Comparative analysis of selected European solutions in the field of early-development support and education of children and youth with hearing impairment

BIENKOWSKA, Katarzyna Ita, TOMINSKA CONTE, Edyta, ZABORNIAK-SOBCZAK, Malgorzata

Abstract

The authors propose the analysis of descriptive studies relating to early-development support and education of children and youth with hearing impairment, coming from five surveyed European countries (Poland, Slovakia, France, Germany, Switzerland). Comparison takes into consideration the diversity of socio-political and legal decision-making contexts present in individual countries. Organization of early support and education systems for children and young deaf and hearing impaired visibly stems from these conditions. In all countries there is a noticeable change in legal and social situation of people with hearing impairment, especially children and teenagers. This applies mainly to changes in legislation allowing the use of sign languages and other available means of communication in early-development support, education and social life of people affected by hearing impairment.

Reference


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Katarzyna Ita Bieńkowska, Edyta Tomińska, Małgorzata Zaborniak-Sobczak

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Introduction

Since the late 1990s, one of the most important initiatives in the field of public health in many countries has been the development of newborn hearing screenings. For instance – in the United States during this time the percentage of babies examined increased from 38% to 92% within 5 years (JCIH 2000). Currently, the screenings based on the performance of OAE and ABR are being performed in most European countries. Although national schemes covering majority of the population function only in some of them, e.g. Poland, the Netherlands, Belgium (Szyfter et al., 2013). International and national cooperation at all levels of professional organizations, governments, local governments and families have contributed to success of individual countries (European Agency for Development in Special Needs Education 2010). Development of technology in the field of diagnostics, digital hearing aids, cochlear implants and others greatly facilitates diagnostics and quick and correct selection of the prosthesis. It is clear, however, that there are still serious challenges that need to be addressed, to make screenings effective and in order for them to bring about long-term improvement in citizens’ quality of life.

1 ABR – Auditory Brain Response.
The analysis of descriptive studies (Tables 1 and 2) relating to early-development support and education of children and youth with hearing impairment, coming from five surveyed European countries (Poland, Slovakia, France, Germany, Switzerland), brought in interesting results. Comparison takes into consideration the diversity of socio-political and legal decision-making contexts present in individual countries. Organization of early support and education systems for children and young deaf and hearing impaired visibly stems from these conditions. In all countries there is a noticeable change in legal and social situation of people with hearing impairment, especially children and teenagers. This applies mainly to changes in legislation allowing the use of sign languages and other available means of communication in early-development support, education and social life of people affected by hearing impairment. The situation in Europe, as in the United States (e.g. White et al., 2010), shows that a variety of system and institutional (political, social, educational) solutions have been adopted in terms of broadly understood diagnosis, prosthesis, early-development support, rehabilitation and education of children and youth with hearing impairment. The process of support and education in everyday life is also significant, in situations giving parents the opportunity to learn the methods and ways to support the development of auditory perception and speech.\footnote{This applies to the basic assumptions of the auditory-verbal method and social support programs for children and their families. Polish domestic rehabilitation program „Sounds of Dreams” can serve here as an example}

Summary in Table 1 shows the most important elements of early-development support in selected countries.

The age of a child when applying hearing aids differs depending on a country. As you can see in the comparison (Table 1), in Poland, Germany and Switzerland children get hearing aids very early, often before or around 6 months of age. In France and Slovakia medical intervention is somewhat later and includes children between the ages of 6 and 12 months of age. This affects the age of implantation. Currently, a standard course of action in all surveyed countries in the case of confirmation of child’s serious hearing impairment, after determining the hearing threshold in the open field, is to propose diagnosis towards a cochlear implant (see e.g. the authors of the monograph). Family support, understood as social care, differs in different countries in terms of practical solutions. It can be argued that this support is particularly suitable,
Table 1. Early development support – a comparative summary

