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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Publisher:
Akademia Pedagogiki Specjalnej im. M. Grzegorzewskiej
w Warszawie

CONTENTS

Part I
Current Solutions in Diagnostics and Early-Developmental Support Provided to Children with Hearing Impaired

Part II
Education Provided to Children and Youth with Hearing Impaired in Selected European Countries

Part III
Issues of Early-Developmental Support and Education Provided to Children and Youth with Hearing Impaired – Comparison and Perspectives for Research

FOREWORD

The situation of people with hearing impairment, especially children and adolescents, has changed in recent years. On the one hand, it is possible to learn the native phonic language, which is related to technological development in the field of hearing prosthetics, organization of programs of early diagnosis and intervention, and consequently attending mainstream education. The support processes, especially informational and emotional, often also substantive, offered to parents of children with hearing impairment are significant as well. On the other hand however, the environment and organizations of deaf people in many European countries have managed to establish the legal status of sign language as a natural means of communication of people with deep, often hereditary, prelingual hearing impairment. Recognition of sign language as an equal means of communication enables the deaf to actively participate in social life: political, cultural, economic. In the articles *A comparative analysis of the status of sign languages in Europe* (Timmermans Report, *A comparative analysis of the status of sign languages in Europe,* Strasbourg, France, 2003) and *Update Special Edition: Update on The Status of Sign Languages in the European Union* (Vol. 4, Number 10, March 2001) it is emphasized that enabling the deaf to communicate in sign language is associated with the treatment of this language as a natural means of communication, helping this group of people to integrate socially in various areas of daily life, e.g. education, health care, judiciary, employment. In the light of research on bilingualism, a therapy trend associated with the importance of simultaneous introduction of the national language and sign language reemerges. Both, seemingly opposing courses of actions, serve one purpose: the effective inclusion of people with hearing impairment.

Since the agreement concluded between EU member states in 1998 on newborn hearing screenings, early diagnosis of hearing defects has become a part of the system of early intervention in at least twelve European countries (Szyfter, *Papsin, Editorial,* “Audiology & Neurotology”, 2013, p. 1–2). Still, the diagnosis of the child’s disability ruins the image of happy parenting and requires the parents and the child to perform tasks for which usually hardly anyone is **prepared. As a result of screening, the network of early-development support is expanding, understood as comprehensive aid, aimed directly at infants requiring intervention and their parents. The basis of this support is an early, multi-specialty diagnosis of the needs and capabilities of a young patient and his socio-physical surroundings.**

The actual result of newborn screening programs, early intervention and support of the child’s family manifests as greater opportunities for children and young people with hearing impairment to take up learning in mainstream education[1]. Students with hearing impairment in Europe can receive education in different forms of special education: in mainstream settings (inclusion), integrational, in mainstream schools with integration classes (non-segregation forms of education) or special classes organized within mainstream schools, special schools (forms of segregationist nature). Choosing the path of education (general or special) is mostly dependent on language, communication and cultural competencies of a student with hearing impairment.

The text published in a book form in Polish is the result of a collaboration of authors from Switzerland, Germany, France, Slovakia and Poland. It constitutes an attempt to compare systemic and institutional solutions in terms of widely understood early-development support towards children with hearing impairment: early diagnosis and intervention, as well as supporting their families, education systems available to this group of children and adolescents. The

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[1] Mark Marschark and Peter Hauser (*Deaf Cognition. Foundations and outcomes*. New York: Oxford University Press, 2008, p. 6) state that in 1966 80% of children with hearing impairment in the United States learnt in special schools for the deaf and only a small proportion (20%) in mainstream education. In 2006 these proportions were reversed, 80% of hearing impaired children attend general classes, and only exceptions to special classes or schools. The authors also indicate that currently more than 30 000 pupils with hearing impairment are attending schools and universities, but only 1 student out of 4 receives a diploma, cf. Zaborniak-Sobczak in this publication, based on the analysis of available figures.

proposed publication aims to identify, analyse and interpret the effectiveness of support available to children and young people with hearing impairment in five European countries, including the historical and social circumstances.

In the summary part, we present a few conclusions, which aim to develop a more effective systemic solutions in the education of children and youth with hearing impairment, as well as improving educational activities to their benefit. Currently, social and technological progress has put hearing impaired children and their parents in a completely new situation. Consequently, it is necessary to constantly adapt existing procedures, methods and practices, continuous education of professionals: medical staff, speech therapists, psychologists and counsellors, teachers and social workers.

PART I

CURRENT SOLUTIONS IN DIAGNOSTICS AND EARLY-DEVELOPMENTAL SUPPORT PROVIDED TO CHILDREN WITH HEARING IMPAIRED

Edyta Tomińska

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 (AI[1]) 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 (RPT[2]). Since then, cantons have been allocated annual financing from the federal state, to be managed according to their local needs. In

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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 finansing rules between the Confederation and individual cantons.

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Source: Swiss Federal Statistical Office, www.bfs.admin.ch

Figure 1. The statistical data on the geographic division of Switzerland's national languages (according to official statistical data, 2000). Marked in orange is the German speaking region, green the French speaking, purple and violet the Italian and Romansh respectively

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*[3]. 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.

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[4] 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[5]). 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[6]. 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, HarmoS[8] (2006). The project was subjected to popular vote in each Canton (according to the principles of direct democracy[9]) 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 OFAS[10] 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 Education[11], 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*[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[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[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[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

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[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[16] 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[17]), 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.

[17] Fédération Suisse des Sourds (FSS-SGB) http://www.sgb-fss.ch/.

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, summarized 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[21] 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

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

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, Neuchatel, 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[22]

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.

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[22]

Table 2. Transitional support available for children with hearing loss aged 0–6

Types of transitional support available for children with hearing loss.	FR	GE	JU	NE	TI	VD	VS
Early development support service at home (up to 6 years of age)	X	X	X	X	X	X	X
Cued Speech communication support (LPC[1])	X	X	X	X		X	X
Communication support with sign language (LSF[2] or LSI[3])	X	X	X	X	X	X	X
Speech therapy	X	X	X	X	X	X	X
Psychomotor therapy	X	X	X	X	X	X	X
Psychological advice and support	X	X	X	X	X	X	X
Provision of transport for therapy	X	X	X	X	X	X	X
Help with diagnosis (extensive medical diagnosis)						X	
Classes in a group of children with hearing loss			X	X		X	

[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[23]), 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*[24], working in cooperation with a hospital (The ORL Department in the Geneva University Hospital[25]) and a paediatrician, neonatologist, child psychia-

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[23] Fr. Service éducatif itinérant (SEI).
[24] Guidance infantile.
[25] 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.

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[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[27].

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[28], 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[29]. At present there are two centres specialised in deafness in *Suisse romande* that provide support for

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[27] 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.

[28] Association Suisse de Parents d'Enfants Déficients Auditifs.

[29] 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[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 centrewas closed down.

In the Alpine Canton of Valais, there is a grouping for deaf and hard of hearing children in Sion, at Collines School[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 *centralized specialist facilities for children with hearing loss.* As we can see at the top of the table, ***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[32]) due to lack of financing and low enrolment.

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[33]).

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.

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[30] In Geneva it is CESM the *Centre pour enfants sourds et malentendant de Montbrillant* – The Centre for Deaf Children and Children with Hearing Loss at Montbrillant St.; in Fribourg it is the *Institut de Saint Joseph* – St. Joseph's Institute.

[31] Ecole de la Colline à Sion.

[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.

[33] ECES-Ecole cantonale pour enfants sourds (Cantonal School for Deaf Children), in Lausanne, Canton of Vaud.

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

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

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 4. Support for the family

Types of support offered to families	FR	GE	JU	NE	TI	VD	VS
Early development advice at home (up to 6 years of age)	X	X	X	X	X	X	X
Courses in Cued Speech communication	X	X	X	X		X	X
Courses in sign language communication (LSF or LSI)	X	X	X	X		X	X
Conferences and meetings for parents						X	

Alber et al. (2012), p.19.

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.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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 (cantonal, 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 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.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

JOHANNES HENNIES, KRISTIN HOFMANN

Bilinguale Frühförderung: Aktuelle Trends in Deutschland

Early bilingual support: current trends in Germany

Einleitung

In der Geschichte der Hörgeschädigtenpädagogik haben sich drei Wege der sprachlichen Förderung gehörloser und schwerhöriger Schüler/innen herausgebildet: 1) Der Weg über die natürliche Gebärdensprache der Gehörlosengemeinschaft, 2) der Weg über die Förderung der Lautsprache und 3) die Sprachanbahnung über die Schriftsprache. Die deutsche Hörgeschädigtenpädagogik wird international mit der „deutschen Methode“, d.h. einem rein-lautsprachlichen Unterricht, assoziiert, weil dieser Weg von dem Schulgründer der ersten deutschen Hörgeschädigtenschule, Samuel Heinicke (1727 –1790), vertreten worden ist. In der 200jährigen Geschichte der institutionellen Hörgeschädigtenpädagogik in Deutschland ist aber sehr unterschiedlich mit der Frage der Sprachenwahl im Unterricht für gehörlose und schwerhörige Schüler/innen umgegangen worden (Günther, Hennies & Hintermair, 2006): Während in den ersten hundert Jahren sowohl Gebärden- als auch Laut- und Schriftsprache in den Schulen Verwendung gefunden haben und der Unterricht auch maßgeblich von taubstummen Lehrkräften gestaltetet worden ist (Vogel, 2000), wird etwa von der Mitte des 19. Jahrhunderts bis in das späte 20. Jahrhundert fast ausschließlich rein-lautsprachlich und ohne Gebärdensprache gearbeitet. In den 1980er Jahren werden durch ein Konsenspapier von Verbands- und Fachvertretern zunächst lautsprachbegleitende Gebärden (LBG) im schulischen Kontext wieder offiziell erlaubt (Braun et al., 1982). Ungefähr zeitgleich wird ein LBG-Vorschulversuch in Hamburg etabliert, in dem auch gehörlose Erzieherinnen tätig sind (Prillwitz, Wudtke, 1988). Aus diesem, aus heutiger Sicht bereits bilingual arbeitenden, vorschulischen Förderkonzept ist der Impuls für die Gründung des Hamburger Bilingualen Schulversuchs im Jahr 1992 entstanden. Eltern, deren gehörlose Kinder bereits eine vorschulische Förderung unter Einbezug von LBG erhalten hatten, haben sich damals dafür eingesetzt, dass es eine Weiterführung in Form eines bilingualen Unterrichts in der Schule geben sollte. Aufgrund dieser Initiative sind in zwei aufeinanderfolgenden Klassen an der Hamburger Gehörlosenschule erstmals wieder gehörlose Schüler/innen unter Einbezug von Deutscher Gebärdensprache (DGS) sowie deutscher Schrift- und Lautsprache beschult und dabei von einem Team gehörloser und hörender Lehrkräfte unterrichtet worden. Die Entwicklung der Schüler/innen ist wissenschaftlich dokumentiert worden (Günther & Schäfke, 2004). Ein ähnlicher Schulversuch ist ab 2001 in Berlin durchgeführt worden (Günther, Hennies 2011a; Hennies, 2010a). Zwar wurde die Einrichtung und Durchführung beider Schulversuche von erheblichen fachpolitischen Auseinandersetzungen begleitet, ihre Ergebnisse haben aber gezeigt, dass sich die Schüler/innen in beiden Versuchen ihren Voraussetzungen entsprechend in allen Kommunikationsmitteln und Sprachen sehr gut entwickeln konnten. Die hochgradig schwerhörigen und gehörlosen Schüler/innen zeigen sich nicht-bilingualen Schüler/innen mit einem ähnlichen Hörstatus in allen Lernbereichen weit überlegen und sind in schriftsprachlichen Aufgaben mit guten mittelgradig schwerhörigen Schüler/innen in rein lautsprachlichen Klassen vergleichbar. Es zeigt sich zudem, dass sich alle drei Sprachen bzw. Modalitäten gut entwickeln, wobei die Schriftsprache entweder alleine auf der DGS aufbaut oder sowohl auf DGS als auch auf Lautsprache basieren kann (Hennies, 2010a, S. 286). Diese ermutigenden Resultate haben mittlerweile zu einer breiten und stetig wachsenden Akzeptanz von bilingualen und gebärdensprachlichen schulischen Angeboten geführt, wie die Etablierung zahlreicher bilingualer Fördermodelle an Schulen außerhalb der Schulversuche und die Einführung eines regulären Unterrichtsfachs „Deutsche Gebärdensprache“ in etlichen Bundesländern zeigt (Günther & Hennies, 2011b). In der vorschulischen Förderung hingegen ist die Entwicklung weniger schnell verlaufen. Hier hat weiterhin ein primär lautsprachlicher Ansatz dominiert. Durch die Entwicklung moderner, digitaler Hörgeräte, der Innenohrprothese Cochlea-Implantat (CI) und zuletzt durch die Einführung des flächendeckenden Neugeborenen-Hörscreenings (NHS) sind die Grundlagen für eine primär lautsprachliche Förderung deutlich verbessert worden. Zugleich zeigen jedoch nationale und internationale Studien weiterhin, dass ein nennenswerter Anteil von gehörlosen und schwerhörigen Kindern auch unter optimalen Bedingungen keine altersgemäßen lautsprachlichen Kompetenzen erwirbt (Hennies, 2014). Auf diese Beobachtungen reagieren Frühförderstellen für Kinder mit Hörbeeinträchtigungen damit, dass sie zunehmend auch ein bilinguales oder gebärdensprachliches Angebot bereitstellen (Hennies, 2010b). Dabei haben bereits die Schulversuche gezeigt, dass diejenigen Kinder, die vor dem Alter von drei Jahren ihren Gebärdenspracherwerb begonnen haben, innerhalb ihrer Klassen die besten Ergebnisse aufweisen (Hennies, 2010a, 270f.). Damit werden in einer kleinen Stichprobe Zusammenhänge bestätigt, die in größeren internationalen Studien belegt worden sind: ein früher Gebärdenspracherwerb stellt für gehörlose und hochgradig schwerhörige Kinder die sicherste Basis für eine spätere schulische Kompetenzentwicklung, z.B. im Schriftspracherwerb, dar (Hennies, 2014). Der vorliegende Beitrag zeigt auf, wie die Frühförderung für gehörlose und schwerhörige Kinder in Deutschland organisiert ist und wie eine bilinguale Frühförderung aufgebaut und durchgeführt werden kann.

Frühe Diagnose und Frühförderung

Von „Frühförderung" wird allgemein gesprochen, wenn es um den vorschulischen pädagogischen und therapeutischen Umgang mit Kindern geht, die, z.B. aufgrund ihrer Hörbeeinträchtigung, von Entwicklungsverzögerungen bedroht sind (Plath, 1995, 70). Dabei hat sich das Verständnis von Frühförderung in den letzten Jahrzehnten deutlich gewandelt. Sind mit dem Begriff traditionell vor allem auf das Kind bezogenen Maßnahmen gemeint, wird Frühförderung in einem modernen Verständnis als umfassende Komplexleistung für Kinder und ihr Umfeld gefasst (Speck, 1996). Theoretisch ist dabei immer der Altersabschnitt zwischen Geburt und Schuleintritt gemeint gewesen, allerdings sind bis vor wenigen Jahren Beeinträchtigungen des Hörens tatsächlich selten früh diagnostiziert worden: Bis zur Einführung des NHS im Jahr 2009 ist eine Gehörlosigkeit durchschnittlich im Alter von 1;9 (Jahre; Monate), eine hochgradige Schwerhörigkeit im Alter von 2;5 und eine mittelgradige Schwerhörigkeit Alter

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

von 4;4 erkannt worden (Finckh-Krämer et al. 2000). Durch das NHS werden Kinder mit einer Beeinträchtigung des Hörens von über 30 dB (HL) heute sehr viel früher diagnostiziert als jemals zuvor. Im Staatstadt Hamburg etwa werden Hörbeeinträchtigungen im Median drei bis vier Monate nach der Geburt diagnostiziert und eine Versorgung mit den ersten Hörgeräten sowie der Beginn der Frühförderung findet im Median zwischen vier und sieben Monaten statt (Rohlfs et al., 2010).

An die bestätigte Diagnose, die zumeist in einer Fachklinik erfolgt, schließt sich eine Erstberatung an, die üblicherweise von Ärzten/innen durchgeführt wird. Von der Fachklinik werden Eltern gehörloser oder schwerhöriger Kinder danach an eine der zahlreichen Anlaufstellen überwiesen oder vermittelt, mit denen sie sich spezifisch auseinandersetzen müssen (z.B. Pädaudiologen/innen, Akustiker/innen, Frühfördereinrichtungen, ggf. CI-Zentren etc.) (Fleischer, Hess, 2008, S. 334). In Deutschland sind weder Inhalte des ärztlichen Beratungsgesprächs noch die Zusammenarbeit zwischen der Fachklinik und den Frühförderstellen einheitlich geregelt. Deshalb wird der Übergang von Diagnose zu Frühförderung regional sehr unterschiedlich gehandhabt. Dabei zeigen Studien, dass in dem ärztlichen Erstgespräch in Deutschland immer noch tendenziell oder sehr eindeutig von der Verwendung der DGS abgeraten und eine primär lautsprachliche Förderung empfohlen wird (Gutjahr, 2007; Hintermair, Lehmann-Tremmel, 2003). Dementsprechend gibt es auch Hinweise, dass mit der Zunahme von CIs auch Anteil derjeniger von Eltern zurückgeht, der Gebärden oder Gebärdensprache einsetzt (Hennies, 2010a, 50 f.).

Die Anzahl von Kindern mit einer Beeinträchtigung des Hörens ist auch in einem bevölkerungsreichen Land wie Deutschland insgesamt sehr gering: Aufgrund von Prävalenzdaten lässt sich von gut 800 bilateral hörgeschädigten Kindern pro Geburtsjahrgang oder knapp 5000 im Alter von null bis sechs Jahren ausgehen, von denen ca. 23% leichtgradig und 36% mittelgradig schwerhörig sind, während 41% als hochgradig schwerhörig oder gehörlos eingeordnet werden können (Hennies, 2010b). Für diese Kinder wird das Frühförderangebot zumeist über staatlich finanzierte pädagogisch-audiologische Beratungsstellen organisiert, die zwei Aufgabenfelder abdecken: Diagnostik und Förderung. Die Förderung wird sowohl „intern“, d.h. ambulant am Standort der pädagogisch-audiologischen Beratungsstelle durchgeführt, als auch „extern“, d.h. durch mobile Besuche der Kinder in Kindertagesstätten oder in ihrem

Elternhaus. Die Förderung findet zu 80% extern statt (Renzelberg, 2008, S. 8). Die Beratungsstellen arbeiten zwar überwiegend lautsprachlich, haben aber im zunehmenden Maße bilinguale oder gebärdensprachliche Förderkonzepte im Angebot (für eine Übersicht verschiedener Quellen 1996–2006 siehe Hennies 2010b): So findet Renzelberg (2008) in einer umfassenden Untersuchung im Jahr 2002 heraus, dass an 36% der Frühförderstellen auch ein gebärdensprachliches Angebot vorgehalten wird, und Große (2003, S. 48) ermittelt in einer Befragung zu 2672 Kindern, die im Jahr 2000 von Beratungsstellen gefördert werden, dass knapp 30% von ihnen eine Förderung erhält, die in irgendeiner Form auch Gebärden und andere manuelle Kommunikationssystemen einbezieht. Neben den pädagogisch-audiologischen Beratungsstellen gibt es noch vereinzelt andere Anbieter, die bilinguale vorschulische Förderung vorhalten, wie z.B. Frühförderstellen, freier Träger oder Kindertagesstätten, die mit gehörlosen und gebärdensprachkompetenten Erzieherinnen arbeiten (Günther, Hänel-Faulhaber, Hennies, 2009).

Konzeption eines bilingualen Angebots

Obwohl in Deutschland die Anzahl an Frühförderzentren, die bilingual arbeiten, merklich zunimmt, fehlen sowohl Erfahrungsberichte als auch empirische Untersuchungen zur Umsetzung bestehender Konzepte. Die Ausführungen von Günther, Hänel-Faulhaber und Hennies (2009) stellen erste, auf wissenschaftlichen Erkenntnissen beruhende Empfehlungen für bilinguale Konzepte dar, die Becker (2013) ausarbeitet und mit möglichen Bausteinen einer bilingualen Frühförderung ergänzt. Hofmann (2014) geht zudem auf Möglichkeiten der bimodal-bilingualen Frühförderung bei hörenden Kindern gehörloser Eltern ein.

Das folgende Konzept geht vertiefend auf die Arbeitsfelder der Frühförderung ein: Diagnostik, Hilfen für das Kind, Elternarbeit, Interdisziplinarität (Weiß, Neuhäuser, Sohns, 2004). Die Ausführungen beziehen sich auf Frühförderstellen bzw. pädagogisch-audiologischen Beratungsstellen, da von diesen primär die frühkindlichen Bildungsangebote für gehörlose und schwerhörige Kinder ausgehen. Auch wenn bilinguale Frühförderung sowohl die Förderung der Laut- als auch der Gebärdensprache meint, steht im Fokus der folgenden Ausführung die Etablierung gebärdensprachlicher Angebote, da es hierzu den

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

größten Entwicklungsbedarf gibt. Für die Aspekte der lautsprachlichen Förderung wird auf Veröffentlichung verwiesen, die sich diesem Aspekt intensiv und fachkundig widmen (u.a. Batliner 2009, 2013; Leonhardt, 2013).

Zielgruppe eines bilingualen Angebots

Im weitesten Sinne ist eine bilinguale Frühförderung für alle Kinder sinnvoll, für die Verzögerungen in der Kommunikationsentwicklung und/oder im Lautspracherwerb zu erwarten sind. Derzeit wird die Notwendigkeit bilingualer Förderkonzepte vorwiegend für Kinder mit hochgradiger Hörbeeinträchtigung diskutiert (Günther, Hänel-Faulhaber, Hennies, 2009). Die Zielgruppe muss jedoch erweitert werden, wenn man zum einen berücksichtigt, dass auch Kinder mit mittelgradiger Hörschädigung Schwierigkeiten in der lautsprachlichen Kommunikation erleben (Hennies, 2014) und dass zum anderen das Zugehörigkeitsgefühl bzw. der Zugang zu hörenden versus gehörlosen bzw. schwerhörigen Sprach- und Bezugsgruppen nicht allein durch aurale und orale Fähigkeiten bestimmt wird (Voit, 1999). Die bilinguale Frühförderung ermöglicht unter Rückgriff auf alle zur Verfügung stehenden Ressourcen die Entwicklung vielfältiger sprachlicher und kommunikativer Fähigkeiten, die eine umfassende Bildung sowie eine soziale Orientierung in einer pluralistischen Gesellschaft ermöglichen können (Hintermair, 1999).

Diagnostik

Die entwicklungsbegleitende Diagnostik ist in der Frühförderung ein wesentlicher Bezugspunkt, um individuelle, ressourcenorientierte Förderpläne gestalten und umsetzen zu können. Die bilinguale Frühförderung erfordert hier eine Erweiterung des Aufgabenfeldes. Zum einen müssen die Fähigkeiten der Kinder sowohl in Laut- als auch Gebärdensprache erfasst werden. Für letzteres sind gegenwärtig nur vereinzelt standardisierte Verfahren[1] verfügbar. Zu berücksichtigen sind zudem mehrsprachige Erwerbsphänomene, über die jedoch bezüglich des bimodalen Erwerbs kaum Forschungen vorliegen (u.a. Baker, Woll 2008; Kanto, Huttunen, Laakso, 2013, Lillo-Martin et al., 2009, Prinz, Prinz, 1981). Zum anderen müssen Entwicklungsprozesse im unmittelbaren Umfeld des Kindes kontinuierlich begutachtet werden. Neben der Erfassung

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[1] Adaption des British Receptive Language Skill Test für die DGS durch Haug (2011).

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

gebärdensprachlicher Fähigkeiten der Bezugspersonen muss auch die bilinguale Kommunikations- und Interaktionsgestaltung zwischen Eltern bzw. pädagogischen Fachkräften und Kind evaluiert werden.

Linguistische Gestaltung der bilingualen Frühförderung

Aus der Mehrsprachigkeitsforschung ist bekannt, dass für eine frühe Trennung der beiden Sprachen insbesondere das Prinzip „eine Person – eine Sprache“ erfolgsversprechend ist (Ronjat, 1913). Eine weitere Möglichkeit, die auch bei gehörlosen Kindern erprobt worden ist, besteht in dem Konzept „eine Situation – eine Sprache“ (Bohl, Reuß, 2009). Entscheidend für den Verlauf des mehrsprachigen Erwerbs sind zudem insbesondere die Qualität und Quantität des Sprachinputs sowie das Alter, zu dem mit dem Erwerb der beiden Sprachen begonnen wird (*Age of Onset*) (Meisel, 2011). Grundlegend sollte daher frühestmöglich mit der zweisprachigen Förderung begonnen werden (Günther, Hänel-Faulhaber, Hennies, 2009). Zudem ergeben sich für das Konzept unterschiedlich realisierbare Sprachkonstellationen.

Zwei Personen – zwei Sprachen

Für eine personenbezogene Trennung der Sprachen muss ein Kind und sein Umfeld durch ein Tandem aus lautsprach- und gebärdensprachkompetenten Frühpädagogen/innen betreut werden; im Idealfall eine/n hörende/n Native Speaker und eine/n gehörlose/n Native Signer (Günther, Häel-Faulhaber, Hennies, 2009). Prinzipiell müssen Teams aus gehörlosen und hörenden Frühförderern/innen in einem kontinuierlichen Austausch stehen, um übergeordnete Förderziele abzustimmen sowie ein einheitliches Vorgehen in der Förderung des Kindes und der Beratung und Begleitung seines Umfeldes gewährleisten zu können. Die Fördereinheiten müssen dabei nicht deckungsgleich sein, zumal individuelle Strategien unterschiedliche Lernkontexte generieren können. Mitunter ist es jedoch, beispielsweise für einen ausgeglichenen Wortschatzerwerb, günstig, dieselben Materialien und Bücher zu verwenden.

Eine Person – zwei Sprachen

Nicht immer gibt es (ausreichend) gehörlose Fachkräfte in einem Kollegium, sodass die bilinguale Förderung ausschließlich hörenden gebärdensprachkompetenten Frühförderern/innen obliegt. Die reflektierte linguistische Gestaltung und Strukturierung von Interaktionen kann für diese eine besondere Herausforderung darstellen. Frühförderer/innen müssen nachhaltig über ihre bilingualen Kompetenzen reflektieren: Für welche Varietäten (lautsprachunterstützende oder -begleitende Gebärden oder/und Gebärdensprache) kann ich ein gutes Sprachvorbild sein? Prinzipiell sind folgende angebotsspezifischen Konstellationen möglich:

- Monolinguales Angebot
  Beispiel: Ein neues Spiel wird gemeinsam in Gebärdensprache exploriert. In einer folgenden Fördereinheit wird es in Lautsprache (und begleitenden oder unterstützenden Gebärden) wiederholt.
- Sukzessives bilinguales Angebot
  Beispiel: Sätze oder Abschnitte eines Buches werden zunächst in Lautsprache (mit begleitenden oder unterstützenden Gebärden) vorgelesen und anschließend in Gebärdensprache wiederholt.
- Simultanes bilinguales Angebot
  Beispiel: Ein Buch wird in Lautsprache vorgelesen und simultan mit Gebärdensprache begleitet. Diese Sprachkonstellation erfordert in beiden Sprachen umfangreiche Kompetenzen. Von Nachteil erweist sich, dass die Gebärdensprache nicht umfassend angeboten werden kann (z. B. durch fehlende Mimik).

Neben der Gestaltung von spezifischen Angeboten muss zudem die Organisation von Dialogen mit dem Kind reflektiert werden. Im Mittelpunkt stehen hier Überlegungen zur Verwendung von Diskursstrategien: Wie reagiere ich beispielsweise auf Sprachwechsel des Kindes? Gehe ich auf diese ein (monolinguale Strategie) oder behalte ich meine Sprachwahl bei (bilinguale Strategie)?

Grundlegend für die Gestaltung bilingualer Angebote und Dialoge sind stets die Bedürfnisse und Ressourcen des Kindes. Die Förderung durch eine/n gehörlose/n Native Signer/in ist nicht immer zwangsläufig erforderlich, wenn auch wünschenswert, insbesondere im Hinblick auf kulturelle Begegnungen. Es sollte jedoch stets berücksichtigt werden, dass sich der Sprachinput an den

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

nächsten Schritten im Spracherwerb des Kindes orientieren muss. Der erforderliche Gebärdensprachinput geht somit spätestens ab Beginn der Grammatikentwicklung (ca. 1,6–2;0 Jahre bzw. nach Erwerb der ersten 50 Gebärden) über die Verwendung einzelner Gebärden hinaus, wie sie in einem reinen LBG- oder LUG-Angebot zu finden sind (Becker, 2013).

Eltern- und Familienarbeit in der bilingualen Frühförderung

Neben der Beratung und Begleitung der Eltern erhält die Frühförderung die Aufgabe, der Familie einen Zugang zur Gebärdensprache zu ermöglichen. Je nach Alter und Sprachentwicklungsstand des Kindes sowie den Ressourcen der Eltern können dabei verschiedene Modelle in Betracht gezogen werden. Vorwiegend verfügen Eltern zum Beginn der Frühförderung über keine Gebärdensprachkompetenzen und sollten daher nicht mit der Vorstellung konfrontiert werden, ihrem Kind als umfassendes Sprachvorbild zur Verfügung stehen zu müssen. Grundlegende Idee ist vielmehr ein gemeinsamer Lernprozess von Eltern und Kind, bei dem beide auf unterschiedliche Erwerbsmechanismen zurückgreifen.

Frühe bilinguale Eltern-Kind-Dialoge

Die bilinguale Förderung konfrontiert Eltern mit besonderen Aufgaben, die mit einer großen Unsicherheit und Sorge einhergehen können (Becker, 2013). Elterngespräche müssen daher Herausforderungen und Erwartungen transparent machen sowie Förderziele und Schritte zu ihrer Erreichung konkretisieren. Dies muss auf gemeinsamen Entscheidungsprozessen basieren und den Ressourcen der Familie und der Frühförderung entsprechen.

Der Einsatz von Gebärden ist für Eltern eine neue Kommunikationsform, die eine starke Begleitung und Anleitung durch die Frühförderkraft benötigt. Im Mittelpunkt der frühen Eltern-Kind-Dialoge sollten vorerst lautsprachbegleitende Gebärden Anwendung finden (Günther, Hennies, 2012), welche sich an der natürlichen Gestik und den alltäglichen, sich wiederholenden Handlungen orientieren. Der Kontextbezug ermöglicht den Eltern einen langsamen Einstieg sowie entspannte, natürliche Eltern-Kind-Dialoge. Der/die Frühförderer/in muss auf dieser Stufe Gebärden vermitteln, die sich an den Bedürfnissen und Gewohnheiten der Familie orientieren, und als Sprachvorbild für die Eltern fungieren. Neben den Dialogen mit dem Kind können bereits erste Lieder mit Gebärden durch die Frühförderung vermittelt und gemeinsam erprobt werden.

Erweist sich der Einsatz lautsprachunterstützender bzw. –begleitender Gebärden als gewinnbringend und wird darauf basierend eine Intensivierung und Erweiterung des bilingualen Angebotes angestrebt, kann die gezielte Gebärdensprachförderung in der Familie installiert werden. Um eine hohe Qualität des Sprachinputs gewährleisten zu können, sollte spätestens ab dieser Stufe eine hoch gebärdensprachkompetente Person, im Idealfall ein/e gehörlose/r Native Signer/in, die Betreuung der Familie übernehmen. Je nach Möglichkeiten der Frühförderstelle sowie nach Bedürfnissen der Familie bieten sich mehrere Methoden an, um eine bilinguale Förderung durchzuführen.

Frühförderung in der Familie

Im günstigsten Fall wird die Frühförderung in dem häuslichen Umfeld durch ein Team aus einer/m gehörlosen und hörenden Fachkraft abgedeckt. Bei der Gestaltung des Vorgehens sollten die unter 3.3 beschriebenen Aspekte zur Arbeit in einem Tandem berücksichtigt werden. Zudem sollte mit den Eltern vereinbart werden, in welcher Form regelmäßige Gespräche gestaltet werden (z. B. Anwesenheit beider Frühförderer/innen).

Unter Umständen kann das Angebot nur durch eine hörende, gebärdensprachkompetente Fachkraft abgedeckt werden. Hier müssen Vereinbarungen mit den Eltern über die möglichen und gewünschten Diskursstrategien (s. 3.3) getroffen werden, an denen sich die Gestaltung der Fördereinheiten orientiert. Entscheidend ist dabei, dass die Eltern eine Kommunikationsform finden, die sowohl Sicherheit vermittelt als auch ohne Anstrengungen angewandt werden kann. Im Mittelpunkt der Angebote steht neben der Erweiterung sprachlicher Kompetenzen auch die Vermittlung von Methoden (z. B. Wie lese ich ein Buch mit Gebärden vor? Wie gestalte ich Spielsituationen? Welche Sprachvarietäten nutze ich außerhalb der Familie?).

Förderung der elterlichen Gebärdensprachkompetenzen

Kurse in der Gebärdensprache, die von gehörlosen Dozenten/innen angeboten werden, sind notwendig, um einen gezielten Sprachinput zu ermöglichen. Die Kurse werden häufig an Volkshochschulen oder in privaten Kursen für unterschiedliche Zielgruppen angeboten. Letzteres hat zur Folge, dass die Inhalte nicht immer auf die spezifischen Bedürfnisse einer Familie abgestimmt sein können. Ein ergänzendes Angebot ist die gebärdensprachliche Frühförderung durch eine gehörlose Fachkraft. Eine Fördereinheit kann dann auch als gezielter Input in Form eines Kurses gestaltet werden. Zudem erwerben die Eltern durch gemeinsame Interaktionen mit dem Kind und dem/der gehörlosen Frühförderer/in Gebärdensprachkompetenzen (in Form eines ungesteuerten Spracherwerbs). Ergänzend dazu benötigen die Eltern Beratung hinsichtlich der Eignung unterschiedlicher Gebärdensprach- und/oder Selbstlernmaterialien. Frühförderkräfte sollten in diesem Bereich über umfangreiches Wissen verfügen. Unter Umständen besitzen Frühförderstellen ein größeres Inventar an Materialien, welches an Familien entliehen werden kann.

Eltern-Kind-Treffen

Eltern-Kind-Treffen bieten auch in der bilingualen Frühförderung eine wertvolle Möglichkeit, um eine Austauschplattform für bilinguale Kinder und ihre Eltern zu generieren. Die Gestaltung der Treffen durch die Frühförderstelle geht je nach Kapazitäten der Einrichtung mit einem großen Handlungsspielraum einher (z.B. Sprachkurse für die Eltern, bilinguale Spielangebote für Kinder und Eltern, offener Austausch zwischen Eltern und Frühförderern/innen). Die Angebote müssen alltagsbezogen sein und werden von den Frühförderern/innen durchgeführt und angeleitet, sodass die Eltern diese zu Hause eigenverantwortlich umsetzen und den neu erworbenen Wortschatz umgehend anwenden und festigen können. Neben der Vermittlung von Gebärdensprachkompetenz und dem Austausch mit Gleichbetroffenen können die Treffen auch kulturelle Begegnungen ermöglichen. Die Angebote können auch für gehörlose Eltern geöffnet werden, damit authentische Sprachkontakte entstehen, die die Zweisprachigkeit der Familien in ihrer Anwendung unterstützt und zusätzliche Erwerbskontexte generieren.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Interdisziplinäre Zusammenarbeit

Als vierter Eckpfeiler der Frühförderung bietet die Begleitung der Kinder in den Kindertagesstätten und die damit verbundene Interdisziplinarität weitere Herausforderungen für ein bilinguales Konzept. Die Bilingualität der Kinder endet nicht mit Eintritt in eine frühpädagogische Einrichtung. Auch wenn die Förderung der Lautsprache durch den Besuch einer Einrichtung in der hörenden Welt relevanter wird, darf die Gebärdensprache nicht zwangsläufig an Bedeutung abnehmen. Da zu diesem Zeitpunkt noch keine Prognosen über den Erwerbsverlauf in beiden Sprachen getroffen werden können und die Gebärdensprache auch in der hörenden Majorität, insbesondere in Bildungsinstitutionen, ihre Berechtigung besitzt, muss auch in der Kita ein entsprechender Raum geschaffen werden. Wesentlich für eine erfolgreiche Integration sind die Akzeptanz der Bilingualität des Kindes und eine barrierefreie Kommunikation. Insbesondere bei Kindern, deren lautsprachliche Fähigkeiten (noch) nicht ausreichen, muss die gebärdensprachliche Kommunikation an Bedeutung gewinnen, entweder unterstützend für den Lautspracherwerb oder als ausschließliches Kommunikationssystem. Im Folgenden wird die Einzelförderung in frühkindlichen Bildungsinstitutionen ausgeklammert, da deren Gestaltung sich an Kapitel 3.3 orientiert. Im Fokus stehen daher Tätigkeitsfelder der interdisziplinären Zusammenarbeit.

Gruppenangebote

Neben der Förderung in Kleingruppen ermöglichen Gruppenangebote eine Sensibilisierung des Umfeldes eines Kindes für dessen Zweisprachigkeit sowie einen gezielten Sprachinput. Die Gruppenangebote können sowohl durch den/die Frühförderer/in als auch gemeinsam mit dem/der Erzieher/in gestaltet werden. Je nach Ziel des Angebotes kann oder sollte dieses auch durch eine/n gehörlose/n Frühförderer/in durchgeführt werden. Ferner können Gruppenangebote und Interaktionen gebärdensprachlich begleitet werden. Lieder und Spielsituationen, aber auch Ausflüge eignen sich für (indirekte) Sprachkontakte. Darüber hinaus ist der Transfer der Einzelförderung in die Gruppe in zweierlei Hinsicht bedeutsam: die bilinguale Kommunikation wird präsent für alle Kinder der Gruppe und es findet eine indirekte Gebärdensprachförderung der Erzieher/innen und aller Kinder, die an den Angeboten teilnehmen wollen, statt.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Gebärdensprachkompetenz der Erzieher/innen

Wie auch in der Elternarbeit muss zunächst hervorgehoben werden: Erzieher/innen dürfen mit der bilingualen Kommunikation nicht überfordert werden. Stellt bereits die heterogene Gruppe (mit einem hörgeschädigten Kind) an sich eine Herausforderung dar, kann die Forderung nach bilingualen Kommunikationsformen Unsicherheit und mitunter Abwehr auslösen. Ein behutsamer, langsamer Einstieg in das Thema sowie sensible Beratungs- und Informationsgespräche, die ein gemeinsames Vorgehen thematisieren, sind zu Beginn unbedingt erforderlich.

Neben der Möglichkeit, durch die Teilnahme an Fördereinheiten Gebärden lernen zu können, erweist sich ein Gebärdensprachkurs als notwendig. Teilweise können Dozenten/innen diesen in der Einrichtung anbieten, wenn sich eine ausreichend große Gruppe aus dem Kollegium bildet. Daneben sollte die Frühförderung die Erzieher/innen über Kursangebote und Selbstlernmaterialien informieren und ggf. zur Verfügung stellen. Auch die Möglichkeit regelmäßiger Inputsituationen durch die/den Frühförderer/in kann bei Bedarf in Betracht gezogen werden.

Praxisbeispiele

Die folgenden Beispiele[2] stammen aus einem Frühförderzentrum für Hören und Kommunikation in Deutschland. Die Frühförderstelle arbeitet unter einem freien Träger. Die beschriebenen Angebote wurden teilweise aufgrund der besonderen Bedürfnisse der Familien installiert und erst nachträglich als fester Bestandteil in das Konzept der Einrichtung integriert.

Lotta

Lotta ist gehörlos und hat kein CI. Sie erhält gebärdensprachliche Frühförderung seit ihrem 1. Lebensjahr. Die gehörlose Frühförderin besucht die Familie zweimal wöchentlich. Die Fördereinheiten werden durch gemeinsame

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[2] Alle Namen wurden aus datenschutzrechtlichen Gründen geändert.

Spielsituationen mit Lotta oder als Sprachkurse für die Eltern gestaltet. Die Familie besucht zusätzlich einmal monatlich den Gebärdensprachkurs für Familien des Frühförderzentrums[3]. Seit Eintritt in die Kindertagesstätte wird Lotta durch eine gehörlose Integrationshelferin in der Einrichtung betreut. Alle Erzieher/innen der Einrichtung besuchen seit Lottas Eintritt einen Gebärdensprachkurs. Die Kommunikation zwischen Lotta und den anderen Kindern oder Erzieherinnen findet gebärdensprachlich statt.

Anton & Andrea

Die Zwillinge sind gehörlos und bilateral mit einem CI versorgt. Die Frühförderung war anfangs lautsprachlich orientiert. Erste Kontakte zur Gebärdensprache hatte die Familie durch den Gebärdensprachkurs für Familien, den sie regelmäßig besucht. Die Frühförderung wird durch eine hörende und eine gehörlose Fachkraft abgedeckt, welche gemeinsam Elterngespräche führen. Die gehörlose Kollegin besucht die Familie einmal wöchentlich im häuslichen Umfeld zur gebärdensprachlichen Förderung. Die hörende Frühförderin besucht die Kinder einmal pro Woche in der Kindertagesstätte. Hauptanliegen ist hierbei die Hörerziehung und Lautsprachentwicklung (unter dem Einsatz unterstützender Gebärden) sowie der interdisziplinäre Austausch. Andrea und Anton nutzen in der Kita vorrangig Lautsprache und im häuslichen Umfeld Sprachmischungen.

Jerik

Jerik ist ein hörender Junge. Aufgrund der Versorgung mit einer Trachealkanüle ist für ihn die Lautsprachproduktion schwer bis unmöglich. Jeriks Sprachverständnis ist unauffällig. Seit seinem dritten Lebensjahr wird er gebärdensprachlich gefördert. Die Eltern besuchen je nach zeitlichen Kapazitäten den Gebärdensprachkurs für Familien der Frühförderstelle. Die hörende

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[3] Organisation: Nach einem gemeinsamen Einstieg in das Thema und einem Interaktionsangebot für Eltern und Kinder (z.B. gemeinsames Singen) erhalten die Eltern einen 30 minütigen Gebärdensprachkurs durch eine gehörlose Dozentin. Die Frühförderinnen beschäftigen sich zeitgleich mit den Kindern. Abschließend steht Raum für Austausch zur Verfügung.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Frühförderin besucht Jerik einmal wöchentlich in der Kindertagesstätte, wobei die Fördereinheiten in der Gruppe und je nach Jeriks Interesse unter Einbezug anderer Kinder stattfinden. Die Frühförderin nutzt hier vorwiegend sukzessiv-bilinguale Diskursstrategien. Aller drei Wochen erhalten Jeriks Eltern durch die Frühförderin einen Gebärdensprachkurs. Für die Erzieher/innen aus Jeriks Gruppe sowie weitere Kollegen/innen aus der Einrichtung bietet die Frühförderin einmal im Monat einen Gebärdensprachkurs an, bei dem vorwiegend relevante Lieder, Bücher oder Gedichte (gemeinsam) übersetzt werden. Zusätzlich fertigt die Frühförderin für die Eltern und Erzieher/innen je nach Bedarf Videos mit Gebärden und übersetzten Liedern an und stellt diese über einen Medienpool als Lernmaterial zur Verfügung.

Insgesamt zeigen die Beispiele, dass sowohl methodisch als auch zielgruppenspezifisch die bilinguale Frühförderung vielfältige Möglichkeiten bietet. Die Bedürfnisse der Kinder und ihrer Familien sind heterogen. Das vorgestellte Konzept muss nicht in seiner Gesamtheit Anwendung für jedes Kind finden. Es stellt jedoch einen Pool dar, welcher individuelle auf die Förderziele und Ressourcen angepasst werden kann.

Zusammenfassung und Ausblick: Bilinguale Frühförderung in inklusiven Bildungssettings

Zusammenfassend zeigt sich also, dass in Deutschland nach einer etwa 20jährigen Diskussion um bilinguale Förderung in der Schule das Thema der bilingualen Frühförderung von Kindern mit einer Beeinträchtigung des Hörens deutlich an Bedeutung gewinnt. An zahlreichen Stellen wird hierzu praktisch gearbeitet. Es liegen allgemeine theoretische Fundierungen und grundsätzliche konzeptionelle Überlegungen vor, aber es mangelt noch an praktischen Umsetzungsbeispielen, konkreten Konzepten und Materialien.

