

British Deaf Association's Position Statement on the Language Acquisition of Deaf Children

Introduction:

Deaf children in the United Kingdom have an opportunity to develop their language ability and knowledge and to embark on a journey of linguistic and cultural enrichment through the acquisition of British Sign Language (BSL) and Irish Sign Language (ISL) in Northern Ireland. However, for many, sign language is not offered to deaf children and their families as a matter of Government policy.

There are around 52,798 deaf children across the UK (CRIDE 2022), an increase of 2% since 2021. The CRIDE 2021 report highlights that around 77% of severely and profoundly deaf children have at least one cochlear implant (page 12).

Language acquisition in the first three years of life is essential:

The evidence shows that children with inadequate access to any form of language are described as having language or linguistic deprivation. This has serious life-long consequences for deaf children's language, emotional and cognitive development and their wellbeing.

In 2012, researchers from the Deafness Cognition and Language (DCAL) Research Centre based at University College London, examined the effects of age of sign language acquisition in Deaf adults who use BSL. The study showed that adults who developed sign language skills from birth had better grammatical judgement in BSL. The research highlighted that learning both a sign language and a spoken or written language will be the most beneficial for children to make the most of their linguistic abilities.

They recommend a bilingual approach can maximise linguistic and cognitive skills to overcome any delays or difficulties due to deafness. The advantages of early sign language exposure in particular remain clear even with rapid advances in hearing aids and cochlear implants.

Kearsy Cormier from DCAL emphasises that 'Our research has shown that to give deaf children the best chance of successful language acquisition it is important that they are exposed to a sign language from a very young age. Evidence has shown it is not appropriate to wait until a child has succeeded or failed at acquiring spoken language before introducing a sign language because by that time it may be too late for any successful language acquisition. Since we already know bilingualism has a range of benefits, we would advocate that deaf children be given the opportunity to become bilingual in a signed and spoken/written language as early as possible.'

The research has implications for how parents of deaf children are supported to ensure their children have a bilingual start to life. This is particularly important as 90-95% of deaf children are born to hearing parents who have little or no experience of deafness or sign language.

New research (Delcenserie et al 2024 '*Exposure to sign language prior and after cochlear implantation increases language and cognitive skills in deaf children*') suggests that deaf children with implants exposed to nonnative sign language from hearing parents can attain age-appropriate vocabularies in both sign and spoken language. This is the first study to examine the effects of early short-term exposure to nonnative sign input on children with cochlear implants spoken language and memory abilities. Early short-term nonnative exposure to sign input can have positive consequences for the language and phonological memory abilities of deaf children with cochlear implants and extended exposure to sign input has some additional and important benefits, allowing children to perform on par with children with typical hearing. This suggests that, while the maximum benefit is obtained from ongoing access to sign language, even early access brings lasting benefits. While we would encourage hearing families to learn BSL to a fluent standard, the research paper suggests that benefit to deaf children comes much earlier.

Psycholinguists have long recognised that there is a critical period for first language acquisition. Dr Kate Rowley from DCAL says, '*The critical period is a brief time window, usually between the ages of 0 and 5 years, where the brain needs good quality language input. If children do not have the opportunity to learn language within the first five years of their lives, they usually never develop fluent language skills. The critical period also applies to sign languages. Often, deaf children do not have full access to language during the critical period.*

This lack of access to language causes significant delays in language development. Language deprivation does not only impact language, it also has a significant impact on other areas of human development. In the US, researchers refer to this as 'language deprivation syndrome', where deaf children have an acquired language disorder due to a lack of access to language in the first few years of life. It is possible that the lower rates of educational attainment and employment experienced by deaf people emerge as a result of insufficient early-years support.

Research studies also show that language skills support the development of cognitive skills. Language skills predict theory of mind skills (Woolfe et al, 2002), working memory skills (Marshall et al, 2012) and executive function skills (Botting et al, 2017). These studies found that deaf children with strong language skills performed better on tasks that assessed their cognitive skills. This pattern was found in deaf children with strong language skills in either spoken or sign language, i.e. native signers often performed age-appropriately on different cognitive tasks as they had had full access to sign language from an early age.