<table>
<thead>
<tr>
<th>Countries / existing support</th>
<th>Poland</th>
<th>Slovakia</th>
<th>Germany</th>
<th>France</th>
<th>Romandy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screenings in hospital neonatal unit</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Early confirming diagnosis preliminary results</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Hearing aid in the month of age</td>
<td>4–6</td>
<td>11–12</td>
<td>2–6</td>
<td>6–12</td>
<td>around 6</td>
</tr>
<tr>
<td>Family support regarding implants</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+/-3</td>
</tr>
<tr>
<td>Partial or total state funding for hearing aids</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>The existence of a national screening program</td>
<td>+</td>
<td>+/-4</td>
<td>+5</td>
<td>+</td>
<td>+/-6</td>
</tr>
<tr>
<td>The existence of coherent nationwide early-development support 0–3 yrs</td>
<td>+</td>
<td>–</td>
<td>+/-7</td>
<td>–</td>
<td>+/-8</td>
</tr>
</tbody>
</table>

Source: Own study

especially since the diagnosis and shortly afterwards in helping to make an informed decision about the deepening of audiological diagnostics and obtaining financing for the purchase of hearing aids. In all the countries parents also receive information about the possibility of a cochlear implant and this possibility is enhanced by the existing official – state (France) – or non-governmental

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3 Depending on the law and organization of early support for children and families in different cantons, e.g. there is one in the canton of Vaud, in Lausanne.

4 Exists in theory.

5 Legal system in individual regions.

6 does not exist in the whole of the Swiss Confederation and is not developed / imposed by order of superior authority. Each canton decides on its own support system.

7 Depending on the law in given regions.

8 Depending on the law and support organizations in the individual cantons. Since 2012, there has been such support in Lausanne, canton Vaud.
(run by companies, associations or groups of parents – Poland, Slovakia, Germany, Switzerland) websites. The media and the possibility of contact between parents frequently led to changes in the law or usage (e.g. Poland – petitions for programs of early support and/or reimbursement of cochlear implants, Slovakia – lowering the age of applying hearing aids).

Comparison of national data on screenings existing in all the analyzed countries proves to be different, although the form and scope of the studied population vary. Only in Poland there is a consistent and regular system for examining the majority of the population (98% cf. Wróbel et al., 2014) and a database collecting data from all over the country. In all other countries data is collected only for specific regions (federal states or cantons). However, in any of the surveyed countries there are no national centres (or databases) collecting consistent information about applying hearing aids and implantation, follow-ups and rehabilitation of young children with hearing impairment. Scattered data collected by various medical centres (clinics, hospitals financing treatment and rehabilitation, among others) are often not available for analysis and provide information subject to protection of personal data, making it difficult or even impossible to compare the effectiveness of treatment or analysis of the factors affecting the efficiency of the screenings. These data can be obtained from the statements of ministries of education after reaching the education threshold.

Data in Table 1 also shows that the lack of national support programs, especially in terms of language and general physical support, after receiving an implant or a hearing aid. There are still no educational, therapeutic and medical institutions that would provide each child and its family with harmonious and interdisciplinary support. Only in Poland there is a national standard program of language support, in Slovakia, such a program is being constructed at the moment (the law changes under the influence of social initiatives of parents and therapists). In other countries there are no such programs. There are also no programs to support parents in the initial stage of speech rehabilitation at home. Such programs operate successfully only in Poland – “Sounds of Dreams” (Bieńkowska in this monograph) and in Slovakia – Pontis Foundation program. These programs improve parents’ work with children in everyday life.
Education – the central point of preparation to live in a society