Dabei werden die Bedingungen der Frühförderung derzeit insbesondere durch die Umsetzung der UN-Behindertenrechtskonvention (Vereinte Nationen, 2006) verändert. Zukünftig wird es immer weniger spezielle Einrichtungen für Kinder mit einer Beeinträchtigung des Hörens im vorschulischen Bereich geben und dafür die Bedeutung der bilingualen Förderung in inklusiven Bildungssettings an Bedeutung zunehmen. Darin besteht jedoch auch eine große Chance, wie das Praxisbeispiel von Jerik zeigt. Nicht nur Kinder mit Hörbeeinträchtigung profitieren von einem solchen Angebot, sondern auch nicht-sprechende hörende Kinder. Dies zeigt, dass in einer größeren fachlichen Zusammenarbeit zwischen Vertretern/innen bilingualer Frühfördermodelle und Experten/innen für unterstützte Kommunikation gerade für inklusive Einrichtungen ein großes Potential liegt (Hennies, 2013).

Durch das NHS besteht heute die Möglichkeit einer sehr viel früheren Förderung von Kindern mit einer Beeinträchtigung des Hörens als jemals zuvor. Damit ist es auch in einem bilingualen Konzept möglich, die Kompetenzen in allen Sprachen und Kommunikationsmitteln von Anfang an umfassend zu fördern. Die konzeptionellen Überlegungen und Praxisbeispiele in diesem Beitrag zeigen auf, dass dies gelingen kann, wenn systemisch und umfassend mit dem Kind, seinen Eltern und den anderen Akteuren der vorschulischen Arbeit zusammengearbeitet wird. Die Aufgabe, die entsprechende Förderung, Beratung und Schulung der Beteiligten durchzuführen, lässt sich am besten über ein Team von gehörlosen und hörenden Frühförderkräften abdecken. Durch flexible, konzeptionell abgesicherte und an den Bedürfnissen der jeweiligen Familien ausgerichtete Konzepte kann damit der Heterogenität der Gruppe von Kindern mit einer Beeinträchtigung des Hörens am besten gerecht und jedem Kind ein Weg in die Sprache ermöglicht werden.

Summary

The article introduces readers to the organisation of early support provided to deaf and hard-of-hearing children as well as methods of planning and realising early bilingual support in Germany. The authors emphasize the importance of bilingual methods in the process of early-developmental support and education provided to hearing impaired students. They indicate that diagnostics is an important point of reference when developing and executing individual plans of early support, focused on a child's existing resources. Moreover, in the case of early bilingual support it is necessary to extend the scope of tasks as a child's skills related to both phonic language and spoken language need to be identified. The article describes selected methodological solutions in the area of bilingual communication. In spite of existing theoretical concepts concerning bilingual education there is still a deficiency of examples of their practical application.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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Súčasné riešenia v diagnostike a podpora poskytovaná dieťaťu so sluchovým postihnutím v období od narodenia do začiatku školského vzdelávania na slovensku

Contemporary solutions in diagnostics and support offered to hearing impaired children in Slovakia

V našom geo-socio-kultúrnom priestore špeciálna pedagogika, teda aj pedagogika sluchovo postihnutých má zhruba 120 ročná tradíciu, pričom za dané obdobie prešla koncepčnými zmenami v teoretickej aj praktickej rovine. V istých obdobiach je/bola v celosvetovom meradle niektorá problematika na popredných miestach a to nielen u teoretikov v praktikov, ale aj politických špičiek. Po politických aj spoločenských zmenách aj pedagogika sluchovo postihnutých rozširuje pole svojej pôsobnosti a zaoberá sa aj oblasťami, ktorými sa v minulosti nezaoberala.

Jedným z najviac publikovaných, skúmaných a prezentovaných aspektov zmien je zameranie starostlivosti na deti a rodiny v období raného veku, s čím súvisí vznik tzv. raného poradenstva a služieb s tým spojených. V slovenskej odbornej literatúre sa stretávame s mnohými termínmi, ide napr. o termín špeciálna raná starostlivosť, raná starostlivosť, rané poradenstvo alebo raná intervencia (Németh, 2008, Tichá, 2007). Z nášho pohľadu ide o synonymá a v predloženom príspevku budeme používať len termín rané poradenstvo a raná starostlivosť. Trend podpory raného poradenstva a ranej starostlivosti sa prirodzene prejavil aj v podmienkach pedagogiky sluchovo postihnutých, pričom má svoje špecifiká

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

vzhľadom na dôsledky tohto zmyslového postihnutia a kontinuálne naňho nadväzuje predškolská starostlivosť – príprava deti so stratou sluchu na školu.

Legislatíva podporujúca rané poradenstvo v podmienkach Slovenskej republiky

Už koncom 80. rokov 20. storočia začínali silnieť tlaky pedagogického terénu, ktoré poukazovali na potrebu efektívnych poradenských služieb a do týchto snáh sa výrazne zapájali aj občianske združenia osôb s rozličným druhom zdravotného postihnutia. Prvé zariadenia, ktoré poskytovali takéto služby vznikali už pred rokom 1989, ale neboli inštitucionalizované, nemali vymedzené úlohy, profesionálny tím a neboli legislatívne ukotvené. Stalo sa tak až v roku 1990, ale súčasťou výchovno-vzdelávacej sústavy sa špeciálnopedagogické poradenstvo stalo až zákonom NR SR č. 279/1993 Z. z. o školských zariadeniach, kde v § 20 a v § 22–25 sú definované poradenské zariadenia a zariadenia špeciálnopedagogického poradenstva –peciálno-pedagogická poradňa a diagnostické centrum. V súvislosti s tým bola schválená aj Koncepcia špeciálnopedagogického poradenstva (Ministerstvo školstva, mládeže a športu SR v roku 1998). Táto bola následne prepracovaná a v súčasnosti je v platnosti Koncepcia špeciálnopedagogického poradenstva, schválená vládou SR v roku 2007.

Významnou zmenou v rámci špeciálnopedagogického poradenstva bolo prijatie nového zákona o výchove a vzdelávaní (č. 245/2008) a následne vyhlášky MŠ SR č. 325/2008 o školských zariadeniach výchovného poradenstva a prevencie. Tieto inštitúcie sú určené deťom a žiakom od ich narodenia až do ukončenia prípravy na povolanie, s cieľom dosiahnuť optimálny rozvoj ich osobnosti, sociálnu integráciu a primerané spoločenské a pracovné uplatnenie. Zároveň tieto centrá vykonávajú vyhľadávanie a vedú evidenciu detí a žiakov so zdravotným postihnutím.

Centrá špeciálnopedagogického poradenstva na Slovensku

Na základe vyššie spomenutých legislatívnych noriem, prijatých v roku 2008, došlo k zmenám a oblasť špeciálnopedagogického poradenstva môžeme charakterizovať v súčasnosti nasledovne:

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

a) **názov inštitúcie**
   - Centrum špeciálnopedagogického poradenstva

b) **poskytované služby**:
   - komplexná interdisciplinárna špeciálnopedagogická činnosť,
   - psychologická činnosť,
   - diagnostická činnosť,
   - poradenská činnosť,
   - rehabilitačná činnosť,
   - preventívna činnosť,
   - metodická činnosť,
   - výchovno-vzdelávacia a iná odbornú činnosť,
   - súbor špeciálnopedagogických intervencií.

c) **formy realizácie odbornej činnosti**
   - ambulantná poradenská starostlivosť,
   - starostlivosť o dieťa a žiaka so zdravotným postihnutím v rodine,
   - krátkodobé pobyty dieťaťa a žiaka alebo zákonných zástupcov s dieťaťom v centre špeciálnopedagogického poradenstva, ktorého dĺžka spravidla nepresiahne päť pracovných dní (tamtiež).

d) **organizácia centier špeciálnopedagogického poradenstva**
   - zamerané len na jeden druh postihnutia (napr. sluchové, alebo zrakové postihnutie),
   - poskytujúce služby viacerým druhom zdravotného postihnutia.

e) **umiestnenie centra špeciálnopedagogického poradenstva**
   - pri špeciálnych školách zameraných na daný druh postihnutia (napr. pri základnej škole pre sluchovo postihnutých),
   - samostatne.

f) **zriaďovateľ centra**
   - centrá štátne,
   - centrá súkromné,
   - centrá cirkevné.

Centrá špeciálnopedagogického poradenstva sa môžu členiť na úseky podľa hlavného zamerania ich činnosti (na úsek raného poradenstva, úsek psychologickej činnosti, úsek sociálnej činnosti), alebo podľa druhu zdravotného postihnutia alebo vývinových porúch.

Z vyššie napísaného vyplýva, že na Slovensku neexistujú samostatné zariadenia, ktoré by sa venovali len deťom s postihnutím v období raného veku, ale tieto služby sa poskytujú v rámci centier špeciálnopedagogického poradenstva, ktorých pôsobenie začína hneď po objavení postihnutia a končí ukončením prípravy na povolanie (stredná, resp. aj vysoká škola).

Na základe štatistických údajov k 15.9.2013 máme 130 centier špeciálnopedagogického poradenstva, z toho je 50 súkromných, 1 cirkevné a zvyšných 79 štátnych. Veľká časť štátnych centier je vytvorených pri základnej škole pre niektorý druh zdravotného postihnutia. Sieť centier sa rozvíjala v minulosti kvantitatívne, v súčasnosti je dôraz kladený hlavne na zlepšovanie kvality po všetkých stránkach (personálnej, materiálnej, finančnej).

V súčasnosti je na Slovensku 5 centier špeciálnopedagogického poradenstva, ktoré sú primárne zamerané na problematiku deti a žiakov so sluchovým postihnutím a tieto realizujú aj rané poradenstvo. Štyri z nich sú štátne a jedno je cirkevné. Všetky sú pri základných školách pre sluchovo postihnutých a sú rovnomerne rozložené po celom území Slovenska. Ďalšie centrá sa môžu venovať problematike deti so sluchovým postihnutím, ak majú medzi svojimi pracovníkmi špeciálneho pedagóga – surdopéda.

Vyhláška MŠ SR č. 325/2008 o školských zariadeniach výchovného poradenstva a prevencie stanovila aj novú pozíciu tzv. terénneho špeciálneho pedagóga, ktorý vykonáva poradenskú, preventívnu, výchovnovzdelávaciu a metodickú činnosť v škole, v školskom zariadení, priamo v rodine a prirodzene v centre špeciálno-pedagogického poradenstva.

Okrem daných možnosti je v súčasnosti za podpory Nadácie Pontis z Nadačného fondu Telekom realizovaná vo viacerých mestách Slovenska bezplatná služba pre rodičov, prostredníctvom 11 mobilných (terénnych) špeciálnych pedagógov, ktorí navštevujú rodiny 1-2-krát mesačne priamo v domácom prostredí. Ide o rodiny s malými deťmi zvyčajne do 2 rokov a o túto službu musia sami rodičia prejaviť záujem.

Požiadavka ranej starostlivosti je podporená aj zavedením celoplošného skríningu sluchu, ktorý v Slovenskej republike je od 1. mája 2006 (Odborné usmernenie Ministerstva zdravotníctva SR pre včasnú diagnostiku poruchy sluchu u novorodencov a detí), ktoré okrem iného stanovuje, že:

- každému novorodencovi sa musí vyšetriť sluch skríningovým prístrojom na vyšetrenie transcientných okoakustických emisií (TEOAE), pričom

najvhodnejší je 3. deň po pôrode a vykonáva sa pred prepustením do domácej starostlivosti,
– ak skríningové vyšetrenie preukáže u novorodenca neprítomné emisie, ide o podozrenie na poruchu sluchu a lekár odporučí špecifické vyšetrenie, ktoré sa zopakuje vo veku 1 mesiaca veku dieťaťa,
– v prípade negatívneho výsledku sa následne realizuje vyšetrenie sluchových evokovaných potenciálov z mozgového kmeňa.

Diagnostika straty sluchu nielen pri novorodencoch, ale aj pri deťoch, žiakoch a dospelých osobách realizuje rezort zdravotníctva a je zabezpečená na celom území Slovenska. ORL lekár a/alebo foniater navrhujú aj pridelenie načúvacích aparátov, ktoré patria medzi kompenzačné pomôcky prideľované podľa vestníka Ministerstva zdravotníctva SR. V ambulanciách a nemocniciach sú k dispozícii štandardné objektívne metódy vyšetrenia sluchu (tympanometria, vyšetrenie evokovaných potenciálov – BERA, otoakustické emise spontánne alebo evokované), ale aj subjektívne metódy vyšetrenia sluchu (tónová a slovná audiometria).

V súčasnosti je k dispozícii široká škála načúvacích aparátov, z ktorých sa dá pre každé dieťa vybrať to najvhodnejšie. Za nedostatok považujeme, že neexistuje úzka spolupráca medzi zdravotníckymi pracovníkmi a centrami špeciálnopedagogického poradenstva. To znamená, že priamo po poskytnutí informácie o strate sluchu dieťaťa, nie sú rodičia nasmerovaní k ďalším odborníkom, ktorí by realizovali ďalšiu a to špeciálnopedagogické podporu. Na základe zákona o ochrane osobných údajov (č. 122/2013), nie je možné, aby zdravotnícky personál zasielal informácie o deťoch priamo jednotlivým centrám a zamestnanec centra, v našich podmienkach, nie je členom medicínskeho tímu. Vyhľadanie a návšteva centra je na jednotlivých rodičoch a rodinách, čo v praxi znamená, že sú rodičia, ktorí hneď ďalšiu odbornú pomoc vyhľadajú a spolupracujú s ďalšími pracovníkmi, ale aj rodiny, ktoré z rozličných dôvod tieto ponúkané možnosti nevyužívajú, alebo ich využívajú oveľa neskôr, ako je žiaduce, resp. v zdravotníckom zariadení nezískajú informácie o tom, na koho sa majú vo svojom blízkom okolí obrátiť. Je potrebné sa zamerať vo zvýšenej miere na poskytovanie relevantných informácií rodičom vo viacerých oblastiach života s dieťaťom so sluchovým postihnutím, ale hlavne na multidisciplinárnu spoluprácu od obdobia zistenia straty sluchu a zabezpečiť, aby dieťa hneď ako je to možné, malo pridelené načúvacie aparáty, resp. sa pri splnení požadovaných

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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podmienok uvažovalo o kochleárnej implantácii, tak aby sa vytvorilo čo najlepšie podmienky pre jeho všestranný vývin.

Napriek vyššie spomenutým skutočnostiam, je možné konštatovať, že zavedenie plošného skríningu sluchu má pozitívny vplyv na včasnosť poskytovania špeciálnopedagogického poradenstva u detí so sluchovým postihnutím, pretože v súčasnosti sme konfrontovaní s niekoľko mesačnými klientmi, čo bolo pred niekoľkými rokmi veľmi výnimočne, na druhej strane sa nazdávame, že nie sú plne využité možnosti, ktoré plošný skríning sluchu u novorodencov poskytuje.

Rodiny s dieťaťom s poruchou sluchu sa líšia od rodín s deťmi s inými zdravotnými problémami. Jedným z výrazných rozdielov je, že zatiaľ čo sa rodiny s dieťaťom so zdravotnými problémami musia rozhodovať o medicínskej liečbe v určitom momente (resp. akútne) rodiny s dieťaťom s poruchou sluchu musia prehodnocovať rovnaké rozhodnutia opakovane v rozličných kontextoch a fázach (Desgeorges, 2003; Spencer, 2000). Ide predovšetkým o komunikačné formy alebo technické pomôcky.

Výnimkou je rozhodnutie poskytnúť dieťaťu kochleárny implantát, pri ktorom Stredler-Brown (1998) je toho názoru, že ide o “rozhodnutie v čase (point in time)”, na rozdiel od rozhodnutí týkajúcich sa komunikačného prístupu, komunikačných foriem, ktoré sa môžu ľahšie zmeniť alebo vyberať postupom času. Na Slovensku existujú možnosti kochleárnych implantácií v troch strediskách: v Bratislave (od roku 1994), v Košiciach (od roku 2009), v Ružomberku (od roku 2014). Deti, ktoré sú používateľmi kochleárnych implantátov sú vzdelávané v rozličných vzdelávacích prostrediach (materské školy pre sluchovo postihnutých, bežné materské školy, resp. materské školy pre deti s narušenom komunikačnou schopnosťou).

Zameranie špeciálnopedagogického poradenstva v ranom veku u deti so sluchovým postihnutím sa orientuje na oblasti, ktoré sú ovplyvnené stratou sluchu – sluchová výchova a rečová výchova, pričom veľmi dôležitým cieľom je vytvorenie primeranej komunikačnej bázy medzi dieťaťom a rodičmi (rodinou), pričom sa vychádza, z individuálnych možností dieťaťa a využívajú silné stránky dieťaťa.

Okrem centier špeciálnopedagogického poradenstva rodina s dieťaťom so stratou sluchu môže spolupracovať aj s logopedickými ambulanciami, ktoré sú súčasťou rezortu zdravotníctva a sú lokalizované prevažne v medicínskych zariadeniach a zameriavajú sa na osvojovanie si hovoreného jazyka. Pri svojej práci využívajú auditívno-verbálny prístup a orálne metódy, pretože ich klientelu tvoria zväčša deti s kochleárnym implantátom alebo deti s ľahkými a strednými stupňami straty sluchu.

Napriek skutočnosti, že rodine s dieťaťom so stratou sluchu sa venuje viacero odborníkov v tomto príspevku sa zameriame len na odborníkov z oblasti špeciálnej pedagogiky, čiže budeme písať len o diagnostických metódach, ktoré sú nimi využívané. Vo svoje práci používajú, v prípade potreby, aj diagnostické nástroje z iných oblastí (napr. škály na hodnotenie motoriky, hodnotenie laterality, škály na hodnotenie sebaobslužných činnosti, skúšky priestorovej orientácie a vizuálnej percepcie), ale dôraz je prirodzene kladený na sluch a rozvoj komunikácie.

Testy, škály na zisťovanie sluchovej schopnosti sú zväčša zamerané na odhalenie úrovne sluchového vnímania jedincov s poruchami sluchu. Výsledky sa porovnávajú s ontogenézou vývinu sluchových schopností u intaktných detí a to od vnímania zvukov, cez diskrimináciu, identifikáciu a porozumenie slov, viet až po porozumenie plnohodnotnej komunikácie.

GASP (Glendonald Auditory Screening Procedure) je jednoduchý skríningový test autora Erbera (1982), ktorý preložili a upravili Linczényová a Schlosserová (1999) a pomocou neho môžeme pomerne rýchlo zistiť aktuálny stav sluchových schopností dieťaťa a stanoviť ich úroveň. Výsledok je východiskom pre sluchovú výchovu. GASP obsahuje 3 subtesty:

I. Detekcia foném.
II. Identifikácia slov podľa počtu slabík, podľa prízvuku v slove a samotná identifikácia slov v uzatvorenom súbore.
III. Porozumenie viet, príkazov a pokynov primeraných jazykovým schopnostiam dieťaťa

GASP test sa najčastejšie administruje pri používaní načúvacieho aparátu alebo kochleárneho implantátu.

Lingov test (Listening Progress Profile LIP)

LIP Profil (Listenning Progress Progil), hodnotí vnímanie, diskrimináciu, identifikáciu zvukov z prostredia a tzv. Lingových zvukov, ktoré zahŕňajú frekvenčnú oblasť reči.

Lingov test spočíva v počúvaní 6 hlások: v anglickej verzii sú to hlásky (“OO”, “A(R)”, “EE”, “M”, “SH”, “S”) slovenská verzia obsahuje len päť hlások “A”, “U”, “I”, “S”, “Š” (Šimková, Kabátová, Groma, Profant, Šimko, 2003), ktoré reprezentujú rôzne frekvencie rečového spektra. Testované hlásky sú prezentované bežnou konverzačnou hlasitosťou zo vzdialeností od 6 metrov až ad kochlea. Výhodou tohto testu je rýchla diagnostika, administrácia s možnosťou využitia aj u menších detí. LIP profil (Listening Progress Profile), hodnotí kvalitatívny progres počutia – detekciu, diskrimináciu a identifikáciu zvukov hlások, ktoré zachytávajú celé frekvenčné spektrum reči. Zaznamenávajú sa zámerné a spontánne reakcie dieťaťa na tieto zvuky a úspešnosť v teste znamená, že dieťa má predpoklady vnímať reč auditívnou cestou.

Nottinghamská škála

Pre rýchlu orientáciu vo vývine sluchového vnímania (vrátane reči) sa používa, adaptovaná Nottinghamská škála (Šimková, Kabátová, Groma, Profant, Šimko,2003). Hodnotí sa sluchové vnímanie, od úplnej absencie vnímania zvukov až po schopnosť telefonovať. Hodnotenie je štruktúrované do siedmych úrovní:

0. nevníma zvuky prostredia,
1. vníma zvuky prostredia,
2. reaguje na zvuky reči,
3. identifikuje zvuky prostredia,
4. rozoznáva zvuky reči bez odzerania,
5. rozumie bežným frázam bez odzerania,
6. rozumie komunikácii bez odzerania,
7. používa telefón.

Testovacia batéria TAPS (Test of Auditory Perception of Speech for children a EARS – Evaluation of Auditory Responsesto speech)

Testovacia batéria TAPS bola na slovenské podmienky adaptovaná Centrom kochleárnej implantácie v roku 2000 a podľa autorov má úlohy, ktoré zohľadňujú rečové schopnosti dieťaťa vzhľadom na špecifiká slovenského jazyka. Test zisťuje hierarchiu sluchových schopností, ktoré sú nutné pre porozumenie reči a je určená pre jedincov medzi 2 a 15 rokom. Pozostáva z nasledujúcich okruhov a testov:

1. **detekcia hlások** – hodnotenie tých hlások, ktoré dieťa počuje (Test: Detekcia foném).

2. **percepcia prozodických faktorov –** cieľom je zistiť za pomoci slabík, do akej miery je dieťa schopné rozlišovať niektoré znaky reči. Pozostáva z troch subtestov (Test: Diskriminácia syntetických slabičných vzorov, Test: Identifikácia syntetických slabičných vzorov, Test Percepcia slabičných vzorov).
3. **identifikácia –** zisťuje, či je dieťa schopné identifikovať slová a vety z poskytnutého radu slov a viet (Test: Identifikácia slov, Test: Identifikácia jednoslabičných slov, Test: Identifikácia viet).
4. **integrácia sluchovej a zrakovej informácie,** test pozostáva z 21 skupín trojíc slov. Každá skupina pozostáva z jedného páru vizuálnych homofónnych slov, teda slov s podobným ústnym obrazom, ktoré sa odlišujú v niektorých hláskach (počiatočných, stredových, koncových), pričom tretie slovo sa odlišuje v ústnom obraze, ale má rovnaký počet slabík a rovnaký alebo podobný vokál (Test: Identifikácia vizém).
5. **otvorené porozumenie reči –** cieľom testu je zameranie na porozumenie viet dieťaťom v súvisiacom kontexte alebo porozumenie viet s inštrukciami.

Pri problémoch na akejkoľvek úrovni sa nepokračuje s testovaním, ale sluchové vnímanie sa precvičuje o stupeň nižšie. Jednotlivé testy TAPS-u majú vlastné hodnotiace škály.

AVER (Auditívne vnímanie reči)

AVER test je slovenská verzia TAPS-u, adaptovaná Centrom kochleárnej implantácie v Bratislave. Test AVER odhaľuje úroveň sluchových schopností potrebných na auditívne vnímanie reči.

APOR (Auditívne porozumenie reči)

APOR je slovenská verzia EARS (Evaluation of Auditory Responsesto speech.) Slovenská verzia testu APOR zohľadňuje rečové schopnosti dieťaťa a špecifiká slovenského jazyka a má porovnateľnú štruktúru a úlohy ako EARS. **APOR** obsahuje dva typy testov – zatvorené a otvorené. Zisťuje sa **auditívne vnímanie reči** a **auditívne porozumenie reči.**

Zatvorené testy sú znázornené na obrázkoch a dieťa má možnosť vybrať si správnu odpoveď z viacerých možností. Ako podnety sa používajú slová alebo vety, ktoré dieťa počúva bez možnosti odzerať a po porozumení ich musí správne priradiť k jednému z obrázkov.

Otvorené hodnotiace škály testu APOR sa realizujú bez obrázkov a zahŕňajú štyri subtesty. Test sociálnej komunikácie (Ako sa voláš?, Kde bývaš?), kde dieťa na otázky odpovedá, test bežných jednoduchých viet (napr. deti maľujú slona, zajac uteká do lesa), dieťa vetu zopakuje, test porozumenia a realizácie inštrukcií, kde dieťa realizuje úlohu (napr. Otvor dvere!, Postav sa!) a test jednoslabičných slov, ktorý predstavuje počúvanie a zopakovanie dvadsiatich jednoslabičných slov (Šimková et al., 2003)

Peabody obrázkový test

Úroveň pasívnej slovnej zásoby možno zistiť pomocou Peabodyho obrázkového testu (PPVT – R), ktorého autormi sú Dunn - Dunn (1981). PPVT – R bol štandardizovaný pre deti so sluchovým postihnutím pre konkrétny vek (Ijsseldijk, 1991). Počet slovných stimulov je 175 v každej forme. Test bol vyvinutý ako nástroj na meranie pasívneho (receptívneho) slovníka u detí a dospelých. Funkciou testu je poskytnúť rýchle zhodnotenie jedného z hlavných aspektov verbálnej komunikácie (pasívnej slovnej zásoby). Experimentátor dieťaťu povie jedno zo štyroch slov na konkrétnom liste a dieťa nemá slovo zopakovať, ale má ukázať prstom. V prípadoch, keď je možné pomenovať daný obrázok i niekoľkými synonymnými výrazmi, treba ich povedať. Podnetové slovo môže examinátor predniesť niekoľkokrát. Test je ukazovateľom pasívneho slovníka, ktorý je jedným z podmienok lingvistického a kognitívneho vývinu (Schmidtová, 2009).

Manolsonové záznamové hárky komunikačnej úrovne

Úroveň rozvoja komunikácie možno zistiť pomocou metódy Manolsonových komunikačných úrovní, ktorá je určená pre detí okolo 2,5 roka. Pozorovania komunikácie sa zaznamenávajú do komunikačno-pozorovacích záznamových hárkov (Manolsonom, 1987). Zaznamenávajú sa aktivity, ktoré dieťa strieda v priebehu dňa, týždňa, počas všedných i sviatočných dní -počas víkendov a zároveň odpovede dieťaťa na otázky: Čo robí? Čo hovorí? Čomu rozumie?

Komunikačno – pozorovacie záznamy odhaľujú O čom?, Ako?, Kedy?, Prečo? dieťa komunikuje. Záznamový hárok je určený na zaznamenanie zvukov, reči, slov, posunkov, obrázkov. Odhaľuje komunikáciu, ktorú dieťa používa.

Súhrnný pozorovací hárok zaznamenáva štyri úrovne komunikácie. Pri zaznamenaní jednotlivých úrovní si všímame, čo dieťa robí, čo hovorí, čo rozumie, čo chápe.

Úroveň č. I.: dieťa odpovedá predovšetkým na reflexnej báze.
Úroveň č. II.: skúma prostredie a imituje.
Úroveň č. III.: koordinuje zvuky gestá a zrakový kontakt v komunikácii, posúva sústredenie z predmetu na osobu, s ktorou sa hrá a naopak
Úroveň č. IV.: začína používať slová, komunikuje.

Sociálno, emocionálny dotazník

Sociálno-emocionálne kompetencie dieťaťa so sluchovým postihnutím, jeho sociometrický status v skupine rovesníkov môžeme zisťovať pomocou Dotazníka sociálno-emocionálneho vývinu nepočujúcich detí (Broesterhuizen,1992). Tento dotazník je spracovaný pre deti vo veku 3–7 rokov. Dotazník obsahuje 94 otázok s tromi možnými odpoveďami: a, b, c (Schmidtová, 2012). Dotazník zisťuje sociálnu adjustáciu, sebaobraz a emocionálnu adjustáciu. Záznamový hárok obsahuje okrem odpovedí aj položky rozdelené do uvedených troch položiek:

1. Sociálna adjustácia (Konflikt, Agresivita, Potreby bezpečia, Expanzia, Hnevlivosť).
2. Sebaobraz (Sociálna pasivita, Sociabilita, Samota, Opatrnosť).
3. Emocionálna adjustácia (Zraniteľnosť, Nedostatok sebadôvery, Plachosť, Fyzická citlivosť).

Broesterhuizenov dotazník je dobrým indikátorom pre sociálno-emocionálne kompetencie dieťaťa a jeho sociometrického statusu v skupine rovesníkov. Pretože osobnosť sledovaných detí sa ešte len utvára a prechádza vývinovými zmenami, tak jednotlivé zistenia sa chápu ako modifikovateľný potenciál a nezovšeobecňujeme ich.

V podmienkach Slovenskej republiky neexistujú testy, ktoré by boli zamerané na skúmanie úrovne osvojenia si posunkového jazyka, napriek skutočnosti, že posunky, resp. posunkový jazyk sa využívajú aj v ranej a predškolskej starostlivosti.

Raná starostlivosť sa realizuje v rodinnom prostredí, vzhľadom na skutočnosť, že predškolské zariadenia (materské školy) sú až od 3 rokov veku. Jednou z dôležitých úloh centier špeciálnopedagogických poradenstva je výber optimálneho vzdelávacieho prostredia (materská škola pre sluchovo postihnutých alebo bežná materská škola, resp. materská škola pri centre špeciálnopedagogického poradenstva).

V súčasnosti je na Slovensku 6 materských škôl pre sluchovo postihnutých, pričom tieto sú lokalizované v priestoroch základných škôl pre sluchovo postihnutých. V rámci materských škôl pre sluchovo postihnutých sa postupuje podľa Vzdelávacieho programu pre deti a žiakov so sluchovým postihnutím ISCED 0, v rámci ktorého je možné využívať rozličné komunikačné formy (hovorený jazyk, posunkový jazyk, prstová abeceda, pomocné artikulačné znaky...), ako aj rozličné vzdelávacie prístupy (orálna metóda, auditívno-verbálna metóda, totálna komunikácia, bilingválny-bikulturálny prístup).

Aj v podmienkach Slovenskej republike je zrejmý odklon od medicínskeho modelu postihnutia a väčší príklon, resp. presadzovanie sociálneho modelu postihnutia (napr. Jesenský, 2000; Winzer, Mazurek, 2000; Valenta, 2003; Repková, Požár, Šoltés, 2003; Tarcsiová, 2006, 2010; Lechta a kol. 2009, 2010), čo sa okrem iného prejavilo aj v dôraze na dôsledky postihnutia v živote, na vytváranie podmienok na strane spoločnosti, zdôrazňovanie individuálneho prístupu a hľadanie nových možností v oblasti edukácie. Tieto zmeny náhľadov na starostlivosť o deti a žiakov so zdravotným postihnutím sú úzko prepojené aj s myšlienkami humanizmu a zmenami v oblasti všeobecnej pedagogiky, ale svoju úlohu zohrali aj ekonomické podmienky vo vyspelých štátoch, zlepšovanie podmienok vzdelávania, sociálneho a pracovného uplatnenia.

Uplatňovanie myšlienky spoločného vzdelávania sa začalo v 80. rokov 20. storočia – idea integrácie a od 90. rokov 20. storočia, ale hlavne na začiatku 21. storočia – idea inklúzie (Farell, Ainscow, 2002). V našom regióne môžeme sledovať tieto zmeny s určitým časovým posunom, pričom myšlienka integrácie bola jednoznačne v legislatíve zakotvená až po roku 1989 (Vyhláška Ministerstva školstva, mládeže a športu SR č. 409/1990Zb.). S konceptom inklúzie sme boli konfrontovaní hlavne po prijatí Dohovoru o právach osôb so zdravotným postihnutím (OSN), ktorý bol ratifikovaný parlamentom Slovenskej republiky v roku 2010 a následne sa o ňom na rozličných fórach začalo diskutovať. Žiadny záväzný právny predpis v Slovenskej republike zatiaľ pre rezort školstva nedefinuje termíny “inkluzívne vzdelávanie”, “inkluzívna škola”, ani neustanovuje podrobnosti o zmenách, ku ktorým je potrebné v praxi škôl pristúpiť. Možno aj preto, podobne ako v Európe, aj na Slovensku sa termíny integrácia a inklúzia rozlične používajú aj interpretujú (Horňáková, 2006; Lechta a kol. 2010; Lechta, 2012) a v teórii aj v praxi sa používa aj dvojtvar integrácia/inklúzia.

Na základe vyššie napísaného je zrejmé, že po období ranej starostlivosti má dieťa a jeho rodina niekoľko možností ďalšieho vzdelávania v predškolskom období:

- začlenenie do materských škôl pre sluchovo postihnuté deti, ktoré sú vytvorené pri základných školách pre sluchovo postihnutých,
- začlenenie do bežných materských škôl – formou individuálnej integrácie/inklúzie,
- naďalej ostať v domácej starostlivosti až do začiatku povinnej školskej dochádzky, vzhľadom na skutočnosť, že materská škola nie je v podmienkach Slovenskej republiky pre deti so sluchovým postihnutím povinná.

V súvislosti s ranou a predškolskou starostlivosťou o deti so sluchovým postihnutím je veľmi dôležitá aj príprava odborníkov a Pedagogická fakulta Univerzity Komenského ako jediná na Slovensku pripravuje od roku 1995 odborníkov pre poradenský systém. Začalo sa bez predchádzajúcich skúsenosti a na začiatku išlo o 5-ročné magisterské neučiteľské štúdium. V akademickom roku 2005/2006 sa začala realizovať príprava odborníkov v študijnom programe poradenstvo v kombinácii s učiteľskou prípravou. V praxi to znamená, že ide o dvojprogram, pričom jednu časť programu tvorí Špeciálna pedagogika – poradenstvo a druhú časť niektorá z ponúkaných učiteľských špecializácií špeciálnej pedagogiky. Ide o kombináciu, ktorá z pohľadu praxe má svoje výhody a naši študenti môžu pôsobiť na viacerých pracovných pozíciách. Za zmienku stojí aj skutočnosť, že špecializácia pedagogika sluchovo postihnutých (učiteľský smer) sa dá študovať jedine na Pedagogickej fakulte v Bratislave, napriek tomu, že študijný program Špeciálna pedagogika ponúkajú aj ďalšie dve vysoké školy na Slovensku.

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Summary

In the first chapter of the authors from Bratislava the system of legal and practical solutions in the field of early support provided to small children with hearing impaired which is currently in place in the Slovak Republic was described. The current solutions include the activity of special education counselling centres without separate special facilities for hearing impaired children. Meeting the requirements of early care is also supported by introduction of a national hearing screening program, which is led by the ministry of health. Deliberations on selection of hearing aids and implanting cochlear implants were the basis for assessment of patients' progress. The authors paid attention not only to parents, but also to preparation of special education specialists, and consequently, diagnostic methods used by them were discussed. On the basis of presented facts concerning treatment, education and providing care in the period of early childhood the authors analysed opportunities that a child and their parents had in further education in the preschool period.

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KATARZYNA ITA BIEŃKOWSKA

The system for early diagnosis and therapeutic intervention in Poland

Introduction

Poland is an average sized country in Europe (>3 million km²), with 38.5 million people. It is divided into 16 provinces, which include 66 cities with district status and 314 districts divided into 2479 municipalities (as of 1 January 2013).

Figure 1. Poland – administrative division with hearing aid banks marked

Local authorities are responsible for tasks related to education and health in their area in accordance with the laws in force in the entire country. According to the Constitution of the Republic of Poland every pregnant woman and child (up to 18 years of age), with Polish nationality, has the right to free access to public health services (the Constitution of RP, article 68). In the year 2013, 156 432 children were born in Poland (Statistical Yearbook, 2014) of which about 2% had a diagnosed hearing impairment. Since 2002, a program of hearing screening in new-borns has been implemented across the country**.** In the group of children aged from 0 to 5 years of age, which is the most important period for the development of speech, as much as 90% of permanent damage to hearing is congenital damage (Wróbel et al., 2014). Consequently, new solutions have been implemented, aimed at early therapeutic intervention. They are carried out by public bodies and non-governmental organizations.

Universal hearing screening program

Since 2002[1] a universal hearing screening program has been implemented in Poland in new-borns in accordance with the European Agreement on screening of 1998 (Szyfter et al., 2013). The goal of the program is to detect children with permanent hearing damage and cover their intervention program before 6 months of age. Thanks to the efforts of the foundation Wielka Orkiestra Świątecznej Pomocy (WOŚP, 'Great Orchestra of Christmas Charity'), which purchased equipment and pilots research, all neonatal wards in the country have been provided with the equipment necessary for these tests. Otoacoustic emissions tests are performed in **415 sites of first degree of referral** (neonatal wards) on the second day of the child's life, and if the test result is abnormal – it is repeated on the day of discharge from the hospital. Regardless of the result, the staff collects information on possible risk factors for hearing loss during pregnancy and the neonatal period, and provide parents with information brochures on tests and the developmental stages of hearing and speech in

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[1] However, it should be noted that screening for hearing was carried out earlier in Poland by a team under the direction of Prof. H. Skarżyński. The study surveyed over time primarily children in the risk group. The "questionnaire for a child in the group at high risk of hearing damage" and procedure were developed for this purpose (see, for example, Skarżyński et al., 1997).

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children. The test results are submitted to the parents in a paper version, and in addition a sticker is attached to the child health booklets: blue, indicating a normal result, or yellow, indicating a need for further tests. The test results are entered into a central electronic database. For children with an abnormal result an appointment is made by the staff of the ward for follow up tests of induced potentials from the brain stem (ABR – Auditory Brainstem Response) in one of the 69 centres of second degree referral. In practice, the existing 99 centres of second and third degree referral[2] must perform a complete audiological diagnostic on infants suspected of hearing loss, provision of a hearing aid, referral to a rehabilitation centre, long-term observation of children at risk and the systematic introduction of information on the results of hearing tests to a central database. According to the criteria adopted, the diagnosis should be completed by 3 months of age (Radziszewska-Konopka, 2005), in practice, however, this period is extended and most often it takes 6–12 months depending on the centre. From the beginning of the programme to 2014, 98% of the more than 4 million babies born in Poland have been tested (Szyfter et al., 2013).

In the assumptions of the program of hearing screening in new-borns there should be monitoring between the hearing examination centres and those that deal with the rehabilitation of children. However, this is dependent to a large extent on the practices adopted in the various second and third degree centres. Despite the plans for the creation of provincial rehabilitation centres as fourth degree centres of referrals, the rehabilitation program is dispersed, though partly these functions have been taken over the provincial coordinators of the home rehabilitation program for small children with a hearing impairment, called Dźwięki Marzeń (‘Sounds of dreams’).

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[2] In 2000, Wielka Orkiestra Świątecznej Pomocy (WOŚP, ‘Great Orchestra of Christmas Charity’) in cooperation with medical experts, created from the beginning a program of hearing screening in new-borns. With the money received during public collections, equipment was purchased and, on the basis of the medical institutions existing in the country, a system of centres was created to carry out tests divided into three degrees of referral. Currently, it consists of: 416 centres of first degree of referral – neonatal wards carrying out otoacoustic tests, 75 second degree centres – confirming or excluding suspected cases, carrying out tests of induced potentials from the brain stem, and 24 third degree centres, to which babies requiring enhanced diagnosis and/or hearing aids are referred. As a result, in the years 2000–2014 the programme referred around 278 955 children with suspected hearing impairment for further treatment. [http://www.wosp.org.pl/accessed: 06.03.2015].

Hearing aids – funding

After confirming the degree of hearing loss (>41dB) an audiologist or otolaryngologist writes a request for a specific hearing aid. In Poland, Narodowy Fundusz Zdrowia (NFZ, the National Health Fund) grants for children and young people in education guaranteed funding every three years of 2000 zł (about 500 euros) for one hearing aid. Parents decide which company with a contract with the NFZ to purchase the hearing aid from, though it is advisable to set it up in a centre that deals with hearing aids for infants. There is also the possibility of obtaining funds from Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych (PFRON, the State Fund for Rehabilitation of People with Disabilities) to a max. amount of 2250 zł per hearing aid (4500 zł for a set – c. 1050 euros). The amount of funding varies in the different districts and generally amounts to a maximum of 150% of the price specified by the NFZ. Funding is awarded by the local municipal or district facilities to holders of a disability certificate and low income. The subsidy also depends on the needs of persons with disabilities in the region concerned and due to the large number of applicants, it is not always possible to obtain the maximum amount of funding. Refund procedures from public funds are complex and time consuming (often taking several months). Financial support is conditional upon presentation of documentation, the acquisition or confirmation of which takes time. In turn, for the average family in Poland the purchase of good hearing aids exceeds their financial capacity (in 2014 the minimum wage in Poland amounted to 1680 PLN, the average salary approx. 4000 PLN, and the cost of a set of hearing aids for profound hearing impairments is about 10 thousand PLN).

Therefore, in 2006, the Orange Foundation decided to set up a network of Banki Aparatów Słuchowych (BAS, Hearing Aid Banks) in centres that deal with provision of hearing aids for hearing impaired infants. Up to 2014, the Foundation has purchased 848 hearing aids that have been given as donations to certified centres with authorisation to provide hearing aids to infants. Currently 18 BAS centres are operating, mostly located in large hospitals. They are coordinated by doctors or hearing care professionals. The hearing aids are serviced after each loan and removed from service three years after purchase. In accordance with the rules of free lending they can be used by any child with a hearing impairment up to 18 months of age, or older in justified cases, regardless of the material status of the family. Eligibility is at the discretion of an audiologist for a period of 3 months, and the loan can be extended for another 3 months. In the case of children with profound hearing loss, eligible for the implantation of a cochlear implant, in the meantime hearing aids can be lent to the day of the operation. BAS gives time for parents to gain funding, and for audiologists to dispel doubt over the diagnosis. This allows the trial of a few hearing aids, so as to equip a child with the most suitable equipment. In the years 2007–2014, 1480 children from benefited from borrowing hearing aids (Orange Foundation 2014a).

In Poland, operations to insert implants are performed on children with profound or severe hearing loss; however, not earlier than before 6 months of age (usually between 9–12) (Lachowska, 2010). The operation to insert a cochlear implant and perioperative procedures, including preparation for the implantation and partial therapy after surgery, are fully reimbursed from public funds. In the year 2014 in Poland 5 clinics carried out implant operations on children (two in Warsaw, Poznań, Bydgoszcz, Szczecin)**.** In the years 1992–2014 an estimated 2.5 thousand children were given implants (data collected verbally from individual clinics or published in, for example, www.naukawpolsce.pap.pl).

Funding for therapy

Rehabilitation of hearing and speech of young children with a hearing impairment in the primary field is funded by the NFZ (on behalf of the Ministry of Health), the Program of Early Development Support (Ministry of Education) and the PFRON. The tradition in our country also includes charitable foundations – resourceful parents submit individual applications and take advantage of opportunities to obtain funding for their children, for example, from the Polsat Foundation, TVN, Orange, Przyjaciółki ('Friends'), etc. Since 2004, each taxpayer has had the ability to transfer 1% of their tax for the purposes of a public benefit organization. The law is designed so that every parent of a child with a hearing impairment, after setting up appropriate sub-accounts in one of the registered organizations, has the right to collect the 1%. These funds are spent on rehabilitation goals and their implementation must be certified by the appropriate financial documentation confirming the expenses incurred (for example, an invoice).

Narodowy Fundusz Zdrowia (NFZ, The National Health Fund)

Narodowy Fundusz Zdrowia (The National Health Fund) is the State institution (with 16 regional branches), which finances the provision of health care from premiums paid by insured persons. All persons employed in Poland, including foreigners, are subject to health insurance. The employer pays Zakład Ubezpieczeń Społecznych (ZUS, the Social Security Institution) a monthly health premium in the amount of 9% of the gross salary of the employee. In accordance, however, with the Constitution of the Republic of Poland and the law on healthcare benefits from 2004, each child up to 18 years of age, with Polish citizenship and living in the territory of the country, has the right to funded benefits (regardless of the status of the parents) and the right to free health care. For children with a hearing impairment, this means access to free audiological evaluation tests, funding the purchase of hearing aids and mould inserts, as well as the ability to use therapeutic care in public and private institutions that have signed a contract with the NFZ. The General Practitioner or family doctor writes a referral to a speech clinic, for a visit of a minimum 35 minutes. The speech therapists working there have a duty to provide assistance to all the attending people, both children and adults, with all kinds of speech disorders. In practice, for a child with a hearing impairment and his parents, this means that they can benefit from advice; however, not very regularly. The advantage of this type of solution is a dense network of institutions located relatively close to the place of residence of the patient. Another type of therapy funded by the provincial branches of the NFZ is services in daily centres for hearing and speech rehabilitation (at most a few in each province). The patient (adult or child) receives advice from a speech therapist (aural rehabilitation speech therapist) and/or pedagogue (aural rehabilitation pedagogue) and a psychologist, depending on their age (e.g. 0–6 years – on one day, two 45-minute individual meetings and/or in 2–3-person groups). Staff employed in this type of institution specialize in working with children with hearing impairments and their families. Depending on the branch of the Fund, services of this type are valued differently. The director of a national or private health care institute makes an offer to the NFZ, which adjudicates after a previously announced competition.

Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych (PFRON, The State Fund for the Rehabilitation of People with Disabilities)

Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych (PFRON, The State Fund for the Rehabilitation of People with Disabilities) works on the basis of the Act of 27 August 1997 on the professional and social rehabilitation and employment of persons with disabilities.[3] The institution is financed by contributions from employers who do not employ a number of persons with disabilities in compliance with the act. In its operations, the Fund carries out programs and tasks addressed to people with disabilities, including children, regarding their social and professional rehabilitation. The act excludes the possibility of financing of medical rehabilitation. The main task of the Fund is to support the employment of people with disabilities, but within the framework of the statutory tasks of the institution it also announces competitions for non-governmental organizations to support the development of people with disabilities, including children. Organisations dealing with children and youths with hearing impairments compete in ranking in open competitions, writing time-and labour-intensive applications in which they present programs and estimates of planned actions to aid people with disabilities. In the framework of the tasks assigned to non-governmental bodies they organize socio-psycho-counselling for parents as well as group and individual rehabilitation of children with hearing impairments, aimed mainly at the acquisition, development and supporting of skills necessary for independent functioning – effective communication. The organizations offer within these tasks all kinds of training, courses, workshops, and therapeutic support groups. Training for sign language interpreters in financed. Local, regional and national cultural, sports, tourist and recreation events are organised. There is also the possibility of obtaining funding for publication on the subject. A condition of use of the PFRON funds is for the child with a hearing disability to have a certificate of disability[4].

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[3] Journal of laws No. 127, item 721 as later amended.

[4] The parents of a child with a hearing impairment may seek a decision on disability by lodging an application supplemented by a General Practitioner and/or a specialist for the district (in the second instance, the province) to the panel for adjudicating on matters of disability. The decision shall be granted for a period of at least 12 months. The guardian has the right to a care benefit (163 zł per month – about 40 euros) and tax relief. Depending on the additional permissions granted they can receive a carer allowance in the maximum amount of the minimum salary (1680 zł – about 400 euros).

From the PFRON resources remaining at the disposal of Powiatowe Centra Pomocy Rodzinie (PCPR, the District Family Assistance Centres) parents of children with hearing impairments, after obtaining a certificate of disability, may receive funding: to participate in rehabilitation courses, for removing barriers to communication and technical (FM systems, hearing aids, computer), for the purchase of rehabilitation equipment, for a sign language interpreter service or an interpreter-guide.

Home rehabilitation program

An example of good practice in the provision of continuous therapeutic help for young children with hearing impairments is the home rehabilitation program, Dźwięki Marzeń (‘Sounds of Dreams’) from the Orange Foundation, which in the period 2006–2014 took care of 1488 children with hearing impairments. 617 rehabilitation experts worked in the program. The task of the 20 coordinators of centres in Poland is deciding the eligibility of children meeting the criteria, applying for grants for the program, the responsibility for proper selection of rehabilitation experts and courses of therapy. The responsibility of the parent is a monthly visit to the coordinating centre. The selection criteria have evolved over the years; finally, it was decided that the program shall accept children under the age of 12 months, with a hearing loss greater than 40 dB, in a difficult financial situation, living more than 20 km from the nearest rehabilitation centre. The goal of the program is intensive (2 hours per week) therapy (for 3 years, divided into 6 stages) carried out by professionals, which gives children the chance to improve psychosocial functioning and speech development in adulthood. The family, both hearing and deaf, take part in the therapy. Caregivers are required to participate in meetings. The dominant method is an intense Auditory-Verbal Therapy (AVT), while for bilingual families, translators or therapists who speak sign language are employed. The Foundation has trained 737 therapists in early development support for children with a hearing impairment and Verbotonal methods, equips them with the necessary therapeutic work aids and training (in conferences attended by about 800 people). Within the framework of the program, children along with their parents go for a free, two-week rehabilitation camp. As part of the camp, intensive therapy is carried out by teams of specialists aimed mainly at raising the communication and therapeutic skills of the parents. In the period 2006–2014, 41 training camps were held for 1118 children with their parents from all around Poland (Orange Foundation, 2014b).

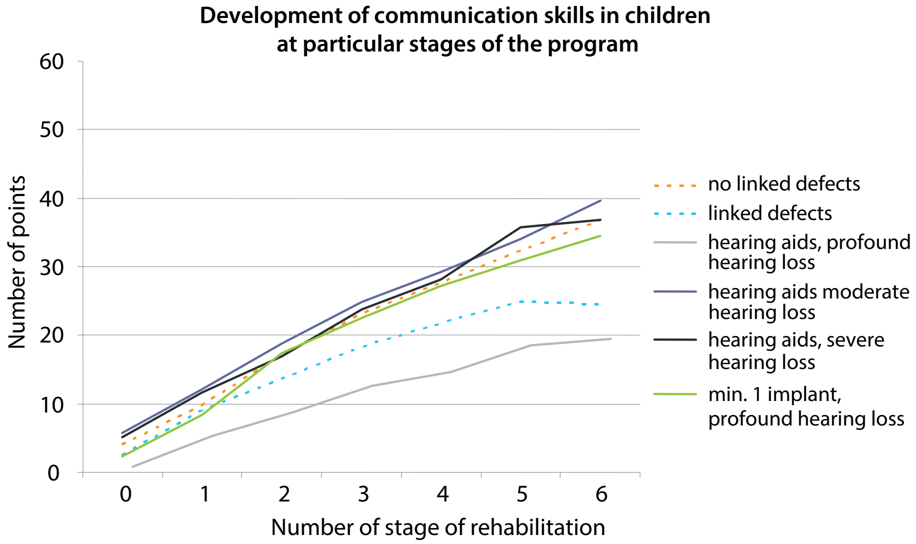

Figure 2. The development of auditory, language and communication skills in young children with hearing impairments depending on age (correlated with the stage of rehabilitation) measured in a 60-point scale of a 60-step program (Bieńkowska, 2011). The graph shows, in addition, differences in the development of children, depending on the degree of the hearing impairment and hearing aids (Bieńkowska, 2013).

It should be underlined that the therapists are implementing a joint every half-year into an electronic system, allow for an assessment of the progress in the auditory, language and communications abilities of the children. The programme of speech and hearing therapy (at a level adjusted to the individual development needs and the hearing possibilities of a child), and the progress of both individual children and the entire group are systematically monitored. The results of the tests, entered quality of the work of the parents is also monitored on a 5-point scale. An annual report summarizing the activities of the programme is submitted to the Foundation's Scientific Council consisting of respected professors of medicine and education dealing with issues related to people with hearing impairments. According to the final surveys filled in by

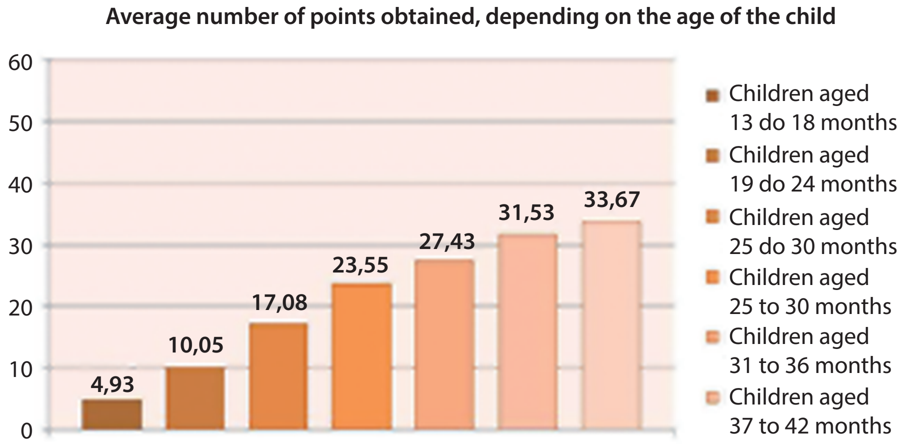

Figure 3. Results for children with hearing impairments rehabilitated in the home rehabilitation program, "Sounds of dreams".

speech therapists in the years 2012–2014 for 86% of children leaving the program in question the primary means of communication was speech, 76% of children benefiting from the programme began learning in kindergartens.

On the basis of statistical analysis of the results entered into the database in the years 2010–2013 the development profile of the group of children with hearing impairments involved in the program was specified (fig. 3). After entering the program, children have hearing aids fitted and most often their level of hearing allows them to react to the sounds of musical instruments; during subsequent months of therapy children over 13 months old perfect such auditory skills as, for example, searching for or finding the location of a sound source. After the next stage of therapy, children over 19 months old differentiate speech sounds, react to their own name and differentiate models rhythms. In the fourth stage, the basis of understanding of first words and phrases stabilises. In the next stages of the therapy, active skills such as nomination and basic sentence structure of the type subject + predicate are developed. In the test group, the average age of completion of therapy after VI stages ranged between 37 and 42 months, and the average language skills allowed for a simple conversation on topics relevant to the immediate environment of the child.

Wczesne wspomaganie rozwoju (WWR, Early Development Support)

A parent of a small child with a hearing impairment from birth to 6 years of age may apply, in the psycho-pedagogical clinic appropriate for the place of residence, for the decision of a team of specialists (doctor, pedagogue, psychologist, speech therapist) and referral to the early development support programme.

Conditions for WWR implemented from education funds are specified by the Regulation of the Minister of National Education of 2013.[5] The general assumptions across the country are the same. Between 4–8 hours of individual or group sessions are carried out per month (groups of 2–3 children over 3 years old). It is assumed that the support can be organised in a children's home, kindergarten, elementary school, including a special school, in special centres and regional psycho-pedagogical clinics. It is carried out by a team appointed by the director of each institution which, in the case of children with hearing impairments, includes: a speech therapist (aural rehabilitation speech therapist), a psychologist, a pedagogue (aural rehabilitation pedagogue) and/or other specialists depending on the needs of the child and/or his family. The task of the team includes, among others, cooperation with the family, "through: the provision of assistance in the area of shaping the attitudes and behaviours desired when dealing with a child, to strengthen the emotional connection between parents and child, recognition of the child's behaviour and maintaining appropriate responses to these behaviours, providing instruction, advice and consultation in the field of working with a child, helping to adapt conditions in the home environment to meet the needs of the child and in obtaining and using the appropriate resources and the necessary teaching equipment".[6]

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[5] The Regulation of the Minister of National Education of 11 October 2013 on organizing early development support for children. The need for the early rehabilitation of a child with a hearing impairment was identified already in Poland in the 1950s. Maria Góralówna is the undisputed pioneer of modern organised, comprehensive care of individuals who are deaf in Poland (after: Kurkowski, 1995). She wrote, among others, letters to parents of young children with hearing impairments containing guidelines for work at home. These guidelines, gathered together in a book written jointly with Bozena Hołyńska *The rehabilitation of young children with hearing impairment*, published by the State-owned Medical Publications House in 1984 (edition I), and completed and republished in 1993, are partially applicable today.

[6] Journal of laws 2013, item 1257.

The regulation leaves a range of possible interpretations. In individual municipalities, despite the development of standards in the regulation, practical solutions vary. The professional preparation of specialists in the various establishments remains a separate problem. It may happen that a child with a hearing impairment is the first one who comes under the care of the team. While the situation of children with functional hearing (those whose speech will benefit from hearing aids (Krakowiak, 2011) and can be rehabilitated by the audio-verbal method) is very good, most professionals, particularly in small centres, do not have the qualifications to teach sign language and in critical cases, it happens that a teacher is learning together with the child. It is difficult in such situations to talk of effective help for deaf children.

Crèches

Although most people in Poland consider that in the situation of raising children under the age of 3 the mother should temporarily or permanently give up work (after: Piętka-Kosińska et al. 2010), individual families with children with hearing impairments, mostly forced by their financial situation, decide to use the services of a public crèche. Due to a change in the rules in force there are increasingly numerous private care institutions of the nature of care-educational establishments for children aged from 6 weeks to about three years. The activities of crèches are governed by the law on the care of children under 3 years[7]. Crèche fees include the cost of tuition and food, and are borne by the parents, although in some cases they are financed by the municipality. A crèche frequently provides children nutrition, health-care treatments and sometimes educational activities (among others, languages, swimming, calisthenics). They can also be run on the site of other services within the framework described in the earlier section on early development support. Crèches usually work from 10 to 12 hours. Parents choose the amount of time that a child spends in the centre. Because crèches do not work in the structure of compulsory education, those institutions are rather reluctant to accept children with disabilities, although it undoubtedly depends on the qualifications of the staff. Research by A. Piętka-Kosińska and A. Ruzik-Sierdzińska shows that, "generally, in 37%

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[7] Journal of laws 2013, item 1457.

of cases accepting children with disabilities depended on various conditions. 10% expressed a willingness to accept such a child depending on the extent of the disability; the following 8% declared readiness only in the case of a small disability. There was a greater willingness to accept a child in a case of only an intellectual disability" (Piętka-Kosińska et al., 2010, p. 21).

Kindergarten

After the age of 3 to 6 years[8] children with hearing impairments, like their peers, can start their education in kindergarten. From 2012/2013 the overall rate of pre-primary education among children of 3–4 years old was 59.3% (after: Piętka-Kosińska et al., 2010, p. 61). The easiest access to all types of kindergartens, especially integrated, can be found in the big cities. Parents have the choice of State-owned kindergarten and numerous private establishments. Due to a change in the system of financing of private institutions (2013), the municipalities finance both private and public day-care in the same way. Parents choose the institution due to its availability, or their offer tailored to the needs of a small child with a hearing impairment. In practice, however, this means the most common choice of institution is the one nearest the child's place of residence.

From 2014, five-year-olds have been subject to a statutory obligation to attend one-year pre-school preparation. In many municipalities this obligation is performed in pre-school units in primary schools. All the children with disabilities in the general education kindergartens accounted for only 1% of all preschool children [Piętka-Kosińska et al., 2010, p. 63]. At some educational centres for children with hearing loss there are kindergarten units, which take children from 2.5–7 years of age (e.g. in Warsaw, Wejherowo, Krakow, Katowice). Classes are conducted in groups of 6–8. After classes, children have the opportunity to take advantage of a common room or dormitory. Mostly children with a hearing impairment or additional related impairments go to special kindergartens. In many municipalities integrative kindergarten units are created.

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[8] The pre-school obligation exists from 5 years of age – children with a hearing impairment can be deferred for one year on the basis of a decision issued by a psycho-pedagogical clinic.

From 5 years of age (reaching the age of compulsory education) when the distance to school is more than 3 km, the commuting of a child with special educational needs can be financed by the municipality. The funding is not dependent on the income of the family. Most often there are buses that collect children from the whole municipality and take them to the centre. In specific cases, the parents may apply to the municipal government for reimbursement of the cost of fuel.

With a hearing impairment coupled with intellectual disabilities, a child from 3 years of age can take advantage of a stay in one of many educational and upbringing rehabilitation centers (EURC), where they can attend up to 25 years of age.

The availability of rehabilitation centres

Traditionally an important role is played by centres run by Polski Związek Głuchych (PZG, the Polish Association for the Deaf). In each of the 16 branches the parents of young children with hearing impairments can undertake free sign language learning (System Sign Language – SSL or Polish Sign Language – PSL) financed by the PFRON resources. PZG also runs throughout the country 24 clinics funded by the NFZ, PFRON and others. Like public or private institutions or associations, they take part in competitions announced by units of NFZ or PFRON in order to obtain a grant to carry out statutory activity.

Therapy is also carried out by non-governmental institutions, such as associations and private foundations, which finance activities with contracts obtained in competitions and from private sources (parents pay for classes, obtain a sponsor or collect individual or associational 1%). Well-known public benefit organisations dealing with children with hearing impairments in Poland include, among others: Polska Fundacja Pomocy Dzieciom Niedosłyszącym – ECHO (Poland Foundation for Helping Children with Hearing Impairments – ECHO), Stowarzyszenie Rodziców i Przyjaciół Dzieci z Wadą Słuchu ORaToR (the Association of Parents and Friends of Children with Hearing Impairments – ORaToR) in Wroclaw, Stowarzyszenie Rodziców i Przyjaciół Dzieci z Wadą Słuchu (the Association of Parents and Friends of Children with Hearing Impairments) in

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Krosno. These facilities provide multi-faceted support for parents and children, filling a gap in the activities of the State institutions, among others, through the organisation of summer rehabilitation camps, running therapy at home and organising integration events and campaigns publicising in the mass media the problem of hearing impairment (Bieńkowska, Zaborniak-Sobczak, 2015).

Internet as a source of information

Currently the Internet is a popular source of information for both families of young children with hearing impairment and professionals alike. There is currently in Poland no single generally accessible information platform on which could be found the whole spectrum of objective, reliable information about hearing impairments in children. Parents search for distributed information on the websites of hospitals, ministries, associations, hearing aid companies or finally on the numerous Internet forums, which play an important social role. Example pages on sign language are: www.jezykmigowy.org.pl; www.migaj.org.pl, www.pzg.pl. Portals relating to the issues of people with a hearing impairment include, for example: www.wadasluchu.org. With the help of modern messaging technology, among others, associated with wide access to the Internet, the environment of deaf people comes to the fore more and more.

Summary

The system for care of children with hearing impairment in Poland has improved in relation to previous years. The development of technology, its availability, the deepening state of knowledge on the development of young children and the importance of hearing for speech development and thinking, has allowed action to be taken aimed at the inclusion of the group of children with auditory hearing impairment and providing them with optimum development. The changing reality after the collapse of communism and the period of transformation forced changes both in the field of education, as well as health care. Undoubtedly the medical environment (laryngologists, audiologists and neonatologists) had an impact on the improvement of the situation. A number of activities related to the treatment and education of small children with hearing impairment were brought about from below, thanks to the reaction of citizens (e.g. Wielka Orkiestra Świątecznej Pomocy). The political breakthrough of the 1980s had a definite influence on the development of methods of working with children with hearing impairment, as it enabled access to foreign literature, as well as numerous contacts between Polish researchers and practitioners with colleagues from abroad. The exchange has allowed the organisation of training, among others, with the participation of S. Schmitt-Giovannini and W. Estabrooks.

The situation of young children with hearing impairment in Poland can be considered stable, provided it does not change due to limited funds.

Summary

The purpose of the chapter was to describe the overall system of supporting the development of small children with hearing impaired from birth to the age of 6 which is in place in the Republic of Poland. The author analyses available governmental and non-governmental legal and organisational solutions. She discusses the program of neonatal hearing screening, availability and funding of hearing aids and various solutions concerning execution of different early support programs. The author also emphasizes the importance of availability of information for parents, their education and the importance and influence of nursery and kindergarten education.

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Saskia Mugnier, Isabelle Estève,
Agnès Millet

Contexte sociopolitique de la surdité en France
Social and political context of the problem of deafness in France

La surdité, en France comme ailleurs, intéresse de nombreuses sphères sociales – spécialement médicales, éducatives, et plus généralement sociétales. La mise en œuvre de politiques spécifiques a dépendu – et dépend encore – des corpus théoriques, philosophiques, économiques et politiques impliqués selon les époques considérées. Ces différents corpus influencent les représentations sociales qui sous-tendent et la vision de la surdité et les politiques à mettre en œuvre pour les personnes sourdes – enfants, *via* les sphères éducatives, comme adultes, *via* les politiques liées à la question de la gestion générale du handicap au sein d'espaces sociaux différenciés.

Dans ce chapitre, nous nous proposons de donner, en premier lieu, un aperçu de la construction historique des représentations sociales de la surdité en France en glosant brièvement les époques phare de cette construction. Nous nous centrerons ensuite sur les politiques linguistiques et les politiques du handicap ainsi que leurs évolutions les plus récentes, pour envisager, dans un dernier point les perspectives de changements possibles à travers l'analyse des moteurs et des freins qui, au sein de l'espace social, constituent des éléments de blocage au bilinguisme bimodal sourd ou le favorisent.

Notre conclusion servira d'ouverture à des perspectives visant à favoriser une liberté de choix effective. Nous poserons ainsi, en fin de parcours, quelques jalons susceptibles donner aux enfants et aux adultes sourds les possibilités d'être libres, de s'inscrire socialement dans un choix de langues et de modalités ouvert. Selon toutes les recherches que nous avons menées (Millet, 1999;

Mugnier, 2006; Estève, 2011), cette ouverture à la variation langagière intra- et inter-individuelle nous parait la solution la plus raisonnable, la plus respectueuse des réalités de la construction identitaire et langagière des personnes sourdes, et la plus à même de “pacifier” les idéologies qui s’affrontent depuis plus de quatre siècles – non seulement en France, mais, plus généralement, dans tous les pays occidentaux. Il s’agit donc, en premier lieu, d’apprécier les effets des constructions idéologiques de la surdité, d’en démont(r)er les mécanismes pour donner des clefs à même de pouvoir (re)donner toute leur place aux trajectoires socio-langagières effectives – que nos recherches mettent en évidence – et dépasser les clivages idéologiques à l’œuvre[1].

I. Construction historique des représentations sociales de la surdité en France

On tracera ici très sommairement les va-et-vient des pensées qui, tour à tour, au fil des siècles, ont donné la préséance à la langue gestuelle (Langue des Signes Française – LSF dorénavant) ou à la langue vocale dominante (Langue Française) dans l’éducation des jeunes sourds. En fonction des lignes conceptuelles des différentes époques, on a assisté, tour à tour, à des âges d’or de ce que l’on a coutume d’appeler “bilinguisme”[2] – français et LSF – ou “oralisme” – (ré)éducation par la seule langue vocale. Il s’agit, en quelque sorte, d’évoquer, à grands traits, les “retours de bâtons langagiers” ou – si l’on préfère – “les retours de balanciers idéologiques” qui ont marqué, en France, l’éducation des jeunes sourds.

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[1] Beaucoup de recherches en France s’inscrivent à l’intérieur de ce clivage. Nos travaux cherchent, quant à eux, à tracer une voie moyenne à partir des données des terrains qui tendent à montrer que ce clivage idéologique impose des politiques linguistiques et langagières dont les fondements peuvent être remis en cause.

[2] Le terme “bilinguisme” est d’usage mais il reste très ambigu, car pour certain ce “bilinguisme” inclut la modalité orale de la langue vocale, tandis que pour d’autres, seul le français écrit est visé.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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I.1) Des allers-retours idéologiques

Originellement oraliste et élitiste[3], l'histoire de l'éducation des sourds est marquée, en France, par l'émergence de la figure, devenue mythique[4], de l'Abbé de l'Epée, qui, en 1760, ouvre la première école pour sourds en intégrant la langue des signes[5]. On peut parler, pour cette époque, d'un véritable "âge d'or" de la LSF: les philosophes de l'époque – spécialement Diderot, Condillac, Rousseau – autorisent, dans l'esprit pré-révolutionnaire propre aux Lumières, à penser la personne sourde comme douée de pensée, voire même d'une pensée supérieure à celle des entendants, comme en témoigne la citation suivante extraite de l'éloge funèbre de l'Abbé de l'Epée prononcé par l'Abbé Fauchet: "Nous tâtonnons avec nos paroles, ils volent avec leurs signes. Nos esprits rampent et se trainent dans de longues articulations; les leurs ont des ailes et planent sans ralentissement dans l'immensité de la pensée [...] Et c'est en effet, Messieurs, le langage des anges que parlent les disciples de M. de l'Epée" (Poizat, 1993, p. 41)".

Mais, en 1880, lors d'un congrès de pédagogues tenu à Milan, la LSF est interdite et c'est bien l'oralisme qui devient, au nom des valeurs scientistes, moralistes, religieuses et centralisatrices[6] d'un XIXème siècle avancé, l'outil de l'humanisation des sourds, comme en témoigne cet extrait de la prise de parole de l'Abbé Tarra à Milan: "La fantastique langue des signes exalte les sens et engendre les passions, tandis que la parole élève l'esprit beaucoup plus naturellement, avec calme, prudence et vérité. […] J'ai reconnu que les élèves sont meilleurs, plus tranquilles, plus physiologiquement humains, depuis que moi et mes collègues nous les élevons autant que possible par la parole" (cité par Cuxac, 1983, p. 141).

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[3] On s'accorde en général sur le fait que l'éducation des sourds, qui a débuté en Espagne au XVIème siècle, était, en effet, réservée aux sourds issus des familles nobles et était essentiellement oraliste, puisqu'il s'agissait de redonner la parole vocale aux sourds de la noblesse afin qu'ils puissent hériter de la charge, la loi stipulant que l'héritier de la charge devait parler.

[4] Le mythe, selon Delaporte (2002, 128–129), présente de nombreuses variantes, mais il s'agit toujours de sortir les sourds des ténèbres en leur apportant la langue des signes.

[5] A laquelle il adjoindra des "signes méthodiques pour" la rapprocher du français – et spécialement de la grammaire française, pour ce qui concerne les articles, les conjugaisons etc (Epée, 1776).

[6] Spécialement la question de l'unité nationale autour d'une langue commune.

On le voit les oppositions entre la fascination et la répulsion prennent leur source dans une sorte de lutte à mort entre le geste et la voix[7], comme s'ils étaient exclusifs l'un de l'autre pour les sourds, alors qu'ils ne le seraient pas pour les entendants.

I.2) Répulsion et fascination

Actuellement, si nous sommes sortis, en France, de la période tout oraliste depuis la fin des années 70, – ce que l'on a pu nommer "le réveil sourd"[8] (Minguy, 2009) – et si la LSF a trouvé une reconnaissance légitime, on peut cependant dire que les deux pôles "fascination" et "repulsion" cohabitent[9]. Ces relations de fascination/répulsion jouent dans les deux sens, fascination/répulsion de la LSF pour les uns ou les autres, fascination/répulsion de la modalité vocale pour les uns ou les autres, ce qui nous fait dire que, bien plus que d'une "guerre des langues"[10], il s'agit d'une "guerre des modalities". Cette "guerre des modalities" s'incarne dans des représentations sociales conflictuelles, construites sur des valeurs contradictoires. Concernant la fascination pour la LSF, par exemple, on peut dire qu'elle entre en relation avec des représentations très présentes dans la société française actuelle comme le culte du corps, la sur-valorisation des différences incluant éventuellement l'émergence de positions communautaristes. La répulsion pour la LSF trouve, quant à elle, également des étayages parallèles dans le culte de la médecine, celui du corps parfait, la lutte contre l'anormalité adossée au désir de normalité, ainsi que dans la foi en la technologie – spécialement en l'occurrence, les implants cochléaires. Ces mouvements de fascination/répulsion entrainent, comme autant de courants et de contre-courants, des phénomènes de survalorisation/dévalorisation comme le montrent les deux extraits suivant datant du début des années 90.

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[7] De Aristote – pour qui la voix sortait l'humain de l'animalité – à Benveniste (1966) – pour qui l'appareil vocal et la linéarité étaient également des traits importants de la différenciation entre communication humaine et communication animale –, cette lutte a façonné, au fil des siècles, les figures de l'étrangeté associées au sourd.

[8] Ce réveil sourd s'incarne dans les prises de position en faveur de la LSF et dans l'engagement politique et associatif de nombreux sourds pour la reconnaissance de leur personne et de leur langue.

[9] Avec parfois des épisodes de violence verbale assez déchaînée, comme ce fut le cas dans les années 90 lors de la pose des premiers implants cochléaires ou, plus récemment, lors de l'annonce d'un dépistage systématique de la surdité à la naissance.

[10] Selon l'expression titre d'un ouvrage de L.J. Calvet (2005).

Fascination	Répulsion
“Mon langage est aussi valable que le vôtre, plus valable même parce que je peux vous communiquer en une image une idée plus élaborée que vous pouvez le faire en cinquante mots”[1].	“La langue des signes est utile sur le plan thérapeutique, elle transforme chez certains la notion de handicap en un complexe de supériorité. (...) [elle n’est qu’un] substitut incapable de véhiculer autant de pensées que le langage parlé”[2].

[1] *Les enfants du silence*, adapté de Mark Medoff par Jean Dalric et Jacques Collard, 1993.
[2] Pr Chouard *Le Monde* du 25 Mai 1994.

Dans les pratiques effectives, bien sûr, les faits langagiers sont plus nuancés, mais c’est l’une des forces des représentations sociales que de masquer le réel et de le recomposer. Ainsi, ces positions extrêmes expliquent pourquoi, aujourd’hui, en France, la LSF est à la fois reconnue comme langue et, très majoritairement, rejetée par les parents entendants[11]. La guerre des représentations sociales fonde le clivage idéologique qui, à son tour, conforte les représentations.

I.3) Le clivage idéologique

Dans une logique implicationnelle, cette guerre idéologique des modalités et ces jeux de balancier servent d’assise à deux représentations sociales clivées, à savoir celles qui opposent, sous la forme d’assignations identitaires et langagières puissantes, la figure d’un “Sourd Oral”[12] à celle d’un “Sourd Gestuel” (Millet, 2003), ce que nous pouvons résumer dans le tableau suivant.

Si l’on observe les pratiques[13], on s’aperçoit que la plupart des sourds sont bilingues et bimodaux. Cependant, à cause de ce conflit idéologique des modalités, les parents d’enfants sourds – et, plus tard, devenus adultes, les sourds eux-mêmes – sont sommés de choisir leur camp. Ceci nous permet de dire que fondamentalement le bilinguisme sourd n’est pas pensé et que, pour les sourds, tout se passe comme s’il fallait nécessairement choisir entre les gestes et la voix, ou, pire, comme s’il fallait exclure la modalité vocale pour être un “vrai sourd”, comme l’exprime Joël

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[11] 90 % des enfants sourds naissent dans des familles entendantes (Gillot, 1998).

[12] L’assignation “sourd vocal” – moins ambigüe puisque “oral” s’oppose, dans de nombreux contextes, à “écrit” – conviendrait peut-être davantage, mais dans la réalité sociale de la surdité, que ce soit en français ou en LSF, c’est l’expression “sourd oral” qui prévaut: nous avons donc, de ce fait, souhaité la conserver.

[13] cf chapitre XXX dans ce volume.

Chalude[14] dans l'extrait suivant issu de son témoignage: "Ma vie a manqué d'opportunisme. Je suis venu trop tôt à la surdité et trop tard à la langue des signes […]: les hommes de théâtre, qui ont concouru à l'émergence de cette culture sourde […], ne pouvaient imaginer les sourds autrement qu'en signes et en silence […] Que faisait leur langue dans ma bouche" (Chalude, 2002, p. 148).

Tableau 1. Idéologies, représentations sociales et assignations identitaires

idéologies	
modalité vocale	modalité gestuelle
audio-phonatoire – "oralisme"	visuo-gestuelle – "bilinguisme"
handicap: ouïe à réparer	différence: appréhension différente du monde
représentations sociales	
sur le mode fascination/répulsion vis-à-vis des langues et des modalités	
la langue de l'autre est vécue comme menaçante; la sienne comme menacée	
assignations identitaires	
sourd oral	sourd gestuel

(d'après Millet & Mugnier, à paraître)

Ainsi, comme nous l'avons souligné ailleurs (Estève, 2011), à travers ces deux visions de la situation linguistique des sourds, ce sont toujours, au final, deux définitions monolingues de l'oralité sourde qui s'opposent: les sourds peuvent être soit parlants, soit signants – et le sourd qui oserait être les deux à la fois, tel Joël Chalude, fait figure d'étrangeté, et d'étranger, au sein des deux communautés qui ne peuvent l'inclure ou l'exclure qu'au motif d'un monolinguisme monomodal reconnu comme identique ou différent du leur.

Nourrissant ces phénomènes d'assignations langagières et identitaires, les politiques linguistiques se sont d'ailleurs fait le reflet du rythme idéologique pendulaire et des changements de trajectoires qui l'accompagnent, en statuant, au fil des influences dominantes, sur la place des langues – ou leur absence de place – dans l'éducation des enfants sourds.

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[14] Joël Chalude est sourd. Il est mime et comédien. Elevé dans une éducation oraliste, il utilise aujourd'hui le français – oral et écrit – et la LSF.

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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II. Evolution générale des politiques linguistiques et du handicap

Dans une optique plus macrosociologique que microsociologique[15], nous avons choisi ici de nous centrer sur les seules politiques linguistiques officielles, de leurs sources au plus récentes, afin de pouvoir nous attarder, de façon plus précise, sur la mise en concurrence des langues et des lieux de scolarisation dans les directives ministérielles.

II.1) A l'origine de la hiérarchisation des langues dans l'espace scolaire

II.1.a) de la double tutelle historique…

Originellement placée sous la seule responsabilité du ministère de la Santé, l'éducation des enfants sourds en France s'est écrite, depuis 1975, sous le sceau d'une double tutelle – Ministère de la Santé et des Affaires Sociales, et Ministère de l'Education Nationale. Cette dualité des charges des missions ré-éducatives et éducatives a largement participé, selon nous, à alimenter, dans le contexte Français, la place du projet éducatif comme l'élément décisif de la trajectoire langagière et identitaire de l'enfant sourd. Ces deux administrations ont donné lieu, historiquement, à deux modes de scolarisation: le milieu spécialisé accueillant exclusivement des sourds[16] et le milieu ordinaire accueillant des sourds en son sein[17].

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[15] Telles celles que nous avons proposées, par ailleurs, en appliquant au contexte surdité la perspective de prise en compte du "contexte géopolitique" (Delamotte-Legrand, 1998), en incluant l'ensemble des discours "des acteurs de proximité de l'éducation de l'enfant sourd" (Le Capitaine, 2002) présents dans les différentes instances de la socialisation langagière de l'enfant sourd – médicale, familiale, scolaire, etc (cf. Estève, 2011, p. 199–244). Cette option a toujours été à la base des travaux développés au sein du Laboratoire Lidilem (Mugnier, 2006; Millet 1999).

[16] C'est-à-dire une scolarisation au sein d'établissements spécialisés dépendant du Ministère de la Santé et des Affaires Sociales – établissements publics de type INJS (Institut National de Jeunes Sourds) ou privés de type IJS (Institution de Jeunes Sourds).

[17] C'est-à-dire une scolarisation au sein d'établissements ordinaires dépendant de l'Education Nationale. Depuis une loi datant de 1975, l'Education Nationale française a pour mission d'accueillir tous les enfants dans l'espace scolaire ordinaire: soit en intégration individuelle dans une classe ordinaire, soit en créant des classes spécialisées. La loi de 2005 (cf II.2) dans la logique d'une éducation inclusive, préconise actuellement d'accueillir tous les élèves dans leur école de quartier.

Ces deux options semblaient, par le passé, être directement présentées comme corrélées à une perspective sociale: l'intégration possible en établissement ordinaire ou la "marginalization" pensée comme inévitable en établissement spécialisé. S'opposaient alors en filigrane les options du choix de langues: le français oral, garant de l'intégration, la LSF, comme source de marginalisation. Intégration en milieu ordinaire et enseignement en LSF étaient donc considérés comme exclusifs l'un de l'autre. Le recours à la LSF trouvait alors sa place comme langue du dernier recours, si le développement du langage vocal ne s'avérait pas satisfaisant (HAS[18], 2009, p. 60), une prescription médicale faisant de la LSF une "langue prothèse" (Dagron, 2000), comme si, pour reprendre les mots de Le Capitaine [2009, p. 12], il y avait une nécessité "de soustraire les enfants sourds à la contagion de la langue des signes"". Il est bien évidemment question, au-delà de cette métaphore médicale, d'une inégalité de prestige associée aux langues – sur le terrain scolaire, et plus largement social – qui hiérarchise au bout du compte les choix éducatifs et les choix linguistiques des futurs citoyens.

Comme nous allons maintenant le voir, cette hiérarchisation des langues et des modalités se trouve réaménagée – mais, selon nos analyses, aucunement effacée – par la loi de 2005, qui prône une école inclusive.

II.1.b) … à l'école inclusive

A l'heure de l'école inclusive, où l'école ordinaire se destine à accueillir tous les enfants quels que soient leurs projets éducatifs, le risque est grand, en effet, que, la présence parallèle des personnels en charge de la ré-éducation[19], d'une part, et, d'autre part, l'introduction récente d'un bilinguisme sourd restreint et restrictif (LSF/français écrit)[20] dans l'espace scolaire ordinaire en France accentuent la mise en rivalité des langues et (im)pose leur hiérarchisation un peu plus violemment encore. On peut craindre, dès lors, qu'il en résulte un déplacement, dans l'espace scolaire ordinaire, des mécanismes d'intégration/marginalisation

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[18] Haute Autorité de Santé.

[19] Les professionnels en charge de la ré-éducation de l'enfant sourd (orthophoniste, psychomotricien, codeur LPC, psychologue, éducateur, professeur de LSF) sont présents aujourd'hui dans les établissements scolaires ordinaires Français sous la forme du SEFISS (Service de Soutien à l'Education Familiale et à l'Intégration Scolaire). Les prises en charge ont lieu sur le temps scolaire: les enfants sont suivis par ces professionnels sur les horaires de classe, de façon individuelle et en dehors de l'espace classe le plus souvent.

[20] Cf infra II.2.b.

qui existaient auparavant entre les lieux de scolarisations (spécialisé et milieu ordinaire). On ne peut en effet exclure le risque que cette concurrence entre école inclusive et éducation bilingue se traduise, au bout du compte, par l'émergence de deux oralités monolingues normées et institutionnalisées – oralité vocale en français *vs* oralité gestuelle en LSF – qui pourraient pré-figurer deux figures opposées de l'enfant sourd: sonore ou silencieuse.

Il nous semble utile, pour comprendre ce risque, de faire un retour sur les fluctuations législatives qui ont eu lieu récemment en France, afin de tenter de comprendre ces parcours de valorisation/dévalorisation des langues et des instances de socialisation langagière des enfants sourds.

II.2) Question de langues: fluctuations et ambivalence des textes de lois

La courte analyse des textes de lois – depuis 1991 – présentée ici vise à mettre en évidence que, quelle que soit la date ou le contexte, le conflit des langues et des modalités reste latent, et ce malgré les "bonnes intentions" du Législateur.

II.2.a) 1991: le libre choix (d'une exclusion linguistique annoncée)

Si depuis 1991, un décret permet le libre choix entre une éducation bilingue et une éducation oraliste pour la scolarisation des enfants sourds[21], dans les textes législatifs qui ont suivi "l'institution est prise en flagrant délit de disengagement" (Mugnier, 2006, s. 142). En effet, cette avancée législative ne sera suivie d'aucune directive précise quant à la mise en place de ces deux dispositifs possibles. La circulaire de l'Education Nationale qui a suivi le décret de 1991[22] délègue, en effet, le soin aux équipes pédagogiques de définir les conditions précises de cette proposition effective du libre choix sur le terrain, en leur donnant la responsabilité de définir tant la place de chacune des langues, que leur statut dans l'enseignement et leurs objectifs. Le flou laissé par ailleurs par le

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[21] "*Dans l'éducation des jeunes sourds, la liberté de choix entre une communication bilingue – langue des signes et français – et une communication orale est de droit.*" *(loi n 91–73 du 18 janvier 1991 – article 33).*

[22] Circulaire n 93–201 du 25 mars 1993. http://www.legifrance.gouv.fr/affichJuriAdmin.do?oldAction=rechJuriAdmin&idTexte=CETATEXT000007825981&f

Législateur quant au statut de la LSF, en ne tolérant, sous le terme de "communication bilingue", que l'association de la LSF avec le français[23], participe très certainement d'une diversité interprétative proposée par les structures accueillant des élèves sourds.

Les premiers constats faits par la députée Dominique Gillot dans son rapport parlementaire adressé à Lionel Jospin, alors premier ministre, sont assez révélateurs des applications variables et ponctuelles auxquelles cette loi sur le libre choix a laissé place: "En absence de règles, l'inégalité et l'à peu près règnent: il y autant d'interprétations du terme bilingue que d'établissements qui se déclarent comme tels, les statuts et les qualifications des personnels sont aussi sujets à une grande variabilité" (Gillot, 1998, p. 83).

Force est de constater que cette loi, plutôt que de "mettre fin aux querelles du passé", comme il est stipulé dans la circulaire de 1993, a sans doute eu pour effet de déplacer les positions idéologiques en en faisant émerger d'autres. En se faisant porteur d'une position apparemment tolérante sur le "bilinguisme", les positions éducatives, à la suite de cette circulaire, se sont, en effet, radicalisées progressivement aux extrêmes d'un axe monolingue – français ou LSF. C'est cette forme de radicalisation que met en scène, à notre sens, la redéfinition des projets éducatifs proposée par les circulaires qui ont fait suite à la loi de 2005[24].

II.2.b) reconnaissance de la LSF (d'une autre exclusion linguistique annoncée)

La loi de 2005 marque certes une avancée législative sans précédent puisque la LSF y est reconnue "comme une langue à part entière", ce qui inclut, de fait, que "tout élève concerné doit pouvoir recevoir un enseignement de la L.S.F.".

Toutefois, l'ambiguïté des positions quant à la place des langues persiste dans la circulaire d'application de l'Education Nationale qui lui succède[25]. En effet, cette reconnaissance officielle qui sort la LSF de l'ombre pour lui donner un statut de langue d'enseignement, et donc de langue valorisée dans un statut

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[23] " La communication bilingue se caractérise par l'apprentissage et l'utilisation de la langue des signes française en association au français. " (circulaire n 93–201 du 25 mars 1993).

[24] La loi n° 2005-102 du 11 février 2005 "pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées" dite plus communément "loi sur le handicap", dont certaines dispositions concernant la surdité abrogent la loi de 1991. http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000809647

[25] Circulaire n 2008-109 du 21-8-2008. http://www.education.gouv.fr/cid22246/ mene0800665c.html.

formel, semble avoir pour pendant d’”*inverser la vapeur de la dévalorisation*“ [Millet, Estève, 2012, p. 5].

En confrontant la définition de la communication bilingue dans la circulaire de 1993 et dans celle de 2008, il semble ainsi manifeste qu’en l’espace de 15 ans, le statut formel de chacune des langues soit passé, dans les textes, d’un extrême à l’autre. La place de la langue française alors prépondérante dans la circulaire de 1993 – “L’apprentissage et l’utilisation de la communication orale visent à la pleine maîtrise de la langue française en s’appuyant sur un ensemble d’aide” – s’est littéralement fait détrôner dans la circulaire de 2008 – “[…] les jeunes sourds ayant fait le choix de la communication bilingue ne seront pas évalués sur leurs compétences en français oral qui, par conséquent, ne sera pas systématiquement enseigné”.

Au-delà des enjeux pédagogiques qui visent à définir la place et le statut des langues dans l’espace scolaire, cette nouvelle circulaire légitime *de facto*, l’utilisation d’une modalité unique – la modalité visuo-gestuelle – dans le cadre d’un “bilinguisme” restreint et restrictif impliquant la LSF et le français dans sa seule dimension écrite. Cette répartition fonctionnelle des langues et l’affirmation d’une communication monomodale sont d’ailleurs très clairement explicités dans l’extrait suivant: “Dans la vie du jeune sourd, la pratique de la langue des signes française tient lieu d’équivalent de communication orale, et la langue française écrite tient lieu de langue écrite”.

Cette circulaire, telle que nous l’analysons au regard de l’évolution des politiques de prise en charge du handicap, laisse augurer d’une possible “désintégration par un effet de trop d’altérité” (Millet et al., 2008, p. 26). Cette analyse fait d’ailleurs écho à celles d’autres chercheurs, telles celles de Y. Le Capitaine lorsqu’il écrit: “L’obligation de non discrimination fait émerger la discrimination, l’obligation d’inclusion fait émerger l’exclusion, l’obligation d’accueillir la différence fait émerger la force de la normalisation” (Le Capitaine, 2007).

Nous avons jusqu’ici étayé nos analyses sur des discours (citations extraites de divers contextes et textes législatifs); nous allons maintenant rendre compte d’un certain nombre de dispositifs récents et tenter de voir comment la réalité s’accommode – ou est accommodée par – des représentations stigmatisées et stigmatisantes, en nous interrogeant plus spécialement sur les freins et les moteurs qui influencent la mise en place d’une éducation bilingue.

III. Perspectives et changement institutionnels: de quelques moteurs et freins à l'éducation bilingue multimodale

Le contexte règlementaire rénové, initié par la loi de 2005 – avec en position phare, la reconnaissance de la LSF et les implications sociales qui en découlent autour des questions liées à l'accessibilité – semble donc, indéniablement, un marqueur de changements encourageants vers une société inclusive. Ainsi, si l'image de la LSF a changé, la source du conflit idéologique – à savoir l'appréhension même de la surdité – est loin de s'être tarie. Une dynamique est bien impulsée, mais elle ne se diffuse que dans l'espace social général[26] en quelque sorte, puisque le "microcosme surdité"[27] reste, quant à lui, enraciné dans une approche médicale, comme en témoignent les dispositifs récents mis en place pour une meilleure information sur la surdité – à savoir les recommandations de la Haute Autorité à la Santé(HAS), d'une part, et le site "surdi.info", d'autre part.

