^\text{15}\)) and the Swiss Centre for Special Needs Education in Bern. Five reports have been produced to date, containing statistical data on deaf and hard of hearing (DHH) children, collected between 2006 and 2011. We shall refer to the last report of 2012 (Alber et al., 2012) to discuss and illustrate the type of support available in the seven cantons. In 2010–2011, the project involved 346 children and young people with hearing

\(^{12}\) Guide de la scolarisation intégrative à Berne.

\(^{13}\) Concept romand de scolarisation des élèves sourds et malentendants – Projet OPERA.

\(^{14}\) CIIP – Conférence intercantonale de l’instruction publique de la Suisse romande et du Tessin.

\(^{15}\) Haute Ecole Pédagogique du Canton de Vaud.
loss, aged 0–20. The statistical data was taken from the questionnaires sent to the institutions that provide various types of support to this group of students. For more information see section 3.

Interestingly the status of sign language, which is a “natural language” of children with severe hearing loss or, as is often also emphasized by Polish sources too, deaf children (e.g. Sak, 2012), does not feature in the confederal laws. Neither is it mentioned in most of the cantonal constitutions. In fact, the only canton which provides a constitutional right of choice of sign language and therefore allows and enables its use in school curricula is the Canton of Zurich and, since 2014, the constitution of the Canton of Geneva. In all other cantons, sign language has no legal status, hence there are no legal grounds for its use in therapy or education. The recognition of the right of the D/deaf child to use sign language is therefore suspended in a legal vacuum. Grosjean (1999) emphasizes that every DHH child has the right to learn sign language and use it on a par with other languages proposed by the school, for better and faster integration. Such a view is also expressed by the Swiss Federation of the Deaf (SGB-FSS), which defends the rights to this language and suggests teaching it at different levels, to children and adults, families and school colleagues alike.

Let us now return to the issues concerning the diagnosis of hearing loss.

**Diagnosis of hearing loss and parental choices**

According to the general data on the Universal Newborn Screening carried out in Swiss clinics and hospitals since 1999 (Metzger et al., 2013), hearing tests cover 97% of all newborns in the country. In Geneva, the tests have been mandatory since 2003 (Kos, 2010), and they confirm the Swiss national data analysed in Zurich, which, like Geneva, is an international city with a high percentage of immigrants in the population (approx. 30%).

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16 The term Deaf/deaf is used in the literature in reference to children with hearing loss, emphasizing the anthropological understanding of the child with all its differences (cognitive, psychological, identity development), without reducing the child to its deficit and its consequences. The term is also used to stress the belonging of the child to the community of the Deaf, using sign language with its spatial vision of the world, expressed by hand gestures and the movement of the entire body. This is a language rich in linguistic, communicative, cognitive and cultural content.

As indicated by the screening data obtained from the University Hospital in Zurich, 13% of newborns with negative screening results fail to report back for the confirmation of the diagnosis (Metzger et al. Ibid.). One of the factors that explains this situation is the multilingual and multicultural status of the immigrant population, often mistrustful of the authorities and regarding the hospital as part of the system. It is also impossible to include the statistics with regard to infants born at home who are not always registered with the municipality. As Easterbrooks (2010) comments on the immigrant population in the USA, it is a group in which early diagnosis of hearing loss and early rehabilitation is often out of control. Based on the statistics of Centres for Disease Control and Prevention (2008, quoted by Easterbrooks, 2010, p. 113) the same author observes that even among children diagnosed early, only a little over half are included in the programmes for early rehabilitation and education.

The Swiss law allows all children, regardless of their parents’ legal status, beliefs, faith, and linguistic or cultural affiliation to attend public schools. Some children begin school without the basic knowledge of the language of instruction but at the age of four most of them quickly catch up. Children with hearing loss, diagnosed or not, who come from an immigrant population are also sent to public school, and are only from there referred to specialist settings, if available in their canton, where they can apply for the support they need. Their linguistic and overall learning development is extremely varied and depends not only on the child’s intellectual abilities but also on the involvement and help on the part of the family and other forms of institutional support, financed by cantons or the Confederation (as presented by Tièche Christinat, 2013).