Over the past 25 years we have seen a tremendous change in the situation of young children with hearing impairment. This group, although it is heterogeneous and many external and interpersonal conditions have an impact on its development, has increasingly greater acoustic access to native phonic language, and thus the possibility of using mainstream education increases. The amendments relate to legal regulations and public awareness of the possibilities of communication of people with hearing impairment (including developmental possibilities of young children), and revolutionary technological changes, enabling not only effective treatment (screening, prostheses, surgical techniques), but also efficient communication (digital, Internet messengers or videophones). This enables the auditory-verbal development of most infants with hearing impairment. In all the countries, however, there are solutions aiming to offer various forms of support for children in preschool age and above all, schoolchildren (cf. Easterbrooks, Beal-Alvarez 2013). This involves the possibility of undertaking compulsory education in mainstream, integrational or special settings depending on the extent of possessed language skills (and the extent of mastering phonic language or sign language). Access to knowledge about the specifics of the development of children with hearing impairment increased, and consequently, so did the expectations of parents, who often very consciously fight for the rights of their children to proper health care, treatment, education, both at the local and national level. These changes meant that the needs of small children with hearing impairment and their parents they are very diverse and decentralized. The vast majority of parents are actively involved in the process of therapy and they prepare children to education in an open education system (cf. Biękowska, Zaborniak-Sobczak 2015).

The comparison of educational systems in selected European countries is presented in Table 2.

As it can be seen from the summary in Table 2, age of starting compulsory education varies, which affects the shortening or lengthening of the period of early-development support, including language support. Compulsory education begins earliest in Switzerland, at the age of 4, and thus, the work of teachers of youngest classes is organized differently, adapting to the development
### Table 2. The comparison of educational systems in selected European countries

<table>
<thead>
<tr>
<th>Countries / existing types of education</th>
<th>Poland</th>
<th>Slovakia</th>
<th>Germany</th>
<th>France</th>
<th>Romandy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory school age</td>
<td>5-6 years (civil year)</td>
<td>6 years</td>
<td>6 years</td>
<td>6–7 years</td>
<td>4 years finished no later than in August of the given year</td>
</tr>
<tr>
<td>Phonic education</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>The use of Cued Speech in phonic ed.</td>
<td>rarely</td>
<td>-</td>
<td>?</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Bilingual education (SL + PL)</td>
<td>exists in special classes – rarely in declarations possible, but rare in reality</td>
<td></td>
<td>rare (Berlin, Hamburg)</td>
<td>rare (4 schools throughout France!); institutionally and legally everything is there, but lack of capacity in the field</td>
<td>rare (there are two bilingual schools/centers per 7 cantons); There are no laws requiring the introduction of SL into the education of the deaf and the hearing impaired</td>
</tr>
<tr>
<td>Mixed education (total)</td>
<td>dominant</td>
<td>?</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Extent of SL in education:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– high</td>
<td></td>
<td></td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>– average</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– low</td>
<td>+</td>
<td>+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countries / existing types of education</td>
<td>Poland</td>
<td>Slovakia</td>
<td>Germany</td>
<td>France</td>
<td>Romandy</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------</td>
<td>----------</td>
<td>---------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Teaching the specialists in the field of hearing defects using SL, Cued Speech, etc.</td>
<td>Educating the teachers of the deaf, but without emphasis on SL, except for studies at the University of Warsaw or cued speech (CUL)</td>
<td>University in Bratislava – Deaf teaching</td>
<td>existing programs with teaching the SL and the program of studies in the field of Deaf Studies (Humboldt University of Berlin, University of Hamburg), other universities attach less importance to teaching SL Bayern, Brandenburg, Sachsen-Anhalt (total of 5 universities)</td>
<td>rare (Universities in Lille, Paris, Montpellier, Lyon, etc.); training resources for speech therapists usually include Cued Speech as an intervention, very common in France.</td>
<td>total absence or rarely, as a type of post-graduate education; small interventions in the vocational training of general teachers and speech therapists; It exists only in Zurich as an option for special education teachers (in German) as well as a postgraduate program in Lausanne (in French, the last session 2011–2013)</td>
</tr>
<tr>
<td>Training of SL interpreters</td>
<td>courses conducted by the Polish Association of the Deaf</td>
<td>?</td>
<td>universities in Berlin and Hamburg</td>
<td>Universities in Lille, Paris, Montpellier, Lyon, etc.</td>
<td>does not exist as a permanent program, opened from time to time as a postgraduate program (last session in 2003); It exists in Zurich as a permanent program</td>
</tr>
</tbody>
</table>