III.1) Les recommandations aux parents par la HAS: glissement des frontières et renforcement des idéologies

Un guide a été élaboré par la Haute Autorité de la Santé en 2009, dont l'objectif est d'améliorer l'accompagnement des parents d'enfants sourds dès l'annonce de la surdité, avant la scolarisation de l'enfant. Il convient de noter que l'élaboration de ce guide marque une volonté de changement dans l'appréhension de la surdité et pourrait constituer un moteur pour une impulsion bilingue intégrant la LSF et le français. Cependant, le tableau présenté ci-après, mettant en relation étroite programme d'intervention précoce, enjeux d'acquisition, langue première de l'enfant et mode de communication utilisé, est révélateur, ici encore, d'une forme d'impossibilité sociale (historique) à concevoir un véritable bilinguisme multimodal reposant sur l'ensemble des ressources langagières potentiellement disponibles, orales – en LSF et en français – et écrites.

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[26] Les cours de LSF connaissent un grand succès actuellement en France pour des publics qui ne sont pas *a priori* en contact avec des personnes sourdes.

[27] Défini par A. Millet (2003) comme l'ensemble comme l'ensemble des personnes liées à la surdité – sourds, parents, professionnels, etc.

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Tableau 2. Choisir un programme d'intervention précoce en fonction du projet éducatif des parents

Projet éducatif	**Éducation avec « communication en langue française »**		**Éducation avec « communication bilingue, LSF et langue française »**	
Enjeu	Acquérir le français		Acquérir les 2 langues : LSF et français[1]	
Langue(s) première(s) proposée(s) avant 3 ans	Français parlé		Français parlé et LSF	LSF
Mode de communication verbale principalement utilisé avant 3 ans	Échanges en français parlé ± code LPC2[2]	Échanges en français signé[3]	Échanges en français parlé et alternativement en LSF	Échanges en LSF
Types de programmes d'intervention précoce	Programme avec LPC	Programme en français signé	Programme audiophonatoire avec LSF	Programme visuogestuel
	Approche audiophonatoire			Approche visuogestuelle
Principe de mise en œuvre	Stimuler la voie auditive			Stimuler la voie visuelle

(HAS, 2009, s. 2)

La typologie proposée dans ce tableau révèle un glissement et un renforcement dans la relation antagoniste entre français et LSF:

- un glissement des frontières avec un élargissement des possibles autour de l'oral-vocal: la LSF est inscrite dans les *Approche audiophonatoire* (*programme audiophonatoire avec LSF*) – niant de fait l'essence même de la langue des signes, à savoir sa substance visuo-gestuelle;
- un renforcement dans le cloisonnement et l'exclusion d'une modalité au moins puisque, dans la colonne de droite, qui donne la LSF en première langue avant 3 ans, la langue française n'est présente nulle part;

La hiérarchisation des langues et le cloisonnement fait émerger, au côté du conflit originel entre langue française et langue des signes, la naissance de deux bilinguismes en contexte de surdité – le bilinguisme "audio-phonatoire", et le bilinguisme "visuo-gestuel".

Ce découpage des projets éducatifs précoce, s'il entre en cohérence avec la circulaire de 2008 en balisant une première socialisation langagière en lien avec les dispositifs éducatifs en place, laisse, nous semble-t-il, les parents face à un choix – quasi-cornélien et sans doute douloureux[28] – entre 4 programmes dont

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[28] Comme nous l'avions exposé antérieurement la souffrance imprègne tous les milieux de la surdité – sans doute à cause des injonctions diverses qui y circulent (Millet, Mugnier, 2004).

les enjeux – pourtant cruciaux tant d'un point de vue identitaire, linguistique, social, cognitif – ne sont pas suffisamment explicités (cf Hugounenq, 2009) – ou plutôt sont explicités dans des termes et des positions qui, à notre sens, sont loin d'être impartiales[29].

Informer et améliorer plus largement la prise en charge de la surdité en France correspond pourtant à une mesure importante du Plan en faveur des personnes sourdes et malentendantes lancé en 2010. Pour satisfaire à cet objectif, un dispositif national d'information a été mis en place.

III.2) Un dispositif national d'information Surdité: neutralité apparente

Le 16 décembre 2013, en effet, un site internet (www.surdi.info) ainsi qu'une plateforme téléphonique ont été créés, l'objectif étant "de délivrer en temps réel une information neutre et fiable aux publics concernés par la surdité, en particulier aux parents qui découvrent la surdité de leur enfant et aux personnes qui deviennent sourdes". Les textes figurant sur le site laissent place, nous semble-t-il, à une appréhension de la surdité focalisée sur l'organe qui ne fonctionne pas, l'oreille, et véhicule par là-même une vision déficitaire – ce qui est loin de répondre à l'objectif de neutralité annoncé. En effet, sous un onglet nommé "comprendre la surdité", les rubriques présentes sont: "le monde sonore; l'oreille et l'audition; le diagnostic; les acouphènes; les appareils auditifs; les implants". La question d'une surdité qui puisse être vécue comme une expérience au monde différente (Lachance, 2007) n'est tout simplement pas abordée dans cette rubrique, censée donner pourtant les clefs pour comprendre la surdité.

L'onglet "communiquer" est lui aussi révélateur de la difficulté d'appréhender à nouveau les sourds dans leur(s) rapport(s) aux langues. Cet onglet est composé de 5 rubriques où tout semble être mis au même niveau: "le langage; l'accès à

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[29] On notera, par ailleurs, que, dans les pages suivantes, les prescriptions médicales associant langue et degré de surdité font également leur (ré)apparition: le seuil de 70 dB de perte étant considéré comme une sorte de ce que l'on pourrait nommer un " seuil de tolérance du recours à la langue des signes": "Une très large majorité des enfants sourds ayant un seuil auditif < 70 dB HL acquièrent et utilisent exclusivement une langue parlée" [HAS, 2009, p. 3].

l'oral; le code LPC; la langue des signes française; le bilinguisme". Or, il nous semble que, par exemple, "le code LPC" aurait pu être une sous-partie de "l'accès à l'oral"; tandis que "bilinguisme" aurait pu être une catégorie plus englobante. Par ailleurs, on soulignera, encore une fois, que le terme "oralité" est confiné à la seule langue vocale (Mugnier, Millet, 2005). Concernant plus spécialement enfin la question de la prise en charge précoce, le site renvoie les parents au guide HAS, de 2009, dont nous venons de présenter quelques limites.

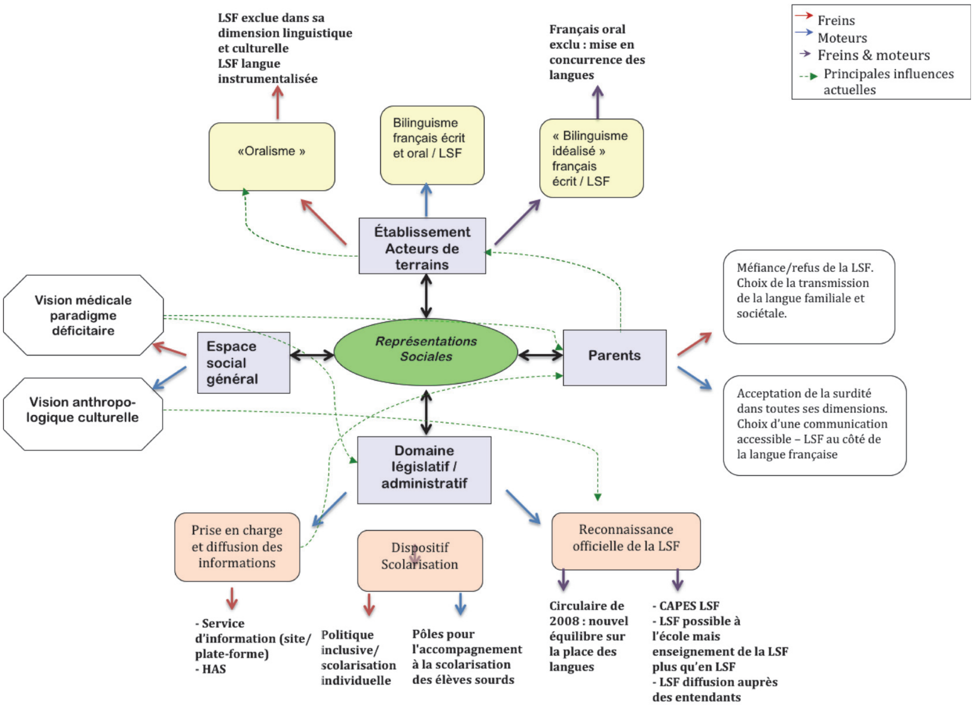
Si, de prime abord, ces mesures semblent positives au nom du libre choix, elles proposent une variété – trop large peut-être – de réponses communicatives possibles qui, au bout du compte, mettent en concurrence les différentes modalités langagières. En cela, elles nous apparaissent constituer davantage un frein qu'un moteur pour la mise en place d'une éducation bilingue multimodale. C'est au demeurant sur cette question des freins et des moteurs actuels que nous proposons de clore ce chapitre.

III.3) Freins et moteurs actuels: quelle(s) dynamique(s)?

Nous avons eu l'occasion de faire un point en 2006 sur les interactions entre les principaux facteurs en jeu dans la mise en place d'un dispositif éducatif bilingue auprès des jeunes sourds (Mugnier, 2006). Nous avions conclu alors que les freins et moteurs pointés ne se situaient pas au même niveau. Les moteurs reposaient sur des démarches que l'on avait situées à une échelle plus locale – volonté d'une équipe pédagogique, d'un établissement, implication d'une association, etc – tandis que, les freins, découlaient principalement d'institutions – cadre légal, Ecole, etc. – et conditionnaient donc considérablement le domaine pédagogique. Un des leviers essentiels à la mise en place d'une éducation bilingue nous semblait alors reposer tout spécialement sur le cadre législatif, puisqu'il permet, d'une manière générale, d'asseoir les dispositifs pédagogiques et de légitimer les pratiques des acteurs de terrains.

Or, c'est précisément ce cadre législatif qui a connu, au cours de ces huit dernières années, un nombre conséquent de changements; ces changements nous permettent aujourd'hui de (re)dessiner – à l'aide d'un nouvel organigramme – les contours des enjeux intervenant actuellement dans la mise en place d'une éducation bilingue.

Tableau 3: Dynamique des représentations sociales –
Principaux freins et moteurs à la mise en place de l'éducation bilingue – 2014



(Freins et moteurs, réactualisé par Mugnier d'après Mugnier, 2006)

On soulignera, par rapport aux analyses de 2006, l'apparition, aux côtés des freins et des moteurs, d'une entrée "freins ET moteurs" – flèches violettes dans le tableau: un entre-deux nécessaire pour rendre compte des mécanismes en jeu actuellement. Un certain nombre de mesures sont en effet, comme on l'a vu, *a priori* positives, mais leur mise en place et/ou leur interprétation les précipitent dans un flou pragmatique que seules les idéologies pré-construites orientent.

Force est de constater que la reconnaissance de la LSF est un facteur puissant de changements; des changements qui peuvent constituer autant des freins que des moteurs, selon la toile de fond représentationnelle convoquée.

Ainsi, la LSF a accédé au statut de langue, entrainant dans ses rouages des cadres formels pour l'enseignement de la LSF[30] mais cela ne permet pas

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[30] Elle est langue optionnelle au bac depuis 2008, un CAPES (qualification permettant d'enseigner dans les collèges et les lycées) de LSF a été créé en 2011.

(encore) d'instaurer comme nous avons pu le voir, une pédagogie bilingue incluant l'ensemble des oralités. La difficulté principale réside, selon nous, sur l'impossibilité de penser une relation sereine entre les deux langues en présence; la mise en concurrence des langues se faisant, la plupart du temps, aux dépens de la LSF.

Cependant, selon nos dernières analyses, le frein principal réside dans l'appréhension même de la surdité. En effet, le contexte de la surdité reste, comme nous l'avons montré tout au long de cet article, profondément marqué par une opposition duelle, inconciliable – ou, à tout le moins, difficilement conciliable – entre une approche bio-médicale déficitaire, centrée sur l'individu, et une approche anthropologique culturelle, centrée sur l'environnement. Le frein principal duquel découlent les autres freins secondaires est sans doute celui-ci: tout changement n'est que le déplacement de la dynamique conflictuelle à l'œuvre, et participe ainsi à l'enlisement et à l'indéniable circularité de ce conflit sans cesse réactivé.

Pour sortir de cette spirale, le principal moteur est à trouver, selon nous, à l'extérieur du conflit en se décentrant des figures des sourds idéalisés – sourd oral *vs* sourd gestuel – pour se recentrer sur les réalités des trajectoires langagières et identitaires des sourds. Le fonctionnement actuel des Pôles d'Accompagnement à la Scolarisation des jeunes Sourds (PASS)[31], nous semble présager, à ce propos, d'un changement possible du contexte géopolitique français prenant en compte la diversité des réalités de terrain: "Ces pôles trouvent leur légitimité dans le fait que les jeunes sourds ayant fait le choix bilingue, donc celui de la communication en face à face par la LSF, doivent être regroupés, puisque l'apprentissage de la LSF suppose des interactions langagières entre pairs, si possible dans des classes ordinaires. [...] Les jeunes sourds ayant fait le choix de la communication en langue française seront scolarisés dans ces Pass, l'expérience montrant qu'un bon nombre d'entre eux acquièrent aussi la LSF à un moment donné de leur parcours scolaire […]" (circulaire n 2010-068 du 28-5-2010).

Le fait de reconnaître le regroupement d'enfants sourds aux projets éducatifs différents comme terrain socio-langagier propice à la transmission/acquisition de la LSF est une première pierre majeure, à notre sens, apportée à l'édifice d'une école inclusive et incluante, intégrée et intégrante.

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[31] Circulaire n 2010-068 du 28-5-2010 émanant du Ministère de l'Education Nationale.

Pour ne pas conclure

Cette vision plus pragmatique – au sens politique du terme – qui transparait dans l’application du PASS sur le terrain, nous paraît ainsi de bon augure. En effet, en fonction des analyses que nous avons pu faire des lois et des dispositifs qui régissent l’éducation et les “ voies/voix “ des sourds, il est somme toute assez urgent de sortir des idéologies séculaires et des assignations identitaires qui en découlent. La construction identitaire des personnes sourdes est un long chemin qu’il convient d’accompagner – et non d’entraver – en ouvrant un droit sans restriction à la diversité des langues (français, LSF, autres) et des modalités (vocale/gestuelle; orale / écrite).

Ces choix de langues et de modalités sont des choix qui sont nécessairement soumis à des changements en fonction des interlocuteurs, des situations, des désirs, des possibilités de chacun. Il s’agit d’une évolution constante de la construction identitaire et ce n’est qu’en levant les obstacles posés par les visions antagonistes, archaïques et dichotomiques – qui opposent les “ sourds gestuels “ aux “ sourd oraux “ – que l’espace social pourra permettre cette construction symbolique complexe, diversifiée et évolutive d’une surdité plurielle affranchie de représentations sociales clivantes et figeantes.

Il s’agit, pour tendre vers ce qui ressemble bien aujourd’hui encore à une forme d’utopie, de convoquer tous les maillages sociaux pour donner aux enfants sourds, dès leur plus jeune âge – puis aux adultes – tous les moyens d’une construction dynamique de répertoires langagiers incluant, dans une bimodalité somme toute naturelle, langues vocales, langues gestuelles et ressources non verbales diverses.

Summary

The authors made a short historical outline in the context of creating perceptions about deafness in France. A part of the article concerns the French linguistic policy and its consequences for children and youth with hearing impaired during the changes which are currently in progress. In the last part of the article the issues of opportunities and barriers which – in the social context – hinder or support the development of bimodal bilingualism of deaf persons were

discussed. The perspectives of recently introduced systemic changes seem to be positive, in spite of the fact that the lack of precise and well-thought-out programs is visible, which still too often misleads parents of hearing-impaired children and deaf adults.

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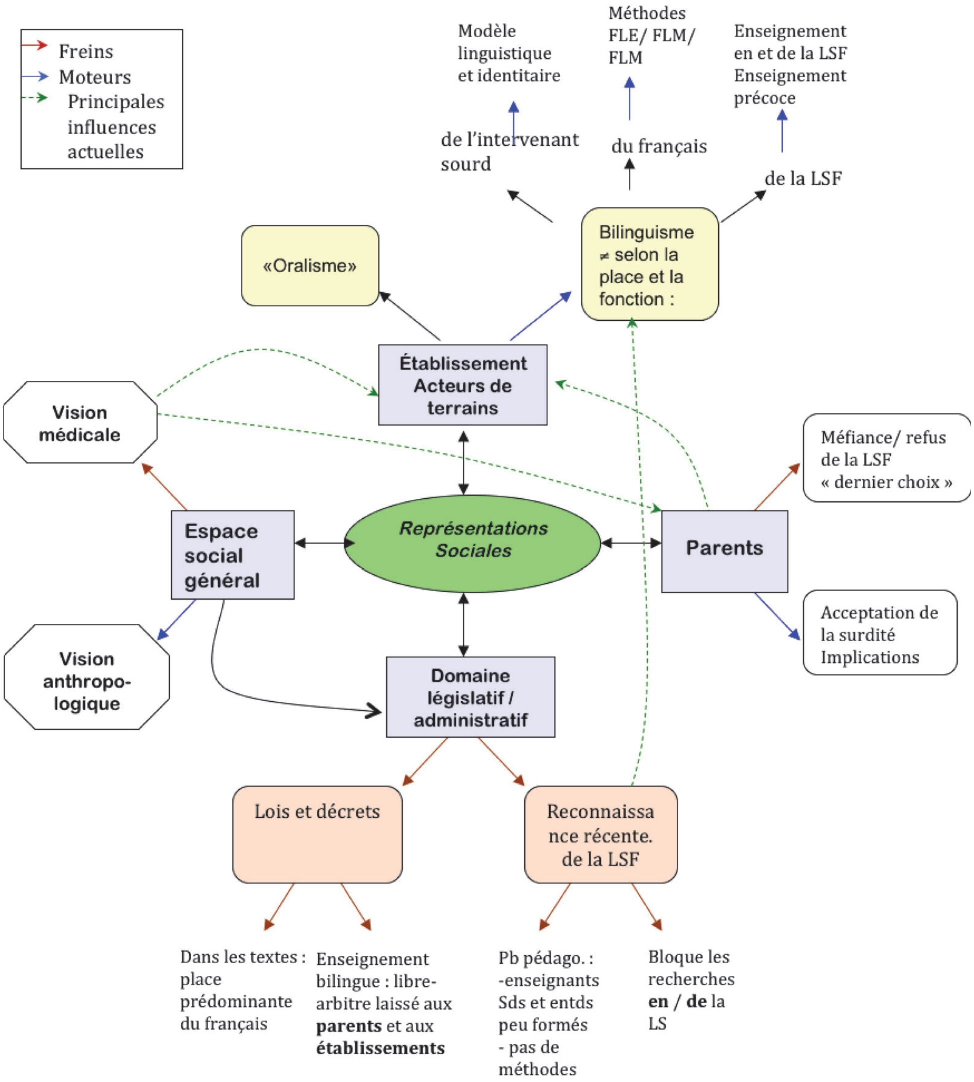
Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Annexe – Dynamique des représentations sociales – Principaux freins et moteurs à la mise en place de l'éducation bilingue – (Mugnier 2006).



PART II

EDUCATION PROVIDED TO CHILDREN AND YOUTH WITH HEARING IMPAIRED IN SELECTED EUROPEAN COUNTRIES

Edyta Tomińska

A mainstream education system with specialised support provision for Deaf and Hard of Hearing children. A Swiss perspective based on the example of the Canton of Geneva

Introduction

Mainstream education setting and new trends in inclusive education Similarly to the German education system (*c.f.* Becker in this monograph), Switzerland, which is also a Federation, leaves decision-making about education to the cantonal authorities. There are 26 different cantonal systems, seeking shared solutions e.g. in the harmonization of the education project HarmoS[1] and in the *Inter-Cantonal Agreement on Co-Operation in the Field of Special Needs Education,* which has not been joined by all of the cantons that are entitled to their own concepts and rights in the sphere of education and the specialised support and so on[2].

The new curriculum for public schools (PER[3]), introduced in 2010 at the time of the preparation for the HarmoS Agreement, is compulsory across Romandie (*Suisse romande*), with its six French speaking and one Italian speaking cantons. The curriculum emphasizes the following: *"Public school is to ensure the promotion of integration, taking into consideration the differences between pupils",* and further on that *"Public school (...) differentiates its educational approach*

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[1] Introduced in 2011, Geneva being the first, experimental canton of this reform.

[2] As of December 2014, 16 cantons out of 26 joined the Concordat and the HarmoS Agreement reform.

[3] PER – Plan d'etudes romand.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

depending on the pupil's intellectual and emotional capabilities.4" The demand for diversity in teaching is also present in primary school teachers' training, as it belongs to one of the important competences necessary for the future teacher: *"to take the differences among pupils into consideration".* What follows is that primary school teachers in Geneva must have the extensive knowledge and skills allowing for teaching interventions in a diverse context of different cultures, religions and languages. Additionally, they must be able to carry out inclusive interventions with pupils who experience school difficulties or are affected by disabilities, as such are now the objectives of the Public Education Department. In spite of such clear wording and good top-down intentions, teachers often find it difficult to cope with pupils with special educational needs and require the assistance of specialised teachers who can assist them and collaborate with them on a path to inclusion. The question is, what is the place for deaf and hard of hearing children in this system? Where are they schooled? In a special or mainstream classes? On what type of support can they count? In this chapter I will attempt to answer these questions in three sections: the first will present an overview of the general education system in Geneva and the laws by which it is governed; in the second part I shall discuss the types of support available to children with hearing loss, teachers and pupils in integrated classes in *Suisse romande*; the third part describes the functioning of a special class for deaf children, which since the 1980s has operated a bilingual system of teaching, using French sign language (LSF) and French. The discussion is followed by a brief summary.

The general schooling system and its mirror effect in special needs education

Education is compulsory for children aged 4-15[5] across *Suisse romande*[6]. The system is divided into 3 cycles: primary (4-8), middle (8-12) and lower secondary (12-15), as presented in Figure 1. The public schooling system in

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[4] All fragments of the HarmoS Agreement and other Swiss laws originally published in French have been translated especially for the purposes of this paper.

[5] Other romand cantons (Vaud, Valais, Neuchatel, Jura, Fribourg, and Ticino) adopted the HarmoS Agreement in 2013–2014, so the reform is very "fresh".

[6]

Switzerland is not organized on the basis of 45-minute lessons but 90-minute teaching units, the content of which can be varied by teachers, particularly when working with the youngest children. The teaching cycles help teachers cooperate with pupils and surround them with intense care to prevent any future difficulties. This kind of cooperation allows for a long-term observation of learning progress. The transfer of information and cooperation is natural and problem-free between cycles 1 and 2, as they usually take place between the teachers of the same school. Cooperation between cycle 2 and 3 is much more difficult to organize because children usually change schools and type of teaching, from general to disciplinary.

Figure 1 below presents the education system in the Canton of Geneva.

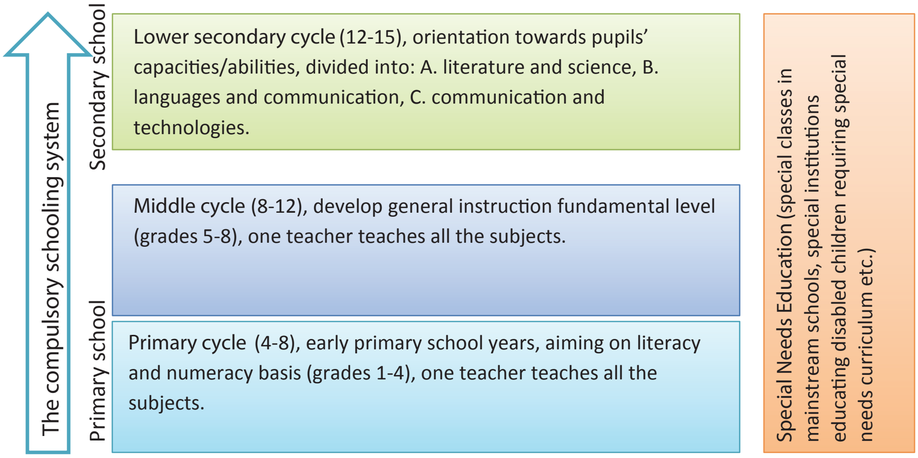

Figure 1. The compulsory education system in the Canton of Geneva, divided into 3 cycles: primary, middle and lower secondary (for children aged 4–15)

As we can see in Figure 1, in spite of the declarations of the Public Education Department (Fr. DIP[7]), and the international trend towards inclusive education, in this model special needs education is clearly separated from mainstream teaching. Children who cannot cope with school demands are from the youngest age referred to special classes, if the school has such special settings at its disposal, or to other specialist institutions under the Medico-Pedagogical Office

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[7] Departement d'Instrucktion Publique.

(Fr. OMP[8]), the aim of which is to diagnose a child and provide the necessary educational and therapeutic support. Let us look again at the assumptions of the *Agreement on Co-operation* (2007) to see who is entitled to support in the mainstream school; in other words, what is the definition of special needs experienced by some pupils (e.g. those with dysortography, acalculia etc.), and what are the ways in which educational institutions, in the first instance a teacher, respond to these needs. I will discuss the organization of support or the ways in which support can be organized for deaf and hard of hearing children, using an example of one selected institution.

The Agreement on Cooperation (CDIP, 2007) requires that the signatory cantons follow the regulations imposed by this legal act, such as introducing appropriate forms of support, deciding on uniform terminology[9], being compliant with quality standards and introducing a standardized procedure that helps determine a child's individual needs. It also allows for a choice of the appropriate type of facility, such as a special school, special class in mainstream school, or mainstream class with appropriate specialist support. The latter type of education requires cooperation between regular and specialised teachers on a joint educational and therapeutic project, and is usually organized under the guidance of the Medico-Pedagogical Office, which also decides on the extent of the support to be granted (e.g. the presence of a specialised teacher in a class).

Article 2 of *The Agreement on Cooperation* provides as follows:

- The tasks of special needs education are to be realized within the scope of mainstream public education.
- Preference is given to integrating over separating solutions, with respect for the child's emotional well-being, self-confidence, etc. and the developmental possibilities, also considering the environment and school organization.
- Special needs education is free; however parents might be asked to pay for some of costs towards meals.
- Parents or their representatives will be involved in the procedure of deciding on the type of support or referral of a child to a different educational setting.

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[8] Office Medico-Pedagogique.

[9] This was carried out in the field of hearing loss in 2014 and is available on the Special Needs Education Centre (CSPS) web page www.csps.ch.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

So who is entitled to special support or a referral to a special educational setting? As mentioned in Article 3 of *The Agreement on Cooperation,* every child aged 0–20 who lives in Switzerland and who might have had any kind of developmental constraints prior to beginning compulsory education or develops them during its course has the right to a diagnosis of the difficulties or educational delays and to specialised care. Also, children and young people whose participation in the education process has been made difficult or who are in any way vulnerable because of other special needs have the right to support.

Article 4 makes the forms of support more precise, listing therapy (speech, psychomotor); advice and support given to parents, early childhood education, and special needs measures taken in regular school or in special school, support in specialist daytime institutions or residential school setting (boarding schools). One more article of *The Agreement on Co-operation* is of interest here, i.e. article 5, which specifies what should be done when the support provided is insufficient. In such cases, organizations such as Medico-Pedagogical Offices should intensify their efforts by including long-term, intense, auxiliary support that requires the involvement of a highly qualified specialist whose interventions will have substantial adaptive consequences for the social aspects of the child's daily environment while also affecting the entire educational process.

Before we progress to the presentation of the situation in Geneva and see how the articles of *The Agreement on Co-operation* are implemented in this canton, particularly with respect to DHH children, we shall have a closer look at the types of support available for these children in *Suisse romande,* in the period of primary or lower secondary schooling.

Data for *romand* cantons with regard to types of support for school children with hearing loss.

Support in school education, to which children with hearing loss are entitled, involves mainly structural adaptations (organization of the class, place in the class, visual aids including the use of a laptop or tablet, assistance in preparing notes, extended work or exam time, etc.), and personal assistance (help of a specialist teacher, sign language or Cued Speech interpreter etc.). This type of support is usually refunded by cantons or municipalities local to the school (according to the OPERA[10] data). As the authors of the OPERA report (Alber et

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[10] The aim of the project was to gather the cantonal data for comparisons and work out a harmonious early development support and education for hard of hearing children in this part of Switzerland.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

al., 2012) observe, children with hearing loss, their class peers and teachers of integrated classes have the right to various types of support beyond individual therapeutic classes (speech therapy, psychological support) allocated to a child.

Table 1 below presents various types of group support available in schools.

Table 1. Types of support in integrated schools available to children with hearing loss in 2010-2011[11]

Types of support available in the school integrating children with hearing loss	FR	GE	JU	NE	TI	VD	VS
For class peers, the learning of sign language or Cued Speech.	+	+	+	+/–	+/–	+	+
For teachers in an integrated class, the learning of sign language or Cued Speech	+	+/–	+	+/–	+/–	+	+
For colleagues and teachers, explanation, information on hearing loss and hearing aids	+	+	+	+	+	+	+
For teachers in integrated classes, participation in the meetings of a therapeutic/pedagogical group responsible for the child's learning project	+	+	+	+	+	+	+

Alber et al. (2012), p. 20.

As we can see from this breakdown, the teaching of sign language or Cued Speech[12] is offered to students and teachers of integrated classes in all cantons. In Ticino, the Italian speaking part of Switzerland, Cued Speech is not widespread so the only way to support these pupils is to provide for the teaching of the Italian sign language.

The Swiss Federation of the Deaf organizes the professional teaching of sign languages[13] in integrated classes, providing that the cantonal authorities finance these classes to ensure they are free of charge to children and teachers alike.

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[11] The following cantons are part of *Suisse romande*: FR-Freiburg; GE-Geneva; JU-Jura; NE-Neuchatel; TI-Ticino; VD-Vaud; VS-Valais.

[12] Depending on the choice of communication method developed in the family in early childhood.

[13] French Sign Language (LSF – Langue des Signes Francaise), Italian Sign Language (LSI – Lingua dei Segni Italiani); German Sign Language (Schweizeriche Gebardenschprache).

For example the Canton of Neuchatel no longer finances this type of class, and in Geneva the teaching of Cued Speech is rare as it is regarded as being useful only in the therapeutic context (e.g. speech therapy) and has not been offered to teachers prior to 2013.[14]

All cantons offer support for integrating meetings with specialists taking care of a child with special needs to provide information on hearing aids, implants, types of hearing loss and their consequences. Most often these are speech therapists, psychologists, physician or audiologists, invited to an integrated class to demonstrate and explain how a hearing aid or implant works, and why a child has to have it. They also answer any other related questions asked by teachers or children.

In all cantons, teachers have the right to participate in the meetings of the therapeutic and educational teams formed to evaluate and discuss the child's development, plan the provision of further support and decide on its scope. They are the partners in the planning of a child's programme and its aims for a school year, classroom materials adaptations etc.

A similar type of support is available to the child's family. Depending on the needs, it is possible to receive sign language or Cued Speech lessons or information about hearing loss and hearing aids. The meetings are usually held in early childhood, when parental decisions about the preferred type of communication are made. The teaching of sign language or Cued Speech, which was previously free of charge and conducted in a family home, has been charged to parents since the academic year 2014/2015, as the cantons no longer finance it.[15]

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[14] With the center taking functionally-hearing children with hearing loss under its care (these are children with implants or those wearing a hearing aid) who learn in regular schools, who have the right to at least partial pedagogical support.

[15] It can, however, be subsidized with the financing available from foundations, such as *A Capella*, which organize the teaching of Cued Speech for children and parents. The Swiss Federation of the Deaf co-finances some of its classes for deaf children and their families, using subsidies from NGOs.

Special classes in mainstream schools in the Canton of Geneva

The Finnish model and the Genevan reality

A very interesting study by Natalina Meuli (2011) shows that even in a system as well developed as the Finnish model, students' feelings of belonging to a peer group vary, depending on the time they spend in a regular or special class, where they receive support adequate to their needs. All children from special classes, working in a small group system, participate in the life of the school on the same level as their peers from mainstream classes. However, as demonstrated by Meuli's study (2011), special classes often take more than 50% of school time, which does not have a very positive impact on the integration of special needs children with their peers in mainstream classes. In fact, it is more of a barrier for their feeling of belonging to the inclusive class. The more time children spend in a special class, the more they are as if "assigned" to it, and this is where they feel their place is. A comparison between the Finnish and the Genevan system makes sense only in one case of a special class for deaf and hard of hearing children integrated in a mainstream primary school, as indicated by the study by Meuli and Zuccone (2014). Why is this the case?

In Geneva, special needs classes in mainstream schools are held in a separate place dealing with children with considerable learning difficulties, often repeating a grade once or more. These special classes are smaller, usually consisting of approximately eight pupils, and they gather pupils with high-level difficulties from one cycle of education (4–8, 8–12, 12–15). It is difficult therefore to find some common denominator to make pupils feel that they belong to a group-class. Every pupil has different problems and needs, to which teachers try to respond in an individualized way. They also try to work individually on their pupil's self-esteem, independence, motivation to learn, later stages of their educational project, vocational plans etc. It is very rarely that these classes co-operate with regular classes, so even partial integration is very rare. Even if one of the systemic objectives is the return of a child to the mainstream system, it happens very rarely, usually after considerable pressure from the parents. Things look different in a special class for deaf and hard of hearing children with its own real programme of integration. Since the academic year 2014/2015 these

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

projects are beginning to be introduced in cooperation with other specialised settings (e.g. in Geisendorf school). We shall continue with the description of this exceptional special class for DHH children with in section 3.3.

Special needs of immigrant children

In response to the needs of schools in various districts of Geneva, the Department of Public Education has created special classes for newcomers, known as reception classes[16]. These teach children who have just arrived in Geneva without knowledge of the language or the European culture that the school promotes. The reception classes are an attempt to solve the difficulties of children who were previously sent to a grade relevant to their year of birth, regardless of whether or not they went to school at all in their country of origin. The aim is to transfer a child to the mainstream class relevant to her or his age as soon as possible. These pupils are often offered partial integration with their future class, a few hours at a time. Gradually, with the progress of language acquisition and the improvement of the child's communication and adaptive skills, the time is extended. The reception class, however, becomes an important place where these children receive specialist help, develop their linguistic and cultural competences in a timeframe and rhythm adapted to their needs, and with the use of teaching aids unavailable in other classes.

The CESM[17] model between the Department of Education and Medico-Pedagogical Offices

Some historic aspects

Switzerland is divided not only linguistically but also according to the different areas of influence in the education of deaf and hard of hearing children. German influences, as illustrated in the educational theory of Heinicke, who was fascinated by hearing aids and their use in "hearing recovery", imposed the

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[16] Classes d'accueil.

[17] CESM – Centre pour Enfants Sourds et Malentendants du Montbrillant in Geneva

use of the phonic method in schools for the deaf located in the German speaking areas. The *romand* part of Switzerland was mostly under French influence. Naef opened the first school for the deaf in Yverdon-les-Bains, Canton of Vaud in 1813, where he taught according to the Abbe de l'Epee's method using sign language. However, the decisions of the famous Milan Congress in 1880 destroyed this budding tradition, and soon after all Swiss schools shifted to oralism. It was only in the 1960s, with the scientific recognition on sign language as a language (Stokoe, 1960) in USA, writings about the French Sign Language and the publication of its dictionaries in France (Moody, 1998) as well as the development of Deaf theatre (IVT) sent a wave of shock and brought changes also to French speaking Geneva. At the time of this revolution, the school at Montbrilliant street changed its character, from a closed residential school for the deaf to an open, bilingual school for the deaf and hard of hearing children. This did not happen overnight, or without controversy, especially on the part of the parents of DHH children. Obviously not all of them thought of sign language when planning the integration of their children into mainstream society. But for those who supported the changes, the approval of the bilingual programme for the academic year 1980/1981 allowed for the opening of a new era of education for the deaf children in *Suisse romande.* Schools opened their doors to deaf teachers, not only as the "native speakers" of sign language but also as educators and identity/deaf culture models for children and teenagers. This began a slow process of acquiring educational qualifications recognized or organized by the Department of Public Education. First, the school directors took the whole teaching team to Gallaudet University in Washington and then the Department of Public Education organized extramural remedial degree courses, allowing deaf employees to work in general education schools. It is important to clarify the fact that at the time deaf people were mostly directed towards vocational education, and rarely given an opportunity to go to the upper secondary school. So regular teacher training was inaccessible to deaf individuals, as a matter of fact still is. Other cantons also organized extramural specialised studies in deaf education to help include deaf people in the education of DHH children.[18]

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[18] Deaf teachers usually function as pedagogues/educators not teachers, in spite of the fact that they play the same role in relation to children as the hearing teachers.

Current changes in the functioning of the centre for deaf and hard of hearing children

Since the academic year 1980/1981, the centre has had varying objectives, which change and expand according to the altering needs of DHH children. Its most important goal is to provide primary and lower secondary bilingual education with the use of French Sign Language. The centre also organizes extra-curricular activities, such as meals for children and common room activities at dinner time or after school with the use of sign language as well as cultural excursions, school break events etc. It also provides specialised education to children with other disorders apart from hearing loss who cannot be referred to an integrated class in mainstream school. Since 2011, the centre has also supported the functionally-hearing children with implants who attend the public schools closest to their place of residence, and it has two specialised education teachers (SPES) responsible for the provision of educational support in the integrated class. Most teachers work with deaf and hard of hearing children in a special class run within the mainstream public school. In a bilingual class there are hearing and deaf teachers.[19] DHH children are partially integrated into classes with other children of parallel age while they also receive specialised and language support in the special class. As they grow older and their communication skills get better, they stay longer in the regular class. Integration is carried out with the aid of a teacher specialised in deafness who knows sign language, Cued Speech or other such methods of communication. Specialised teachers work with the whole class, helping integrate DHH children. As reported by Karen Caputo, who analysed this kind of collaboration between specialised and general education teachers (Caputo, 2011), both deal with the whole class and prepare class materials together. In this way, the regular class teacher also becomes a specialist, gets to know the DHH children better and better, and adjusts the teaching to them.

This author highlights the fact that during integrated lessons, DHH children refer to the specialised more often that to the regular teacher. This is understandable, as requests for help will often concern difficulties with understanding the material, commands or the stages of exercises. In such cases, a specialised

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[19] We are using the term “non-hearing teacher” for deaf teachers to emphasize that they play the same role in relation to pupils as hearing teachers.

teacher will also discuss this material later on during the special class, and help pupils understand it better, complete a task and prepare for the next lesson. The results of Cecilia Zuccone's work (Zuccone, 2011) are very interesting. In her study, she considers the feelings of children from this specialised class, particularly the feelings of belonging to a group and being integrated in the regular class in this school. She demonstrates that in two different situations (physical education and maths classes) DHH children feel differently in the integrated class but that their overall feelings of being integrated in the class are the same as their hearing peers from the same class. Hearing loss and different methods of communication do not interfere, in these children's evaluation, with the feelings of belonging to a group and a good assessment of integration. Zuccone observed, however, differences between DHH boys and girls and their evaluation of the level of integration and acceptance in the group during the PE and maths classes. The author explains the differences by discussing the specific nature of the classes. For DHH girls PE is more awkward than working in the class (being adolescent probably plays the main role here). DHH boys, on the other hand, prefer PE classes or find it difficult to make up their mind, when they say that they feel good in both situations.

The role of a teacher supporting the functionally hearing children

Let us turn back to the role of the itinerant teacher supporting deaf children with implants in mainstream schools. The teacher's task is to support a child in compulsory education so to avoid learning difficulties and problems in other school situations. Work is usually carried out in small groups; the time allocated to each student depends on individual needs and can be different from one year to another, depending on the child's development and achievements. Legally, each child given this kind of support is allocated up to 6 lessons[20] a week with a specialised teacher, but for many children this is not enough.

These are some of the goals of such a specialised teacher: providing assistance to a child in the development of competences in the phonic French language, particularly written and verbal, and in its understanding. This work has an influence over other school disciplines. Besides, a specialised teacher is

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[20] 6 x 45 min.

responsible for broadly interpreted support in the acquisition of learning strategies as well as informing the regular class teacher and pupils on deafness issues, its consequences and the conditions necessary for anticipated/optimal integration. Also within the scope of a specialised teacher's duties is the evaluation of difficulties, being at the disposal of the teacher and other pupils in the regular class in case of problems that may arise during the project. A specialised teacher provides communication and passes information between the different partners taking part in the DHH child's education (a speech therapist, audiologist, sign language or Cued Speech interpreter, regular teacher etc.), and is one of the main partners in the integration project of a DHH pupil, taking an active part in the introduction, evaluation and, if necessary, adjustment of the project.

In practice, as the representatives of the centre say (lecture by R. Emery, 2013–2014[21]), there are two specialised itinerant teachers on site (one full time and one 75%) providing support to 13 pupils distributed across the Canton of Geneva and in the 3-cycle education system, i.e. 4-15 years old. Additionally, 7 pupils are in contact with the centre, awaiting specialised support. Altogether the centre takes care of 60 pupils[22].

Learning to read and write in a bilingual class.

Now let us look again at the special class for the deaf and hard of hearing children in the centre and at the intensification of language acquisition efforts in the first cycle of general schooling, which is the early primary school age (4–8). The centre runs a bilingual programme with sign language as the language of communication and teaching (but also the language taught e.g. during classes called "fairy tales in sign language"). As Easterbrooks reports (2010; Easterbrooks, Bel-Alvarez, 2013), the following conditions are necessary for the achievement of optimal results in the development of the language and literacy knowledge of deaf and hard of hearing children: 1) teachers and educators should know the

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[21] These lectures are organized within the education of special needs teachers (Master en Enseignement Specialise) on sensory impairments; half of the lecture concerns vision loss, sensory disorders and the second half is on hearing loss and its consequences. The author participates in these lectures, offering classes on a variety of scientific research currently being developed in this field.

[22] The Opera data quotes 38 pupils with hearing loss in Geneva in 2010–2011, but this specific form of school support was not available at the time.

languages and communication methods used by a child to ensure clear, linguistically meaningful and rich communication 2) propose comprehensive classes which require inferential thinking 3) use visual aids to assist understanding, particularly in the organization, memorizing and, which follows, better assimilation of knowledge 4) to apply explicit teaching, systematically clarifying the general knowledge taught during the classes, particularly in the parts which are difficult for a child 5) assist a child by preparing gradual visual support in task implementation to take it step by step to more complicated material. (Ibid., 2010, p. 120–122). All of these conditions have been met in the classroom specializing in deafness, during the teaching of reading and writing entitled "interactive reading", in a group of 6–7 year olds, observed for the purposes of my own research (Tominska, 2011, 2015). The classes are taught by two teachers; a deaf teacher, using sign language, and a hearing teacher, using a phonic language and sign language. The teaching allows for the free exchange of thoughts and hypotheses and testing with the aid of images and text in the book, i.e. recognizing some words independently or with a teacher's help. Teachers in the role of mediators between the general literacy knowledge about books and their functions; give direction and rhythm to the children's' work on vocabulary, letters (with the use of the finger alphabet) and other aspect of the components of literacy components, e.g. understanding the structure of a story, its stages, protagonists etc. The possibility of using two languages allows for rapid progress, not only in learning letters and words but also in analysing the meaning of the fragments read together.

We should emphasize the importance of the deaf teacher's role; his task is not only to explain and provide support in sign language but also to favour children's' understanding of the sign language and its internal structures. A deaf teacher is also a linguistic, cultural and identity model for pupils to follow.

Conclusion

By looking at the Genevan example, we can see the use of practical bilingualism rather than the form which is institutionalised in laws and decrees (Mugnier, 2014). The regional system has allowed for the introduction of innovations in the field and at the same time implementation of teaching objectives adjusted to a changing group of children with hearing loss, their abilities and needs, either in

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

a bilingual class specialising in deafness or in the regular class with the support of a specialised teacher. There is still a lot to be done in the direction of fully inclusive programmes, where children with hearing loss can receive the same assistance adjusted to their needs as children without disabilities in the regular class. Today, Geneva is still far from the Finnish model of *School for all,* regardless of the type of difficulties or deficits, although obviously in its inclusive model every child can count on the teaching method corresponding to its individual needs, implemented through a more or less individualized programme.

Summary

Starting with rights, directives applicable in the mainstream education and trends towards inclusion, the author describes the system of specialist education, which is still non-inclusive in many aspects and in most of situations concerning children with special educational needs in Switzerland. Using the example of the Republic and Canton of Geneva the author explains changes standardizing pedagogical influencing by primary school teachers which are currently in progress. This canton offers a specific possibility of providing education to hearing impaired children, which consists in bilingual teaching (French and French Sign Language) in a specialist class, in which deaf and hearing teachers work. This is not the only way of educating hearing impaired children in this canton. The second possibility, which is proposed the most frequently to children with implants, is learning in regular classes in mainstream schools. In Geneva these children, their peers and teachers can also receive different forms of support, which the author lists and comments on.

