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**Summary of the BDA Draft 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.

**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.

**Language acquisition in the first five 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.

**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.

**Early BSL Provision:**

In line with international organisations of Deaf people and 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 rights 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 par with access to spoken language 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.

**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 for holistic linguistic development.

**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.

**Conclusion:**

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.

**5. 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.

**6. 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.

**7. 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.

**8. 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)](https://bda.org.uk/strategic-vision/). 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)](https://www.gov.uk/government/publications/british-sign-language-bill-and-explanatory-notes-bsl-version)) 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)](https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-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](https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf)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)   
  <https://doi.org/10.1177/09637214231173071>

**BIBLOGRAPHY**

‘Analysis of Population Estimates Tool - Office for National Statistics’. n.d. Accessed 18 May 2023. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/analysisofpopulationestimatestool>

Bagatto, Marlene. 2018. ‘Language Development Services Guidelines - Ontario Infant Hearing Program’.

Berent, Iris, Irene De La Cruz-Pavía, Diane Brentari, and Judit Gervain. 2021. ‘Infants Differentially Extract Rules from Language’. *Scientific Reports* 11 (1): 20001. <https://doi.org/10.1038/s41598-021-99539-8>

Caselli, Naomi, Jennie Pyers, and Amy M. Lieberman. 2021. ‘Deaf Children of Hearing Parents Have Age-Level Vocabulary Growth When Exposed to American Sign Language by 6 Months of Age’. *The Journal of Pediatrics* 232 (May): 229–36. <https://doi.org/10.1016/j.jpeds.2021.01.029>

‘CRIDE-2021-UK-Wide-Summary-FINAL.Pdf’. n.d. Accessed 18 May 2023. <https://www.batod.org.uk/wp-content/uploads/2023/01/CRIDE-2021-UK-wide-summary-FINAL.pdf>

Cormier, Vinson. July 2012. Early sign language exposure benefits deaf children. <https://www.ucl.ac.uk/dcal/news/2012/jul/early-sign-language-exposure-benefits-deaf-children>

‘Dcyp-in-the-Uk-Info-Sheet.Pdf’. n.d. Accessed 18 May 2023. <https://www.ndcs.org.uk/media/6809/dcyp-in-the-uk-info-sheet.pdf>

Du Feu, Margaret, and Cathy Chovaz. 2014. *Mental Health and Deafness*. Professional Perspectives on Deafness : Evidence and Applications. Oxford ; New York: Oxford University Press.

Gale, Elaine. 2021. ‘Collaborating With Deaf Adults in Early Intervention’. *Young Exceptional Children* 24 (4): 225–36. <https://doi.org/10.1177/1096250620939510>

Glickman, Neil S., and Wyatte C. Hall, eds. 2019. *Language Deprivation and Deaf Mental Health*. New York: Routledge/Taylor & Francis Group.

Hall, Wyatte C., Leonard L. Levin, and Melissa L. Anderson. 2017. ‘Language Deprivation Syndrome: A Possible Neurodevelopmental Disorder with Sociocultural Origins’. *Social Psychiatry and Psychiatric Epidemiology* 52 (6): 761–76. <https://doi.org/10.1007/s00127-017-1351-7>

Hall, Wyatte C., Dongmei Li, and Timothy D. V. Dye. 2018. ‘Influence of Hearing Loss on Child Behavioral and Home Experiences’. *American Journal of Public Health* 108 (8): 1079–81. <https://doi.org/10.2105/AJPH.2018.304498>

Hecht, Julia L. 2020. ‘Responsibility in the Current Epidemic of Language Deprivation (1990–Present)’. *Maternal and Child Health Journal* 24 (11): 1319–22. <https://doi.org/10.1007/s10995-020-02989-1>

Humphries, Tom, Poorna Kushalnagar, Gaurav Mathur, Donna Jo Napoli, Carol Padden, and Christian Rathmann. 2014. ‘Ensuring Language Acquisition for Deaf Children: What Linguists Can Do’. *Language* 90 (2): e31–52. <https://doi.org/10.1353/lan.2014.0036>

Humphries, Tom, Poorna Kushalnagar, Gaurav Mathur, Donna Jo Napoli, Carol Padden, Christian Rathmann, and Scott Smith. 2016. ‘Avoiding Linguistic Neglect of Deaf Children’. *Social Service Review* 90 (4): 589–619. <https://doi.org/10.1086/689543>