With the diagnosis of severe hearing loss, the tendency towards implantation has become standard and is generally accepted today. However, the decision to operate is very difficult for parents, as discussed by Hyde et al. (2010) in their study conducted in Australia. Swiss parents have similar concerns and unfortunately they are not always happy with their nearest hospital (ref. Emission de la TSR “Signes”18). As revealed by the parents of children who received hearing implants in Bern, they feel accepted and heard. In his presentation, Dr Pascal Senn (2013) says that the Bern hospital 19, with its centre for pediatric cochlear implants, assumes that implantation is a therapy that requires the cooperation

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18 Television Suisse romande, Emission Signes.
19 Inselhospital, Berne.
of many specialists, as well as good understanding and acceptance on the part of the family. The professionals working in the centre believe that dogmatism must be replaced by cooperation with the parents and respect for their choices, whether it is sign language, cued speech or other methods of communicating with the child. This kind of cooperation aims at the most extensive rehabilitation possible in preparing the child for general public education and maximising its potential for communication. Dr Senn emphasizes that parents are an extremely important link, not only in successful cooperation based on mutual understanding and a harmonious rehabilitation project for the child, but also in education, where such cooperation brings excellent results. The Geneva based Dr Deriaz (2009) emphasizes that all this largely depends on a professional cooperation among many specialists from different disciplines who are in place to ensure that a child who receives an implant or a hearing aid can use it to his or her best advantage.

Let us go back, however, to the early development support available in Suisse romande.

**Various types of support available in the OPERA project**

Switzerland, with its population of 8 million, has 10,000 deaf residents as declared by the Swiss Federation of the Deaf, which means that this figure does not include the many children and young people with hearing loss from hearing families, who do not consider themselves to be deaf. Unfortunately, the federal statistics do not include the figures for this group of children, young people and adults. The OPERA project (Alber, Tieche Christinat, Ayer, Jost-Hurmi, 2012) i.e. *The Romand Concept of Support and Education of Deaf and Hard of Hearing Children*\(^{20}\), includes data on various types of early and school support for: children with hearing loss, parents, teachers and the class in which a DHH child is integrated.

The project includes different data depending on the year of research, summarised in five subsequent reports, which helps with tracking the differences in the types of support offered and different sources of financing. Each report includes a part that constitutes a review of the scientific literature on one of the

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\(^{20}\) Concept romand de scolarisation des élèves sourds et malentendants – Projet OPERA.
topics in the field of Deaf Studies and Deaf Education. The last, fifth report tackles the issue of the changes caused by early implantation and opportunities that it provides when it comes to school performance of DHH children.

This last report (Alber et al. 2012, p. 16–60) will help us discuss the types of support available in *Suisse romande*, representing the seven cantons and taking into consideration the clients of these services:

1. “transitional” support given to children with hearing loss
2. centralized support given by an institution/school/special class, i.e. specialist support in hearing loss, for children and young people affected by this disability
3. support for families
4. support for teachers and children from mainstream classes integrating DHH children.

In this chapter we will have a closer look at the support of the first, second and third types: transitional or centralized in an institution specialized in hearing loss given to a child, and support given to families. The fourth type of support will be discussed in the next chapter (Tomińska, Part II in this monograph).

Let us have a closer look now at the places of residence of DHH children, according to the OPERA data of 2010–2011.

### Table 1. Number of children with hearing loss in individual cantons, OPERA project 2010–2011

<table>
<thead>
<tr>
<th>Number of children with hearing loss (0-20) in individual cantons, 2010–2011; The OPERA project data</th>
<th>FR</th>
<th>GE</th>
<th>JU</th>
<th>NE</th>
<th>TI</th>
<th>VD</th>
<th>VS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total: 346 children and young people</td>
<td>47</td>
<td>38</td>
<td>19</td>
<td>56</td>
<td>22</td>
<td>127</td>
<td>37</td>
</tr>
</tbody>
</table>

Alber et al. (2012), p. 70.

As we can see in Table 1 above, the number of children and young people with hearing loss differs considerably from one canton to another. The highest number are registered in Vaud with its capital in Lausanne, which is one of the largest cantons as far as its surface area and population density are concerned. It is also home to the French-speaking seat of the Swiss Federation of the Deaf.