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Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Claudia Becker

Bilinguale Bildung hörgeschädigter Kinder in deutschen Schulen

Bilingual education of deaf and hard-of-hearing children in German schools

Einleitung

In Deutschland gibt es eine jahrhundertealte Tradition der schulischen Bildung von Menschen mit einer Hörschädigung. Bereits 1778 wurde die erste Schule für hörgeschädigte Menschen in Leipzig gegründet. Andere Schulgründungen folgten noch im gleichen Jahrhundert, so dass heute viele deutsche Förderschulen mit dem Förderschwerpunkt Hören und Kommunikation[1] auf eine lange Tradition zurückblicken. Bis in die 80er Jahre des 20. Jahrhunderts hinein wurden in den deutschen Bildungsinstitutionen für Hörgeschädigte bis auf wenige Ausnahmen lautsprachlich orientierte Ansätze verfolgt. Das heißt, Ziel der sprachlichen Bildung hörgeschädigter Menschen war der Erwerb der deutschen Lautsprache in ihrer gesprochenen und geschriebenen Form. Gebärdensprache wurde in den Schulen maximal geduldet, zeitweise sogar verboten, auch wenn sie vielen Schülern und einigen Lehrern als Kommunikationsmittel diente.

Seit den 80er Jahren des 20. Jahrhunderts führten insbesondere drei Entwicklungen zu intensiven Debatten und zu Veränderungen in der Bildung hörgeschädigter Menschen in Deutschland, die auch heute noch nicht abgeschlossen sind:

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[1] Der Terminus Förderschule entspricht dem früheren Titel “Sonderschule”. Der Förderschwerpunkt “Hören und Kommunikation” bezieht sich auf die Gruppe der Schüler, die eine Hörschädigung haben.

– Die linguistische Erforschung und Anerkennung der Deutschen Gebärdensprache (DGS) und die Empowerment-Bewegung gehörloser Menschen auf nationaler und internationaler Ebene führten zu der Forderung nach einer bilingualen Erziehung und Bildung mit Gebärden- und Lautsprache.
– Die rasanten Fortschritte in der Hörgeräte- und CI-Technologie ermöglichten einer immer größer werdenden Anzahl hörgeschädigter Kinder den Zugang zur gesprochenen Sprache auch über das Hören. Es wurden hörgerichtete Förderkonzepte entwickelt, deren Ziel es ist, das Hören mit Hilfe der Technik und einem Hörtraining soweit zu fördern, dass ein möglichst natürlicher Erwerb der gesprochenen Sprache erreicht wird.
– Seit den 80er Jahren steigt die Anzahl hörgeschädigter Kinder, die eine Regelschule besuchen. Es ist mittlerweile politischer Wille in Deutschland, inklusive Schulen, in denen Schüler mit und ohne Behinderung gemeinsam lernen, weiter auszubauen.

Im Folgenden möchte ich zunächst kurz das deutsche Schulsystem für hörgeschädigte Kinder skizzieren. Im Anschluss möchte ich aufzeigen, inwieweit heute in Deutschland bilinguale Bildungskonzepte in den Förderschulen und in den Regelschulen, das heißt in der gemeinsamen Beschulung hörgeschädigter und hörender Kinder in Deutschland, umgesetzt werden.

Das deutsche Schulsystem

Deutschland hat ein dezentral organisiertes Bildungswesen, da die Zuständigkeit für die Bildung bei den 16 Bundesländern liegt. Die Dezentralisierung führt zu unterschiedlichen Wegen und Formen im Schulsystem und somit auch in der Beschulung hörgeschädigter Kinder. Die Schulpflicht gilt für Kinder mit und ohne Behinderung und beginnt in der Regel im Alter von 6 Jahren. Das deutsche Schulsystem ist grundsätzlich in drei Bereiche gegliedert: die Primarstufe (Klasse 1–4 /6[2]), die Sekundarstufe I (Klasse 5/7[3]–10) und die Sekundarstufe II (ab Klasse 11). Ab dem Sekundarbereich I ist das deutsche Schulsystem hierarchisch gegliedert, wobei die Schüler je nach ihrem Leistungsstand unterschiedlichen Bildungsgängen zugeordnet werden und dann entsprechende

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[2] In den Bundesländern Berlin und Brandenburg umfasst die Primarstufe sechs Jahre, in allen anderen Bundesländer vier Jahre.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Schularten besuchen (Hauptschule, Realschule, Gymnasium, Gesamtschule[3]). Der Sekundarbereich II umfasst die gymnasiale Oberstufe, die zum Abitur führt, sowie die berufsbildenden Schulen.

Neben diesem allgemeinen Schulsystem gibt es in Deutschland ein sehr ausdifferenziertes System von Förderschulen, in dem Kinder mit einer Behinderung beschult werden. So gibt es Förderschulen für die Förderschwerpunkte “Geistige Entwicklung”, “Lernen”, “Sprache”, “Emotionale und soziale Entwicklung”, “Sehen” und “Hören”. Die Förderschulen unterstehen wie auch die Regelschulen in der Regel dem jeweiligen Kultusministerium eines Bundeslandes.

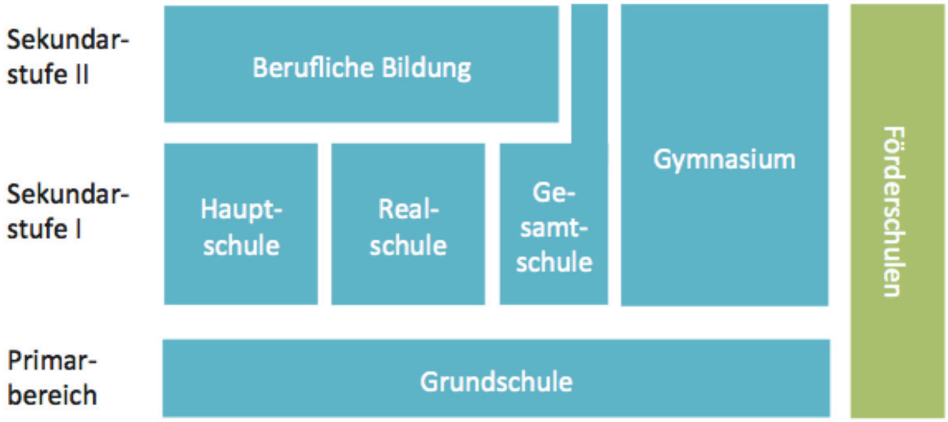

Abb. 1. Vereinfachte schematische Darstellung des deutschen Schulsystems

Kinder mit einer Hörschädigung wurden bis in die 90er Jahre hinein nach dem Grad ihrer Hörschädigung in die Gruppen “schwerhörig” und “gehörlos” eingeteilt und besuchten dementsprechend entweder eine Förderschule für Schwerhörige oder eine Förderschule für Gehörlose. Diese Einteilung wurde in den meisten Bundesländern in den letzten Jahren aufgegeben und die Schulen wurden zu Förderschulen mit dem “Förderschwerpunkt Hören und Kommunikation” zusammengelegt.

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[3] In einigen Bundesländern sind zwei oder drei dieser Bildungsgänge in einer Schulart zusammengefasst. Außerdem unterscheiden sich die Bundesländer in der Bezeichnung der verschiedenen Schularten.

Heute können Kinder mit einer Hörschädigung eine von über 50 Förderschulen mit dem Förderschwerpunkt “Hören und Kommunikation” in Deutschland besuchen. Diese beherbergen in der Regel Frühförderzentren, Kindergärten sowie den Primar- und Sekundarbereich I. Darüber hinaus bieten einige Förderschulen auch einen auf hörgeschädigte Jugendliche spezialisierten berufsbildenden Bereich sowie eine gymnasiale Oberstufe an.

Besuchen hörgeschädigte Kinder eine Regelschule, werden sie in der Regel in wenigen Stunden von einem Hörgeschädigtenpädagogen begleitet. Dieser wird meist von einer Förderschule für diese Zeit zur Verfügung gestellt. Zu seinen Aufgaben gehören unter anderem die Beratung der Regelschullehrer und der Eltern, die Begleitung des Schülers im Unterricht sowie die Einzelförderung.

Voraussetzung für den Besuch einer Förderschule oder für den Erhalt von sonderpädagogischer Förderung in einer Regelschule ist die “Feststellung des Sonderpädagogischen Förderbedarfs”. Dabei entscheidet die Schulbehörde auf der Grundlage von sonderpädagogischen Gutachten über Art und Umfang der sonderpädagogischen Förderung und über den Ort der Förderung. Vorgeschaltet ist ein festgelegtes diagnostisches Verfahren, in dem der individuelle Förderbedarf ermittelt und eine Schulform vorgeschlagen wird.

Qualitätsstandards für die Bildung hörgeschädigter Kinder und Jugendlicher

Die in der Einleitung beschriebenen Entwicklungen haben zu intensiven Auseinandersetzungen in der deutschen Hörgeschädigtenpädagogik geführt, wie die Bildung hörgeschädigter Kinder gestaltet werden soll. Heute suchen zwar immer mehr Förderschulen nach Wegen, sowohl oral-aurale und bilinguale Angebote unter einem Dach zu vereinen. Ob aber hörgeschädigte Schüler in einer Förderschule ein bilinguales Angebot bekommen, hängt immer noch von den Einstellungen und personellen Ressourcen der jeweiligen Schule ab.

Darüber hinaus wird heute diskutiert, welche Schule für ein hörgeschädigtes Kind am besten geeignet ist. In der Diskussion um die Inklusion von Kindern mit Behinderung, wird zurzeit das deutsche Förderschulwesen grundsätzlich in Frage gestellt. Die Diskussion um die gemeinsame Beschulung von hörenden und hörgeschädigten Schülern birgt allerdings die Gefahr, dass die speziellen

Bedürfnisse hörgeschädigter Schüler in der Regelschule bagatellisiert werden. Die Besonderheiten in der Kommunikation in einem hörenden Umfeld, die erschwerte Sprachentwicklung in der Kindheit und die Besonderheiten des Lernens mit einer Hörschädigung werden von Regelschullehrern oft übersehen. Die Feststellung dieser Bedürfnisse wird erschwert, wenn das Kind und seine Familie aufgrund des Anpassungsdrucks selbst die Auswirkungen der Hörschädigung verdrängen und Verstecktaktiken ausbilden. Unterstützungsangebote von Hörgeschädigtenpädagogen werden deshalb von Regelschullehrern nicht selten mit Argumenten wie “Die Schülerin ist doch ganz ruhig und unauffällig und will auch gar keine Sonderrolle” abgewehrt.

Um der Bagatellisierung der Auswirkungen einer Hörschädigung in einer “Schule für alle” entgegenzuwirken und um ein bilinguales Bildungsangebot sowohl in den Förderschulen als auch in den Regelschulen zu implementieren, werden Qualitätsstandards für die Bildung hörbehinderter Kinder benötigt, die sowohl für die Förderschulen als auch für die Regelschulen gelten. Hierzu gehören folgende Qualitätskriterien (Becker, 2012):

1. An jeder Schule muss die Möglichkeit bestehen, die Sprachkompetenzen je nach den Bedürfnissen der Schüler zu fördern. Kinder müssen sowohl den Zugang zur Laut- als auch zur Gebärdensprache bekommen, um eine individuelle Wahl in der sprachlichen Orientierung zu ermöglichen. Das bedeutet unter anderem, dass jede Schule auch ein offenes bilinguales Angebot bereithalten muss, das von einem Kind je nach Bedarf genutzt werden kann.
   Maßnahmen sind zum Beispiel:
   - Die Schüler erhalten eine Hör- und Sprecherziehung.
   - Das Unterrichtsfach Deutsche Gebärdensprache wird angeboten.
   - Es wird eine zusätzliche Förderung im Fach Deutsch durchgeführt.
2. Die aktive Partizipation am Unterricht und am gesamten Schulleben wird durch die Sicherstellung der Kommunikation in allen Situationen des schulischen Alltags erreicht. Dazu gehört sowohl der Einsatz von Hörtechnik, von entsprechenden Kommunikationsstrategien und von Gebärdensprache in allen Bereichen des schulischen Lebens. Das bedeutet auch, dass alle, dass auch bei Bedarf hörende Schüler geeignete Kommunikationsformen erlernen, damit eine vertiefte Kommunikation und Integration hörgeschädigter Schüler in die Peergruppe möglich ist.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Maßnahmen sind zum Beispiel:

- DGS und Deutsch werden als Unterrichtssprachen verwendet (z.B. durch Team-Teaching in zwei Sprachen).
- Die hörakustische Situation wird durch Einsatz von Hörtechnik und raumakustischen Maßnahmen (z.B. geeignete Sitzordnung, kleine Klassengröße) optimiert.
- Geeignete Kommunikationsstrategien werden verwendet.
- Hörende Mitschüler lernen DGS / Lautsprachbegleitende Gebärden und geeignete Kommunikationsstrategien.
- Bei Bedarf werden Gebärdensprachdolmetscher eingesetzt.

3. Eine umfassende Bildung wird ermöglicht, indem die Auswirkungen der Hörschädigung und der Mehrsprachigkeit auf die gesamte Lernentwicklung berücksichtigt und der Unterricht entsprechend methodisch-didaktisch gestaltet wird.

   Maßnahmen sind zum Beispiel:
   - Das methodisch-didaktische Vorgehen wird an die Lernstile hörgeschädigter Schüler angepasst.
   - Hörgeschädigte Schüler erhalten nach Bedarf zusätzlich individuelle Förderung.
   - Die Förderplanung wird auf der Grundlage einer prozessbegleitenden Diagnostik erstellt, die sowohl die kommunikative Kompetenz (Laut-, Gebärden- und Schriftsprache) als auch die kognitive und sozial-emotionale Entwicklung im Blick behält.
   - Binnendifferenzierende und individualisierende Maßnahmen werden in allen Fächern durchgeführt.
   - Der Fremdsprachunterricht wird in Anpassung an die Hörschädigung methodisch-didaktisch gestaltet.
   - Es wird mehr Zeit für Lernprozesse geben z.B. durch die Einrichtung von Übergangsklassen.

4. Die sozial-emotionale Entwicklung wird unterstützt, indem die Auseinandersetzung mit der eigenen Hörschädigung gefördert wird. Inhalte der Kultur hörgeschädigter Menschen sind an allen Schulen zu unterrichten. Außerdem werden Kontakte zu anderen hörgeschädigten Kindern und Erwachsenen ermöglicht.

   Maßnahmen sind zum Beispiel:

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

- Hörgeschädigte Schüler besuchen - wenn möglich - in einer Gruppe mit anderen hörgeschädigten Kindern eine Klasse mit hörenden Schülern.
- Gehörlose und schwerhörige Pädagogen und Lehrkräften werden in den Unterricht einbezogen.
- Inhalte der Kultur hörgeschädigter Menschen und Themen rund um die eigene Hörschädigung werden vermittelt, wobei auch Behinderungserfahrungen thematisiert werden.
- Kontakte mit regionalen und überregionalen Selbsthilfeverbänden werden hergestellt.
- Hörende Kinder lernen DGS/Lautsprachbegleitende Gebärden bzw. hörgeschädigtengerechte Kommunikationsstrategien.

Bilinguale Bildung an deutschen Förderschulen

Nachdem in den 80er und 90er Jahren Vertreter einer bilingualen Bildung zum Teil auf erbitterten Widerstand in Deutschland gestoßen sind, öffnen sich heute immer mehr Förderschulen für ein bilinguales Bildungsangebot. Dafür waren zwei Schulversuche wegweisend, die in den Förderschulen in Hamburg und in Berlin in der Primar- und in der Sekundarstufe I durchgeführt wurden (Günther et al., 2004; Günther & Hennies, 2011).

In beiden Schulversuchen wurden eine gebärdensprachliche und eine aural-orale Förderung in einem bilingualen Konzept integriert. Das bedeutete, dass sowohl Gebärdensprache als auch Lautsprache von Anfang gefördert wurden. Das zentrale Ziel dabei war, auf der Grundlage der individuellen Entwicklungsvoraussetzungen eine altersangemessene Kommunikation und Lernentwicklung der Schüler zu erreichen. Es wurde davon ausgegangen, dass sich dabei die DGS zur dominierenden Sprache der gehörlosen Kinder entwickelt, da sie zu dieser aufgrund der visuellen Modalität besseren Zugang haben. Die DGS diente dazu, den Erwerb der Lautsprache positiv zu unterstützen. Um beide Sprachen anzubahnen, wurde auf das Prinzip “one person – one language” gesetzt. In beiden Schulversuchen wurden deshalb – wann immer entsprechende Ressourcen zur Verfügung standen – im Unterricht Teams aus gehörlosen und hörenden Lehrern eingesetzt, wobei der gehörlose Lehrer DGS und der hörende Lehrer Deutsch mit Lautsprachunterstützenden Gebärden verwendeten. Ziel des Sprachunterrichts war außerdem die Entwicklung eines metasprachlichen Bewusstseins. Dies wurde durch ein kontrastives Vorgehen im bilingualen Sprachunterricht gefördert, bei dem die Strukturen der beiden Sprachen miteinander verglichen wurden. Auf diese Weise wurde Sprachwissen in beiden Sprachen vermittelt und die Sprachtrennung gefördert. Außerdem konnten die Schüler in beiden Kulturen – der Gehörlosenkultur und der "Welt der Hörenden" – Erfahrungen sammeln. Die gehörlosen Lehrer dienten dabei auch als Rollenvorbilder. In den Unterrichtsfächern Mathematik und im weiteren Fachunterricht wurde DGS als Unterrichtssprache verwendet. Die Schüler der Schulversuche erreichten sehr gute Gebärdensprachkompetenzen, die sie erfolgreich für den Erwerb des Deutschen nutzen konnten. So schnitt die Gruppe der bilingual geförderten Schüler zum Beispiel in den Lese- und Schreibkompetenzen besser ab als Kontrollgruppen hochgradig schwerhöriger bzw. gehörloser Schüler (Günther et al., 2004; Günther, Hennies, 2011).

Die Verwendung von Gebärdensprache in der Bildung erfuhr schließlich eine Anerkennung durch die Empfehlung der Kultusministerkonferenz[4] zum Förderschwerpunkt Hören von 1996, die heute noch gilt [Sekretariat der Ständigen Konferenz der Kultusminister der Länder in der Bundesrepublik Deutschland, 1996]. Die Kultusministerkonferenz empfiehlt, neben der Lautsprache bei Bedarf auch Gebärdensprache zu fördern. Außerdem sollen Lehrkräfte über ausreichende gebärdensprachliche Kompetenzen verfügen. 2002 erfolgte die offizielle Anerkennung der Deutschen Gebärdensprache, indem Recht auf die Deutsche Gebärdensprache im "Gesetz zur Gleichstellung behinderter Menschen (Behindertengleichstellungsgesetz – BGG)" und in verschiedenen Gesetzen der Sozialgesetzgebung verankert wurde. Eine breite gesetzliche Verankerung der Deutschen Gebärdensprache im Bildungsbereich blieb aber aus, da die Bundesländer die KMK-Empfehlungen sehr unterschiedlich in Rechtsvorschriften umgesetzt haben. Nur das Bundesland Berlin hat zum Beispiel den Anspruch auf eine bilinguale Bildung und die Weiter- und Ausbildung der Lehrkräfte in Gebärdensprache sehr umfassend im Landesgesetz verankert (Berliner Landesgleichstellungsgesetz 1999/Änderung 2004 § 12 Lehrerbildung).

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[4] In der "Ständigen Konferenz der Kultusminister der Länder in der Bundesrepublik Deutschland" (KMK) sind alle Minister der Bundesländer vertreten, die für die Bildung zuständig sind. Die KMK hat die Aufgabe, die Bildungspolitik der Länder zu koordinieren und kann unter anderem Empfehlungen aussprechen, die dann aber erst von den einzelnen Bundesländern rechtlich umgesetzt werden müssen.

Eine rechtlich bindende Anerkennung auf bundesdeutscher Ebene erfuhr die bilinguale Bildung für hörgeschädigte Kinder erst 2009, als Deutschland die UN-Konvention über die Rechte von Menschen mit Behinderung ratifizierte. Im Artikel 24 wurde das Recht auf Gebärdensprache in der Bildung festgeschrieben. Dennoch wird ein bilinguales Bildungsangebot immer noch nicht in allen deutschen Förderschulen umgesetzt. Allerdings haben sich in den vergangenen zwei Jahrzehnten etliche Lehrerinnen und Lehrer auf den Weg gemacht, bilinguale Konzepte bzw. Gebärdensprache für hörgeschädigte Kinder einzuführen [s. z.B. Becker & Schneider, 2009; Bohl, 2006]. Aus diesem Grund sind folgende Entwicklungen zu verzeichnen, die den oben formulierten Qualitätsstandards gerecht werden:

- Implementierung des Unterrichtsfachs Deutsche Gebärdensprache:
  In einigen Bundesländern (z.B. Berlin, Brandenburg, Hamburg, Bayern, Sachsen-Anhalt) wurde in den vergangenen Jahren das Unterrichtsfach DGS offiziell eingeführt. In Berlin wurde zum Beispiel im Schuljahr 2011/2012 die Stundentafel für gehörlose Kinder um zwei Stunden für das Unterrichtsfach DGS erweitert, so dass heute das Unterrichtsfach DGS systematisch von der ersten bis zur zehnten Klasse angeboten wird. Für das Unterrichtsfach DGS wurden verschiedene Rahmenlehrpläne von der Klasse 1-10 entwickelt (Bayrisches Staatsministerium für Unterricht und Kultus 2003; Ministerium für Bildung Jugend und Sport des Landes Brandenburg et al. 2012; Kultusministerium Sachsen-Anhalt, 2012). Diese sind zum Teil bereits für den inklusiven Unterricht angelegt, indem sie sowohl für gehörlose Kinder als auch für hörende Kinder verwendet werden können. Bislang wird das Unterrichtsfach allerdings ausschließlich von einigen Förderschulen angeboten. Vorschläge für die Ausweitung bis zum Abitur und zur Ausgestaltung als abiturrelevantes Prüfungsfach liegen ebenfalls vor, allerdings ist in Deutschland DGS noch nicht als Prüfungsfach für das Abitur anerkannt.
- Implementierung der Inhalte der “Hörgeschädigtenkunde”:
  Die deutsche Hörgeschädigtenpädagogik hat in den vergangenen zwei Jahrzehnten erkannt, dass es auch Aufgabe der Schule ist, hörgeschädigte Kinder in ihrer Identitätsarbeit zu unterstützen, indem der Erwerb verschiedener Strategien im Umgang mit der eigenen Hörschädigung, die Auseinandersetzung mit Behinderungserfahrungen ermöglicht wird und

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

die Lebensweisen und die Kultur schwerhöriger und gehörloser Menschen thematisiert werden. Impulse dafür kamen aus der Identitätsforschung [u.a. Hintermair, 1999]. Insbesondere hörgeschädigte Lehrer entwickelten deshalb Lehrpläne und Materialien für die Inhalte der “Hörgeschädigtenkunde” (s. z.B. Fries, 2004; Mende-Bauer, 2007; zusammenfassend Becker, 2010).

- DGS in der Ausbildung von Lehrkräften:
  Die Ausbildung von Förderschullehrern mit dem Förderschwerpunkt Hören findet in Deutschland an fünf Universitäten statt (Berlin, Hamburg, Heidelberg, Köln, München). Die Ausbildung ermöglicht den Erwerb umfangreicher Fachkompetenzen im gesamten Spektrum der Hörgeschädigtenpädagogik, da sie ein sonderpädagogisches BA- und MA-Studium umfasst. Außerdem schließt sich an die universitäre Ausbildung auch noch ein Referendariat an, das heißt eine ein- bis zweijährige Ausbildung, die im Anschluss an das Studium an einer Schule absolviert wird. Mittlerweile bieten alle fünf Universitäten Sprachkurse für Lehramtsstudierende in DGS an, allerdings in sehr unterschiedlichem Umfang. Während an einigen Hochschulen im Lehramtsstudium nur geringe Basiskompetenzen in DGS vermittelt werden, nimmt die DGS-Ausbildung an anderen Universitäten einen großen Umfang des Studiums ein. An der Humboldt-Universität zu Berlin wird Gebärdensprache zum Beispiel innerhalb der sonderpädagogischen Fachrichtung “Gebärdensprachpädagogik” vermittelt. Diese enthält eine umfassende Ausbildung in DGS sowie Inhalte der Gebärdensprachlinguistik, Gebärdensprachdidaktik sowie Geschichte, Kultur und Lebensweisen hörgeschädigter Menschen [Becker, 2015]. Viele ältere Lehrer haben in ihrer Ausbildung allerdings keine DGS gelernt. Durch die uneinheitlichen Ausbildungsbedingungen und Weiterbildungsmöglichkeiten verfügen die Schulen heute über sehr unterschiedliche personelle Ressourcen für den bilingualen Unterricht.
- Zusammenarbeit von gehörlosen, schwerhörigen und hörenden Lehrern:
  Die Anzahl schwerhöriger und gehörloser Lehrer ist in den letzten zwei Jahrzehnten in Deutschland kontinuierlich gestiegen. So hat das Netzwerk gehörloser und schwerhöriger Lehrer in Deutschland zur Zeit ca. 70 Mitglieder, so dass an einigen Schulen hörende und hörgeschädigte Pädagogen mittlerweile eng zusammenarbeiten. Allerdings ist der Bedarf damit

nicht gedeckt. Insbesondere in den ländlichen Gebieten fehlen hörgeschädigte Lehrer. Außerdem werden hörgeschädigte Lehrer bislang fast ausschließlich an Förderschulen eingesetzt, so dass hörgeschädigte Schüler, die eine Regelschule besuchen, häufig keinen Kontakt zu ihnen haben.

- Entwicklung von Medien für den bilingualen Unterricht:
  Die Lehrer, die DGS in Deutschland unterrichten, müssen unter hohem Zeitaufwand und mit viel Kreativität Unterrichtsmaterialien neu entwickeln. Mittlerweile gibt es einige Medien für den bilingualen Unterricht, die die Arbeit in der Schule erleichtern und auch wichtige Hilfen sind, um DGS in den Familien anzubahnen (verschiedene DGS-Lexika und Bilderbücher mit Schrift- und Gebärdensprache, s. z.B. Bundeselternverband gehörloser Kinder e.V., 2009 und Unterrichtsmaterialen unter www.univie.ac.at/teach-designbilingual/ und www.signlanguage-school.eu). Es fehlt allerdings an publizierten Lehr- und Lernmaterialien insbesondere für die Sprachreflexion in den verschiedenen Klassenstufen. So wird dringend eine didaktisch aufgearbeitete Grammatik der DGS benötigt, die Lehrer als Grundlage für den Grammatikunterricht verwenden können. Ein dringender Bedarf besteht außerdem an diagnostischen Verfahren für die gebärdensprachlichen Kompetenzen für unterschiedliche Altersgruppen [s. z.B. Haug, 2011].

Das Konzept des bilingualen Schulversuchs in Hamburg war auf eine weitgehend homogene Sprachlerngruppe zugeschnitten, die im Klassenverband an einer Förderschule über mehrere Jahre unterrichtet wurde. Es wurde davon ausgegangen, dass bei einer bilingualen Förderung gehörloser Kinder die Gebärdensprache als Basis- bzw. Erstsprache erwerben und mit ihrer Hilfe die Lautsprache als Zweitsprache lernen. Heute lässt sich aber am Grad der Hörschädigung nicht mehr voraussagen, welche der Sprachen sich zur dominanten Sprache entwickelt. Darüber hinaus kann sich die Bedeutung einer Sprache in der Erwerbsbiographie verändern. Lerngruppen an den Förderschulen sind deshalb sprachlich sehr heterogen:

- Aufgrund der verbesserten Hörtechnik wie Cochlear Implantaten haben mehr hochgradig hörgeschädigte Kinder auf einem natürlicheren Weg Zugang zur Lautsprache als noch vor 20 Jahren. Viele dieser Kinder erwerben deshalb die Lautsprache als Erstsprache, wenn auch zum Teil zeitverzögert. Die DGS lernen sie – wenn überhaupt – als Zweit- oder Fremdsprache.

- Hörgeschädigte Kinder erwerben die Gebärdensprache durch ihre gehörlosen Eltern oder durch eine bilinguale Frühförderung als Erstsprache und erwerben die Lautsprache als zweite Erst- oder als Zweitsprache.
- In Deutschland befindet sich eine nicht unerhebliche Anzahl von hörgeschädigten Kindern in den Förderschulen, die aus unterschiedlichen Gründen weder die Laut- noch die Gebärdensprache altersangemessen als funktionale Sprache entwickelt haben. Wir wissen heute, dass auch mit CI-Versorgung bei ca. 50 % der Kinder massive Störungen im Lautspracherwerb auftreten (Szagun, 2010). Haben sie keine Möglichkeit bekommen, in der Frühförderung oder im Elternhaus Gebärdensprache zu lernen, erwerben sie DGS oder Deutsch als Erstsprache erst verspätet in der Schule.
- Durch die Möglichkeit der Beschulung an einer Regelschule ist das Schulsystem durchlässiger geworden. Kinder wechseln von der Regelschule in die Förderschule oder umgekehrt, so dass sich die Klassenzusammensetzung immer wieder verändern kann. Kinder, die erst eine Regelschule besucht und dann an eine Förderschule wechseln, verfügen in der Regel über keinerlei Gebärdensprachkompetenz.

Lehrer empfinden diese unterschiedlichen sprachlichen Voraussetzungen und Bedarfe hörgeschädigter Schüler innerhalb einer Klasse als eine große Herausforderung für die Gestaltung der sprachlichen Bildung sowie der Unterrichtskommunikation. Einige Förderschulen sind deshalb dazu übergegangen, Klassen nach der sprachlichen Orientierung der Kinder zu bilden. Die verschiedenen "Sprachlerngruppen" werden nach unterschiedlichen Förderkonzepten unterrichtet (z.B. ausschließlich hörgerichtet, hörgerichtet mit Verwendung manueller Hilfen, bilingual (DGS und Deutsch) [Köhler-Krauß, 2001]). Allerdings können gerade kleinere Förderschulen mit der Bildung von Sprachlerngruppen dem Spektrum der unterschiedlichen Bedürfnisse der Schüler nicht gerecht werden. Es bedarf deshalb heute weiterer Konzepte, die eine Individualisierung im Rahmen einer bilingualen Förderung zulassen. Diese müssen z.B. Einzel- und Kleingruppenförderung sowie Angebote für DGS als Erst-, Zweit- oder Fremdsprache beinhalten. Einige Schulen haben sich bereits auf den Weg gemacht, hier geeignete Lösungen zu finden. Eine Evaluation von Best Practice-Beispielen in Deutschland steht allerdings noch aus.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Bilinguale Bildung in deutschen Regelschulen

Die separierte Bildung von Kindern mit einer Behinderung ist heute in Deutschland umstritten. Mit den "Empfehlungen zur sonderpädagogischen Förderung in den Schulen der Bundesrepublik Deutschland" hat die Kultusministerkonferenz 1994 bereits den Weg für die Integration von Kindern mit Behinderung in Regelschulen geebnet [Sekretariat der Ständigen Konferenz der Kultusminister der Länder in der Bundesrepublik Deutschland, 1994]. Mit der Ratifizierung der UN-Konvention über die Rechte von Menschen mit Behinderung hat Deutschland außerdem 2009 dem Anspruch von Kindern mit Behinderung auf den Besuch einer Regelschule zugestimmt. Mit dem Beschluss zur "Inklusiven Bildung von Kindern und Jugendlichen mit Behinderungen in Schulen" [Sekretariat der Ständigen Konferenz der Kultusminister der Länder in der Bundesrepublik Deutschland, 2011] wird diese Entwicklung weitergeführt und der Ausbau des gemeinsamen Lernens von Kindern und Jugendlichen mit und ohne Behinderung ermöglicht. Eltern können heute deshalb grundsätzlich frei wählen, ob ihr hörgeschädigtes Kind eine Förderschule oder eine Regelschule besucht, allerdings müssen in der Regel die Schulbehörde und die Regelschule zustimmen.

Im Jahr 2012 besuchten laut der offiziellen Statistik der Kultusministerkonferenz (2014; s. auch Klemm, 2013, S. 27) 33,6% aller Schüler mit einem Förderbedarf Hören in Deutschland eine Regelschule. Eine interne Befragung der Schulleiter der Förderschulen ergab sogar einen noch höheren Anteil hörgeschädigter Kinder an Regelschulen, der in den einzelnen Bundesländern zwar variiert, aber durchschnittlich mittlerweile bei ca. 50% liegt (Schleicher, 2013).

Bislang besuchen in Deutschland meist nur hörgeschädigte Schüler Regelschulen, die über entsprechende lautsprachliche Kompetenzen sowie soziale und kognitive Ressourcen verfügen, um sich an die Anforderungen einer lautsprachlich orientierten Regelschule anzupassen. Gelingt dem Schüler diese hohe Anpassungsleistung nicht, kommt es zum Abbruch der integrativen Beschulung (Lindner, 2009).

Die heutige Diskussion um die "inklusive Schule" führt deshalb auch in Deutschland zu einem Paradigmenwechsel. Die Anpassungsleistung wird nicht mehr allein vom Kind erwartet, sondern auch vom Schulsystem selbst (UNESCO, 2005, S. 27). Die Regelschule muss sich verändern und sich an die

Bedarfe auch der hörgeschädigten Kinder anpassen. Die damit verbundenen Überlegungen in Deutschland, das Förderschulwesen zu reduzieren oder gar ganz abzuschaffen, führen allerdings zu intensiven Diskussionen in der Hörgeschädigtenpädagogik, ob und wie eine gemeinsame Beschulung von hörenden und *allen* hörgeschädigten Kindern möglich ist. Es besteht die Sorge, dass insbesondere die Errungenschaften für eine bilinguale Bildung, im gemeinsamen Unterricht untergehen.

Viele Eltern fordern heute verstärkt die Beschulung ihrer Kinder an Regelschulen mit Einsatz von Gebärdensprache ein (s. z.B. Bundeselternverband gehörloser Kinder e.V., 2011). Einige haben deshalb erfolgreich vor Gericht den Einsatz von Gebärdensprachdolmetschern in der Regelschule eingeklagt. Sie konnten sich dabei nicht zuletzt auf die UN-Konvention über die Rechte von Menschen mit Behinderungen berufen, mit der die inklusive Funktion der Gebärdensprache anerkannt und deshalb neben dem Recht auf Besuch einer Regelschule auch das Recht auf Gebärdensprache in der Bildung zugestanden wurde.

Die Vereinbarkeit von inklusiver Beschulung und bilingualer Bildung ist allerdings eine große Herausforderung. Ungeklärt ist bislang, ob hörgeschädigte Kinder tatsächlich bilinguale und bikulturelle Kompetenzen in einer “Schule für alle” erwerben können. Sind hörende Schüler bereit, Gebärdensprache zu lernen, so dass auch eine echte soziale Integration möglich wird? Kann sich die Gesellschaft Gebärdensprachdolmetscher und gebärdensprachkompetente Lehrer in einer Regelschule finanziell leisten? Mit anderen Worten: Ist die bilinguale Bildung einer der Grenzfälle der inklusiven Schule? Oder umgekehrt: Scheitert das Konzept bilingualer Erziehung, da es in einer inklusiven Schule nicht umsetzbar ist?

In Deutschland werden zur Zeit folgende Modelle umgesetzt bzw. erprobt, die in sehr unterschiedlichem Maße den oben beschriebenen Qualitätsstandards gerecht werden.

Lautsprachlich orientierte Modelle der inklusiven Beschulung

Einzelintegration

In den meisten Fällen werden in Deutschland Formen der Einzelintegration praktiziert, wobei ein einzelnes hörgeschädigtes Kind mit ausschließlich hörenden Kindern eine wohnortnahe Schule besucht. Sie werden durch einen

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Sonderpädagogen begleitet, der in der Regel an einer Förderschule angestellt ist und für ein bis zwei Stunden pro Woche an die Regelschule kommt. Allerdings variiert der zeitliche Umfang von Bundesland zu Bundesland, so dass es auch Kinder gibt, die nur einmal im Monat oder weniger von einem Sonderpädagogen besucht werden. Begleitende Maßnahmen zielen vor allem auf die Optimierung der hörakustischen Situation und die Beratung der Regelschullehrer ab. Darüber hinaus bieten Sonderpädagogen individuelle Förderung an, um Unterrichtsinhalte bei Bedarf nachzuarbeiten. Auch wird zum Teil sozial-emotionale Unterstützung bei der Auseinandersetzung und im Umgang mit der Behinderung gegeben (s. z.B. Gatermann & Grohnfeldt, 2001, S. 85).

Diese Form der integrativen Beschulung ist in der Regel mit einer Entscheidung für eine ausschließlich lautsprachlich orientierte Bildung verbunden und bedeutet den Verzicht auf den Erwerb von Gebärdensprache und den Kontakt zu hörgeschädigten Gleichaltrigen innerhalb der Schule. Bislang werden außerdem in der Regel nur hörende Sonderpädagogen in der Begleitung eingesetzt.

Quantitative Studien, die meist auf einer Fragebogenerhebung basieren, ergaben, dass sich einzelintegrierte hörgeschädigte Kinder in ihrer Lebensqualität kaum von ihren hörenden Peers unterscheiden [Hintermair, 2011]. Diese Ergebnisse stehen allerdings im Widerspruch zu qualitativen Befragungen mit älteren hörgeschädigten Kindern und Jugendlichen oder Erwachsenen, die zeigten, dass vor allem ab der Sekundarstufe I Barrieren insbesondere in der Teilhabe und der sozialen Integration erlebt werden (Kling, 2012; Gonter et al., 2011; Schmitt, 2003; Krauskopf et al., 2009; für eine Diskussion s. Becker, Blochius, Hintermair, 2013). Da diese Form der integrativen Beschulung vor allem eine enorme Anpassungsleistung des hörgeschädigten Kindes erfordert, gibt es eine recht große Anzahl von Kindern, die diese Form der Beschulung abbrechen und an eine Förderschule wechseln.

Gruppenintegration

a) Integrative Klassen in Regelschulen

   In enger Kooperation mit einer Regelschule wird von einer Förderschule eine sogenannte “Außenklasse” in der Regelschule eingerichtet. In “kooperativen Außenklassen” bilden die hörgeschädigten Schüler einen eigenen Klassenverband innerhalb der Regelschule. Nur in einigen Stunden erhalten sie gemeinsam Unterricht mit hörenden Schülern einer

“Partnerklasse”. In “integrativen Außenklassen” wird eine Gruppe hörgeschädigter Schüler gemeinsam mit hörenden Schülern in einem Klassenverband unterrichtet. Die Förderschule stellt einen oder mehrere Sonderpädagogen ab, die im Team mit den Regelschullehrer die Klassenleitung und den Unterricht übernehmen (Bischoff et al., 2009; Jacobs, 2008). Auf diese Weise entstehen intensive Kooperationen zwischen Regel- und Förderschulen. Bislang gibt es nur wenige solcher Außenklassen in Deutschland. Diese haben eine ausschließlich lautsprachliche Orientierung, so dass die hörgeschädigten Schüler keinen Kontakt zur Gebärdensprache bekommen. Studien und Erfahrungsberichte zeigen, dass sich auch hier das Integrationserleben der hörgeschädigten Schüler nicht wesentlich von dem hörenden Schülern unterscheidet (Wille & Steinbring, 2013; Vetter et al., 2008). Allerdings wurde auch deutlich, dass das positive Erleben in der Außenklasse davon abhängt, dass das hörgeschädigte Kind psychosozial unauffällig und kommunikativ kompetent ist (Vetter et al., 2008). Außerdem berichten hörgeschädigte Schüler selbst von Ausgrenzungserfahrungen innerhalb der Schule [Wille & Steinbring, 2013].

b) Integrative Klassen in Förderschulen (“Präventive Integration”)
Einige wenige Förderschulen haben einen Teil ihrer Klassen für eine Gruppe Schüler ohne Behinderung geöffnet. Die Kinder werden gemeinsam mit den hörgeschädigten Schülern in allen Fächern gemeinsam nach den gleichen Lernzielen unterrichtet. Diese Klassen werden ausschließlich von Hörgeschädigtenpädagogen geführt, so dass das methodisch-didaktische Vorgehen vor allem auf die Lernstile der hörgeschädigten Schüler ausgerichtet ist. Die hörgeschädigten Kinder erhalten außerdem individuelle Förderung. Auch diese Klassen sind bislang in Deutschland ausschließlich lautsprachlich orientiert (Pfalzinstitut für Hörsprachbehinderte, 2008). Die Stärke dieses Modells liegt in der sozialen Integration der hörgeschädigten Schüler. Durch die Einbindung in eine hörgeschädigte Peer-Group besteht nicht die Gefahr der Stigmatisierung als Minderheit, wie es an einer Regelschule mit vornehmlich hörenden Mitschülern der Fall sein kann. So hat eine kleine Studie von Klitzke et al [2008] gezeigt, dass sich die hörgeschädigten Schüler in einer integrative Klasse innerhalb einer Förderschulen besser sozial integriert fühlen, als hörgeschädigter Schüler an einer Regelschule.

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Bilingual orientierte Modelle der inklusiven Beschulung

Einzelintegration mit Gebärdensprachdolmetschern

Eltern, die ihre Kinder bereits von früher Kindheit an bilingual erziehen, möchten zunehmend, dass ihr Kind eine Regelschule besucht, da sie dort ein höheres Bildungsniveau erwarten. Sie fordern ein, dass ihr Kind auch an der Regelschule mit Gebärdensprache unterrichtet wird. Da es bislang in Deutschland keine Regelschulen mit einem bilingualen Angebot gibt, werden Kinder dort von Gebärdensprachdolmetschern begleitet. Zur Zeit besuchen ca. 16 hörgeschädigte Kinder in der Primarstufe oder in der Sekundarstufe I eine wohnortnahe Regelschule mit Hilfe von Gebärdensprachdolmetschern (Voss, Kestner, 2013). In den meisten Fällen handelt sich dabei um eine Form der Einzelintegration. Die Dolmetscher sind während der gesamten Unterrichtszeit vor Ort. In einigen Fällen werden die Kinder zusätzlich für bis zu max. fünf Stunden von Sonderpädagogen aus einer nahegelegenen Förderschule im Unterricht begleitet. Eine systematische Förderung der Gebärdensprachkompetenz des hörgeschädigten Kindes oder der hörenden Schüler, die konsequente Nutzung eines bilingualen Konzepts in der Bildung sowie der Kontakt zu gleichbetroffenen Kindern und Erwachsenen sind in dieser momentanen Praxis an Regelschulen allerdings nicht gesichert. Die Verantwortung für den Zugang zur Gebärdensprache und für die Kontakte mit Gleichbetroffenen wird damit auf die Elternhäuser verlagert. So wird auch hier wieder die Anpassungsleistung fast ausschließlich vom hörgeschädigten Kind erwartet, so dass der Besuch einer Regelschule in dieser Form ein Privileg einiger weniger bilingual aufwachsender Kinder meist gehörloser Eltern ist. Anders als in den USA, in denen der Schulbesuch mit Dolmetscher schon eine lange Tradition hat, betreten Kinder, Lehrer, Dolmetscher und Eltern in Deutschland zurzeit Neuland. Es gibt deshalb noch keine umfassende Studie, inwieweit sich diese Form des gemeinsamen Unterrichts auf das Lernen und das psycho-soziale Wohlbefinden hörgeschädigter Kinder auswirkt. Eine Befragung von Dolmetschern (Becker & Meinhardt, 2013) hat allerdings ergeben, dass der Schulbesuch mit Dolmetschern eine große Herausforderung für hörgeschädigte Kinder in der Primarstufe bedeutet. Barrieren werden insbesondere in der Kommunikation mit den hörenden Mitschülern beobachtet. Die aktive Partizipation am schulischen Leben auch außerhalb des Unterrichts (z.B. in den Pausen) und damit die soziale Integration ist nicht sichergestellt.

Auch erleben die Dolmetscher das Dolmetschen in der Schule als Herausforderung, da sie in Deutschland in ihrer Ausbildung bislang nicht auf das Aufgabengebiet vorbereitet werden. Sie stehen oft als einzige gebärdensprachkompetente Ansprechpartner für das Kind und für den Regelschullehrer während der gesamten Unterrichtszeit zur Verfügung. Es ist deshalb umstritten, welche Aufgaben sie neben dem eigentlichen Dolmetschen im Unterricht übernehmen sollen (wie z.B. Beratung der Regelschullehrer, Förderung des Kindes, Aufklärung der hörenden Schüler etc.).