Language deprivation has an impact on many other developmental outcomes, such as school readiness, literacy, academic performance, employment, emotional health, physical health, peer relationships, family relationships and identity (Hall & De Anda, 2020). In relation to emotional health, 40% of deaf children have mental health issues compared to 25% of hearing children, and deaf children who have problems communicating with their families are four times more likely to have mental health issues (NDCS, 2017). This highlights the importance of language, which is why it is a fundamental part of being human.

While some deaf children do very well with hearing technologies such as cochlear implants, they usually do not have implants until they are around 14 months of age. Even then, it takes years for children to learn to make full use of them. Language communication from the very start is clearly vital for later language ability. Waiting till a child can use their hearing technologies fully could have serious and long-lasting

adverse consequences. Furthermore, and crucially, hearing technologies do not always succeed. By adopting the recommendations outlined here, including the use of sign language to communicate in the first years of life, deaf children are far less likely to experience language deprivation.

The gap in educational outcomes between deaf and hearing pupils is increasing, and parental concerns about inadequate support are valid – for example English GCSE results in 2022 (CRIDE 2022) show deaf pupils on average achieved an entire grade lower than their hearing classmates for the seventh year in a row, and the gap is widening. A total of 94% of parents are worried about the future of their deaf child's education, and 82% feel education support is inadequately funded in their area. Deaf children deserve equitable educational achievements.

The 2023 *'Introducing the READY Study: Deaf and hard of hearing young people's well-being and self-determination'* cohort scores on subjective well-being are a cause for concern with only 3% registering high well-being in comparison with an expected level of 15% in a general population sample of the same age. The reports initial results on subjective well-being point clearly to the importance of the development of individual young people's self-determination as both a preventative measure to avoid clinical consequences of low well-being and as a positively predictive intervention to support the further enhancement of well-being (Alys Young et al, SORD 2023).

Learning BSL:

Deaf children learning BSL/ISL should be celebrated for embracing a rich and dynamic language that is an integral part of their cultural identities. The BDA is a member of the World Federation of the Deaf (WFD) which emphasises the importance of sign languages as complete languages with their own communities, histories and cultures. By fostering a positive linguistic and cultural environment, deaf children can grow up with a profound sense of identity and pride in their Deaf heritages.

Mentioned earlier, 90-95%% of deaf children are born to hearing families. CRIDE 2022 reports that 53% of services neither provide, fund or commission courses for families to learn sign language.

Only 7% of specialist support staff in post employed by services include Deaf instructors/Deaf role models/Sign language instructors. The Government specification for the Mandatory Qualification for Teachers of the Deaf requires BSL only at level 1, with plans to achieve level 2 within three years. Given that Teachers of the Deaf often start without the qualification and take 2-3 years to obtain it, a Teacher of the Deaf may work for five years before reaching BSL level 2. This is a long way from fluency, which will make it harder for a Teacher of the Deaf to offer the fullest support to deaf babies and their families.

Conversely, all appropriate deaf children are offered taxpayer-funded access to hearing technologies (whether hearing aids or cochlear implants). **The BDA are calling on the government to give every deaf child and their families free access to BSL or ISL (as appropriate) across the UK as part of a comprehensive support package.**

Supporting a Bilingual Bimodal Future:

The WFD's vision of a bilingual bimodal future resonates with the BDA's mission to ensure that deaf children grow up with fluency in both BSL/ISL and English, fostering a strong Deaf identity and enabling, for example, effective interaction with English users. Contrary to popular belief, cochlear implants on their own do not provide

complete access to language, and we believe that early exposure to sign language is essential if all deaf children's linguistic and cognitive development is to be fully addressed.