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21 Again including: Vaud, Valais, Geneva, Fribourg, Neuchâtel, Jura and Ticino.
as well as a few other institutions specializing in working with DHH children and their families. Geneva, being one of the smallest cantons, is one of the most densely populated hence the large group of children and young people with hearing impairment. The canton of Jura is not very densely populated, which explains a lower number of children involved in the OPERA project. The authors of the project do not comment on this distribution but focus on the number of the youngest children and the support offered to them. In the total number of 346 children with hearing loss in Suisse romande there are 43 children aged 0–3; 24 of them (over 55%) attend specialist units offering specialised support for young children. Two cantons -Fribourg and Vaud – offer classes for groups of DHH children. In Fribourg, the St. Joseph Institute offers nursery group education one day a week to socialize children and support their linguistic development. In Lausanne, the former cantonal school for deaf children (ECES) offers classes, one day a week, as well as parent and child meetings one afternoon a week. These children otherwise attend general setting nurseries. We shall discuss this topic further below in the section on specialised support. Two children from the youngest group do not attend any educational services for this age group. For eleven children, i.e. quarter of those aged 0–3 the questionnaire, did not yield any information on their integration in mainstream or special education structures (Alber et al. 2012, p. 16).

This shortage of data is surprising as it indicates certain systemic flaws in the institutions dealing with the youngest children, providing support in the earliest, most significant years of the development of communication skills, language and speaking as well as the knowledge of the surrounding world.

Let us therefore analyse all types of support available and some selected data from the latest OPERA report (Alber et al., 2012).

**“Transitional” support**

The first type of support available is the so-called “transitional” support, providing the following services in the romand cantons:

Table 2 presents the most important types of support, to which a child with hearing loss is entitled in the selected romand cantons.
Table 2. Transitional support available for children with hearing loss aged 0–6

<table>
<thead>
<tr>
<th>Types of transitional support available for children with hearing loss.</th>
<th>FR</th>
<th>GE</th>
<th>JU</th>
<th>NE</th>
<th>TI</th>
<th>VD</th>
<th>VS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early development support service at home (up to 6 years of age)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cued Speech communication support (LPC&lt;sup&gt;1&lt;/sup&gt;)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Communication support with sign language (LSF&lt;sup&gt;2&lt;/sup&gt; or LSI&lt;sup&gt;3&lt;/sup&gt;)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Speech therapy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Psychomotor therapy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Psychological advice and support</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Provision of transport for therapy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Help with diagnosis (extensive medical diagnosis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Classes in a group of children with hearing loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

1 LPC – langage parlé complété i.e. Cued Speech.
2 French sign language (Langue des signes française – LSF).
3 Italian sign language (Langue des signes italienne – LSI).

Alber et al. (2012), p. 17.

**Early development support service at home** is offered by two institutions. The first is the services of itinerant psychologists (SEI<sup>23</sup>), who visit a child and the family at home to find the best overall development support for a disabled child and help the parents with observation and the everyday relationship with a child. Itinerant psychologists’ support focuses on positive elements of a child’s development and communication efforts, which can be observed and supported to enable further development and rehabilitation at home. The second is the so-called *Child Guidance*<sup>24</sup>, working in cooperation with a hospital (The ORL Department in the Geneva University Hospital<sup>25</sup>) and a paediatrician, neonatologist, child psychia-

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<sup>23</sup> Fr. Service éducatif itinérant (SEI).
<sup>24</sup> Guidance infantile.
<sup>25</sup> Geneva University Hospital – HUG – Hôpital Universitaire de Genève.
trist and other medical services and facilities. This is also designed to help find therapeutic care for children after they leave the hospital. These two institutions have children with various developmental disabilities referred to them. They also provide support with social problems, which are not always diagnosable when a child leaves the hospital, and deal with diagnosed children who require continuous contact and family support. These services provide support in organizing early development assistance in nurseries (0–4) and during the transition to school at the age of 4 (obligatory according to the assumptions of the HarmoS programme). Available nationwide, they work with parents and other partners (doctors, therapists, pedagogues) to create individual rehabilitation programmes. Yet these two institutions cannot provide support to all the children in the cantons and ensure efficient and harmonious provision for all parents. In Geneva, the waiting time for a meeting with a representative of one of these services is several months, so ultimately most of the decisions with regard to the organization of a child’s care and rehabilitation remain in the parents’ hands.

The Cued Speech (Fr. LPC) or sign language (French LSF or Italian LSI) communication support is available in all cantons under the project. Parents have a choice of institutions when it comes to learning their preferred form of linguistic support. They are also responsible for making sure that the support and its costs are refunded. This is obviously linked with the decision-making period and the gathering of information on the child’s potential development in one of the chosen paths of communication. Medical services, particularly implantation centres, do not always give information to parents on these types of support. Parents find out either from other parents or their associations. One of those is the “A Capella”26. Foundation operating across the French-speaking areas. This is an association of parents who choose phonic communication with Cued Speech. The foundation helps parents decide on whether to choose implantation or Cued Speech, based on the example of other families in the same situation. It organizes weekend meetings for families and Cued Speech courses. In many cases these courses or family meetings are refunded or low cost. The situation in the Italian canton (Ticino) is quite specific. The use of Cued Speech is not widespread and this type of support is not available at all.