Gruppenintegration mit bilingualem Konzept

Schulformen, in denen jeweils Gruppen von hörenden und hörgeschädigten Kindern gemeinsam nach einem bilingualen Ansatz unterrichtet werden, werden zwar von Eltern und Hörgeschädigtenpädagogen mittlerweile gefordert (Bundeselternverband, 2011; Becker, Meinhardt, 2013), sind aber noch nicht in Deutschland umgesetzt. Erste Versuche werden zurzeit in einigen Schulen in den Sekundarstufen I und II durchgeführt. Dabei besuchen zwei oder mehr gehörlose Schüler zusammen eine Regelschule, die eng mit einer Förderschule kooperiert. Diese Klassen werden nach dem Vorbild der Wiener Schulversuche [Krausneker, 2004; Kramreiter, 2011] jeweils von einem Regelschullehrer und einem gebärdensprachkompetenten Sonderpädagogen gemeinsam unterrichtet. Im Gegensatz zur Einzelintegration mit Dolmetschern steht in diesem Modell während der gesamten Unterrichtszeit auch sonderpädagogische Kompetenz zur Verfügung. Da sich diese Modelle erst im Aufbau befinden, liegen noch keine wissenschaftliche Studien in Deutschland hierzu vor. Politisch diskutiert werden zurzeit außerdem sogenannte Schwerpunktschulen für hörende und hörgeschädigte Kinder, die aber bislang kaum erprobt sind. Dabei handelt es sich um Regelschulen, in denen personelle Kompetenzen und sächliche Ressourcen langfristig gebündelt werden, um hörgeschädigte und hörende Schüler gemeinsam an einer Schule zu unterrichten (s. z.B. Fross, 2013). Eine Schwerpunktschule, die auch ein bilinguales Bildungsangebot für hörende und hörgeschädigte Schülern zur Verfügung stellt, wird zwar zum Beispiel in Berlin angestrebt, ist aber noch nicht umgesetzt.

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Fazit

Welche Form der Beschulung effektiver zu Empowerment und gesellschaftlicher Partizipation führt, wissen wir letztendlich noch nicht. Sicher ist aber, dass die Vielfalt der Bedürfnisse gehörloser und schwerhöriger Kinder vielfältige Lösungen in der Praxis erforderlich macht.

Die Umsetzung der oben beschriebenen Qualitätsstandards erfordert eine hohe Fachkompetenz, die an allen Schulen – Sonder- und Regelschulen – abgerufen werden muss. Die Gefahr besteht in Deutschland aber immer noch, dass Entscheidung über die sprachliche Bildung vielerorts noch von den Kompetenzen und Einstellungen der Lehrer abhängen und nicht aufgrund des Bedarfs des jeweiligen Kindes getroffen werden. Gerade bilinguale Kompetenzen sowie vielfältige sozial-emotionale Ressourcen sind eine entscheidende Voraussetzung für die aktive gesellschaftliche Partizipation und die Autonomie vieler hörgeschädigter Menschen. Deshalb ist es notwendig, insbesondere die Errungenschaften gehörloser und schwerhöriger Menschen für ein offenes bilinguales und bikulturelles Bildungsangebot sowohl an den deutschen Förderschulen weiter auszubauen als auch in einer "Schule für alle" zu implementieren. Die inklusive Beschulung mit Gebärdensprache wird letztlich einer der Knackpunkte sein, an dem sich zeigen wird, ob das Konzept einer "Schule für alle" realistisch ist oder doch Utopie bleibt.

Summary

In this chapter, an overview of the education of deaf and hard-of-hearing students in Germany is provided. Special schools for deaf and hard-of-hearing are currently undergoing a process of change. On the one hand, bilingual education becomes more and more accepted. Increasingly, schools implement open bilingual programmes that combine aural-oral approaches and bilingual approaches. On the other hand, more and more deaf and hard-of-hearing students attend regular classes. This development leads to restructuring processes in the school system as teachers for the deaf and hard-of-hearing no longer just teach at special education schools but also accompany students in inclusive settings. The introduction of inclusive education in Germany entails the risk that the achievements

of the recent years in bilingual and bicultural education will be lost. For this reason, quality criteria for the education of deaf and hard-of-hearing students are described. Against this background the current state of language policy and bilingual education in special education schools are addressed and current developments and challenges in inclusive education in Germany are discussed.

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DARINA TARCSIOVÁ

Education for pupils with hearing impairments in the Slovak Republic

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Introduction

The education of pupils with hearing impairments in Slovakia is inherently linked to special education and educators' specialisation in education for pupils with hearing impairments. This form of education has been available in our country for over 180 years. Special education as a whole is currently being transformed by processes operating on both the national and supranational levels. Naturally, this also has an impact on the education of pupils with hearing impairments. The factors driving these changes include:

- new knowledge in the sciences,
- changes in paradigms of special education and education for pupils with hearing impairments,
- changes in social attitudes to persons with hearing impairments and also to pupils with hearing impairments,
- the globalisation of certain problems in education,
- cooperation in special education between Slovakia and other countries, primarily in Europe but also beyond, which is increasing the influence of supranational factors,
- changes in the practice of special education in Slovakia,
- changes in the training of experts for the given population of children, pupils and adults,
- national and supranational legislation intended to implement equal rights for persons with disabilities (Jesenský,2000, Vančová, 2005, Schmidtová,2008).

At present education in nursery schools, basic schools and secondary schools in Slovakia is governed by Act No 245/2008 on upbringing and education and amending certain acts (the Schools Act). The implementing legislation of this act includes a number of decrees laying down particulars of education at different levels (pre-primary, primary and secondary education) and in specific areas (education for children and pupils with special education needs and education for typically developing children and pupils. For the purposes of education, the term "child" means a natural person participating in the process of upbringing and education in nursery school or a natural person who has not yet begun compulsory school attendance, and the term "pupil" means a natural person participating in the process of upbringing and education in basic school, secondary school or a school for pupils with special educational needs.

Definition of basic terms in Slovak education law

Act No 245/2008, as mentioned above, lays down the definitions of basic terms used in education law which will be used in the following article. The relevant terms are:

- **special educational need** – a need for modification of the conditions, content, forms, methods or approaches in upbringing and education of a child or pupil resulting from a health challenge or their talent or their socially disadvantaged background, and the need to develop the skills or personality of the child or pupil so that they can achieve a reasonable level of education and reasonable integration into society,
- **child with special educational needs or pupil with special educational needs** - children or pupils who have been diagnosed as having special educational needs by a competent establishment,
- **child with a health challenge or pupil with a health challenge -** a child with a disability or pupil with a disability, a child who is ill or has weak health or pupil who is ill or has weak health, a child with a developmental disorder or a pupil with a developmental disorder, a child with a behavioural disorder or a pupil with a behavioural disorder,
- **child with a disability or pupil with a disability –** means a child or pupil with a mental disability, a hearing impairment, a visual impairment,

a physical disability, with impaired communication, with autism or another pervasive developmental disorder or multiple disabilities.

General principles of upbringing and education for children and pupils with hearing impairments

Children and pupils with hearing impairments and pupils with hearing impairments and other disabilities (multiple disabilities) have access to education based on conceptual materials for the education of children and pupils with disabilities which have been approved and incorporated into the aforementioned legislation: The relevant materials are:

1. The National Programme of Education in the Slovak Republic, also known as the "Millennium" Programme, was adopted by the government of the Slovak Republic in 1999 and covers all elements and levels of the education system including the area of upbringing and education of pupils with special educational needs.
2. The conception of upbringing and education for children with disabilities 2000–2015 – prepared and adopted by the government of the Slovak Republic in 2000.

These conceptual materials laid the foundation for the transformation and continued reform of the education system after the political and economic changes in Slovakia. Transformation has naturally been accompanied by many problems of practical application. Of these, we consider the most significant to be:

- non-standardised terminology; the professional literature, education legislation, legislation on social services and healthcare, and practising education workers use different terminology,
- problems with ensuring adequate financing (material conditions in schools, remuneration of workers in education, continuing education for workers in education),
- the result is that the material, economic and personnel conditions for education in practical education situations are unsatisfactory.
- The problem of the practical implementation of measures and interventions supporting education,

- the problem of informing the broader professional community and the public about the need for integrated education,
- problems connected with the frequent changes of competences on the regional level, which leads to problems in transferring information from higher to lower levels of management.

The concept of integration has entered into the legislation and the practice of education for children and pupils with hearing impairments in Slovakia as it has in all European countries, but was first referred to expressly in legislation after 1989 (Decree of the Ministry of Education, Youth and Sport of the Slovak Republic No 409/1990). The concept of inclusion arose after the adoption of the UN Convention on the Rights of Persons with Disabilities, which was ratified by the parliament of the Slovak Republic in 2010 and then began to be discussed in various forums. At present, there is no definition in law of the terms "**inclusive education**" or "**inclusive school**" as the y apply to education, nor does any law set out the practical measures that schools need to take. This may be one of the reasons why in Slovakia, as in Europe as a whole, the terms integration and inclusion are used and interpreted differently (Horňáková, 2006; Lechta et al., 2010; Lechta, 2012, Tarcsiová, 2014) and why the double term integration/inclusion is used both in theory and practice. The concept of inclusion is currently being widely discussed in society and we agree with Lechta (2009) that it is a multi-disciplinary problem, one of the components of which comprises professional special education and therapeutic education and the specialists who are needed to provide them.

Section 94 of the Schools Act – Act No 245/2008 on upbringing and education – states that upbringing and education for pupils with hearing impairments is provided:

1. in schools for pupils with health challenges – these are special schools, in our case schools for pupils with hearing impairments,
2. in special classes established in basic schools providing education for typical pupils, as a rule grouped with pupils with the same disability,
3. in classes or education groups together with other children or pupils of the school, i.e. integration/inclusion of a pupil with a hearing impairment in a typical basic or secondary school.

All three variants implement approved programmes of upbringing and education, which are based on the state education programme issued by the Ministry of Education of the Slovak Republic which schools use as the basis for preparing school education programmes, which adapt the state education programme in precisely specified terms to reflect the school's geographical location and financial and personnel conditions.

State education programmes define the obligatory content of upbringing and education in schools and are issued and published by the Ministry of Education of the Slovak Republic. Basic schools are covered by the Stated education programmes ISCED1 and ISCED2 which include, amongst other things:

1. the specific objectives of upbringing and education, 2. a profile of a pupil who completes the programme, 3. areas of education, 4. the duration and form of upbringing and education, 5. educational standards, 6. framework teaching plans, 7. the method and conditions for the completion of upbringing and education and the issuing of proof of acquired education, 8. personnel requirements and 9. rules and conditions for the preparation of school education programmes.

The state education programme is the binding foundation document for the preparation of a school education programme and for the preparation and assessment of textbooks, teaching texts and workbooks, the assessment of schools and the evaluation of the results achieved by children and pupils.

The school education programme is a fundamental document for a school and governs the education and upbringing process in the school. It is issued by the school director and there are precise rules governing its content. An important part in programming is played by the framework teaching plans, which set out the areas of education and a list of compulsory and optional teaching subjections, laying down the minimum number of teaching hours for each subject in each year. They also set the maximum weekly number of teaching hours and the number of hours that a school can assign to its own purposes in planning the school education programme. The teaching plans determine the total number of weekly teaching hours for each year and the teaching syllabuses define the objectives of upbringing and education, and the content and scope of teaching in each subject.

Each school education programme also includes a set of requirements for the knowledge, skills and abilities that pupils are expected to acquire in order to proceed to a higher year or complete their education. These are known as educational standards and are further divided into performance and content standards (in the state education programmes ISCED 0, ISCED 1, ISCED 2, ISCED 3).

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Levels of education:

Pre-primary education (ISCED 0) – education in nursery school, which usually lasts three years and is compulsory only in the last (third) year;

Basic education starts from the age of six years and is divided into:

a) primary education (ISCED 1), which usually takes four school years and is completed after the first four years of basic school,
b) lower secondary education (ISCED 2), which usually takes five school years and is completed in the five years of the second stage of basic school;

Secondary education can be obtained by various means, which differ in the length of education and the proof of education acquired:

a) lower secondary vocational education (lower secondary - ISCED 3C) a two-year education programme in a secondary vocational school or vocational training centre,
b) secondary vocational education (secondary – ISCED 3C) three or four-year education programme in a secondary vocational school,
c) full secondary general education (higher secondary – ISCED 3A) an educational programme lasting at least four and at most eight years.

This section has described the general principles of education in the Slovak Republic, which are also the basis for the education of pupils with hearing impairments in special schools, as described in the following section.

Education of pupils with hearing impairments in special schools

The education programme for the typical population also provides the basis of education for pupils with hearing impairments in special schools, although there are some areas that are modified. It sets out specific requirements for upbringing and education resulting from loss of hearing.

The education of children and pupils with hearing impairments is regulated by separate educational programmes for levels ISCED 0, 1,2 and 3 which include all the provisions laid down in the state education programmes for typical pupils.

Pupils are enrolled in special schools for pupils with hearing impairments after diagnostic investigations intended to determine the pupil’s special educational needs. Education is provided using special teaching aids and assistive devices as well as textbooks and specially adapted teaching texts. At present all schools for pupils with hearing impairments are residential and for the purposes of education children are grouped into classes as follows:

- classes of pupils with total hearing loss
- classes of pupils with partial hearing loss
- classes of pupils with cochlear implants

Section 95(1)(b) of Act No 245/2008 states that attendance at a basic school for pupils with hearing impairments can be extended by up to two years and the school has ten years – a preparatory year and years one to nine, which means that a basic school for pupils with hearing impairments can last a year longer than basic school for the typical population.

Decree No 322/2008 of the Ministry of Education of the Slovak Republic of 06 August 2008 on special schools defines the maximum numbers of pupils. The conditions for pupils with hearing impairments are stipulated as follows:

- from the preparatory year to year five, eight pupils, at most six pupils with total hearing loss
- from year six to year nine, ten pupils, at most eight pupils with total hearing loss

The content of education for pupils with hearing impairments is divided into nine areas based on the definition of the content of education and the key competences that pupils are expected to acquire. Not all areas are represented in primary and lower secondary education and the compulsory subjects are also divided between them. Education is divided into the following areas:

1. Language and communication,
2. Nature and society,
3. People and nature,
4. People and society,
5. People and values,
6. Mathematics and work with information,
7. People and the world of work,
8. Art and culture,
9. Health and movement.

The teaching subjects are distributed across these areas of education and the number of hours dedicated to compulsory subjects range from 17 hours (in the preparatory year) to 24 hours (in year nine), besides which the framework teaching plan includes 5 to 7 hours for optional subjects in which other subjects may be taught. Overall, schools for pupils with hearing impairments teach 22 to 30 hours per week depending on which year pupils are in.

The areas of education in a special school for pupils with hearing impairments differ from the areas of education in a typical school in the following ways:

- the area of language and communication includes the subject communication skills, which is taught throughout the period of school attendance (1 hour per week),
- a foreign language is first taught in year four, whereas in a typical school a foreign language is taught from year three.
- unlike in typical schools, a second foreign language is not compulsory but can be taught as an optional subject or as part of upbringing outside tuition,
- music is not a compulsory subject and it is possible to teach movement and drama, drama, rhythmical movement or listening,
- A special subject, individual speech therapy intervention, is provided during the hours for optional subjects for a period of two to five hours per week and the lessons are organised so that pupils can have individual sessions,
- other special subjects which are taught during optional lessons include: sign language, drama, a second foreign language and subjects that broaden or strengthen pupils' skills (e.g. lessons focussing on reading with comprehension),
- The process of upbringing and education includes therapies such as music therapy, drama therapy, art therapy as the school's circumstances and character permit (State education programme for children and pupils with hearing impairments ISCED0, 1, 2, 3).

Depending on the type and degree of hearing impairment, primary and lower secondary education for pupils with hearing impairments may be provided using the following forms of communication**:**

1. Spoken language, i.e. Slovak, 2. Written language, 3. Sign language, 4. Signed Slovak, 5. Finger alphabet, 6. Lip reading, 7. Auxiliary articulatory indications.

The use of sign language was established by the adoption of Act No 149/1995 on the sign language of deaf people, section 4(b) of which states that deaf people have the right to education in sign language. This act no longer meets current needs and a new act has been submitted to the National Council of the Slovak Republic to provide a more comprehensive solution to the issue, including fundamental measures on the education of children and pupils with hearing impairments.

The educational programmes state that special schools should make education accessible for children and pupils with hearing impairments by using special methods, which may include the following:

1. **poly-sensory methods**
   - **including the use of signs** (total communication, simultaneous communication and a bilingual approach),
   - **without signs** (oral method).
2. **mono-sensory methods –** audio-verbal method.

Which method will be used in a given school is decided by the school management, which must take into consideration a number of factors. In the Slovak Republic there is a clear trend that schools that were originally intended for deaf people are more inclined to use methods based on sign language and schools that were originally intended for people with partial hearing loss are more inclined to use methods based primarily on spoken language. It looks like there is a certain historical inertia, and the former schools for the deaf have many pupils with severe hearing loss and often also related disabilities which make it necessary to use whatever forms of communication are available. The present situation is that three out of the six basic schools in Slovakia are oriented towards the use of the spoken language and related methods and the other three make more use of sign language. With regard to the use of sign language, schools tend to state that they use total communication or bilingual methods. Based on our experience and observations in individual schools, it appears to us that schools mostly use total communication or simultaneous communication rather than a bilingual approach, even though every basic school in Slovakia has teachers with hearing impairments who are fluent in sign language and who have completed education in teaching pupils with hearing impairments, usually with a master's degree. Our claim regarding the use of total and simultaneous communication is supported by the fact that it has not been possible to achieve the incorporation of sign language as a compulsory subject in the framework teaching plan, but only as an optional subject, which means that it does not have the same status as the spoken language, which means that one of the fundamental requirements of this approach – the equal status of both languages – is not satisfied.

Another point regarding the use of sign language is that in the new text books published after the new Schools Act was passed in 2008 and still being published, information is also provided through appendices with signs, which was not so usual in the past.

Besides special teachers and educators, the schools employ the following specialists as part of their staff for upbringing and education:

- assistant educators,
- speech therapists (including therapists specialising in assisting people with hearing impairments),
- psychologists,
- social workers,
- children's nurses with training in audiology,
- technicians.

When necessary, the team also includes a teaching assistant, upbringing assistant or education worker who is fluent in sign language, an interpreter of sign language and other specialised employees. An interpreter is employed so that even when a teacher or educator does not know sign language it is possible for education to be provided using sign language.

Education of pupils with hearing impairments in integrated/inclusive conditions

Another possibility that is used in the Slovak Republic is the education of pupils with hearing impairments together with typical children in typical schools, i.e. their integration/inclusion. As mentioned above, there are terminological conflicts in this area, which is why the word "integration" is still widely used in practice while academics and theoreticians use the term "integration/inclusion" to express the fact that we are engaged in a process that aims towards inclusion. Specialists agree, that it is not yet possible to talk about full inclusion of pupils with hearing impairments in present-day Slovakia. Neither the personnel, material or financial conditions for such an objective are in place.

Certain principles have been defined for joint education:

- school integration/inclusion takes place in schools together with pupils and, if necessary, an individual education programme is prepared for the pupil (in cooperation with other institutions) and the pupil's legal representative is entitled to be informed regarding the programme;
- it is not necessary to prepare an individual education programme for every pupil with special educational needs;
- at most three pupils with health challenges can be placed in a class and at the same time the number of pupils in the class is reduced by two;
- an individual education programme is made up two basic parts – the first focussing on comprehensive educational and special educational diagnostics and the second focussing on education itself (see below);
- preparation of an individual education programme is coordinated by the school special education counsellor,
- if a pupil who receives (or received) education based on an individual education programme (or some subjects taught based on an individual education programme), this fact will be mentioned in the pupil's official report;
- an individual education programme must formulate the method used to assess and classify the pupil;
- an individual education programme includes requirements for the pupil's parents or legal representatives (Decree No 320/2008 of the Ministry of Education concerning basic schools).

The above principles are set in general for the whole population but apply individually to every group, i.e. also pupils with hearing impairments.

An individual education programme is part of the obligatory documentation of an individually integrated pupil and must include basic information on the pupil and the influence of their diagnosis on the process of upbringing and education, the requirements for modifications in the classroom, teaching procedures, teaching plans and syllabuses, the organisation of the process of upbringing and education and requirements for assistive devices, special teaching aids and support staff. The individual education programme is prepared by the school in which the child is placed in cooperation with the special pedagogical counselling centre. It includes a descriptions of the strategies that should be used in the education of such pupils and the method of classification and assessment. At present it is clear that if they wish to study in typical schools, pupils with hearing impairments need to have a fairly good command of the spoken language because typical schools do not provide conditions for using sign language and the majority of schools have no staff members who know sign language. Even so, there are also pupils in typical schools whose spoken language is not of an adequate level; their results to not correspond to their real ability and the teachers in the typical school are not able to provide them with adequate education. In some cases, pupils transfer from a typical school to a special school for pupils with hearing impairments because integration has not been successful.

Schools should have, in addition to typical teachers, a school special education counsellor, a school psychologist and, if necessary, a teaching assistant. Our research has found that education workers consider the lack of staff to be the biggest problem for integration/inclusion – the lack of a school special education counsellor and also inadequate training for typical teachers in this area. In second place is financing and in third place is material conditions for the process of integration/inclusion (Tarcsiová, 2010). During our research we also received a number of other observations and proposals:

- there is not always good cooperation between the school and the counselling centre (it takes a long time to implement a diagnosis or a revised diagnosis, possible forms of support are not always presented clearly);
- the whole integration process for pupils with special educational needs involves a very heavy administration load; a class teacher should have more time to devote to the pupil(s) concerned, not to paperwork;
- the Ministry of Education provides little support for the integration/inclusion process through teaching aids, teaching texts and other materials for pupils and teachers;
- there should be better remuneration for education workers who work with pupils with special educational needs;
- continuing education on integration/inclusion for education workers in typical schools should be paid from state funds.

The most recent statistics, for 2013, show an approximate 50:50 split between education in schools for pupils with hearing impairments and education in an integrated/inclusive environment and the trend has been steady for several years. It is interesting that although parents often choose to place their children in typical schools because they want to avoid sign language, education workers show a strong interest in learning signed forms of communication as a way to solve communication problems that come up in the classroom. As we see it, however, there are not at present conditions in place to permit pupils in typical schools to be educated using sign language.

Despite the trend towards integration in education, some experts are still convinced that it is not suitable for all pupils with hearing impairments. There is a general trend towards providing education in integrated conditions for children with partial hearing loss, children with cochlear implants and children who have received very good early special education and care which has enabled them to achieve a good level in the spoken language. Evaluation of the results of the integration/inclusion process shows some positive outcomes but also a few areas where improvements are still needed. It is clear that besides the declared right to education in integrated/inclusive conditions and the creation of conditions for the fulfilment of this right, it is necessary to consider the education process itself, is closely linked to the question of undergraduate and postgraduate training of education workers, which needs to generate interdisciplinary cooperation between a wide range of experts because that is the only way to ensure an effective model of assistance. This model is also promoted by the European Agency for Special Needs and Inclusive Education. In our view the most important steps for the future are:

- incorporating the idea of inclusive education into the training of a wide range of specialists who work with children and pupils with special educational needs,
- an emphasis on integrative approaches in early and pre-school education,
- to develop special forms of communication for teachers, because education is impossible without adequate forms of communication. Our research has found that typical teachers and also school special education counsellors also have strong interest in this topic (Tarcsiová, 2010).
- analysis of questions of education strategies in integrated/inclusive conditions,
- promotion of the concept of inclusion in upbringing outside formal education, preparation of conditions for inclusive programmes related to the idea of an inclusive environment.

Conclusion

In the last thirty years the education of pupils with hearing impairments has been changed by a number of important factors (high performance hearing aids, universal hearing tests, cochlear implants, recognition of sign languages on the national level), which have created conditions for achieving better educational results than in the past. Even so, educational assessment continues to find problems that existed in the past (e.g. in reading with comprehension or written communication) and these need to be addressed, regardless of the educational environment or methods that are used. Without achieving better results in these areas, the current generation of persons with hearing impairments will not be able to make full use of their potential or the opportunities offered by modern information and communication technologies.

Summary

Education provided to deaf and hard-of-hearing children and students has over 180-year tradition in Slovakia. In the chapter the author discusses basic definitions in the Slovak legislation on education, the national education program and the concept of upbringing and education of children for 2000–2015 adopted by the government. The author presents levels and programs in the Slovak system of education as well as methods of working with hearing impaired students used in individual types of special, integrated and mainstream schools. The work conclude the author's reflections on possibilities of achieving better educational results.

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Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Małgorzata Zaborniak-Sobczak

Polish system solutions in education of children and adolescents with hearing impairment

Introduction

The way that pupils with disabilities are present in the education system is a determinant of their future life and an indicator of the building of social cohesion through education. A key issue, from the point of view of the integration of people with disabilities in the mainstream of social life, is to move away from the model of separation of education, creating diversified and integrated forms of education (*Report on the state of education*, 2010).

The long-debated issues of efficient education of children and adolescents with hearing impairment in Poland have found a modern implementation in the individualization of the approach to the pupil with a view to the preservation of the possibility of psychological well-being and his developmental and educational needs. Education of pupils with damaged hearing organs is part of the widely used system solutions.

The education system in Poland

In accordance with the act of 7 September 1991 on the education system, schools are divided into public, which offer free education, and non-public schools. The vast majority of pupils are pursuing compulsory education attending public schools in which the funds come from the State budget. Private schools include schools run by social, religious and private associations, which may be financed from tuition fees paid by the pupils' parents. In addition, non-public schools having the powers of public schools are entitled to an educational subsidy granted for each pupil.

The education system, with the exception of higher education, which is subject to the Ministerstwo Nauki i Szkolnictwa Wyższego (MNiSW) (*Ministry of Science and Higher Education - MSHE*), is the responsibility of the Ministerwstwo Edukacji Narodowej (MEN) (*Ministry of National Education – MNE*), which exercises supervision over pedagogical and educational establishments, using local education authorities. Education policy is created and run centrally, while the administration and running of individual schools, kindergartens and other educational institutions is decentralized, delegated to the local and municipal authorities – in the case of kindergartens, primary schools and lower secondary schools and district – in the case of higher secondary schools (*Education System in Poland, March 2014*).

Stages of education

For the first level of the education system, it is considered that pre-school education in Poland starts at the age of 3 years. Attending kindergarten is voluntary for children of 3-4 years, and the decision on this is taken by the parents. From 1 September 2011, one-year pre-school preparation became mandatory, applying to all children of 5 years old, which is implemented in kindergartens and other forms of pre-school education.

Compulsory Education lasts from 5 to 16 years of age, currently including: one year of compulsory pre-school education, six years of primary school and three years of lower secondary school. Compulsory learning can be extended up to 18 years of age, including full-time or part-time, in the forms of school or other educational establishments (cf. Fig. 1).[1]

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[1] Amendment to the Act of 7 September 1991 on the education system (Journal of laws of 2015, 2156 and from 2016, items 35 and 64), announced on 21 December 2015. states:

- compulsory education for 7-year-olds, the amendment at the same time leaves the law for 6-year-olds to start education in first class at the request of the parents (the condition is prior use by the child of pre-school education or a formal opinion from a psycho-pedagogical clinic);
- the right to the start school education from the age of 6;
- the obligation for pre-school education for a child of 6 years old;
- the right of the child from 3 to 5 years of age to use pre-primary education (https://men.gov.pl/ministerstwo/informacje/co-z-szesciolatkami-dodatkowe-kompetencje-kuratorow-wchodza-w-zycie-nowe-przepisy.html).

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

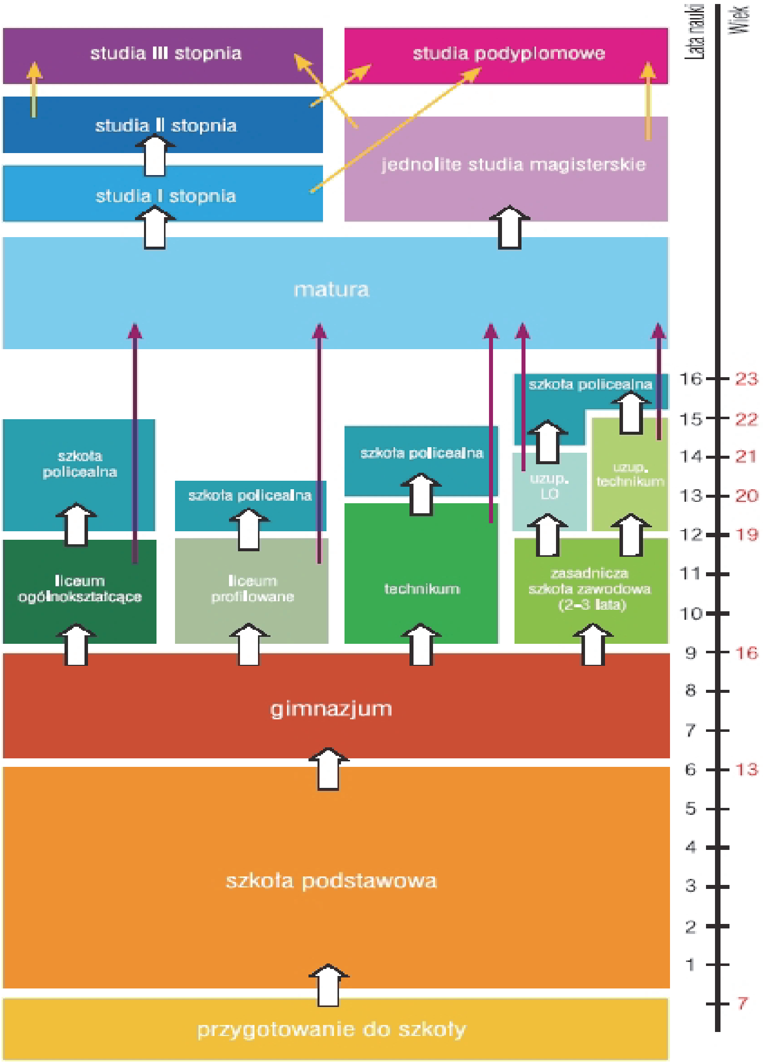

Figure. 1. Stages of education in Poland
Source: www.menis.gov.pl

At the end of the 6-year primary school pupils at the age of 13 years take a compulsory test in the skills required in the basic program, which does not have a selection function. Taking this test allows the pupil to start learning in lower secondary school, and its results provide pupils, parents and teachers of the two schools, primary and lower secondary, with information about the level of pupils' achievements.

At the end of the 3-year lower secondary school, pupils at the age of 16 take a compulsory exam, the results of which, together with the final evaluation of their achievements, are recorded on a certificate and are used to decide on admission to upper secondary school. Tests and examinations are carried out by regional examination boards, supervised by the Central Examining Board.

Non-compulsory education is education on the second level in upper secondary schools: three-yearly general upper secondary school (for pupils aged 16–19 years); four-year technical school (16–20 years) or three-year basic vocational schools (16–19 years) and post-secondary schools (19–21 years old, rarely: 20 years). The acceptance of a pupil to upper secondary school is determined by the number of points obtained on the lower secondary school certificate together with the number of points from the exam. Detailed rules for acceptance are determined by the individual upper secondary schools.

At the end of study in all upper secondary schools (with the exception of vocational schools) a graduation exam is taken; entry to them is not, however, mandatory for all pupils. Pupils who pass the graduation examination receive a graduation certificate which is required in order to apply for admission to higher education. Exams at the end of upper secondary level are standardised and external (*Education System in Poland, March 2014*).

Special education as an integral part of the Polish education system

According to the UNESCO definition, special education is a flexible system of educational facilities, applicable to pupils who have different kinds and degree of learning difficulties caused by external or internal factors (Pańczyk, 1999). After G. Szumski (2009) it can be assumed that special education serves as an auxiliary to regular education, and its scope depends on:

- the capacity of normal educational practice,
- the capability of overcoming interferences,
- the prevention of their formation.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

In a place where these capacities and capabilities are missing, there is a need for special education**.**

Contemporary special education systems are a complex element of the educational reality, and inclusion[2] of pupils with special educational needs has become a key idea of modern education and a priority of educational policy of many countries in the world, including Poland (Firkowska-Mankiewicz, Szumski, 2009).

Special education in Poland is an integral part of the education system. The right of access to compulsory learning has not been excluded for any children, no matter the diversity of individual developmental and educational needs, or the psychophysical capabilities possessed.[3] In addition, a clear distinction has been made on the grounds of disability "as such" and "disability" in an educational context, which is called "a special educational need".[4] (Ibidem). Pupils

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[2] Inclusion is often associated with pupils with disabilities. This term however, should be understood as the education of all children and young people, the process of participation in learning of all pupils in education. The term inclusion in the context of education is understood as education open to the educational needs of all pupils, including those with disabilities, coming from national minorities, ethnic groups, religious communities and other disadvantaged groups (Firkowska-Mankiewicz, Szumski 2009; Szumski, 2009; European Agency for Educational Development of Pupils with Special Needs, *Teacher training in preparation for inclusive education – challenges and opportunities* 2011). Inclusive education is associated with recognizing that each pupil is unique and, as such, takes into account the individual capabilities and special educational needs of the pupil, is open to pupils with limitations, as with their able-bodied peers, which may lead to changes reducing the division of the worlds of able-bodied people and people with disabilities (*Report on the State of education. Society on the road to knowledge* 2010).

[3] Not even a person with profound intellectual disabilities and multiple profound disabilities was released from compulsory education, although this obligation is implemented in forms distinct from the regular practice of school education. This obligation was introduced by law in 1996, thanks to the efforts of members of the Polish Association for Persons with Mental Disabilities (Firkowska-Mankiewicz, 2009).

[4] In the education system the concept of special educational needs not only applies to children and young people with disabilities. Special educational needs also include the needs of pupils who require assistance for a variety of reasons. These are needs that each pupil has when experiencing difficulties in learning. A pupil with special needs is characterized through the prism of individual developmental and educational needs. The group of people with special educational needs include pupils: with disabilities; socially maladjusted; at risk of social maladjustment; particularly gifted; with specific difficulties in learning; with communication disorders; chronically ill; in a crisis or traumatic situation; with educational failure; from a neglected environment; with adaptation difficulties (MNE of 17 November 2010 *on the rules for granting and organization of psycho-pedagogical support in public kindergartens, schools and institutions*; cf. Zaremba, 2014).

with disabilities, including hearing impairment, are in the group of pupils with special educational needs. The range of adjustment, namely the need to introduce a special organization of education and special methods of pedagogical work on all activities carried out by teachers, is determined in each individual case of a pupil's disability.

The fact that special education is an integral part of the Polish education system is reflected in the legislation. The basic legal framework, supporting educational inclusion, are the provisions of the act of 7 September 1991 on the education system,[5] and the documents governing the organization of education and upbringing of children and adolescents with special educational needs, including pupils with hearing impairment.

The stages of education for pupils with hearing impairment are the same as in the case of their non-disabled peers (see Figure 1). On the other hand, the form of educational organization may be (but does not have to be) different, with a view to the hearing impairment of the pupil/child.

Children with hearing impairment are covered by an appropriate (selected by their parents) form of special education on the basis of need:

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[5] The MNE Regulation of 17 November 2010 *on the rules for granting and organization of psycho-pedagogical support in public kindergartens, schools and institutions* is a crucial regulation, containing basic information and guidelines for the organization of psycho-pedagogical support for pupils, including pupils with disabilities; The MNE Regulation of 24 July 2015 *on the conditions for organising training, education and care for children and adolescents with disabilities, socially maladjusted and at risk of social maladjustment*, which replaces two regulations thus far in force: the MNE Regulation of November 17, 2010 *on the conditions for organising training, education and care for children and adolescents with disabilities and socially maladjusted in kindergartens, schools and public or integrative units* and the MNE Regulation of November 17, 2010 *on the conditions for organising training, education and care for children and adolescents with disabilities and socially maladjusted in special kindergartens, schools and units and centres* – the document contains specific, detailed guidelines on how to organize the education of pupils with disabilities, including hearing, deaf and hearing impaired, in various forms of education: open public institutions, integration institutions or special institutions; The MNE regulation of 17 November 2010 amending the regulation *on the conditions and methods of evaluation, classification and promotion of pupils and students and carrying out tests and exams in public schools* – requiring teachers to individualize work with a pupil on mandatory and additional educational activities, placing a requirement on the teacher to adapt the educational requirements to individual developmental and educational needs, and defining principles of the adjustment of the conditions for carrying out tests and examinations to the needs and abilities of pupils covered by means of psycho-pedagogical support. It should be noted that the aforementioned MNE regulation of 17 November 2010, governing the education of pupils with special educational needs in Poland, is continually being modified, changed and supplemented.

- special education,
- rehabilitation and educational activities in a case where a child in addition to damaged hearing has a profound degree of intellectual disability, or
- individual learning where there are additional circumstances (e.g. health) making it impossible for the pupil to learn in a school environment, issued at the request of the parents by a team of specialists from a public psycho-pedagogical clinic[6] or other specialist clinic, on the basis of the results of psychological, educational, and medical tests.

On the basis of a multi-faceted diagnosis, members of the adjudicating panel of the clinic mentioned indicate whether the deaf or hearing impaired child needs special education, suggest the type of school, in which he should be schooled, and make recommendations on the methods and forms of work with the pupil with hearing impairment, and the organization of psycho-pedagogical support. The final decision on the choice of school for the child should always belong to the parents.[7]

Deaf and hearing impaired pupils have the option of undergoing compulsory education in institutions (kindergartens and schools):

- open to the general public,
- classes/integration units created in open public institutions
- integrative
- classes/special units in open public establishments,
- special schools for deaf or hearing impaired children and young people,
- special school-educational centres – currently approximately 40 special school-educational centres for pupils who are deaf or hearing impaired are operating in Poland,

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[6] Detailed tasks belonging to the clinic are discussed in the next MNE Regulation of 1 February 2013 *on detailed rules of operation of public psycho-pedagogical clinics, including specialist public clinics*. The composition of the adjudication panels of psycho-pedagogical clinics, their mode of appointment and procedures to be followed and the detailed rules for directing children and adolescents with hearing impairment to special education are specified by the MNE Regulation of 18 September 2008 *on the decisions and opinions issued by panels operating in public psycho-pedagogical clinics*.

[7] In the Act of 7 September 1991 *on the education system* pupils with special educational needs, including those with hearing impairment, are guaranteed the possibility of learning in all types of schools according to their individual needs, as well as the right to adapt education programmes to their individual psycho-physical capabilities. The existing legislation (the Constitution of the Republic of Poland) allows parents or legal guardians of the child to decide on the school and its type (form of special education).

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

- as part of individualized teaching on the basis of a decision of the need for individual teaching (cf. Regulation MNE of September 18, 2008, Journal of laws 2008, item 1072).

Pupils with hearing impairment are a diverse group in terms of capabilities of information absorption and skills in the learning process, which are conditioned by many factors,[8] most of all, the possibilities of acquisition and improvement of the language system. Despite this, deaf and hearing impaired pupils pursue the basis for the programme of pre-primary education and general education in primary schools, lower secondary and upper secondary schools common to all pupils, regardless of the type of school (the form of special education) in which the pupil studies (see Figure 1). Educational institutions are required to ensure for pupils with disabilities, including deaf and hearing impaired: implementation of the recommendations contained in the decision on the need for special education, the conditions for learning, specialized equipment and didactic tools appropriate to their needs, activities, including speech, corrective and compensatory therapies, other activities appropriate for the individual development and educational needs and the pupil's psycho- physical capabilities, in particular, rehabilitation activities, which in the case of pupils who are deaf may include learning sign language, the integration of pupils with their contemporaries and preparation for independence in adulthood (Regulation of MNE of 24 July 2015, Journal of Laws, item 1113).

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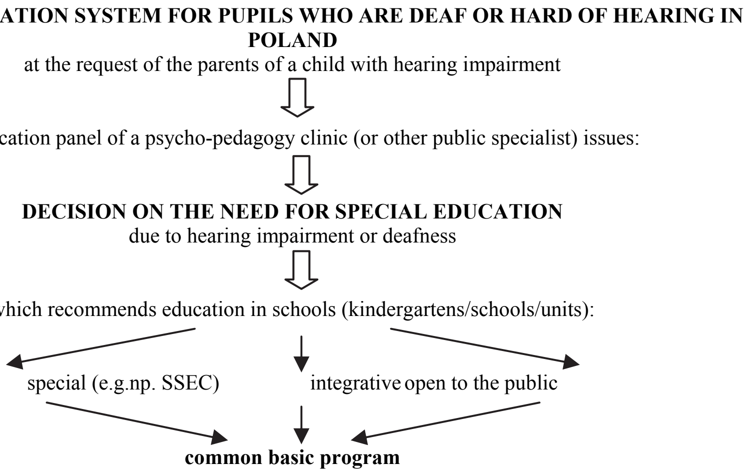
[8] Attention is drawn to these factors by many authors, inter alia: O. Pèrier (1992); M. Góralówna, B. Hołyńska (1993); R. Müller (1997); K. Krakowiak (2006); M. Zaborniak-Sobczak (2011). The most frequently indicated factors influencing the education process of pupils with damaged hearing organs include, among others: type of damage (conductive hearing loss, mixed: conductive-receiver, receiver); the time at which the hearing impairment took place (pre-lingual – before the start of the process of mastering the basics of the language, peri-lingual – in the course of the shaping of the language system and post-lingual – after mastering the basics of the language system); the degree of hearing loss (light, moderate, severe and profound hearing loss); the time of provision of the child with hearing aids or a cochlear implant and the family environment (hearing or non-hearing parents); the relevance of the selected methods for shaping the development of language; the effectiveness and intensity of therapeutic effects; the level of intellectual development, which determines the individual predisposition for mastering information and skills related to the functioning of school; the attitude of hearing teachers and pupils to the issues of children and adolescents with hearing impairment.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017



SPECIAL EDUCATION SYSTEM FOR PUPILS WHO ARE DEAF OR HARD OF HEARING IN POLAND

at the request of the parents of a child with hearing impairment

adjudication panel of a psycho-pedagogy clinic (or other public specialist) issues:

DECISION ON THE NEED FOR SPECIAL EDUCATION

due to hearing impairment or deafness

which recommends education in schools (kindergartens/schools/units):

special (e.g.np. SSEC)

integrative

open to the public

common basic program

INDIVIDUAL THERAPEUTIC AND EDUCATIONAL PROGRAM

(in short: ITEP) that specifies:

- the scope and method of adjustment of educational requirements to individual development and educational needs and the psycho-physical capabilities of a pupil with hearing impairment;
- integrated actions of teachers and professionals running activities (according to the needs identified in the decision):
  - individual rehabilitation (2 hours a week) carried out by a special pedagogue – aural rehabilitation pedagogue,
  - specialized, as part of psycho-pedagogical support: corrective-compensatory and speech therapies, socio-therapeutic and other therapies,
  - compensatory teaching
  - developing talents,
  - associated with the choice of direction of education and profession, and education and career planning, in the case of pupils of lower and upper secondary schools,
  - in the field of learning sign language;
- forms, duration and hours of psycho-pedagogical support;
- measures to support parents, scope of cooperation with psycho-pedagogical clinics, special school-educational centres, teacher training institutions, non-governmental organizations and other institutions.

Chart 1. The system of special education for pupils who are deaf and hearing impaired in Poland

Source: own elaboration based on the legislation in force.

Special School-Education Centres (SSEC) and their place in the education system

An important role in the field of special education, especially in the post-war years up to the 1990s was played by special school-education centres for children and young people with different types of disability.

Currently, the role and place of SSECs in the education system is specified by the Regulation of MNE of 12 May 2011 (Journal of Laws No 109, item 631). Special school-education centres are run for children and young people who require special educational interactions, psycho-pedagogical and rehabilitation classes due to the presence of a disability and due to that disability, for example, hearing impairments, may not attend school (or kindergarten) in their place of residence. Special school-education centres include at least one of the following schools:

1) special primary school;
2) special lower secondary school;
3) special upper secondary school (see fig. 1)

and a boarding house.

Within the framework of a special school-education centre a special kindergarten can also be organised, created on the basis of an agreement between the competent authorities.

A pupil's stay in a special school-education centre can last until the completion of pre-primary education or study at school, as part of the special school-education centre, not longer, however, than after the pupil reaches 24 years of age, in the case of upper secondary schools.

The basic form of the organisation of the work in a special school-education centre is an educational group, which is taken care of by a pedagogue (or several pedagogues, most commonly two). The number of pupils in the educational group corresponds to the number of pupils in a unit of the relevant type of special school. The special school-education centre is run throughout the year, including during the Christmas and Easter breaks, and during the school holidays (with the consent of the conducting authority – local government).

The centre organizes: schooling for children/pupils in accordance with their age; extracurricular activities: educational, rehabilitative, therapeutic, self-study; rest through recreation and entertainment; participation in social and

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

cultural life; classes preparing pupils for independent life. An important task of SSECs is to maintain permanent and systematic contact with parents of pupils (Regulation of MNE of 12 May 2011, Journal of Laws No.109, item 631).

Teachers employed in SSEC schools should always have teaching qualifications compatible with the specificities of the disabilities of students/pupils. In the case of pupils with hearing impairment aural rehabilitation pedagogue teachers are employed (the abovementioned regulations introduced separate provisions).