Early BSL Provision:

In line with over 40 years of research, the BDA emphasises the importance of early access to sign language. Currently, there is no national early years BSL/ISL provision for deaf children in the UK. To meet the needs of deaf children and support their overall development, it is crucial to provide comprehensive early years BSL/ISL support to all children and families. This support should be funded and provided on a par with access to spoken language development.

Elevating Deaf Rights and Opportunities:

The WFD highlights the significance of empowering Deaf individuals through the recognition of their rights. In the UK, approximately 1 in 1000 children are born deaf, and over 90% are born to hearing parents. It is imperative that deaf children's linguistic and educational rights be respected and upheld. This includes their right to acquire both BSL/ISL and English, as highlighted by the BDA enabling them to develop their language skills fully in all modalities from the very start.

Challenging Traditional Advice and Choices:

The traditional advice given to parents of deaf children in the UK has meant having to choose between BSL/ISL and spoken language. For parents unaware of the benefits to their deaf children of early access to sign language and the richness and diversity of the Deaf community and its culture, this binary choice for many causes undue stress, grief and lifelong consequences for these parents and their deaf children. **We often see young deaf people bitterly regretting that they were not given early access to sign language alongside English.** The BDA calls for the introduction of sign language support for deaf children and their families as essential for communication, and this should start in the very early years of deaf children's lives, a crucial stage in their development.

Expertise and Recognition:

Deaf people bring critical expertise to the understanding of Deaf lives and the Deaf experience is central to service provision to young deaf people and their families. The BDA has over 130 years' experience of being led by accomplished, signing Deaf people who call for Deaf-led organisations to play a central role in advocating for Deaf rights and access to sign languages and in assisting governments to provide the required support.

Championing Deaf Lives:

The WFD's assertion that Deaf lives are as full, rich, and rewarding as anyone else's aligns with the BDA's belief that deaf children should be able to be confident members of a thriving Deaf community. Access to signing Deaf role models from birth enhances children's lives and ensures the transmission of invaluable knowledge and advice across the generations. Deaf role models within audiology or education support teams also demonstrate to hearing families that deafness is in no way a barrier to a successful and rewarding life and career.

The BDA and its members join forces with the WFD to champion the rights and opportunities of deaf children in the UK. Together, we advocate for deaf children to grow up healthy, confident in their Deaf identity, and proficient in both BSL/ISL and English. This inclusive approach recognises that both BSL/ISL and English are

complete languages with their own communities, histories, and cultures, forming an essential part of UK society.

Government Collaboration:

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) calls for policies related to sign languages to be designed in collaboration with the national representative association of Deaf people. This highlights and supports the BDA's role as the UK's representative of BSL/ISL and Deaf people. The BDA wishes to work in collaboration with UK governments to shape sign language policies that support the holistic development and well-being of deaf children.

Challenging Low Expectations:

The persistently low expectations for deaf young people in the UK's educational system must be addressed. Research studies show that *hearing babies and parents* who use a lot of gestures in the first year of life have better language skills compared to those who do not (Rohlfing, 2019). Studies into parent-child interaction in both deaf and hearing babies, regardless of language modality (sign or speech), show that the more parents/caregivers interact with their babies using various strategies, the more babies usually go on to develop stronger language skills compared to parents/caregivers who interacted with their babies less.

These studies show that it is essential that parents use and develop these skills, particularly in the first two years of a child's life, without fear or worry about their child's language path, whether this be speech or sign, or both. In addition to these strategies, based on our experiences of working with deaf children and their families and growing up as deaf people, we strongly recommend that professionals encourage families to use a few key signs with their babies in the first few years of life to ensure that they do acquire language regardless of how much they can or can't hear.

Conclusion:

At the identification of deafness stage, it is nigh on impossible to know what that child's language journey will be. Will that child develop spoken language, even with powerful hearing aids or cochlear implants, will they struggle to acquire spoken language, and develop a natural affinity to using sign language, or will they acquire both in the first five years of life?