26 www.a-capella.ch.
The teaching of sign languages is offered by the sections of the Swiss Federation of the Deaf and it is refunded\(^2\).

*Speech therapy, psychological advice and support and psychomotor therapy* are offered in every canton, as they are regarded as very important to the development of a DHH child. Parents are usually referred to therapists who cooperate with hospitals.

They can also choose other therapists, finding out about them from their paediatrician or the associations of parents of children with hearing loss. ASPEDA\(^2\), which is the Association of Swiss Parents of Children with Hearing Loss, is one such organizations. Its internet pages include a lot of information, not only about hearing deficit and their consequences to child development but also on various types of help available, refunding, rights, other more local associations and the latest news from them in three languages: French, German and Italian.

*Provision of transport* from the child’s home to therapy is available in every canton. This kind of transportation can also be organized from the nursery to therapy and back and is fully funded by the cantons.

*Help with the diagnosis* and neutral information as a form of support is offered only in the Canton of Vaud, by the Swiss Federation of the Deaf in Lausanne. Its aim is to inform parents of their right to various choices related to bringing up a DHH child, e.g. sign language support.

*Classes in a group of children with hearing loss* are offered jointly by the Jura and Neuchatel cantons but in recent years they have not taken place due to the lack of enrolment. Support of this type is, however, still available and it can be taken advantage of given the formation a group.

**Provision of support in specialist institutions for children with hearing loss**

Let us now analyse the types of support available in various educational and therapeutic facilities specializing in hearing loss\(^2\). At present there are two centres specialised in deafness in *Suisse romande* that provide support for

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\(2\) Cantons have not financed this form of support since the academic year 2014/15. The Swiss Federation of the Deaf is therefore forced to seek other financing and co-financing to continue offering sign language classes to children and their families at home.

\(2\) Association Suisse de Parents d’Enfants Déficients Auditifs.

\(2\) Selected data on early childhood and nursery period (0–4).
DHH children in both the educational and therapeutic senses. One of them is in Geneva\textsuperscript{30} and the other in Fribourg. Until recently, i.e. August 2010, there was also a specialised centre in Lausanne but because of a large percentage of implantations and the referral of these children to general access public schools, the Lausanne centre was closed down.

In the Alpine Canton of Valais, there is a grouping for deaf and hard of hearing children in Sion, at Collines School\textsuperscript{31}, yet most of the support is provided in general access nurseries, where the educators and therapists of the itinerant service attend to provide this type of assistance.

In Table 3 we present various types of support provided in the so-called \textit{centralized specialist facilities for children with hearing loss}. As we can see at the top of the table, \textit{early support in pre-nursery or nursery schools} specializing in children with hearing loss is possible only in Fribourg. It is also available in Geneva, yet in the last few years no section for such small children has been opened at the Centre for the Deaf and Hard of Hearing Children at Montbrilliant Street (CESM\textsuperscript{32}) due to lack of financing and low enrolment.

\textit{Early development meetings for parents and children} take place only in Lausanne, where the nurseries have been closed down due to a new policy of introducing children with implants to general access public nurseries and schools in their district of residence. Early development classes for parents and children aim at organizing meetings, establishing contacts and exchange of experiences among parents of children with hearing loss. They are offered once a week in the former cantonal school for deaf children in Lausanne (ECES\textsuperscript{33}).

\textit{Specialist nursery classes} for children aged 4–6 are available in the Cantons of Fribourg, Geneva and Valais. The Cantons of Jura, Neuchatel and Ticino offer no specialist schooling for children with hearing loss, so there is no centralized support provision in these cantons.

\textsuperscript{30} In Geneva it is CESM the \textit{Centre pour enfants sourds et malentendant de Montbrillant} – The Centre for Deaf Children and Children with Hearing Loss at Montbrilliant St.; in Fribourg it is the \textit{Institut de Saint Joseph} – St. Joseph’s Institute.

\textsuperscript{31} Ecole de la Colline à Sion.