It is worth noting that in some special school-education centres for children and adolescents with hearing impairments, aural rehabilitation pedagogues with hearing impairment are employed, mostly as pedagogues in pupils' dormitories. Their professional competence was studied by K. Plutecka (2006).

The portal www.jezykmigowy.org.pl indicates that currently in Poland 49 schools, groups of schools and special school-education centres for children and adolescents who are deaf or hearing impaired, are operating (the list includes those integrative schools where young people with hearing impairment have been taught for years – for example, in Lublin, Kielce). In the documents in the Central Statistical Office there is a lack of accurate data on the number of schools and special centres for children and adolescents with hearing impairment; they only provide data on the number of pupils/students with an impaired hearing organ receiving tuition in all 339 Polish SSECs, in which during the school year 2013/2014 there were 1071 pupils who are deaf and 381 hearing impaired (*Education and upbringing in the school year 2013/2014,* 2014).

Using the address details provided in the abovementioned list of schools and centres (based on 40 active websites of special centres) an estimated analysis was carried out of the current offers of special education for children and adolescents with hearing loss (deaf and hearing impaired). The results of the analyses are presented in table 1.

The educational offer, especially upper secondary, usually corresponds to social expectations, in this case of young people with hearing impairment. As can be seen from the table, young deaf people are currently being prepared for the pursuit of professions related to nutrition and food services. They often also aspire to professions related to information technology.

Table 1. The offer of special school-education centres for deaf and hearing impaired children and young people in the school year 2014/2015; 2015/2016*

Early development support (10)	**Kindergarten (16)**	**Primary school (32)**	**Lower Secondary schools (29)**	**Basic vocational schools (26) courses:**	**Technology (19) In competitions:**	**Upper secondary schools (14)**	**Post-secondary school (10) In competitions:**	**Boarding house (25)**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
				chef – 20	food technology and food service – 15		IT technician – 10	
				tailor – 9	IT technician – 8		florist – 4	
				hairdresser – 5	clothing technician – 3		cosmetic services technician – 3	
				gardener – 5	mechanical technician – 2		administration technician – 1	
				photographer – 4	construction technician – 2		digital graphics processing technician – 1	
				pastry chef – 4	electronics technician – 2		rural tourism technician – 1	
				fitting assembler and finishing works in construction – 4	Photo- technician – 2		masseur – 1	
				carpenter – 4	mechanical technician – 1		archivist – 1	
				locksmith mechanic – 3	trade technician – 1		occupational therapist – 1	

1	2	3	4	5	6	7	8	9
				secondary hotel service employee – 3	rural tourism technician – 1		assistant for disabled person – 1	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
				automotive panel beater – 2	environmental protection technician – 1			
				bookbinder – 2	digital graphics processing technician – 1			
				electronics fitter – 2	automotive technician – 1			
				baker – 1	gardening technician – 1			
				tiler – 1	beekeeping technician – 1			
				beekeeper – 1				
				mason/plasterer – 1				
				spray painter – 1				
				sanitation equipment fitter – 1				

* the number of centres in parentheses

Source: own elaboration based on the available web pages of Polish special school-education centres for children and adolescents who are deaf or hearing impaired

Participation of pupils with hearing impairment in the Polish education system – analysis of numerical data

Special education in primary schools

In the school year 2013/2014, 59.9 thousand pupils with special educational needs were learning in primary schools (they represented 2.8% of the population of primary school pupils). 23.4 thousand pupils with special educational needs attended 760 special primary schools.

In the school year 2013/2014 310 deaf pupils and 3444 hearing impaired pupils were learning in public primary schools; and in special primary schools there were 390 pupils who are deaf and 215 hearing impaired.

Special education in lower secondary school

In the school year 2013/2014 there were 48.3 thousand pupils with special educational needs in lower secondary school, which is 4.3% of the lower secondary school pupils. Public lower secondary schools were attended by 45.5% of pupils with special educational needs. 839 special lower secondary schools were attended by 26.4 thousand pupils with special educational needs.

In open lower secondary schools there were 133 pupils who are deaf and 1956 hearing impaired pupils, and in special lower secondary schools – 366 pupils who are deaf and 217 hearing impaired pupils.

Special education in upper secondary schools (including colleges)

In the school year 2013/2014, 973 special upper secondary schools functioned. The education of pupils who are deaf or hearing impaired consisted of 82 pupils (8.4%) of the school. The largest percentage of people with disabilities attending public upper secondary schools was noted for general upper secondary school (42.1%) and basic vocational schools (32.3%).

In the school year 2013/2014, 19 special schools and colleges had 388 pupils covered by special education. The largest group of pupils in special schools and colleges accounted for people who are deaf (36.3%) and hearing impaired (16.8%).

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Special education in basic vocational schools

In basic vocational schools in the school year 2013/2014, 15.3 thousand pupils were covered by special education, including 12.7 thousand pupils (83.7%) in 374 special schools. Deaf pupils made up 1.4% of all pupils covered by special education in vocational schools, and hearing impaired 1.8%.

Special education in general upper secondary and supplementary general upper secondary school

In general upper secondary schools (including supplementary) in the school year 2013/2014, 4.6 thousand pupils with special educational needs were learning. 61 special general upper secondary schools were attended by 1290 pupils. Deaf pupils made up 5% and hearing impaired pupils 14.1% of all pupils with special educational needs (in special and open general upper secondary schools).

Special education in profiled upper secondary schools

Along with the gradual termination of profiled upper secondary schools (by September 1, 2014), special education also disappeared in these schools. In the school year 2013/2014 this type of institution had 190 pupils with special educational needs. In 8 special profiled upper secondary schools for adolescents there were 84 pupils with a decision of a need for special education; the remaining 106 pupils were in integration units (49 pupils) and open units (57 pupils) in public profiled upper secondary schools. The largest group of pupils in special profiled upper secondary schools accounted for people who are deaf (45 people, that is 53.6% of the pupils in these schools).

Special education in technical schools and supplementary technical schools

In the school year 2013/2014, 2.6 thousand pupils with special educational needs attended technical schools (including supplementary). 30 special technical schools for adolescents were attended by 775 pupils, and 11 special supplementary technical schools for adolescents had 78 pupils. Deaf pupils were 13.4%, and hearing impaired 22.6%, of pupils with special educational needs receiving education in the technical schools and supplementary technical schools (special and open) (based on: *Education and upbringing in the school year 2013/2014*, 2014, p. 89–100).

Participation of adolescents with hearing impairment in higher education

In general, it should be noted that since 2006 the number of pupils in higher education has been steadily decreasing. In the academic year 2013/2014, 438 universities of all types educated 1549.9 thousand students (*Universities and their finances in 2013,* 2014, p. 25). Since 2005, a system of material aid for students has operated on the basis of the higher education Act of 27 July 2005 (Journal of laws No. 164, item 1365 with subsequent amendments). Under this system, a student can apply for benefits in the form of: social scholarship, special scholarship for people with disabilities, Rector's scholarship for the best students, Minister's scholarship for outstanding achievement and assistance grants. The special scholarship is one of the most important indicators of the participation of persons with disabilities in higher education. Special scholarships were received by 25.3 thousand disabled persons who were studying, which represents 1.6% of the total number of students (*Universities and their finances in 2013*, 2014, p. 42).

In the academic year 2013/14, 28 940 disabled students were studying in Poland, of whom deaf and hearing impaired people made up 6.9% (1994 people). In the year 2012/2013, 510 deaf and hearing impaired people completed higher education out of 8199 graduates with disabilities (Universities *and their finances in 2013,* 2014, p. 154).

Detailed figures, depicting the participation of pupils/students with special educational needs, including deaf and hearing impaired students in public and special education are provided in the annex. The analysis was carried out on the basis of statistical data from the Central Statistical Office (*Education and upbringing in the school year: 2005/2006, 2010/2011, 2012/2013 and 2013/2014*, no data for the year 2011/2012, source: www.stat.gov.pl).

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Statistical data analysis allows us to draw the following conclusions (see appendix):

- from year to year in special primary schools a decline in the number of pupils was recorded. Along with this trend, the number of pupils with special educational needs learning in schools also changed. The phenomenon of increasingly shifting pupils from special schools to open and integrative schools was observed, including at the level of lower secondary school. These changes necessitate a reduction in the number of special schools and special school-educational centres; This decrease is small, but still observed, for example, in the year 2012/2013, 347 SSECs were functioning, and already in the next school year there were 8 fewer institutions of this kind (cf. Wojcik 2010; *Education and upbringing in the school year 2012/2013,* 2013; *Education and upbringing in the school year 2013/2014*, GUS 2015);
- pupils who have an adjudicated need for special education are more likely to study in public primary schools, while the level of lower secondary in public education receives only less than half of the pupils with special educational needs;
- with age, the number of pupils with special educational needs grows in relation to all pupils studying at the given level of education: the percentage of pupils with special educational needs at the primary school level ranges from 2.7–2.9%, and at the level of secondary school it is 4.3%;
- deaf pupils often take special education in primary schools and lower secondary schools, and hearing impaired pupils are most often educated in public establishments;
- in special school-educational centres there were 1071 pupils who are deaf and only 381 hearing impaired pupils (*Education and upbringing in the school year 2013/2014,* GUS 2015);
- deaf and hearing impaired pupils are the second (after non-ambulatory persons with reduced mobility) least frequently represented group of pupils with disabilities in Polish universities. In the education of persons with hearing impairment at a higher level there are numerous barriers and difficulties whose accurate analysis goes beyond the framework of the objectives of this publication.

Polish Association for the Deaf and its role in shaping the changes to the education of deaf pupils

The system of upbringing and education of children and adolescents with hearing impairment, described above, is additionally supported by specialist care, organised mostly by non-governmental institutions-associations, foundations and the Polish Association for the Deaf.

Regarding the criteria for the allocation of functions on behalf of people with disabilities and their families, we can specify:

- defining and giving status to persons with disabilities;
- rehabilitation;
- compensating and assisting the disabled;
- non-specific, performing a variety of social needs and at the same time integrating people with disabilities in the social environment (Zaborniak-Sobczak, 2006).

One of the oldest social organizations in Poland that widely supports people with damaged hearing organs is the Polish Association for the Deaf (PAD). “The aim of the Polish Association for the Deaf is the affiliation and rehabilitation of deaf and hearing impaired persons and their integration with the environment of hearing people, joint problem-solving and action towards the equalization of developmental, educational, occupational and social opportunities by (among others – MZS) exercising custody of children, adolescents and adults with hearing impairment and hearing members of their families – by carrying out on their behalf or assisting in the rehabilitation of hearing and speech , giving them assistance in raising their educational and professional qualifications...” (II. Objectives and measures § 10. Statute of the Polish Association for the Deaf, www.pzg.org.pl). For the implementation of the targets of PAD, its branches and circles having legal personality can create, among others, centres, clinics, institutions and other entities of diagnosis, rehabilitation of children, young people, and therapeutic enterprises, educational and cultural institutions and centres (II. Objectives and measures § 12.1. Statute of the Polish Association for the Deaf, www.pzg.org.pl).

In 12 provinces (out of 16 according to the Polish administrative division) PAD operate 22 clinics/centres along with 2 consultation-rehabilitation, speech therapy points. These institutions carry out multi-faceted comprehensive diagnostics and rehabilitation (aural rehabilitation speech therapy, aural rehabilitation pedagogy, psychological, medical) of a child with hearing and associated development dysfunction from birth to the moment of completion of education at different levels of education. Depending on the needs, it also advises parents (guardians) of children and adolescents with hearing impairment, and cooperates with teachers of open schools, school-educational centres, psychological-pedagogical clinics and employees of district family assistance centres (www.pzg.org.pl).

In 2014, among others, at the initiative of the Polish Association for the Deaf, a new subject "sign language" was introduced into schools (open public, integrative, special), in which children and adolescents with hearing impairment study (at the disposal of the Director of the institution). In the justification of the draft amendments to the Regulation of the MNE amending the regulation on the framework curricula in public schools, we read that "enabling the learning of sign language is a response to recommendations to improve access to learning sign language, especially for pupils who are deaf, in accordance with the choice of their parents, in order to enhance skills in this language. In the case of pupils who are deaf, for whom sign language is the first natural language, gaining knowledge about the world and communicating with the environment takes place through this language. Efficient use of sign language reduces these children's risk of the appearance of educational and emotional problems, encouraging the achievement of better outcomes" (p. 1 Justification for Regulation of MEN of 29 December 2014 amending the regulation on the framework curricula in public schools).

While noting the above points and the good wishes of the legislators, it is impossible not to notice many of the shortcomings of the proposed solutions. The basic issue posed is the question of who would take on the task of teaching sign language to deaf pupils. It should be noted that sign language (either natural – PSL, or also in the system SSL) is not a compulsory subject in pedagogical education, preparing for the undertaking of the tasks of the special pedagogue teacher with an aural rehabilitation pedagogy specialization.[9] So who would teach this subject at school?

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[9] In the standards of teacher education (Regulation of the Minister of Science and Higher education of 17 January 2012 *on training standards for the profession of teacher*) a requirement is indicated to take care of the issues: *communicating for the deaf: sign language, dactylography and cued speech* (points 1.2.3 p. 18 of the Regulation). Currently, many universities training special pedagogues in the aural rehabilitation pedagogue specialization run sign language courses for future teachers – aural rehabilitation pedagogues. Another issue that is still not regulated is whether we should teach communication skills in PSL, or rather SSL. So far, aural rehabilitation pedagogue teachers, recognizing their duty to the communication needs of children with a hearing impairment, most often take a III-degree system sign language course for teachers (approximately 315 hours) organized around the country (Szczepankowski, 1999).

Another doubt is the issue of finance. As much as it would be understandable to teach this language in special schools for deaf pupils (group classes, workshops), it would not seem appropriate to teach sign language when in a school (i.e. open public) where there is one pupil speaking in this system of communication. Currently it is suggested to include teaching of sign language during rehabilitation classes – see the Regulation of MNE of 24 July 2015 (Journal of Laws, item 1113).

For the moment, the above solution is a legislative provision, and time will tell how it will be in practice to have practical sign language learning in schools teaching at least one pupil with a deep, pre-lingual hearing impairment. It is valuable, however, that this option appears, and the legislature notices the social need.

School for the deaf – signing or speaking?

The dispute about the most effective method for teaching children with serious hearing damage has gone on for years and also it has not bypassed the Polish education system. Most of the hearing impaired pupils who study in public schools use hearing aids with modern technologies, and their level of mastery of phonic language is satisfactory enough that it enables them to acquire knowledge with their hearing peers. Statistical data clearly indicate that deaf pupils, more often than the hearing impaired, study in different forms of education – most often special institutions, organized within the framework of the school-educational centres.

It does not inspire optimism that deaf children, going into schools, do not know either Polish language or sign language – teachers use a sign language system that is incomprehensible for them, based on the Polish language, and textbooks are written in Polish (see *Deaf Education* 2014).

For the purpose of getting to know the most common methods of linguistic communication in educational-teaching work and by teachers in special school-educational centres, a brief survey was proposed to the directors of these establishments (5 closed questions). Over 49 survey questionnaires were sent by e-mail (December 2014); however, only 10 returns with answers were received (all the answers were provided by women: 6 school directors and 4 teachers). Hence, the results do not entitle to us draw clear conclusions; however, they show some trends in changes being made. The proposed topic seems to be worthy of further exploration with existing teacher training of aural rehabilitation pedagogues and legal capabilities allowing the teaching of sign language in schools of various levels and types.

The results obtained indicate that the vast majority of aural rehabilitation pedagogue teachers working in special school-educational centres communicate with pupils using sign language in the learning process, most commonly in the system sign language in a simplified version. They also continually improve their manual skills for communicating with pupils with hearing impairment. The vast majority of parents of children and adolescents with hearing impairment, pupils of special school-educational centres, accept the methods of communication used in the educational-teaching process.

All aural rehabilitation pedagogues replying to the questions in the survey expressed the opinion that the appropriate methodology teaching sign language can help with learning Polish. At the same time, one person pointed out that sign language (like PSL and SSL[10]) can make it difficult to learn Polish language (in spoken and written form). Four aural rehabilitation pedagogues stressed that linguistic communication in the education of children and adolescents with hearing impairment requires teachers to have a knowledge of natural sign language (PSL), another four – that knowledge of system sign language (SSL) is sufficient. The aural rehabilitation pedagogues (6 people) think that learning sign language should be introduced very judiciously, above all bearing in mind the pupils' hearing and communication capabilities in the use of phonic language. The primary objective of the education of children and adolescents with hearing impairment is the learning of effective language communication and, on this basis, the acquisition of knowledge, skills and competences. The ability in the area of phonic communication for many people, including for deaf and

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[10] Polish sign language (PSL) – should be understood as a natural visual-spatial communicative language; system sign language (SSL) is a basic means of communication in which the eligible person uses signs to support articulated speech sounds (act of 19 August 2011, on sign language and other means of communication). "Regardless of the classical sign language, sign characters are also used as an illustration of verbal expression in a native language. In this way, a signed variety of the native spoken language is formed, a language called 'signed exact language'. Sign characters are used in the grammatical pattern of the native language by adding the optional or mandatory inflectional suffixes using a finger alphabet. Signed exact language is always used with the spoken language (this creates the so-called 'language-sign system')" (Szczepankowski, 1999, p. 153).

hard of hearing, is an important factor in enabling their full and genuine psychosocial integration (Zaborniak-Sobczak, 2009).

The results obtained show some differences. On the one hand, the aural rehabilitation pedagogue teachers realize the importance of manual ways of communication (usually in the form of augmentative communication), on the other, however, the possibility of using them in the process of teaching the mother tongue raises objections. Most likely the aural rehabilitation pedagogue teachers don't know how to practically connect, complement and compare the methods of communication used so as to effectively teach their native language. In any case, this fact is not surprising. Teachers do not get to know simultaneously a bilingual teaching methodology – the objective of bilingual education (see Kurcz 2000).

There is not enough knowledge based on the results of linguistics research; the uncertainty about the possibility and extent of the use of manual ways of communication in the education of children and adolescents with hearing impairment is a serious shortcoming of the Polish education system, resulting in so much resistance to introducing the solution of bilingual education (cf. experimental class at the Institute for Deaf in the 1990s, a program run by, among others, M. Czajkowska-Kisil). It should be noted that the provision of bilingual teaching in schools for pupils who are deaf is a postulate of the deaf environment and one of the recommendations of the Civil Rights Ombudsman (see *Deaf Education* 2014).

In Poland, as in many countries, since the turn of the 1980s/1990s, observing the low effectiveness so far of communication methods in the process of language learning, the bimodal method began to be disseminated and implemented. Based on the assumption of total communication (Korzon 1998), more rarely in some environments, teachers and parents implemented the method of cued speech in the Polish adaptation by K. Krakowiak (Krakowiak, 1995). Currently, the Polish education system of children and adolescents with hearing impairment is based on audio/oral methods, supplemented (supported), "where necessary" by the system sign language (monolingual bimodal methods – Szczepankowski 1999: after Schelsinger 1978). Partial justification for such arrangements is found in the effectiveness of the early support of children with hearing impairment. Quick diagnosis and provision of a child with a hearing aid, or cochlear implant, and the launch of systematic rehabilitation of hearing

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

and speech before the child going to school mean that an increasing group of people speak using spoken language. Wherever the rehabilitation effects do not produce the expected results, the final decision as to the choice of how to communicate with the deaf child is taken by the parents. They should then take into account such factors as: their own and the child's personalities, cognitive abilities, social environment, the skills of teachers, which is often associated with the choice of the route of education for their child.

Summary

The most important rules concerning the education of children and adolescents with hearing impairment in Poland are governed by the Act of 7 September 1991 on the education system. The education system provides, inter alia: the implementation of the right of every citizen of Poland to education and the rights of children and adolescents to upbringing and care, appropriate to age and attained development; for each pupil the prerequisites for development; the possibility of learning in all types of schools for children and young people with disabilities, in accordance with individual developmental and educational needs and their predispositions; adaptation of content, methods and organization of teaching to pupils' psycho-physical capabilities (see Szumski 2009; Firkowska-Mankiewicz, Szumski, 2009).

In the framework of the reform of special education, introduced in Poland in the school year 2000/2001, measures were formulated and defined to raise the quality of education of persons with disabilities and promote education in unsegregated forms:

- a system for early diagnosis and intervention, involving the identification of developmental disorders and intensive development support for children before they go to school;
- common basic program (in primary schools, lower secondary schools for pupils without disabilities, with slight mental disability, with hearing impairment, visual impairment and other disabled), making it easier to move pupils with disabilities from segregated forms to unsegregated, and vice versa. This makes the system permeable, and raises the level of the education of pupils with disabilities;

- system of tests and exams, which is also an important instrument for improving the quality of education. Increasing the participation of pupils with special educational needs in tests of accomplishments and external exams leads to raised expectations of pupils on the part of teachers and parents and increases the aspirations of the pupils themselves (see *Report on the state of education. Society on the road to knowledge*, 2010);
- method of financing, regional government entities running educational institutions receive increased funds for the education of all pupils with special educational needs (Firkowska-Mankiewicz, Szumski, 2009).

Special education includes children and adolescents requiring special learning organization and working methods, adapted to their needs and capabilities. The basis for special education in all types of schools is a decision on the need for special education, individual teaching or rehabilitation-educational classes, which is issued at the request of the parents or guardians by the adjudication panel of a public psycho-pedagogical clinic or other specialized clinic.

Pupils with hearing impairment are also subject to the same procedures as other pupils with special educational needs. Depending on the results of a pedagogical, psychological or medical diagnosis carried out by an adjudication panel operating in a public psycho-pedagogical clinic or other specialized clinic, they receive a decision about the need for special education for children who are deaf or hard of hearing,[11] The decision contains, inter alia, a diagnosis and information about the development capabilities and potential of the pupil with a hearing impairment, the degree and duration of damage to hearing, level of language, intellectual, cognitive and social functioning (preparedness to establish communication interaction), the recommendations on the optimal conditions for the implementation of educational and therapeutic needs, as well as the justification of the form of support indicated by the clinic.

The institution (special, integrative or open access) in which the pupil with hearing impairment studies must ensure the implementation of the recommendations contained in the decision about the need for special education:

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[11] Children with hearing impairment may also obtain an opinion about: early development support, postponing compulsory education, adaptation of the educational requirements, exemption from learning a second foreign language, priority admission to secondary school, if necessary (see *Raising the efficiency of the education of pupils with special educational needs. Materials for teachers*, 2010).

- provide appropriate conditions for learning, with regard to the pupil's individual developmental and educational needs and psycho-physical capabilities; specialized equipment and educational aids;
- organize rehabilitation activities of at least 2 hours per week – carried out by a special educator – aural rehabilitation pedagogue, and as part of psycho-pedagogical support identify special classes according to needs (speech therapy, corrective-compensatory, educational-compensatory, socio-therapeutic, or other);
- develop an individual therapeutic-educational program (ITEP), taking into account the recommendations contained in the decision. The program determines: the scope and methods of customizing educational requirements; conditions and method of evaluation, classification and promotion of the pupil; the actions of teachers and professionals engaged in activities with the pupil; forms and duration of the provision of psychological and pedagogical support for the pupil, and the number of hours in which the various forms of assistance will be carried out; action in support of the parents of the pupil and, depending on needs, the scope of interaction with psycho-pedagogical and specialized clinics, special school-educational centres; rehabilitation activities and other activities appropriate for the individual developmental and educational needs and psych-physical capabilities of the pupil; the scope of the cooperation of teachers and specialists with the parents of the pupil in carrying out tasks (cf. Regulation of MNE of 24 July 2015, Journal of Laws, item 1113). An important aspect in building an ITEP remains the establishment by a team of teachers-pedagogues and parents of the capabilities and communication needs of the pupil with hearing impairment, and also – most importantly – developing effective methods/communication strategies on the basis of which education will proceed (this assumes the introduction of learning sign language, if necessary).

The possibilities of implantation and provision of the child with high-quality hearing aids, the effects of early development support on hearing and speech rehabilitation, mean that pupils, often despite significant hearing loss, function as hearing impaired persons. Statistical data clearly indicate that the proportion of pupils with hearing impairment, mainly hard of hearing, in open public education is increasing. Those pupils, for whom for various reasons it is impossible to learn in public schools, attend special education. Analysis of legal documents, available bibliographic sources, and my own professional experience allow the conclusion that the proposed legal, administrative and organisational solutions seem to be appropriate – they serve to enable pupils with a hearing impairment to join in with mainstream social life.

Additional

Comparative analysis of statistical data – own development on the basis of data from the Central Statistical Office (CSO) (Education and upbringing in the school year 2005/2006; 2010/2011; 2012/2013; 2013/2014 [no data for the year 2011/2012] source: www.stat.gov.pl, Publications, subject area: education).

Pupils with special educational needs (SEN) make up:
2005/2006 3.0%
2010/2011 2.8%
2012/2013 2.7%
2013/2014 2.8% of the population of all **primary school pupils** (open public and special) for children and adolescents (this indicator since 2002/2003 oscillates between 2.7 and 3.0%).

Pupils with special educational needs (SEN) make up:
2005/2006 4.0%
2010/2011 4.3%
2012/2013 4.3%
2013/2014 4.3% of the population of all **pupils of secondary schools** (open public and special) (this indicator since 2002/2003 oscillates between 4.0 and 4.3%).

Participation of SEN pupils in basic public and special education in each school year

School year	Open public primary schools	Special primary schools
2005/2006	57.7%	42.3%
2010/2011	60.0%	40.0%
2012/2013	60.1%	39.9%
2013/2014	60.9%	39.1%

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Conclusion: In open public primary schools more than half of pupils with SEN attend – this trend is visible already for close to 10 years.

Participation of SEN pupils in public and special lower secondary schools in each school year

School year	Open public lower secondary schools	Special lower secondary schools
2005/2006	44.7%	55.3%
2010/2011	44.9%	55.1%
2012/2013	44.2%	55.8%
2013/2014	45.5%	54.5%

Conclusion: At the level III stage of education (lower secondary school) pupils with SEN are more likely to choose a special school – in special lower secondary schools more than half of pupils with SEN attend – this trend is visible for 10 years. More than 15% of people who attended general primary schools change the system of education at stage III to the special school.

General Conclusion: At the level of primary school (educational stages I and II) children with SEN are more likely to attend open public schools. With age, these students go to special schools (already at the level III stage of education – lower secondary school).

At the level of upper secondary school, pupils with disabilities have for years most often chosen to attend pen public upper secondary school, then the basic vocational schools and technical schools.

Proportion (%) of pupils with hearing defects (deaf and hearing impaired) in special education (open public and special) among all SEN pupils in each school year (except 2005/2006 – no data)

School year	Pupils	PS	LSS	VS	GUSS	PUSS	TECH
2010/2011	D	1.1	0.9	2	3.4	23.8	13
	HI	5.4	3.9	1.6	12.1	15.8	22.6
	D + HI	**6.5**	**4.8**	**3.6**	**15.5**	**39.6**	**35.6**

School year	Pupils	PS	LSS	VS	GUSS	PUSS	TECH
2012/2013	D	2	1	1.5	5	26.9	10.8
	HI	7	4	1.5	12.5	13.2	23.2
	D + HI	**9**	**5**	**3**	**17.5**	**40.1**	**34**
2013/2014	D	1	1.5	1.4	5	NA	13.4
	HI	7	4.8	1.8	14.1	NA	22.6
	D + HI	**8**	**6.3**	**3.2**	**19.1**		**36**

D – deaf pupils, HI – hearing impaired pupils, NA – not available

Conclusion: from year to year pupils with hearing defects come into (slightly, but nevertheless) the group of pupils with special educational needs.

Pupils with hearing defects (deaf and hearing impaired) in public and special schools in school years 2005/2006; 2010/2011; 2012/2013, and 2013/2014

School year	Pupils	PS general	PS special	LSS general	LSS special	VS general	VS special	USS general	USS special	PUSS general	PUSS special	TECH general	TECH special
2005/2006	D	287	1000	111	773	47	1243	57	152	NA	NA	NA	NA
	HI	2658	377	1522	269	505	396	459	93	NA	NA	NA	NA
	D+HI	**2945**	**1377**	**1633**	**1042**	**552**	**1639**	**516**	**245**	**–**	**–**	**–**	**–**
	%	**0.11**	**0.05**	**0.10**	**0.06**	**0.05**	**0.15**	**0.06**	**0.03**				
Total		**2 602 020**		**1 609 446**		**1 106 663**		**913 451**		**–**		**–**	
2010/2011	D	168	499	108	380	7	324	75	100	7	196	24	231
	HI	2947	306	1731	327	111	154	495	124	61	74	295	146
	D+HI	**3115**	**805**	**1839**	**707**	**118**	**478**	**570**	**224**	**68**	**270**	**319**	**377**
	%	**0.14**	**0.04**	**0.14**	**0.05**	**0.05**	**0.21**	**0.09**	**0.04**	**0.20**	**0.79**	**0.06**	**0.07**
Total		**2 191 896**		**1 277 473**		**224 884**		**634 457**		**34 298**		**548 622**	

School year	Pupils	PS general	PS special	LSS general	LSS special	VS general	VS special	USS general	USS special	PUSS general	PUSS special	TECH general	TECH special
2012/2013	D	258	436	131	382	16	23	70	182	3	107	45	293
	HI	3305	221	1952	227	153	99	552	90	35	19	427	137
	D+HI	**3563**	**657**	**2083**	**609**	**169**	**122**	**622**	**272**	**38**	**126**	**472**	**430**
	%	**0.16**	**0.03**	**0.18**	**0.05**	**0.09**	**0.06**	**0.11**	**0.05**	**0.26**	**0.85**	**0.09**	**0.08**
Total		**2 160 861**		**1 177 480**		**197 184**		**579 662**		**14 747**		**522 514**	
2013/2014	D	310	390	133	366	16	197	77	154	2	45	46	306
	HI	3444	215	1956	217	188	78	564	86	15	12	466	132
	D+HI	**3754**	**605**	**2089**	**583**	**204**	**275**	**641**	**240**	**17**	**57**	**512**	**438**
	%	**0.17**	**0.03**	**0.18**	**0.05**	**0.11**	**0.15**	**0.12**	**0.04**	**0.28**	**0.95**	**0.10**	**0.08**
Total		**2 152 655**		**1 138 592**		**184 454**		**547 135**		**6 026**		**515 891**	

D – deaf pupils, HI – hearing impaired pupils, NA – not available

Conclusions:

- there is a year-on-year slight increase in the participation of pupils with hearing defects (deaf and with hearing impairment) in public education (thereby decreasing in special education) at the level of primary school and lower secondary school;
- at the level of upper secondary school, pupils with hearing impairment often attend special vocational schools (VS and profiled upper secondary schools) – in 2014 profiled upper secondary schools, preparing pupils for a profession, were liquidated. The lack of data for the year 2014/2015 makes it difficult to indicate what choices at the level of upper secondary schools that young people with hearing impairment will now make;
- deaf pupils more often than hearing impaired attend special schools.

Summary

The author describes the Polish education system for hearing impaired students in available forms of education: inclusion, integration and special schools. She discusses legal guidelines and possibilities of their implementation in practice. She emphasizes that in order to address special educational needs of hearing impaired children in the Polish education system it is necessary to consequently implement the guidelines developed and regulated in numerous regulations of the Ministry of National Education, individualise the education process of hearing impaired students based on accurate diagnosis of their individual needs and capabilities.

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Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

Isabelle Estève, Saskia Mugnier

Socialisation langagière de l'enfant sourd dans les espaces scolaires français
Linguistic socialization of deaf children in French schools

Ce chapitre vise à mettre à distance les représentations sociales – que nous avons analysées dans le chapitre 1 – pour se recentrer sur les réalités langagières des pratiques des locuteurs sourds. Notre démarche sera donc ici essentiellement empirique, façonnée par les apports complémentaires que nous avons pu glanés au fil de nos recherches de terrain menées au LIDILEM depuis plus de 30 ans sur le contexte surdité – pour un aperçu synthétique: cf. Millet, 1990, 1999; Mugnier, 2006; Millet et al., 2008; Estève, 2011. Nous proposons, à travers cet article, une mise en lien synthétique de données qui nous paraissent pouvoir contribuer à l'avancée des réflexions sur l'éducation des enfants sourds, dans une prise en compte plus consciente des trajectoires, langagières et identitaires, effectives des personnes sourdes, intégrant leur inévitable hétérogénéité.

Nous commencerons par exposer brièvement les éléments principaux de l'approche bilingue et multimodale que nous avons développée[1] pour rendre compte des usages sociaux que les locuteurs sourds, enfants et adultes, font des langues dans leurs interactions quotidiennes. La mise en regard des conclusions d'une recherche qualitative sur les pratiques d'un groupe de jeunes adultes sourds, d'une part, et, d'une synthèse sur les pratiques langagières observées dans les espaces classe issue de nos différentes recherches, d'autre part, servira d'introduction empirique à notre réflexion sur la socialisation langagière

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[1] Estève, 2006, 2007; Millet & Estève, 2008; Millet & Estève, 2009; Millet, Estève, 2010; Estève, Millet, CERLICO; Estève, 2011.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

enfantine. Nous proposerons, dans un troisième temps, de dresser un portrait de la socialisation langagière des enfants sourds dans l'espace scolaire et d'interroger la manière dont ces enfants s'approprient cette matière interactionnelle pour construire leurs habiletés discursives. Enfin, nous finirons par la question de l'écrit, puisque, comme nous le montrerons dans la dernière partie, il nous semble essentiel d'intégrer oralité et scripturalité dans une dynamique développementale bilingue commune, intégrant les deux langues dans toutes leurs dimensions: verbales et non-verbales, écrite et orale.

I. Avant propos: conceptions et concepts sous-jacents aux analyses bilingue et multimodale

Nous devons préciser, tout d'abord, puisque toutes nos analyses découlent de ces choix théoriques, que nous adoptons des conceptions large du *langage*[2] (McNeill, 1992) et fonctionnelle du *bilinguisme*[3] (Grosjean, 1984). Notre approche du bilinguisme en contexte de surdité est ainsi centrée sur l'individu que nous considérons comme lieu du contact de langues (Weinreich, 1953). Par ailleurs, qu'il soit bilingue ou monolingue, l'expression de tout sujet communicant reste, selon nous, fondamentalement langagière – *i.e.* intègre les dimensions verbales et non-verbales de la communication (McNeill, 1992).

Nos recherches visent donc, de manière générale, à saisir, décrire et rendre compte des manifestations expressives et cognitives (Lüdi, Py, 2003) singulières du contact de pratiques discursives en deux langues de modalités différentes qui, par essence, exploitent la gestualité et la vocalité de façon diamétralement opposée. Dans les pratiques discursives en Langue Gestuelle (LG), la gestualité sert, en effet, les besoins linguistiques, la vocalité les besoins non-linguistiques; et inversement pour les pratiques discursives en Langue Vocale (LV).

Ces partis-pris théoriques nous ont amené ainsi à élargir la notion de *répertoire verbal* (Gumprez, 1971), en lui préférant la notion de *répertoire langagier*

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[2] "gestures are an integral part of language as much as word, phrases, and sentences gestures and language are one system" (McNeill, 1992).

[3] "[…] est bilingue la personne qui se sert régulièrement de deux langues dans la vie de tous les jours et non qui possède une maîtrise semblable (et parfaite) des deux langues. Elle devient bilingue parce qu'elle a besoin de communiquer avec le monde environnant par l'intermédiaire de deux langues et (elle) le reste tant que ce besoin se fait sentir" (Grosjean, 1984).

(CECR,2000)[4] et en élargissant la définition de ce concept à: “toutes les ressources mobilisées par le locuteur sourd dans l’acte communicatif appréhendé dans ses aspects multimodaux” (Estève, 2011, p. 47). Tout répertoire étant bimodal par essence, le répertoire du locuteur bilingue LS/LV n’est qu’une réorganisation particulière du *répertoire langagier* disponible à tout locuteur, quelles que soient ses compétences. De façon singulière en effet, le *répertoire langagier* du locuteur bilingue bimodal démultiplie les possibilités d’exploiter le discours: la vocalité et la gestualité peuvent être utilisées à la fois dans leurs dimensions verbales et non-verbales – onomatopées et mots pour la modalité vocale; gestes et signes pour la modalité gestuelle.

Cette approche bilingue et multimodale nous permet ainsi d’appréhender le ***bilinguisme bimodal***, en dehors de tout dogmatisme normatif et/ou idéologique, en intégrant la diversité des actualisations individuelles d’un *répertoire langagier* qui “se construit autour du contact d’une langue vocale et d’une langue gestuelle, quelle que soit sa manifestation (LSF/français écrit; LSF/français oral et écrit; LSF/français oral,...), que cet individu soit sourd ou entendant, qu’il soit issu d’une famille sourde ou entendante, ou encore d’une famille mixte. “ (Estève, 2011: 22).

Notre approche, entrecroisant les apports théoriques du bilinguisme et de la multimodalité, a ainsi été façonnée par un ancrage sociolinguistique fort. Elle s’est, en effet, construite progressivement, nourrie des différentes recherches de terrain menées dans des contextes diversifiés, pour répondre aux nécessités descriptives émergeant des pratiques des locuteurs, enfants et adultes.

II. Représentations sociales à l’épreuve des réalités des terrains

Le conflit autour des questions linguistiques et didactiques est très virulent – cf. chapitre 1 – alors même qu’on ne sait pas grand-chose sur les usages sociaux que les locuteurs font des langues une fois sortie des systèmes de scolarisation. Ce questionnement était le point de départ de nos recherches sur un groupe de jeunes adultes sourds (Estève, 2006; 2007; Millet et al., 2008), largement étayé au préalable par nos premières recherches sur la place effective des langues dans

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[4] Note si place: répertoire verbal, répertoire linguistique, répertoire langagier utilisé de façon interchangeable, mais répertoire langagier conseil de l’europe = acception restreinte au linguistique.

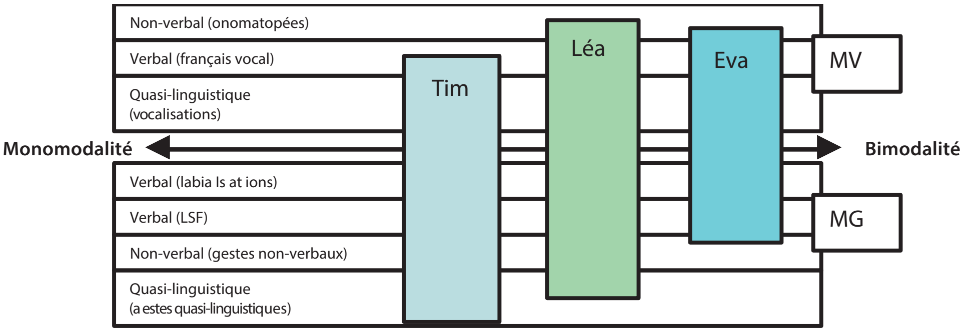
Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

les espaces scolaires (Millet, 1990, 1999; Mugnier, Millet, 2004; Mugnier, 2006). La mise en regard des données, adultes et enfantines, nous permet de montrer que le caractère dichotomique des représentations sociales – cf. chapitre1 – est largement infondé. Les réalités socio-langagières, loin de s'exclure mutuellement aux deux extrêmes fantasmées, se déploient, en effet, le long d'un continuum d'utilisations diversifiées conjuguant les 2 langues et des 2 modalités.

II.1) Réalité de l'hétérogénéité langagière d'un groupe de jeunes adultes sourds

Une recherche qualitative effectuée sur un groupe de pairs de 10 jeunes adultes sourds nous a permis d'entrecroiser, d'une part, des données sur leur vécu langagier, scolaire et social – recueilli par le biais d'entretiens semi-directifs – et, d'autre part, des données interactionnelles – recueillies par les jeunes adultes eux-mêmes dans différentes situations quotidiennes (famille, amis, etc..) [5].

Figure 1. Répertoires langagiers de jeunes adultes sourds



(Estève & Millet, 2008)

Ce corpus nous a permis de rendre compte des façons diversifiées dont ces locuteurs utilisent et conjuguent les deux langues et les deux modalités, pour répondre à la diversité des interactions auxquelles ils sont confrontés au quotidien: en présence de locuteurs sourds et/ou entendants, locuteurs ou non du français et de la LSF. Plus particulièrement, à travers le corpus fourni par les

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[5] Pour des analyses exhaustives sur les entretiens et les interactions: cf. Millet et al. 2008.

3 locuteurs qui ont contribué activement au volet ‘données interactionnelles’, nous avons pu identifier des *répertoires langagiers* qui bien que contrastés, restent fondamentalement inscrits dans des contours bimodaux et bilingues:

Ainsi, malgré la similarité apparente de leur parcours en scolarisation[6], ces 3 jeunes adultes présentent des profils langagiers hétérogènes, se différenciant dans leur recours et leur adaptation des ressources amenées par la bimodalité:

– **profil à dominance gestuelle:** L’adaptation communicative de Tim est marquée par une prédominance de la LSF, et de la modalité gestuelle plus largement. Il adapte, en effet, son recours à la modalité gestuelle en fonction de la compétence de son interlocuteur: utilisation de la LSF de manière exclusive avec un interlocuteur entendant maîtrisant la LSF dans la situation d’entretien; de manière privilégiée dans les interactions avec sa famille entendante; mobilisation adaptée de la modalité gestuelle sous forme de gestes non-verbaux en interaction avec un ami entendant monolingue français.
– **profil à convergence monolingue:** Léa présente un éventail plus large de pratiques exploitant l’ensemble des ressources communicatives amenées par la bimodalité. Cette locutrice a tendance, en effet, à converger vers la langue de son interlocuteur: français avec sa Famille entendante, LSF avec ses amis sourds ou en présence d’un autre sourd et d’un entendant maîtrisant la LSF en entretien.
– **profil mixte:** Eva, quant à elle, mobilise principalement les ressources verbales de la bimodalité, ne s’adaptant pas réellement à la présence ou non d’une compétence en LSF chez ses interlocuteurs entendants. Elle recourt à des pratiques bilingues où les deux langues sont utilisées simultanément, de façon plus ou moins importante: insertions ponctuelles ou en continu de la langue qui ne sert pas de base à l’interaction. Elle utilise simultanément le français et des insertions ponctuelles ou continue de signes de la LSF avec les entendants; et la LSF et des insertions ponctuelles ou continues de labialisations/vocalisations avec ses amis sourds.

A partir des observations de l’ensemble du volet interactionnel, nous avons ainsi pu proposer une typologie des pratiques bilingues bimodales, qui puissent rendre compte du continuum observé chez ces jeunes adultes sourds: allant de

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[6] Ces 3 locuteurs sont, en effet, tous 3 sont nés dans une famille entendante; ont été, par ailleurs, en contact avec la LSF au cours de leur scolarité; et tous 3 ont connu des périodes d’intégration scolaire avec les entendants.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

pratiques monolingues monomodales, en français ou en LSF, à des pratiques monolingues non-verbales, vocale ou gestuelle; et en passant par toutes les combinaisons, bilingues et/ou bimodales, possibles entre ces deux poles.[7]

L'hétérogénéité des pratiques langagières effectives contraste donc, de manière frappante, avec les constructions idéologiques monolithiques – cf. chapitre 1 – et nous donne à restituer la trajectoire de ces enfants sourds, devenus jeunes adultes, en lien avec non seulement leur projet éducatif " oraliste " ou "bilingue", mais plus largement la réalité socio-langagière de leur parcours en scolarisation, et plus largement en socialisation. Quel que soit, en effet, le projet éducatif dans lequel ils ont, en effet, été propulsés dans leur enfance, ils se construisent vraisemblablement comme des locuteurs bilingues bimodaux, à des degrés divers, et cela n'est très certainement pas sans faire écho à l'utilisation effective faite des langues et des modalités dans les espaces classe.

II.2) L'utilisation des ressources dans les classes: de l'idéologie au pragmatisme

Dans la réalité des terrains scolaires, en effet, nous avons pu montrer dans nos recherches successives (Millet, 1990; Mugnier, 2006; Estève, 2011), que, dans la classe, bien souvent, les enseignants et leurs élèves optent pour un pragmatisme communicationnel, comme le montre ce continuum synthétisant nos observations empiriques:

Bien loin d'être soit "vocal", soit "gestuel" uniquement, en effet, apprenant et enseignant puisent dans toutes les ressources des *répertoires langagiers* des locuteurs en présence, pour co-construire une progression langagière, linguistique, culturelle et cognitive, qui, au bout du compte, s'ancre dans des interactions dont l'essence langagière est bilingue et bimodale à des degrés divers.

