Conclusions and research perspectives concerning the system of early-development support and education provided to hearing impaired children and youth

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Abstract

Our description of proposed system solutions in terms of early-development support and education is based on the analysis of submitted articles and personal, international cooperation of editors. The result of such comparisons are general conclusions and proposed postulates, regarding individual components of the system of support and education of children and youth with hearing impairment.

Reference


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Conclusions regarding the early support

Our description of proposed system solutions in terms of early-development support and education is based on the analysis of submitted articles and personal, international cooperation of editors. The result of such comparisons are general conclusions and proposed postulates, regarding individual components of the system of support and education of children and youth with hearing impairment.

The need for early treatment of children with hearing impairment was indicated as early as 1960s (for Halpin 2010). In accordance with the recommendations of the International bureau for Audiophonology (BIAP) for the European Community and the The Joint Committee on Infant Hearing (JCIH, 2010) in the United States the social and/or state systems of early detection and therapeutic intervention for children with hearing impairment has been supported since the 1990s (Gałkowski, 2011; JCIH, 2000). The main adopted objective of these measures is to maximize linguistic and communication competence and the development of reading and writing skills of deaf and hearing impaired children. According to the state of knowledge on medicine, developmental neuropsychology and neuroscience it has been assumed that without adequate
opportunities to learn the language (phonic and/or sign language), deaf children are going to lag behind their peers in terms of cognitive and socio-emotional development. At the same time, our knowledge about general neurobiological rules governing the acquisition of linguistic competence by children is being constantly enriched, such as neuroplasticity, for instance, the acoustic availability or individual characteristics and social support. Let us not forget about expanding knowledge about bilingual children who achieve good results in the knowledge of both languages, and about deaf or hearing impaired children, who also belong to this group. (cf. Grosjean, 1982; Marschark, Tang, Knoors, 2014). The knowledge of the organization of cognitive systems and the impact of hearing impairment on speech development is also constantly increasing (cf. Marschark, Hauser, 2008). This gives us better understanding of children’s needs and an opportunity to suggest appropriate support and ways of teaching (cf. Antia et al., 2010). Delays in language development and achieving subsequent skill levels at a younger preschool and school age can cause difficulties in achieving higher levels of education and finding employment in adulthood.

As published in the 2010 Report of the European Agency for Development in Special Needs Education regarding the evaluation of early intervention systems in 26 European countries, it was emphasized that “despite the efforts that have been made in all countries, and changes for the better visible at every level, further efforts are needed in order to fulfil the basic principle of early intervention – the right of every child and family to receive the support they need” (p. 40). Key factors included availability, proximity of services, their financial affordability, the co-ordination and work of interdisciplinary teams. The report emphasizes that all these key elements are interrelated and none should be considered in isolation from the others. Furthermore, it indicates the need to ensure quality and equal standards of benefits, regardless of geographical location of the service provider (European Agency for Development in Special Needs Education, 2010, p. 40). Researchers from the USA share similar views (Moeller et al., 2013) in a discussion over international status quo in this field.

The analysis of the chapters contained in this monograph indicates that these recommendations are still valid in relation to the group of children with hearing impairment. Special emphasis should also be put on the creation of active (involving the families) benefit system suited to the changing needs of children and their families.
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**Conclusions regarding education of children and youth with hearing impairment**

According to recent research, the best solution in terms of the education of children and youth with hearing impairment seems to be the suggestion of **Co-enrollment programing** introduced in California (Antia et al., 2010; Antia, Metz, 2014). It is a way of teaching in general or bilingual classes where there are at least several hearing impaired children. This allows to organize support both in the classroom (collaboration between a specialist in hearing defects and the class teacher) and therapeutic support outside the classroom, but in the same school (special support class). Such programs already exist in several European countries, e.g. in the Netherlands (Hermans et al., 2014), Spain (Perez et al., 2014), they are also mentioned by the authors of the chapters of this monograph (Mugnier et al., Tomińska) as an interesting and feasible method of teaching, which adapts to current, ever changing needs of these children (cf. Dryżałowska, 2007).

Overall results of teaching of children with hearing impairment, despite successful individual cases, still leave much to be desired in each of the surveyed countries. Ever changing teaching methods, educational trends and legal environment do not keep pace with the expectations of parents and technical solutions used in the treatment. P. Hauser and M. Marschark (2008) also stress the factor of the level of education of teachers and their role in teaching. Another determinant is the lack of methodological aids developed specifically for children with hearing impairment, and not those based on methods of teaching children with regular hearing. Another emphasized factor is the evaluation of progress in science and development – standards for this population of children are also missing here. An attempt to create standardized tests is one of the main tasks of linguists for the years to come (cf. Haug, 2015).

Also in the field of education we can observe lack of publicly available data. In our opinion, it is not enough to state that most children learn within phonic system and mainstream schools. Of course, it is a sign of progress, but it does not explain what the needs of these children are in general classes, what affects the parents, what kind of needs have teachers of mainstream classes, taking in hearing impaired children, what effects we can observe after teaching children and youth in this form of education? Providing an answer the above question
is a difficult task. The lack of a unified methodology for evaluation of learning outcomes of children with hearing impairment, missing data at local, national and finally international level cause difficulty in drawing clear conclusions of a scientific nature (cf. Knoors, Hermans, 2010; Knoors, Marschark, 2014). Such a statement does not take into account bilingual children from culturally mixed families and those who have chosen sign languages as a basic means of communication. In this case there are no comparative data, either, because there are different methodologies of available research.

**Prospects in supporting children and young people with hearing impairment**

While indicating both research and practical prospects, we start from a number of postulates which result from analyzes conducted on the basis of the materials received.

