Position Statement: Implications of Language Deprivation for Young Deaf, DeafBlind, DeafDisabled, and Hard of Hearing Children

***Note:** This paper will use the term "deaf" as a shorthand term to refer to people who may identify as Deaf, DeafBlind, DeafDisabled, and Hard of Hearing.

Leading Issue

Based on existing research literature, "many deaf children - perhaps as many as 70% - are deprived of language."[1] Such deprivation is more prevalent among deaf children from Black, Indigenous, and Persons of Color (BIPOC) families and communities[2]. Language deprivation is a devastating reality for many deaf children, and must be addressed as a serious and urgent health crisis.

Parents and families of deaf children are often misguided by medical professionals about the process of language development as it pertains to spoken and signed languages. The misguidance from medical professionals often convinces parents and families of deaf children that they must select one form of language to ensure efficient language development and communication. However, this is incorrect, especially when many people around the world thrive educationally and intellectually when they are educated in or exposed to two or more languages from birth. Despite the benefits of providing children with multiple language input, medical professionals with no training in the language development of deaf children often tell parents and families that providing these children with spoken language is their only hope. Due to this incorrect information from their doctors, parents and families often end up selecting a spoken language to teach their children. The decision of families to only use spoken language with deaf children too often results in language deprivation for these children.

It is imperative to prevent language deprivation in all deaf children, and this requires addressing the usual reliance on auditory input for language acquisition. Parents, families and professionals need to actively prevent language deprivation within deaf children starting at birth, particularly through the newborn hearing screening process. The responsibility of active prevention continues well after that initial experience in infancy, meaning that every provider, professional, advocate, organization, and program who comes in contact with the family then becomes equally responsible to actively work toward preventing language deprivation for each deaf child.

This position statement summarizes the NAD's technical paper, "Implications of Language Deprivation for Young Deaf, DeafBlind, Hard of Hearing, and DeafDisabled Children: A Review." This position statement focuses on ensuring language acquisition for young deaf children through early childhood, from birth to five years old. For more information about K-12

---

[1] Dougherty, E. (2019). Getting the word in. *The Brink.* https://www.bu.edu/articles/2017/asl-language-acquisition/.

[2] Murray J, J., Hall, W. C., & Snoddon, K. (2019). Education and health of children with hearing loss: The necessity of signed languages. *Bulletin of the World Health Organization, 97*(10), 711-716. doi: 10.2471/BLT.19.229427.

education for school-aged deaf children, please look through the NAD's various resources for this age population.

What is Language Deprivation?

The term "language deprivation" is used in different ways by different stakeholder communities, which can lead to confusion and misunderstanding. This statement adopts an adapted conceptual framework proposed by Dr. Matt Hall, which aims to distinguish language deprivation itself from its consequences and from its causes (both proximal and distal). This position statement uses definitions and consequences of language deprivation previously identified in the NAD's technical paper, "Implications of Language Deprivation for Young Deaf, DeafBlind, Hard of Hearing, and DeafDisabled Children: A Review."

Our Position

The NAD strongly believes that every Deaf, DeafBlind, DeafDisabled, and Hard of Hearing child has the right to access a full language from birth. To be able to access a full language from birth means every deaf child is able to meet expected language milestones in a timely age-appropriate manner, receive language and communication support that is evidence-based, and interact with the world around them on a daily basis without barriers. These factors lead to successful language acquisition for most deaf children.

Principles for Appropriate Language Acquisition:

1. All families with young deaf children must have access to culturally and linguistically appropriate information and services, made available in the languages used by the family and by providers who are culturally and linguistically competent,
2. Deaf adults, including those from BIPOC communities, must be present and active in the EHDI system as early as the newborn hearing screening, acting as one of the first contacts for a family with a child who may be later identified as deaf,
3. Families should be given information about language acquisition, communication opportunities, and resources about deaf culture in their primary language. The materials listed above should be distributed to families at the same time that newborn hearing screening results around differing hearing levels are shared,
4. Families should be given access to one set of balanced information that also addresses cultural and racial diversity across all points of entries into the EHDI system,
5. States should measure and track language acquisition milestone achievement, service delivery, and language use of all young deaf children in *either or both* visual and spoken language,
6. Resources (in all languages needed by families) about language acquisition and communication shared by states, providers, EHDI programs, medical professionals, and the like should be balanced and informed, including information about the benefits of visual language,

7. States and the medical field must dedicate more attention to mobilizing deaf adults, including from BIPOC communities, to be active leaders in the EHDI system, including leadership roles at the local, state, and federal levels of administration, and
8. Training, educational, and preparation programs that equip medical and early intervention providers who may work with young deaf children must include quality information about the unique needs of young deaf children, including knowledge that language and modality are not interchangeable.

More information about the points listed above can be found in the NAD's technical paper, "Implications of Language Deprivation for Young Deaf, DeafBlind, Hard of Hearing, and DeafDisabled Children: A Review".

NAD's Commitment

The NAD is committed to systemic change to ensure optimal language acquisition for all young Deaf, DeafBlind, DeafDisabled, and Hard of Hearing children.