Fortes de ces observations, notre perspective compréhensive et descriptive de la socialisation langagière de l'enfant sourd s'inscrit donc dans la lignée de celle poursuivie par d'autres chercheurs à l'international, dont la voix est trop peu reléguée: "The point is not to propose some new model for deaf education but to urge careful description of individual repertoires and sense-making

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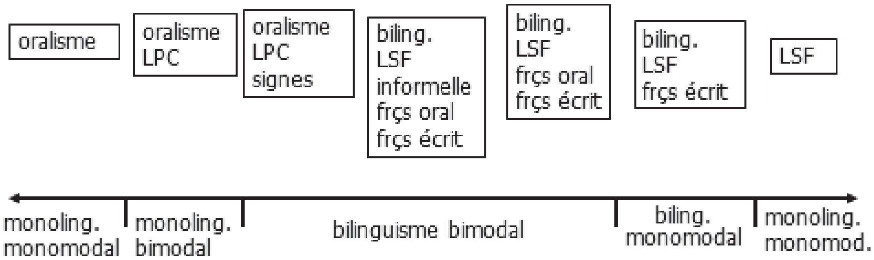
[7] Pour une présentation argumentée des choix théoriques et descriptifs sous-jacents de la typologie des pratiques bilingues bimodales: cf. Estève (2011, p. 133).

Figure 2. Continuum des pratiques langagières dans l'espace scolaire



(Millet, 2010)

efforts (Maxwell, in press), to be aware that whatever ideology about language people hold, communicators are busy with their relationships, to be aware (as Erring, 1988; Supalla, 1991, and others have pointed out) that people will draw on the linguistic resources at hand to relate to others and make sense of their world."(Maxwell, Doyle, 1996, p. 134)

C'est dans cette optique que nous proposons maintenant de nous décentrer, dans un premier temps, de l'espace classe pour envisager les interactions socialisantes au sens large à travers lesquels les enfants sourds font l'expérience du langage dans l'espace scolaire, pour mieux pouvoir, dans un second temps, revenir dans l'espace classe, dans l'optique de donner du sens aux enseignement/apprentissage fait dans cet espace, et plus spécifiquement concernant l'écrit.

III. L'espace scolaire: un lieu de socialisation langagière pour l'enfant sourd[8]

Bien loin de l'idéologie conflictuelle ambiante, force est de constater que, dans la réalité des terrains scolaires, des élèves sourds aux projets éducatifs intégrant ou non la LSF sont scolarisés dans les mêmes espaces scolaires. Et partant, ces enfants sont amenés à se socialiser ensemble au cours de leur scolarisation. Les frontières institutionnalisées entre les langues par les textes législatifs – cf. article 1 –, éclatent ainsi inévitablement sous l'effet des liens socio-langagiers qui se tissent, dans et en dehors de la classe, entre les locuteurs qui parlent,

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[8] Les éléments d'analyse synthétisés dans cette partie sont issus du travail de thèse de Estève (2011).

apprennent, enseignent ces langues[9], comme nous a permis d'en rendre compte un corpus d'interactions recueilli en 2007–2008 auprès de 6 enfants d'une CLIS "mixte"[10] (Estève, 2011) intégrée dans un établissement ordinaire.

III.1) Et si à l'école on se socialisait aussi ?[11]

Ce corpus se compose de contextes interactionnels variés, recueillis dans l'établissement ordinaire où sont intégrés les enfants sourds de cette CLIS: dans et en dehors de l'espace classe, en présence de locuteurs sourds et/ou entendants, enfants et/ou adultes, locuteurs ou non de la LSF. Cette matière interactionnelle à géométrie variable permet de donner un aperçu empirique, sans protocole expérimental particulier, des expériences socialisantes diversifiées à travers lesquelles l'enfant sourd fait l'expérience des 2 langues et des 2 modalités dans l'espace scolaire.

Pris dans leurs interactions quotidiennes, en effet, comme le montre cet aperçu synthétique des *contrats interactionnels*[12], les enfants sourds sont confrontés à

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[9] Cette mixité des publics d'enfants sourds sur les terrains scolaires comme faisant de l'école un lieu inévitablement propice et vecteur de la socialisation entre pairs sourds est une réalité des terrains qui commence tout juste à être reconnue. Le législateur mentionne, en effet, cette co-présence comme favorisant l'émergence de processus d'acquisition/transmission de la LSF, comme nous l'avons évoqué en conclusion du chapitre 1. Cela étant, il nous semble nécessaire de préciser, pour recontextualiser cette avancée vers une prise en compte plus consciente des réalités de terrains, que, les recherches empiriques que nous menons au LIDILEM, depuis près de 30 ans, sur les terrains scolaires attestent du décalage temporel manifeste d'une réalité de terrain déjà-là depuis bien longtemps.

[10] Nous entendons par CLIS "mixte": une classe où sont scolarisés ensemble des enfants sourds de projets éducatifs différents – *i.e.* intégrant ou non la LSF.

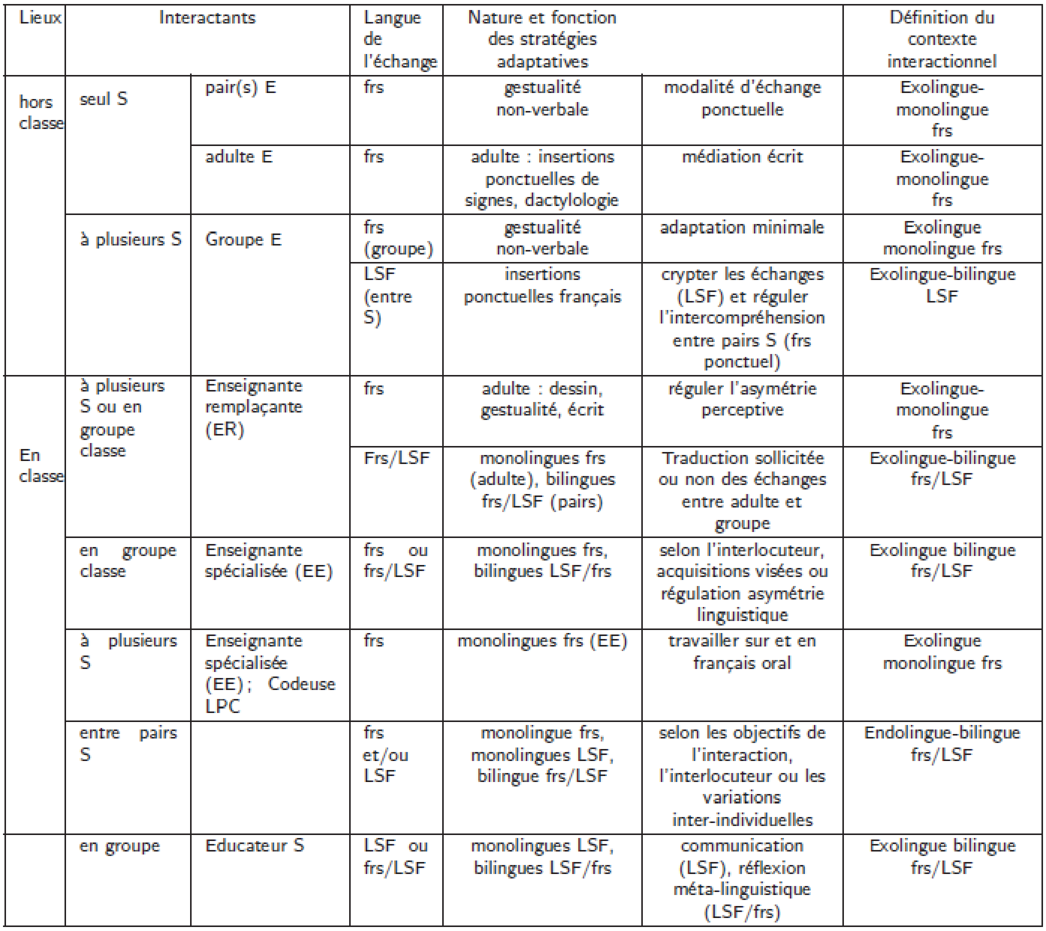
[11] Ce sous-titre correspond à un détournement du titre d'un article de De Pietro [2002]: "Et si, à l'école, on apprenait aussi?: Considérations didactiques sur les apports et les finalités des apprentissages langagiers guidés ", qui propose de poser la question inverse.

[12] Si nous parlons de *contrats interactionnels* plutôt que de *contrat didactique*, comme il est d'usage dans l'analyse des interactions didactiques, c'est que les interactions recueillies ne sont pas limitées à celles pro-typiques enseignants/élèves, mais sont, néanmoins, toutes des contextes propices à l'observation des processus de transmission/acquisition du langage qui façonnent inévitablement la trajectoire langagière de l'enfant sourd dans l'espace scolaire. Pour rendre compte de la manière dont les participants s'accordent sur les différents *degré de didacticité* (Moirand, 1993) de ces contrats interactionnels, nous avons puisés, en les croisant, d'outils développés dans d'autres travaux (Gajo, Mondada, 2000; Gajo, 2001; Matthey, 2003; Cicurel, 1996, 2005) que nous développerons pas dans le détail ici – voir pour une description détaillée (Estève, 2011, p. 252–254). Les 3 critères utilisés sont: le but de l'interaction, les stratégies de transmission-acquisition (en prenant en compte la circulation multimodale et bilingue de l'énonciation), la nature du contrat langagier.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

des situations diversifiées, dans lesquelles ils sont amenés à faire une utilisation différenciée des 2 langues et des 2 modalités.

Figure 3. Esquisse d'un portrait des expériences interactives de l'enfant sourd dans l'espace scolaire



Lieux	Interactants		Langue de l'échange	Nature et fonction des stratégies adaptatives		Définition du contexte interactionnel
hors classe	seul S	pair(s) E	frs	gestualité non-verbale	modalité d'échange ponctuelle	Exolingue-monolingue frs
		adulte E	frs	adulte : insertions ponctuelles de signes, dactylologie	médiation écrit	Exolingue-monolingue frs
	à plusieurs S	Groupe E	frs (groupe)	gestualité non-verbale	adaptation minimale	Exolingue monolingue frs
			LSF (entre S)	insertions ponctuelles français	crypter les échanges (LSF) et réguler l'intercompréhension entre pairs S (frs ponctuel)	Exolingue-bilingue LSF
En classe	à plusieurs S ou en groupe classe	Enseignante remplaçante (ER)	frs	adulte : dessin, gestualité, écrit	réguler l'asymétrie perceptive	Exolingue-monolingue frs
			Frs/LSF	monolingues frs (adulte), bilingues frs/LSF (pairs)	Traduction sollicitée ou non des échanges entre adulte et groupe	Exolingue-bilingue frs/LSF
	en groupe classe	Enseignante spécialisée (EE)	frs ou frs/LSF	monolingues frs, bilingues LSF/frs	selon l'interlocuteur, acquisitions visées ou régulation asymétrie linguistique	Exolingue bilingue frs/LSF
	à plusieurs S	Enseignante spécialisée (EE) ; Codeuse LPC	frs	monolingues frs (EE)	travailler sur et en français oral	Exolingue monolingue frs
	entre pairs S		frs et/ou LSF	monolingue frs, monolingues LSF, bilingue frs/LSF	selon les objectifs de l'interaction, l'interlocuteur ou les variations inter-individuelles	Endolingue-bilingue frs/LSF
	en groupe	Educateur S	LSF ou frs/LSF	monolingues LSF, bilingues LSF/frs	communication (LSF), réflexion méta-linguistique (LSF/frs)	Exolingue bilingue frs/LSF

(Estève, 2011, p. 323)

La conscience qu'ont les enfants sourds de l'hétérogénéité des compétences des locuteurs en présence est, en effet, assez manifeste dans les stratégies qu'ils mettent en œuvre pour la réguler: elles révèlent une gestion différenciée de l'alternance de langues selon les espaces interactionnels. Les enfants sourds de cette classe semblent, en effet, avoir acquis une *compétence de catégorisation*[13] assez fine des locuteurs en fonction de leur compétence en français et/ou en LSF. Il apparaît ainsi que les pairs entendants sont catégorisés assez unanimement comme monolingues français. En revanche, l'adaptation aux adultes de l'établissement semble être plus complexe dans la mesure où le statut auditif du locuteur (sourd *vs* entendant) ne présage pas de leurs compétences en français ou en LSF. En effet, qu'ils soient sourds ou entendants, les adultes peuvent maîtriser les deux langues (pour une analyse des interactions avec l'enseignant sourd et entendant de la classe cf. Estève, 2011)

Ce tissu scolaire de *socialisation langagière* (Ochs, Schieffin, 1994) tuteure, bien au-delà du seul espace classe, les processus de transmission/acquisition de l'enfant sourd et l'amène donc *de facto* à s'approprier ce qui se trouve bien résumé sous le concept de "*compétence pluri-langagière experte*" (De Pietro, 2002). Et partant, ces données interactionnelles, nous invitent donc à formuler la question suivante: Que signifie donc devenir socio-langagièrement compétent à l'école pour l'enfant sourd? Les réponses développementales se déclinent, dans les faits, indéniablement et inévitablement dans des oralités individuelles plurielles.

III.2) Profils de l'oralité enfantine sourde

La typologie des profils langagiers proposée ci-après est issue des analyses des productions narratives de 24 enfants sourds scolarisés dans des dispositifs éducatifs divers, et ayant par ailleurs, des profils démographiques très différents: d'âge (5 à 12 ans), de niveau scolaire (GS à CM2), de degré de surdité (sévère à profond) hétérogène et issus par ailleurs d'environnement sourd, entendant ou mixte (Estève, 2011). Cet échantillon représentatif de la diversité des réalités des publics sourds accueillis dans les terrains scolaires, nous a permis de proposer un portrait empirique de l'oralité enfantine sourde.

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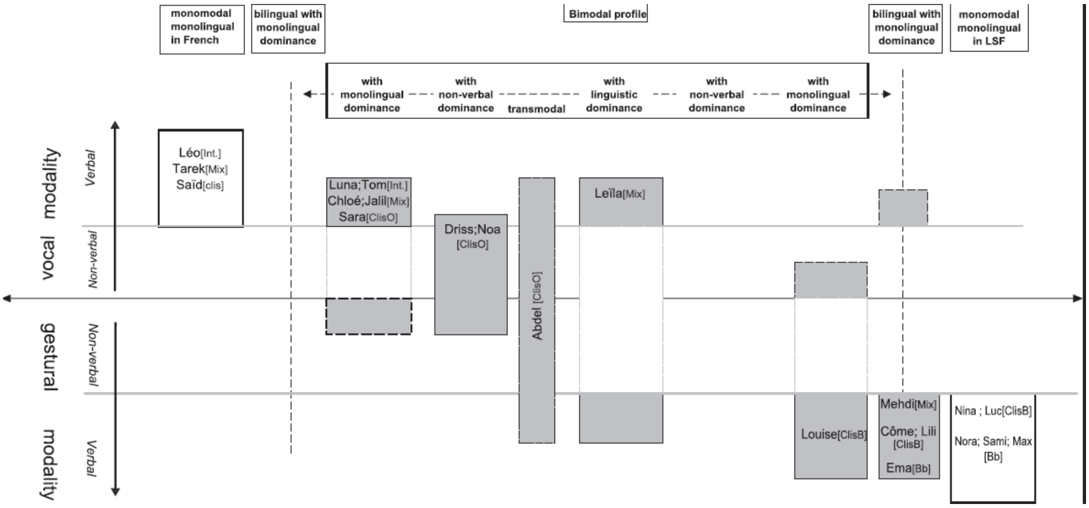
[13] Nous rejoignons ainsi l'hypothèse proposée par Gajo, Mondada (2000, p. 125) quant à la construction de la *compétence de catégorisation*: "On peut faire l'hypothèse que les activtiés de l'apprenant sont organisés par sa capacité à catégoriser des locuteurs, des formes et des contextes d'activité et que ceci définit sa "compétence de catégorisation" – entendue comme composant de sa compétence socio-communicationnelle de membre, définissant son appartenance à une communauté, lui permettant de reconnaître les conduites des autres et de produire la reconnaissabilité de sa conduite comme catégoriellement adéquate ou non".

Comme le montre le schéma suivant, l'hétérogénéité langagière enfantine sourde ne s'inscrit pas, loin s'en faut, autour de 2 pôles monolingues monomodaux. En effet, de façon assez similaire à ce que nous avions pu montrer pour les adultes – cf. II.1 –, les profils de l'oralité enfantine sourde prennent la forme d'un continuum de possibilités langagières allant des profils monolingues en français au profil monolingue en LSF; et tout au long duquel s'inscrivent des profils bilingues et des profils bimodaux qui témoignent d'étapes de progression différenciées et contrastées dans le développement des ressources amenées par la bimodalité.

Figure 4. Continuum des profils de l'oralité enfantine sourde



(Estève, 2011, p. 402)

Si certains enfants s'inscrivent dans **des profils monolingues monomodaux en français et en LSF** en n'ayant recours, dans leurs narrations, à une seule langue et une seule modalité, d'autres, et majoritairement (16 enfants sur 24), s'inscrivent dans des profils à dominance contrastée.

Nous avons pu distinguer des **profils bilingues à dominance monolingue** où l'utilisation d'une langue est prédominante qui caractérisent des enfants qui puisent dans les ressources linguistiques des deux langues, mais peuvent également recourir ponctuellement à une seule langue (la LSF ou le français) dans des énoncés monolingues monomodaux.

Enfin, nous avons pu établir des **profils bimodaux** à dominance, selon la nature du recours prédominant à la bimodalité pour les besoins de la narration:

- *profil bimodal à dominance monolingue*: une seule modalité est utilisée dans une dimension linguistique, l'autre dans une dimension non-linguistique: respectivement combinaisons français-gestes ou français seul (profil bimodal à dominance monolingue français); combinaisons LSF-onomatopées ou LSF seule (profil bimodal à dominance monolingue LSF);
- *profil bimodal à dominance non-verbale*: recours aux deux modalités dans leurs dimensions non-verbales majoritairement (combinaisons onomatopées-gestes);
- *profil transmodal*: utilisation des deux modalités dans toutes leurs dimensions: français, onomatopées, LSF, gestes combinées de façon variable;
- *profil bimodal à dominance linguistique*: recourent aux deux modalités dans leurs dimensions linguistiques (combinaisons français-LSF).

Ainsi, le développement linguistique et plus fondamentalement langagier – verbal et non-verbal – de l'oralité chez l'enfant sourd ne correspond pas, par bien des aspects aux deux équations à deux inconnues fantasmées par les querelles idéologiques faisant du projet éducatif l'élément décisif et prédestinant une trajectoire langagière donnée. Pierre –projet éducatif "bilingue" –, au profil bimodal à dominance monolingue français, et Leïla – projet éducatif "oraliste" –, au profil bimodal à dominance linguistique, scolarisés tous deux dans la CLIS mixte, sont des contre-exemples particulièrement probants pour appuyer ces conclusions sur des preuves empiriques. Ces données nous amènent ainsi à resituer le développement des compétences linguistiques de l'enfant sourd, comme inter-connecté avec sa matière sociale, culturelle, expressive de sujet apprenant-interagissant dans la globalité de sa *compétence de communication* (Hymes, 1984)[14].

Si nous nous sommes essentiellement concentrés sur l'oral depuis le début de cet article, nous proposons maintenant d'élargir la perspective en intégrant l'écrit dans la réflexion. L'écrit constitue, en effet, à notre sens, une composante langagière à part entière à intégrer comme ressource, parmi d'autres, du *répertoire langagier* de l'enfant sourd.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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[14] "Un enfant acquiert une connaissance des phrases, non seulement comme grammaticales, mais aussi comme étant ou non appropriées. Il acquiert une compétence qui lui indique quand parler, et aussi de quoi parler, avec qui, à quel moment, ou de quelle manière" (Hymes, 1984, p. 74).

IV. Et la place de l'écrit…? Une composante du répertoire langagier de l'enfant sourd[15]

La question de l'écrit cristallise, selon nous, tous les enjeux des querelles qui traversent le contexte surdité, puisque l'objectif ultime de l'enseignement/apprentissage en contexte scolaire reste la participation citoyenne du locuteur sourd dans une société fondamentalement ancrée dans la littéracie. Nous souhaitons interroger plus particulièrement la place de l'écrit en contexte scolaire. Du côté des enseignants, d'une part, qui, comme nous allons le voir, (sur) investissent cette dimension linguistique, comme si l'écrit, de par son aspect visuel, pouvait rendre transparent l'accès au sens pour les enfants sourds. Nous nuancerons, d'autre part, cette intention didactique des enseignants, en changeant de perspective pour adopter celles des enfants sourds, en rendant compte de la réalité des étayages observés entre oralité et scripturalité dans les stratégies d'appropriation des savoirs. Et, enfin nous finirons par donner des indices exploratoires des recherches en cours qui amènent des perspectives de recherche nouvelles sur l'évaluation et l'étayage du lien dynamique potentiel entre oralité et scripturalité qui nous semble être à didactiser dans une pédagogie bilingue effective adaptée aux enfants sourds.

IV.1) L'écrit dans l'espace classe: *un écrit omniprésent*

Des observations filmées d'interactions de classe autour d'une activité de compréhension de textes en français[16] nous interrogent plus particulièrement sur une dimension linguistique très présente dans les expériences langagières enfantines, à savoir l'écrit.

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[15] Les éléments d'analyse restitués dans cette partie sont issus du travail de thèse de Mugnier (2008).

[16] L'ensemble du corpus filmé porte sur 15 séances à raison d'une heure par séance, et de quatre séances par semaine. Le recueil de données a eu lieu aux places et aux horaires habituels des cours de français et de ceux de LSF. L'activité proposée était proche de celles ordinairement réalisées par les enseignants. Les données analysées portent sur des extraits d'un corpus filmé que nous avons pu recueillir dans une classe de CE2 comprenant 8 enfants sourds (notés S1 à S8 dans les extraits de corpus qui suivent). Il s'agit d'une étude construite, avec la mise en place d'un protocole d'observation pour valider les apports du bilinguisme et observer ses effets en contexte d'apprentissage en classe. Pour une description détaillée du protocole et du corpus, voir S. Mugnier (2006).

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

a) L'écrit dans les stratégies de transmission – ou le mythe de la transparence de la langue....

En effet, comme le montre l'extrait suivant, l'enseignante entendante donne à l'écrit une place importante – si ce n'est centrale – dans les échanges et les explications. Son utilisation du tableau, nous semble, en effet, projeter où oralité et scripturalité sont étroitement tissées/liées:

63.	EEN	Quand on est sûr ça veut dire quoi? Ca veut dire "c'est vrai" On le sait vraiment. *EEN écrit au tableau:* "elle en est sûre = elle le sait vraiment". Ce matin Sophie avait la clé. S4 ce matin Sophie avait la clé. Elle le sait. C'est sûr, elle le sait vraiment. Elle avait la clé. Ca veut dire elle en est sûre. Ca veut dire elle ne se trompe pas. *EEN écrit au tableau* "=elle ne se trompe pas". Elle ne se trompe pas. C'est vrai, elle avait la clé. D'accord? […]
	EEN	[…] (...)
64.	EEN	(*lit au tableau*) Qu'est-ce que je vais faire si j'ai perdu ma clé? Qu'est-ce que ça veut dire ça ?
65.	S1	Qu'est-ce que je vais faire si j'ai perdu ma clé ? [?] [FAIRE] [SI] [PERDRE] [MA] [CLÉ]
66.	----S2	J'ai perdu ma clé. Ma clé perdue [perdre] [MA] [CLÉ] [CLÉ] [PERDRE]
67.	EEN	Mais qu'est-ce que ça veut dire qu'est-ce que je vais faire? Ca veut dire je vais faire quoi. Ca veut dire si j'ai perdu ma clé, je vais faire quoi?
68.	S ?	Chercher. Chercher.
69.	EEN	*écrit au tableau:* "Si j'ai perdu ma clé je vais faire quoi?" Sophie est inquiète. Vous vous rappelez "inquiète"? (...)

On observe ainsi que l'écrit accompagne les interactions durant toute la séquence didactique puisque les questions de l'enseignante TP63; TP64; TP69). et les réponses – ses réponses en l'occurrence – sont écrites au tableau (TP63; TP71). Cette pratique de l'écrit nous semble reposer sur une stratégie de visualisation de la parole ou de visualisation de l'explication donnée, par l'enseignante, oralement. On retrouve ici l'écrit dans une fonction assez similaire au principe de *saillance compensatoire*[17](Gajo, 2008): il sert à pointer les éléments jugés importants par l'enseignante, à mettre en évidence, au tableau, des repères visuels clefs permettant aux élèves de suivre la progression de l'échange.

On se retrouve alors dans une certaine circularité puisque le support de l'interaction est un texte écrit, et que l'oral servant l'explication est lui-même glosé

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[17] Comme nous avons pu l'explorer, par ailleurs, chez une autre enseignante dans Estève (2011).

par l'écrit. Finalement au tableau, au fil des échanges, le texte de base sera, en effet, (re-)construit, à côté du texte source étudié. Ceci n'est pas propre à cet extrait. On observe, en effet, dans l'ensemble du corpus, pour l'enseignante, peu de prise de distance en regard des textes sources – peu de digressions ou de réemplois des mots du texte dans des contextes variés, peu d'appel au vécu ou à l'expérience des élèves. Dans l'ensemble des interactions avec l'enseignante, émerge finalement une certaine forme de "rigidité"[18], que l'on reproche bien souvent aux enfants sourds… cause ou conséquence?

Les pratiques de transmission de cette enseignante nous semble être assez symptomatique de la situation d'enseignement/apprentissage auprès d'un public de jeunes sourds: les enseignants plus ou moins conscients des enjeux linguistiques qui s'inscrivent en toile de fond doivent composer avec la transmission/enseignement de la langue française, qu'il faut malgré tout que les élèves maîtrisent, et les difficultés de ces élèves à accéder/entrer dans cette langue, réelles ou fantasmées par les enseignants travaillant auprès d'enfants sourds (Mugnier, 2006; Mugnier, Millet, 2004). Dans cette situation l'écrit se drape bien souvent, d'un statut de *refuge linguistique* fondé.

b) L'écrit dans les discours: un refuge linguistique

Dans les propos des enseignants, on retrouve communément l'idée que la langue vocale n'est pas spontanée, naturelle pour l'enfant sourd, mais requiert la mise en place d'un travail systématique et explicite, qui trouve nécessairement son cadre/sa place dans par l'enseign-ement/-nant.

S'appuyer sur la dimension visuelle semble pouvoir suffire dès lors à donner à voir à l'enfant sourd les structures de la langue française, comme le montre le discours de cette enseignante": [la syntaxe] **il faut que ça passe**/s'ils n'ont pas des parents codeurs, où à ce moment-là toutes les structures apparaissent dans la phrase**, il faut que ça passe par l'écrit**. (Efen1 TP52)". Ainsi, l'enseignante semble voir dans l'écrit, du fait qu'il s'appuie sur le canal "visuel", un outil à privilégier; la dimension "auditive" de la langue étant, pour l'enfant sourd, plus fragile.

Tout au long de nos différentes recherches sur le terrains – des observations de classe, les entretiens menés mais aussi dans le cadre d'échanges lors de formations continues – il apparait qu'un grand nombre d'enseignants s'appuient

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[18] Les travaux de Lederberg sur le développement des compétences lexicales des enfants sourds, ont très largement fait état de cette rigidité sémantique.

sur des *stratégies de transmission* dont l’objectif principal serait d’assurer une transparence des contenus, en recourant à un ensemble d’outils pédagogiques dont la caractéristique essentielle repose sur la visualisation, un encodage du code linguistique: écrit, LFPC, mais également verbo-tonale, grammaire en couleur, dessin, dynamique de la parole (cf. pour une description exhaustive des outils employés dans l’espace classe: Estève, 2011).

Néanmoins, si cette multiplication des outils permet de manière générale à l’enseignant de se rassurer[19], en proposant une compensation visuelle en quelque sorte qui permettrait de rendre l’information accessible pour l’enfant sourd –, cette illusion de transparence participe, selon nous, très largement à entretenir un mythe. Malgré cette prégnance du visuel dans les *stratégies de transmission* des enseignants pour montrer la langue française, en effet, le français, reste malgré tout imperméable aux enfants sourds. L’écrit est indéniablement plus complexe qu’une simple suite de lettres graphiques. Il s’agit, en effet, au-delà de l’appropriation des structures linguistiques, de pouvoir les investir de sens. Et cette remarque nous amène ainsi à changer de perspective pour interroger maintenant les stratégies d’appropriation par les apprenants sourds.

III.2) Relation et étayages des langues pour les enfants: vers l’autonomie discursive

Alors… que nous disent les enfants ? On observe, de la part des élèves, un travail de mobilisation de leurs ressources, manifestement très conscients des attentes des enseignants – et de leur environnement plus largement. Ainsi, quand ils en ont les possibilités – les moyens linguistiques –, ils investissent

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[19] On peut émettre l’hypothèse selon laquelle l’écrit permet à l’enseignante de se rassurer quant à la compréhension des échanges. L’utilisation fréquente de la formule “qu’est-ce que ça veut dire” – reprise ici X fois, nous semble en effet révélateur de l’insécurité de l’enseignante sur la compréhension effective du texte – pointant en filigrane la difficulté que constitue la langue française et par la même sa non transparence. Ces interrogations, si elles permettent de guider les élèves, elle leur laissent également peu de latitude pour s’exprimer. En outre, elles réduisent le travail de lecture à un travail de compréhension des mots sans revenir à la cohérence textuelle globale, ni même phrastique. Soulignons que cet aspect n’est pas propre à des classes d’enfants sourds, les recherches descriptives sur la pratique d’enseignement au CP indiquent que les enseignants consacrent l’essentiel du temps alloué à l’apprentissage de lecture à la construction et à l’automatisation des procédures d’identification de mots et de production, et que nombres d’enseignants se préoccupent plus de la compréhension de phrases que de textes (Goigoux, 2003).

la langue française. Les deux extraits suivants nous permettent d'illustrer ainsi deux stratégies d'appropriation différentes face à un mot inconnu, dans les deux cas, les échanges portent sur un verbe conjugué au passé.

Dans le premier extrait issu d'une séance didactique visant la compréhension d'un conte français, l'enseignante montre "vit" sur le texte (TP246) et demande à la classe la signification du mot:

Corpus CfrA « vit « (TP246-253)

246.	**Enseignante**	***Montrant* «vit» Qu'est-ce que ça veut dire ça ? Qu'est-ce que ça veut dire ?**
247.	**S6**	**[VILLE]**
248.	**S1** *****Vite**	**[VITE]**
249.	**Enseignante**	**Ca veut dire «vite !» Ca veut dire quoi ?**
250.	**S5**	**[VIVRE]**
251.	**Enseignante**	**Vivre ? Vivre ? Vous êtes sûrs ?. Non, Ca veut dire... C'est difficile parce que c'est le passé C'est le passé Mais au présent. Si c'était maintenant. Maintenant, on dirait: La vieille dame voit (*écrit* «voit»). Elle voit la fille (*montrant le texte*) Et elle voit que la fille est pauvre et qu'elle a faim. Ca veut dire «voit» D'accord ? C'est le verbe «voir», au passé.**
252.	**S7**	**Après, après,**
253.	**Enseignante**	**Après, ben on va voir... Qu'est-ce qui se passe (…)**

Les élèves coopèrent et vont puiser dans leur ressources des mots linguistiquement proches – *i.e.* qui débutent par la même syllabe –: **S6** soumet «ville» (TP247), **S1** «vite» (TP248), et **S5** «vivre» (TP250). On notera que la réponse de **S5** constitue, sous une forme conjuguée, un véritable homonyme du mot cible. L'enseignante, (TP 251) en annonçant explicitement que «c'est difficile « propose une explication méta-linguistique: elle évoque, à l'aide de la LFPC, le temps du verbe «c'est le passé», puis transpose alors la phrase au présent. L'enseignante clôt enfin son explication en donnant la forme infinitive du verbe «voir», forme plus connue des enfants.

Cet extrait, loin d'être isolé dans les séquences didactiques autour du conte du fait d'une utilisation de la langue moins familière aux enfants, souligne un décalage entre stratégies d'appropriation d'une part, et stratégies de transmission, d'autre part. Alors que les enfants sourds tentent, en effet, autant que faire se peut de construire du sens comme le montre S7 (TP253) qui souhaite poursuivre l'histoire; l'enseignante, quant à elle, tente, en multipliant les stratégies, de focaliser leur attention sur le code, sans pourtant être attentive à accueillir pourtant les tentatives de rapprochement linguistique formel proposés par les élèves.

On peut se demander dans quelle mesure ces mises au point sur le code donnant lieu à des interactions méta-linguistiques « enchâssées « focalisées sur un point linguistique précis, sont accueillies/com-prises par les élèves. Elles sont censées « donner sens « à l'enseignement… Or, bien souvent ces réflexions méta ne s'inscrivent pas dans du sens, mais semblent être des étiquettes linguistiques qui tournent « à vide «. Pour que ces interactions deviennent de véritables lieux où les savoirs se découvrent et s'expérimentent, les élèves doivent, d'une part, en amont, être dans la compréhension des termes, et d'autre part avoir construit des outils linguistiques qui leur permettront, alors, de s'en approprier d'autres.

L'extrait suivant permet, nous semble-t-il, de corroborer ces propos. En effet, on note que, dès que les élèves ont la possibilité de ou sont incités à faire des ponts entre les langues, et qu'ils possèdent les outils linguistiques formels et sémantiques, ils participent activement à l'échange, en prenant leur place d'apprenant-interagissant. Par ailleurs, le choix de la langue française par les enfants, dans cette séquence, alors qu'ils ont travaillé précédemment ce texte en LS avec l'enseignant sourd, appuie encore l'idée que les élèves ont conscience de l'intention didactique de l'enseignante ici – enseignante entendante dans un cours de français.

Corpus CbilA «tout alla bien» (TP45-54)

45.	**EEN**	**Attention c'est quel temps ? avaient? alla ?**
46.	**SSS**	**Avant**
		*****[AVANT, AVANT]**
47.	**EEN**	**Quand c'est avant, on dit c'est le**
48.	**S7**	**Passé**
49.	**EEN**	**Très bien S7, C'est le passé**
	EEN	***écrit au tableau* «tout alla bien»**
	EEN	**Tout alla bien, alors ?**
50.	**S4**	**[AVANT, AVANT]**
51.	**EEN**	**C'est le passé, [MAINTENANT] [DIRE] [QUOI]**
52.	**SSS**	***Brouhaha* «aller bien» «ca va bien»**
53.	**S7**	**Ca va bien.**
54.	**EEN**	***écrit* «passé» *devant* «tout alla bien» *puis en dessous:* «le présent, maintenant»**
	EEN	**On dit // maintenant on dit quoi ? Tout va bien D'accord?**
	EEN	***écrit* «tout va bien» […]**

Les élèves donnent une réponse adéquate (TP46), EEN demande (TP47) de préciser la dénomination exacte du temps «le passé», réponse donnée par **S7** (TP48) et reprise en français +LPC par EEN (TP49). L'enseignante fait une digression sur la langue puisqu'elle demande en LSF (TP51) ce que l'on dirait «maintenant», donc au présent. On remarquera que les élèves (TP52) donnent la réponse adéquate, et surtout que leurs réponses sont uniquement en langue française.

Cependant, il convient de reconnaitre qu'un décalage temporel important est nécessaire pour que les habiletés langagières, développées ici grâce à la LSF, soient réinvesties dans la langue française. D'autant plus que les enfants sourds de cette classe – à l'exception d'un seul (S2) – n'ont pas bénéficié précocement d'un bain langagier accessible[20]. Ceci peut expliquer, en partie, les difficultés que l'on observe à articuler la co-construction des compétences développées dans les deux langues. Au plan pédagogique, il s'avère nécessaire d'établir, de façon explicite, des ponts entre les deux systèmes linguistiques, du français et de la LSF, faute de quoi le phénomène de **rigidité** souvent attribué aux sourds (Sero-Guillaume, 1996) s'auto-alimentera inévitablement.

Pour sortir de cette circularité de l'enseignement/apprentissage des enfants sourds il va sans dire que seule la mise en place d'une dynamique bilingue intégrée pourrait participer à la **distanciation**, la **symbolisation** et au bout du compte à **l'autonomie discursive des enfants sourds en tant que sujets apprenants-interagissants, producteurs de sens et intégrateurs de savoirs.**

Pour ne pas conclure…

Ainsi, comme nous l'avions conclu par ailleurs (Estève, 2011, p. 279), les frontières posées entre les projets éducatifs dans les textes législatifs (cf. article 1) ne sont que peu à même de rendre compte de la manière dont se déploient, de façon effective, les langues et les modalités dans l'espace classe. C'est, en effet, dans et par l'interaction que se redéfinissent les projets éducatifs dans l'espace classe, un lieu qui, avant d'être un lieu d'apprentissage, est un lieu social qui ne

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[20] Des récents travaux ont mis en évidence l'existence d'une relation positive entre les habiletés en langues des signes et les habiletés en lecture ou encore de bons lecteur adultes sourds ayant la langue des signes comme langue première (Mayberrry, 2005; Niederberger, 2004). Néanmoins, la nature de cette relation n'est pas encore totalement connue (Chamberlain et al., 2000; Padden et Ramsey, 2005). En outre, certaines recherches ont montré l'existence de bons lecteurs dans la population sourde qui sont inscrit principalement dans la langue vocale (Nemeth Sinclair, 1992), d'autres travaux ont mis en avant de bons lecteurs qui sont dans une communication en langue vocale signée – tel que le français signé (Schik et Moeller, 1992). Ainsi, le développement d'habiletés langagières – qu'elles que soient leur forme – s'avèrerait nécessaire mais non suffisante. En effet, comme l'exposent Chamberlain et Mayberry (2005: 287): "Personne n'admettrait, cependant, que de bonnes habiletés langagières soient suffisantes pour un bon niveau de lecture, mais uniquement qu'elles sont nécessaires. Il est évident que d'autres habiletés sont requises pour que la lecture fluente se mette en place, comme la reconnaissance des mots et beaucoup de sous-composantes impliquées dans ces habiletés. Le point central ici est que si les habiletés langagières premières sont sous-développées, quelle que soit leur forme, les premiers pas du processus manquent".

met pas seulement en co-habitation ou en co-présence des corps ou des langues, mais qui met en contact des locuteurs qui sont, sans doute, élèves et enseignants, mais aussi bilingues par définition parce qu'ils usent de deux langues dans leur vie de tous les jours (Grosjean, 1984).

Ainsi, la place des langues et des modalités dans l'éducation des enfants sourds se trouve-t-elle, comme nous avons pu le montrer, à travers l'observation des interactions scolaires, redéfinie dans les négociations et renégociations des fonctions de deux langues orales en contact dans et par l'interaction. Des interactions, où se rencontrent les besoins d'apprendre et les besoins d'enseigner, et qui font émerger, au bout du compte, une éducation bilingue effective co-construite par les élèves et les enseignants. Il serait bon que ces traces du faire langueS[21] ensemble soient diffusées et étayées par les recherches, puis légitimées par le législateur, afin que les missions de l'éducation des enfants sourds puissent enfin permettre de favoriser ces bilinguismes bimodaux émergents, en participant à l'étayage des compétences linguistiques en français et en LSF, en tenant compte du *déjà-là langagier* des enfants sourds dans les deux modalités disponibles à la communication, et ce quel que soit la forme et l'état de développement de leurs habiletés symboliques: qu'elles soient gestuelle et/ou vocale, et qu'elles soient par ailleurs déjà ou non systématisées sous une forme linguistique.

Summary

The authors propose the analysis of actual, everyday using two languages: French and French Sign Language both by deaf adults and children. The first analysis of bilingualism in adult youth indicates a few profiles using two languages which young people with hearing impaired use when leading conversations with persons around. The analysis of bilingual deaf children confirms variability of these profiles and emphasizes the meaning of interactions in a class. In these interactions, in the process of teaching/learning the skill of writing plays an important role. Authors illustrate with examples how the process of teaching looks like and what its elements are. They stress that both languages enable deaf children and their teachers to communicate/create meanings, make

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[21] Nous nous permettons intentionnellement de mettre l'expression de Meynard (2002) au pluriel.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

school subjects meaningful. They help children to make progress in the scope of knowledge on French, which is a language of teaching and a language used in school. Apart from different forms of using the language the authors list and emphasize non-verbal messages, which are chosen by some children as a complement to their communication capabilities in order to understand communications and communicate their own thoughts. As real life of classes demonstrates, bilingualism has its place and it is necessary to develop linguistic, communication, cognitive capabilities in deaf children.

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Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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PART III

ISSUES OF EARLY-DEVELOPMENTAL SUPPORT AND EDUCATION PROVIDED TO CHILDREN AND YOUTH WITH HEARING IMPAIRED – COMPARISON AND PERSPECTIVES FOR RESEARCH

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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

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[1]. 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.

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[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[2].

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,

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[2] 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

Table 1. Early development support – a comparative summary

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

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.

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

(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. Bieńkowska, 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

Countries / existing types of education	**Poland**	**Slovakia**	**Germany**	**France**	**Romandy**
Compulsory school age	5-6 years (civil year)	6 years	6 years	6–7 years	4 years finished no later than in August of the given year
Phonic education	+	+	+	+	+
The use of Cued Speech in phonic ed.	rarely	-	?[9]	+	+
Bilingual education (SL + PL)	exists in special classes – rarely	in declarations possible, but rare in reality	rare (Berlin, Hamburg)	rare (4 schools throughout France!); institutionally and legally everything is there, but lack of capacity in the field	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
Mixed education (total)	dominant	?	-	-	-
Extent of SL in education: – high					
– average			+	+	+
– low	+	+			

Countries / existing types of education	**Poland**	**Slovakia**	**Germany**	**France**	**Romandy**
Teaching the specialists in the field of hearing defects using SL, Cued Speech, etc.[9]	Educating the teachers of the deaf, but without emphasis on SL, except for studies at the University of Warsaw or cued speech (CUL)	University in Bratislava – Deaf teaching	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)	rare (Universities in Lille, Paris, Montpellier, Lyon, etc.); training resources for speech therapists usually include Cued Speech as an intervention, very common in France.	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)
Training of SL interpreters	courses conducted by the Polish Association of the Deaf	?	universities in Berlin and Hamburg	Universities in Lille, Paris, Montpellier, Lyon, etc.	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

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[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	Poland	Slovakia	Germany	France	Romandy
The Law on Sign Language	since 2011	?	since 2002	since 2005	does not exist in federal laws, only in two cantonal constitutions (26 cantons), in Zurich and Geneva (only since the end of 2014).

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).

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

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

Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

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.

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-Alvarez, 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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Selected issues of early-development support and education of children and youth with hearing impairment – comparative analysis on the example of five European countries
Małgorzata Zaborniak-Sobczak, Katarzyna Ita Bieńkowska, Edyta Tomińska • Wydawnictwo APS • Warsaw 2017

CONCLUSION

The original purpose of our publication was to compare the existing system and institutional solutions in terms of early-development support and education of children and youth with hearing impairment in five European countries. Two of them – Poland and Slovakia – are characterized by relatively late inclusion into the European Union, and thus, the actions to equalize opportunities for persons with disabilities, including those with hearing impairment, were taken later. In turn, the experience of the French and German teachers of the deaf were those, which left visible mark on the solutions used in other countries, including the former socialist block. The issue of education of children with hearing impairment in the Romanesque part of Switzerland was also presented.

Stages of comparative studies can be reduced to description, interpretation and compilation of data, consisting in identification of similarities and differences in acquired materials. The objective set initially was verified while working on the final shape of the book, because we failed to obtain clear answers to our research questions. Authors of individual parts – experts in teaching the deaf, approached the subject discussed by us in various ways. Hence, it is difficult to compare and interpret the resulting material. Nevertheless, all the presented articles are interesting from the point of view of Deaf education, and the views of the authors demonstrate a wide range of issues.

Modern solutions for variously understood rehabilitation of persons with hearing impairment have their origins in the rich and turbulent history, which was briefly discussed in the introductory part of the publication and constitutes a kind of background for further consideration. Description of solutions for early-development system support and education of children and youth with hearing impairment referred to detailed discussion over issues such as systems for early diagnosis and intervention in selected European countries – comparative material in this respect constitutes the content of the first part of this publication. However, the systems of education for children and youth with hearing impairment, its forms, are discussed in the second part of the study. Chapters in the third part constitute an attempt to perform comparative analysis of the selected European solutions in terms of early-development support and education of children and youth with hearing impairment presented by the authors, as well as conclusions and research perspectives concerning them.

This publication is addressed to people who professionally deal with the problems of hearing defects or are currently starting to do it.

Special thanks to the following Reviewers: Professor Grażyna Dryżałowska of the Faculty of Education at the University of Warsaw and Professor Kazimierz Niemczyk, head of the Department of Otolaryngology, Medical University of Warsaw, for the effort made towards assessment of the forthcoming publication and indication of “defects”, which, we hope, were successfully eliminated. For substantive discussions in Munich and Bratislava, motivation to continue work and providing materials regarding the hearing screenings in the United States, Australia and Canada, we would like to thank Ms. Victoria Mc Dovell. Translators of individual chapters of this book performed immensely difficult task, for which we also warmly thank them.

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