**Postulate 1.** Fast track of the audiological diagnosis of neonates and access to free devices, after confirming the results of hearing tests, should be universally available and implemented as soon as possible.

**Postulate 2.** Early therapeutic intervention and counselling during work with a child and its family should take place immediately after the detection of hearing impairment. In addition:

- nationwide (language) programs should be introduced in all countries, suitably to the communication needs of children and their families
- data on the language development of young children with hearing impairment should be collected in public databases,
- the exchange of knowledge should be coordinated between specialists of early support and teachers of the subsequent stage when changing the level of education (so that parents would not be the only party responsible for the exchange of information about a child), that means organization of relevant support for parents in times of transition from one educational stage to another. The possibility of getting support close to home should exist in every country.

**Postulate 3.** Introduction of scientific studies on the effectiveness of performed therapeutic actions in the opinion of parents and children and young people with hearing impairment.
Therefore, it becomes necessary to enhance the work of interdisciplinary teams of early support and education at the local level, in particular providing the educators in nurseries, kindergartens and mainstream schools (non-specialists in the field of deaf teaching) with basic information about aiding families affected by the problem of hearing impairment. Furthermore, education programs for teachers and specialists in mainstream schools should take into account technological, cognitive and social changes, as well as modifications in parents’ preference regarding the type and quality of aid for a hearing impaired child.

In light of the above, three directions of necessary research and actions seem to be of greatest importance.

The first one results from the lack of reflection of theory in practice (cf. Spencer, Marschark, 2010), already available scientific knowledge leading in the field of Deaf Studies and Deaf Education. This lack makes you think, but is not surprising in the face of a variety of tasks set before practitioners in the field. So, how to process this knowledge and promote it among professionals so that anyone dealing with a child or a family would be aware of the scientific progress and its possible applications in the field? Training system 1 for teachers, counsellors, therapists and other professionals in the field of hearing impairment seems to be a good way to spread knowledge about research and eliminate any difficulties in the implementation and application of new and useful methods of teaching. Education of general and special teachers in the field of hearing defects is necessary in order to enable them to adapt their efforts to individual needs of their students using entire knowledge and acquired language, substantive, didactic and educational skills (cf. Luckner, 2010; Swanwick, Marschark et al., 2010). However, this is dependent on – national or regional – decisions made “upstairs” and is associated with the cost of training.

The second direction emerges from the observed lack of studies resulting directly from the practice of teaching. It seems appropriate to program scientific research not only from the academic perspective, but also on the basis of observation of real work with children and parents. Cooperation with methodology consultants and practitioners often becomes the impetus for the necessary program changes and brings real benefits to particular age groups of children.

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1 For instance, by means of permanent compulsory themed training.
with hearing impairment. The benefits of technological progress and access to phonic language are huge in developed countries. However, different approaches to teaching the phonic language and/or sign language can be noted. All countries recognize that spoken language is needed in daily life and in all countries the importance of knowledge of the national language in speech and writing is being stressed. While stressing the educational achievement of children with hearing impairment, the issues of literacy and understanding of written media remain the most important goal of primary and secondary school. The objective of school is to ensure basic skills/competencies required to live in a society, so that pupils can take on social roles intended for their age. Poor school performance, especially in terms of knowledge of both language and literature, prevented hearing-impaired children to achieve university education for centuries.

It is therefore necessary to conduct systematic studies of student achievement in terms of language skills in each age group, as well as the development of Evidence-based practice (cf. Spencer, Marschark, 2010; Easterbrooks, Beal-Alvarrez, 2013; Lederberg et al., 2014; Kyle, Harris, 2011; Mayer, 2010; Marschark et al., 2010; Other studies in the field of literacy).

The third direction indicates the least common area of research focused on parents of children with hearing impairment, their degree of satisfaction with the received support and assistance. The level of satisfaction of this group seems to be an important indicator of cohesion, harmonious and appropriate actions aimed at treatment of hearing impairment from the systemic and social perspective.

In this monograph, eleven authors presented currently valid treatment systems, early-development support and education of hearing impaired children in their countries. The articles included, showing different ideological approach and different practical solutions to similar problems reflect the ongoing methodological disputes. The authors from France, most likely because of long tradition, focused mainly on the presentation of solutions for sign language, omitting program of screening and diagnostics in the direction of cochlear implants existing in their country. Colleagues from Germany described the system implementing the bilingual methods in public schools, especially important for the Deaf community scattered all over Europe. The Swiss, due to reasons of political and social nature, adopted and tested various solution that have existed since 1990s in other European countries. Politically established independence of cantons has led to lack of national social and educational policy, leading to
fragmentation of educational, health legislation. Availability of treatment and effectiveness of education depends on the place of residence and primary language spoken by individual families. Examples of Poland and Slovakia, creating the foundations of the democratic state structures after political transformation of 1990s, including the law on the treatment and education of citizens, serve as a good example of deliberate adoption of system solutions successful in more developed countries and their effective implementation (partly forced by the democratic grassroots pressure).

Of course, much remains to be done. No system in any of the surveyed countries is optimal, nor perfect. Wide field of research awaits in presented areas – early-development support and education of children and youth with hearing impairment. Many issues still remain without clear answers. The statement of the teachers of the deaf from the USA from 2008 is still valid: *we may not have all the answers, but some of the questions have become quite clear* (Hauser, Marschark, 2008, p. 339).

We hope that compilation we have created will make the solutions used in different countries more familiar, in order to develop a more general European perspective of research and practice, and thus complement and compare already available knowledge. This knowledge seems to be essential to enable more and more children and adolescents with hearing impairment satisfactory development in an open society.

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