\textsuperscript{32} CESM is the facility which has been for years a collective boarding school. After a change of the school system in 1980 it became a bilingual, daytime and integrative school, many parents left, choosing the oralist approach to education with Cued Speech instead – A CAPELLA.

\textsuperscript{33} ECES-Ecole cantonale pour enfants sourds (Cantonal School for Deaf Children), in Lausanne, Canton of Vaud.
What are the types of early development support available to children...

### Table 3. Centralized support in specialist facilities for children with hearing loss

<table>
<thead>
<tr>
<th>Types of centralized support for children with hearing loss in specialist pedagogical and therapeutic centres</th>
<th>FR</th>
<th>GE</th>
<th>JU</th>
<th>NE</th>
<th>TI</th>
<th>VD</th>
<th>VS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist pre-nursery for deaf children (0-2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Specialist nursery for deaf children (2–4)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents-children meetings (0–2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents-children meetings (2–4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist nursery class for deaf children (4-6)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cued Speech communication support (LPC)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sign language communication support (LSF)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech therapist (on site)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychomotor therapy (on site)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological advice and support (on site)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School transport</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help with the diagnosis (extended medical diagnosis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Classes in a group of DHH children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Residential school setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Nursery therapy group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Alber et al. (2012), p. 18.

**Cued Speech and sign language communication support**, organized in specialist facilities, is linked with parental choices and respect for those choices at the place of a child’s education. Teachers and therapists in a specialist facility usually use these forms of communication. Some of them are deaf and become important role models, and not only linguistic ones. They are after all native speakers of sign language who provide a model for a child’s identity development and self-esteem (Sąk, 2012). Support of this type is available only in the educational facilities in Geneva and Fribourg. In the cantons of Vaud and Valais it is, however, also offered by itinerant pedagogues who travel to various general education sites attended by children.
Speech and psychomotor therapy as well as psychological advice and support are available on site at schools in Geneva in Fribourg, and in Vaud and Valais they are offered on the same basis as linguistic support, i.e. by itinerant therapists who attend the child’s school. Four other cantons and, additionally, Neuchatel offer an option of school transport to children with hearing loss, which is particularly taken advantage of in Geneva and Fribourg, where children commute to the specialised centre from remote locations of the city or of the canton. This form of support is also at parents’ disposal in three other cantons (Jura, Vaud, Valais). The situation in the mountainous canton of Valais often requires that children are transported to school. In many locations in the mountains small local schools have been closed down, so all children are now transported to a larger settlement with a collective school. Transport to nurseries is quite rare. Altogether children’s transport is organized and paid for by municipalities but also from the cantonal funds. The Cantons of Jura and Ticino do not refund this kind of support.

As discussed in section 3.1., Help with the diagnosis is offered only in the Canton of Vaud in Lausanne, and is proposed as an extension of medical information by the Swiss Federation of the Deaf.

Classes in a group are extra-curricular, offered on Wednesdays; they are free of teaching, in Geneva and Lausanne, where they are more recreational in character and allow for DHH children to meet other children in the same situation. The only place that offers a residential school setting is Fribourg’s St. Joseph Institute, in which a small group of DHH children are taught in sign language and French. Older children can take advantage of the residential facility if the commute to the school is too long.

A nursery therapy group is offered once a week in Fribourg and in Lausanne in the former ECES. As we can see there are various forms of support offered in the institutions specializing in hearing deficits, if an institution of this kind is available in the canton. Sometimes an institution is not in place but a group of hearing loss specialists still provide classes and support for children. Unfortunately, these organized forms of support are beginning to disappear because new policy focuses much more on mainstream school attendance by most DHH children, as discussed by Tièche Christinat (2013), who emphasizes that one of the main goals of special education is the provision of support by special education teachers at the place of the child’s education.
Next, we will examine the forms of support addressed to parents and siblings of DHH children.

**Support for the family of a DHH child**

Table 4 shows various forms of support addressed to the families of DHH children.

<table>
<thead>
<tr>
<th>Table 4. Support for the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of support offered to families</td>
</tr>
<tr>
<td>Early development advice at home (up to 6 years of age)</td>
</tr>
<tr>
<td>Courses in Cued Speech communication</td>
</tr>
<tr>
<td>Courses in sign language communication (LSF or LSI)</td>
</tr>
<tr>
<td>Conferences and meetings for parents</td>
</tr>
</tbody>
</table>


*Early development advice* (SEI) is available in all cantons and is addressed to the families of children with all types of disabilities. As discussed in section 3.1., this is not restricted to hearing loss and not particularly specialized in deafness.