The majority of Qualified Teachers of the Deaf and Speech and Language Therapists will not necessarily have much experience, if any, of using sign language, or have very limited skills in using BSL or ISL and may instinctively focus on supporting parents with their desired goal to ensure their child achieves their speech milestones.

Despite the aspiration in the specification of their training courses, teachers and therapists may also not be sufficiently trained in comparable sign language milestones. Contrary to the myth that learning sign language will impede a deaf child's potential or ability to learn spoken language, research shows that learning both simultaneously is in fact beneficial for a number of reasons.

There is actually a growing number of deaf parents opting for their deaf children to have cochlear implants. Research into those families shows that those deaf children are developing both sign and spoken languages simultaneously and achieving similar language milestones to hearing children of the same age (Davidson et al., 2014). Deaf children of deaf parents with cochlear implants are performing better compared to deaf children of hearing parents with cochlear implants. Evidence also shows that while

deaf children of hearing parents benefit from early short-term use of sign language, they benefit much more if sign language use is continued (Delcenserie et. al., 2024).

If more professionals made parents aware of this fact, it is probable that more parents would make a different cost-benefit assessment of learning and using sign language with their deaf children in the early years, as well as using speech, to ensure that their child is not at risk of language deprivation and is more likely to achieve their language milestones.

Teacher of the Deaf courses should equip all of their graduates to advise parents on language acquisition in both English and BSL and encourage parents to use both languages to ensure their deaf child maximises their language learning potential. This will ensure that every deaf child acquires language and avoids the risk of language deprivation allowing the child to communicate and thrive in the language that is most accessible and natural to them.

The BDA champions the linguistic and cultural enrichment of deaf children in the UK through the acquisition of BSL/ISL. We stand for the rights and opportunities of deaf children, emphasising early BSL/ISL provision, Deaf-led expertise, and collaboration with the UK Government. By fostering a bilingual bimodal future, we pave the way for deaf children to grow up healthy, confident, and proud of their Deaf identity, contributing fully to a prosperous, diverse and inclusive UK society.

THE BDA WILL WORK WITH THESE PRIORITIES...

1. Influence Government Policy: The BDA advocates for Government policies that include BSL/ISL, Deaf culture, and Deaf identity in early years planning, reinforcing the importance of linguistic and cultural enrichment from the earliest stages of a deaf child's life.

2. Professional Education: The BDA emphasises the need for professionals involved in deaf children's pre-school years, such as audiologists and teachers of the Deaf, to receive information about BSL/ISL and Deaf lives directly from Deaf individuals, ensuring a comprehensive understanding of Deaf culture and language.

3. Campaign for Funding: The BDA campaigns for funding to provide BSL/ISL tuition to parents and caregivers of deaf children, recognising that they should not bear the financial burden of communication with their own children.

4. Deaf Professionals: The BDA actively promotes the training and employment of Deaf professionals to work with deaf children and their caregivers, with a focus on teaching BSL/ISL and sharing Deaf lived experiences.

6. Deaf Teachers of the Deaf: The BDA aims to increase the number of Deaf Teachers of the Deaf, recognising the value of having Deaf educators who can provide linguistic and cultural guidance to deaf children.

7. Inclusion: The BDA acknowledges the importance of considering Deafblind children/young people and deaf children/young people with physical/learning disabilities in all relevant discussions and actions related to deaf children's language acquisition.

8. Collaboration: The BDA collaborates with partner organisations by providing BSL/ISL expertise and contributing to initiatives that support deaf children's linguistic and cultural enrichment.