# Humphries, Tom, Poorna Kushalnagar, Gaurav Mathur, Donna Jo Napoli, Carol Padden, Christian Rathmann, and Scott Smith. 2012. ‘Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches’ <https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-9-16>

Humphries, Tom, Poorna Kushalnagar, Gaurav Mathur, Donna Jo Napoli, Carol Padden, Christian Rathmann, and Scott Smith. 2017. ‘Discourses of Prejudice in the Professions: The Case of Sign Languages’. *Journal of Medical Ethics* 43 (9): 648–52. <https://doi.org/10.1136/medethics-2015-103242>

Kushalnagar, Poorna, Claire Ryan, Raylene Paludneviciene, Arielle Spellun, and Sanjay Gulati. 2020. ‘Adverse Childhood Communication Experiences Associated with an Increased Risk of Chronic Diseases in Adults Who Are Deaf’. *American Journal of Preventive Medicine* 59 (4): 548–54. <https://doi.org/10.1016/j.amepre.2020.04.016>

Lillo-Martin, Diane, and Jonathan Henner. 2021. ‘Acquisition of Sign Languages’. *Annual Review of Linguistics* 7 (1): 395–419. <https://doi.org/10.1146/annurev-linguistics-043020-092357>

Mayberry, Rachel I., and Robert Kluender. 2018. ‘Rethinking the Critical Period for Language: New Insights into an Old Question from American Sign Language’. *Bilingualism: Language and Cognition* 21 (5): 886–905. <https://doi.org/10.1017/S1366728917000724>

Murray, Joseph J, Wyatte C Hall, and Kristin Snoddon. 2019. ‘Education and Health of Children with Hearing Loss: The Necessity of Signed Languages’. *Bulletin of the World Health Organization* 97 (10): 711–16. <https://doi.org/10.2471/BLT.19.229427>

‘Nine out of 10 Parents Fear for Their Deaf Child’s Education’. n.d. Accessed 18 May 2023. <https://www.ndcs.org.uk/about-us/news-and-media/latest-news/nine-out-of-10-parents-fear-for-their-deaf-child-s-education/>

Rowley, Sive. Preventing Language Deprivation November 2021. Article. <https://www.batod.org.uk/wp-content/uploads/2022/01/Preventing-Language-Deprivation.pdf>

Snoddon, Kristin, and Jennifer Jackson Paul. 2020. ‘Framing Sign Language as a Health Need in Canadian and International Policy’. *Maternal and Child Health Journal* 24 (11): 1360–64. <https://doi.org/10.1007/s10995-020-02974-8>

Snoddon, Kristin, and Kathryn Underwood. 2014. ‘Toward a Social Relational Model of Deaf Childhood’. *Disability & Society* 29 (4): 530–42. <https://doi.org/10.1080/09687599.2013.823081>

Spellun, Arielle, and Poorna Kushalnagar. 2018. ‘Sign Language for Deaf Infants: A Key Intervention for a Developmental Emergency’. *Clinical Pediatrics* 57 (14): 1613–15. <https://doi.org/10.1177/0009922818778041>

Wilkinson, Erin, and Jill P. Morford. 2020. ‘How Bilingualism Contributes to Healthy Development in Deaf Children: A Public Health Perspective’. *Maternal and Child Health Journal* 24 (11): 1330–38. <https://doi.org/10.1007/s10995-020-02976-6>

Alys Young et al, University of Manchester, SORD 2023. *‘Introducing the READY Study: Deaf and hard of hearing young people’s well-being and self-determination’* <https://pubmed.ncbi.nlm.nih.gov/36906841/>

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Dr Rachel Hayes NHS National Deaf Child & Adolescent Mental Health Services

Dr Dai O’Brien York St John University

Rachel O’Neill University of Edinburgh

Dr Kate Rowley University College London

Professor Ruth Swanwick University of Leeds

Dr John Walker University of Sussex

Professor Alys Young University of Manchester

The above bear no responsibility for the final published text.

**CONTACTS**

General contact – [bda@bda.org.uk](mailto:bda@bda.org.uk)

Media enquiries – Julia Esse, Head of Communications & Fundraising [julia.esse@bda.org.uk](mailto:julia.esse@bda.org.uk)

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