9 Question marks in Table 2 are due to missing information on the topic in articles written by the authors of this monograph and other information from the surveyed countries.
### Countries / existing types of education

<table>
<thead>
<tr>
<th></th>
<th>Poland</th>
<th>Slovakia</th>
<th>Germany</th>
<th>France</th>
<th>Romandy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Law on Sign Language</td>
<td>since 2011</td>
<td>?</td>
<td>since 2002</td>
<td>since 2005</td>
<td>does not exist in federal laws, only in two cantonal constitutions (26 cantons), in Zurich and Geneva (only since the end of 2014).</td>
</tr>
</tbody>
</table>
opportunities of their students, including: cognitive, psychosocial, language. In other surveyed countries school age varies between 5 and 7 years of age, which significantly differentiates capabilities and the duration of the early support, that is preparation of a child with hearing impairment to “enter the school”.

Phonic education (possibly with signs or cued speech) is currently the most common type of education of children with hearing impairment in special schools. Children with hearing impairment attend mainstream schools and kindergartens more and more often (cf. Zaborniak-Sobczak in this publication).

Bilingual education (phonic language and sign language) is rare in the system of teaching the deaf and the hearing impaired. It is often considered the last opportunity, designed for a small number of children who do not achieve expected progress in phonic language learning (sometimes even with implants) and it is difficult for them to find another means of communication as well as the cognitive way. This type of situation is a peculiar contemporary paradox, because in most countries the right to use sign languages and their status as a “natural language” of deaf children are widely recognized (cf. Krysiak 2012). Therefore, they should be offered as one of the options of early support and education, especially for children from deaf families, as they are most interested in it. Unfortunately, while theoretical knowledge about SL is widespread in society, the practical knowledge of natural sign languages is very poor, even among persons confronted every day with problems of deafness, and this issue is covered by all the co-authors of this monograph.

Comparison in Table 2 shows that legislation that recognizes SL as a language and a way of communication of the deaf is not common in all of the surveyed countries (such a law does not exist, e.g. in Slovakia) or has been just recently introduced, for instance in the Swiss canton of Geneva and in Poland (in 2011), which can not yet fully reflect the regulations in the actual educational activities and social life. One of the conditions of using sign language in – Deaf teaching (e.g. native SL) is its inclusion in education programs for teachers of the deaf. Also, examples from Germany and France, where the laws on SL were introduced in succession in 2002 and 2005, show that their use in wider education is not evident. France boasts a ready-made programs for teaching French sign language, which cover the entire school system (from early school to high school and the possibility of study in college), but in practice it turns out that very few students (both deaf as well as hearing ones)
actually take advantage of this option (cf. Mugnier 2014). Activities aimed at modern and rational implementation of bilingual programs into integrating/inclusive education (cf. Becker in this publication) do not meet the expectations and raise difficulties, both organizational and emotional (cf. Mugnier et al.; Becker, Tomińska in this monograph). The law in different countries does not exclude bilingual education, but also does not guarantee the use of SL in the school support system (see the France example). Existing SL teaching programs, as an option available in the range of languages to all students, do not require the introduction of the language in schools, which, in fact, leads to stagnation in school reality (Mugnier 2014). Therefore, the author poses the question: how to progress from the declarative bilingualism, at the institutional level, to bilingualism in educational, school reality, in order for it to serve the children who need it, and spread knowledge about it among young people and adults. C. Becker shares similar views on the situation in Germany (cf. Becker in this monograph) in several federal states the German sign language is being used, but it is not so in other parts of Germany. Besides, there is a significant difference between large and small centres, where the lack of teachers that can teach this language, as well as therapists and teachers of the deaf, who use it fluently.

As it is reflected in Table 2, the countries surveyed also lack permanent education programs for sign language interpreters, e.g. in order to become such an interpreter in Romandy, you need to study in Paris or other French academic center, which has such a program on offer (Lille, Lyon).

References


Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries

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