9. Evidence-Based Approach: The BDA actively seeks and utilises the best research evidence to inform our work and campaigns, ensuring that our efforts are evidence-based and effective in promoting deaf children's rights and opportunities, e.g. research into language deprivation

#BSLInOurHands

#TakingBSLForward

#BSL2032

#TakingISLForward

#ISL2032

NOTES

1. We use the term 'Deaf people', with upper-case D, to describe ourselves as people with a strong cultural affinity with other Deaf people whose first or preferred language is BSL or ISL.
2. We use the term 'deaf children', with a lower-case d, to describe deaf children who have no access to BSL or ISL.
3. BSL is a signed, visual language that uses hand and body movements as well as facial expressions and eye gaze to express meaning. It is a language in its own right with its own vocabulary, grammar and syntax. BSL is not dependent upon or related to English and is used mainly by people who are Deaf, their families and friends, and interpreters, teachers and other professionals who work with Deaf people.
4. We also use the term sign language* or sign languages* to describe BSL or ISL or both.
5. Northern Ireland has two signed languages - British Sign Language (BSL) and Irish Sign Language (ISL). Both BSL and ISL were embraced within the Belfast/Good Friday Agreement and in March 2004 the Secretary of State announced the formal recognition of BSL and ISL as languages in their own right following similar recognition of BSL in Great Britain. The languages have their own grammar and syntax systems rather than being visual reflections of other languages. BSL is the first or preferred language of communication of approximately 3,500 members of the Deaf population of Northern Ireland while approximately 1,500 use ISL.

BACKGROUND

1. The British Deaf Association (BDA) has, since its foundation in 1890, represented the signing Deaf population of the UK. As a Deaf-led membership organisation, it is recognised by the World Federation of the Deaf and the European Union of the Deaf as the sole legitimate voice of the BSL community. The BDA launched a new Strategic Vision in 2023 [Strategic Vision - British Deaf Association \(bda.org.uk\)](#). The vision identifies early years provision for deaf children and their families as a major strategic priority.
2. The BSL Act passed by the UK Parliament in 2022 ([British Sign Language \(BSL\) Act 2022 and explanatory notes: BSL version - GOV.UK \(www.gov.uk\)](#)) establishes in principle a new willingness by relevant public authorities to "improve the promotion and use of BSL".
3. This Act underlines the status of BSL as an indigenous minority language of the UK. Deaf signers have hitherto been afforded rights as disabled people (e.g. under the 2010 Equality Act [Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](#)). Legislation for the first time shows appreciation of the unique situation of Deaf citizens.
4. It is well established (e.g. '[Fair Society Healthy Lives': \(Marmot Review\)](#)) that the health, wellbeing and life-chances of children depend to a very significant extent on the nurturant quality of their early life environments, wherein effective communication is paramount to the child's prospects.
5. The [UN Convention on the Rights of Persons with Disabilities](#) Article 4.3 combined with the CRPD Committee General Comment No 7 on the

participation of persons with disabilities in the monitoring and implementation of the Convention, highlights the obligation of the UK to meaningfully involve Deaf people and their national UN-accredited representative organisation – the British Deaf Association for the design of legislation, policies and/or programs concerning them. Meaningful involvement must take place in an accessible environment and at every stage of the process - from the outset to the outcome - and at each possible level of governance, from local to national.

6. Article 24 of the Convention obligates the UK Government to ensure the provision of quality and inclusive education for deaf children through inclusive bilingual – English and BSL (or ISL) educational settings. Such settings must follow the official governmental curriculum and be taught by teachers fluent in BSL or ISL with near native-level fluency. Additionally, deaf children must receive the opportunity of being surrounded by their signing peers and adult role models.
7. Article 25 of the UN Convention on the Rights of Persons with Disabilities states that the UK Government should provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimise and prevent further disabilities, including among children.

FURTHER READING

- This paper draws on and is indebted to the **World Federation of Deaf People's 2022 Position Paper on Access to National Sign Language as a Health Need**, written by Kristin Snoddon, Wyatte Hall, and Poorna Kushalnagar with contributions from Alexandre Bloxs, Cathy Chovaz, Catherine Drew, Tawny Holmes Hlibok, Yoko Kobayashi, Joseph Murray, Jennifer Jackson Paul, and Joanne Weber.
<https://wfdeaf.org/news/resources/position-statement-on-access-to-sign-languages-as-a-health-need/>
- **Ten Things You Should Know About Sign Languages** Karen Emmorey (2023)
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