*Courses in Cued Speech Communication* are provided by the A Capella Foundation, which organizes training for adults and residential family courses. Parents can also choose a form of individual training at home. This kind of support is available in all **romand** cantons apart from Ticino.

*Courses in sign language communication* organized by the Swiss Federation of the Deaf can also be held at home or in small groups and, until recently (2014), were free of charge for parents and siblings of DHH children.

*Conferences and meetings for parents* are organized by various associations (sections of the Federation of the Deaf, A Capella Foundation, and ASPEDA etc.). They are not always listed with the OPERA project as not all of them take the form of institutional support, as is the case in Lausanne in the former cantonal school for deaf children (ECES). The organizers of such conferences can count both on cantonal and private financing.
Deaf and Hard of Hearing Children in socio-economically changing world

When discussing the types and kinds of support for DHH children and their families available in the French and Italian speaking part of Switzerland, it is fair to say that the choice is quite extensive and most of the forms of support are financed by the regional (cantalonal, municipal) authorities or, in the case of hearing aids (including batteries) and implants, is refunded by the health insurance.

According to Hoefflin (2013), today DHH children attend general public education facilities, which is a huge step forward in the provision of general support for these children, starting with specialised schools for the deaf which are now being transformed into open centres, promoting early integration into society. Is this a signal of social, technical and medical progress? It is worth looking at the larger picture and examine the international literature on teaching systems for DHH children, e.g. Knoors & Marschark, (2014) or the current author’s paper in the next part.

What is missing in Switzerland is an inter-cantonal institution (at best federal) specialized in hearing loss only, which would provide not only information for parents, preferably in their own language, on hearing loss and ways of handling an DHH infant but also help with the diagnosis and afterwards, or in the period of preparation for implantation etc. Unfortunately, there is no overall, institutionally organized early development support for the youngest children with hearing impairment or there are very few such facilities. In seven cantons under discussion, i.e. one third of Swiss territory, there are two such facilities. As often repeated by the parents of DHH children or their psychologists, “it all depends on the meeting” between the family and the medical/therapeutic professionals, their mutual understanding and trust. Children and their families have different, often quite painful, experiences and they often must cope alone. The only overall support is offered by other parents affiliated in various associations but even in this case neutral information is hard to come by, as it is often tinted by people’s beliefs or preferred ideology, whether it is bilingual or Cued Speech Communication.

In the case of “transitional” support it is not obligatory and not considered as necessary, though it is available, and parents as the child’s legal guardians can apply for this kind of support and its various types, and motivates their requests for refunding in several institutions (from cantonal authorities to health and disability
What are the types of early development support available to children...

insurance). We can conclude that in this part of rich Switzerland (the situation is similar in the German speaking cantons), there is much still to be done on the way to equal rights and equal opportunities for support of DHH children and their parents. We can also conclude that projects such as OPERA on the one hand provide valuable information on the various possibilities, their use and financing but on the other they exhibit systemic deficits, such as neutral information provision, weak support in the process of diagnosis and afterwards, support in the decision on implantation, choice of the linguistic and communication orientation of the family, education and schooling, taking into consideration the initial parental choices etc. As highlighted by Hyde, Punch & Komesaroff (2010), making decisions on implantation, i.e. intervention and irreversible consequences or unknown effects on the child’s condition, is not easy, especially in a situation when there is high pressure by medical personnel and public opinion. There is also the lack of institutionalized general development support, especially language or communication educational programs for the youngest children, although this is crucial to their development. This gap is most evident in our analysis of the forms of support available. In fact, parents and their determination are the main architects of professional support that a DHH child can receive.

Summary

The author proposes to look into the situation of small children with hearing impaired in Switzerland as a country which is developed, rich, multilingual and multicultural. An example of one part of this federal state with direct democracy, the Swiss romande, introduces readers to different forms of early-developmental support existing in its seven French- and Italian-speaking cantons. The description of existing types of early-developmental support allows to analyse gaps in the system of benefits and early education, which exist in individual cantons, and changes in their funding. This description in the form of a report also allows cantons to introduce new benefits for hearing impaired children and their families. In the summary the author proposes some possibilities of filling the gaps in early-developmental support which still exist in most of seven cantons to strengthen harmonious influencing in this important period of a child’s development.
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Loi fédérale LHHand (2002).


