WORLD FEDERATION
OF THE DEAF

POSITION PAPER
ON ACCESS TO NATIONAL SIGN LANGUAGES AS A HEALTH NEED

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December 2022

Key points:

- National sign languages have a critical role in ensuring deaf people's optimal mental, physical and social health across the lifespan.
- Deaf children's adverse childhood communication experiences when they do not have access to a language they understand have a negative cascade effect on many areas of health, education and well being.
- Language deprivation is the persistent lack of access to a natural language during the critical period for language acquisition and development.
- Communication neglect is ongoing exclusion from indirect family communication and incidental learning.
- Language deprivation and communication neglect are caused by social and environmental factors that stem from systems prioritizing cochlear implants and spoken-language therapy to the exclusion of national sign languages.
- With access to national sign languages from infancy onwards, deaf children have age-appropriate language development, higher levels of proficiency in written/spoken languages, and healthy development across all domains.
- The Convention on the Rights of Person with Disabilities states that governments shall provide health services, including early identification and intervention, that are designed to minimize and prevent further disabilities, including among children.
- Sign language should be recognized as a health need in early childhood and beyond, and sign language services must be provided to deaf children and their families as part of public health and health insurance systems.
- Any policies related to national sign languages should be designed in close consultation with the representative national association of deaf people.

There is growing evidence for the critical role of national sign languages in ensuring deaf people's optimal mental, physical, and social health across the lifespan. This evidence includes the long-term impact of many deaf people's adverse childhood communication experiences when they are not afforded access to a language they understand.

These adverse childhood communication experiences include barriers to direct communication with caregivers (language deprivation) and barriers to family communication and inclusion (communication neglect).[1]

Language deprivation is the persistent lack of access to a natural language during the critical period for language acquisition and development.[2] Given language's foundational role in human development, consequences associated with language deprivation can be seen in various developmental domains.[3] Chronic, ongoing experiences of language deprivation in deaf children appear to disrupt thinking, mood, and behavior.[4,5] in addition to contributing to lower literacy levels and educational outcomes.[2,4,6] Language deprivation impedes verbal memory organization, mastery of numeracy and literacy, executive function, theory of mind, and sustained attention, all of which are critical for educational achievement.[7,8]

Communication neglect is ongoing exclusion from indirect family communication (and other communication in a deaf child's milieu) and incidental learning.[1] This is sometimes referred to as "dinner table syndrome" where deaf individuals are accustomed to viewing spoken conversations between family members while not understanding what is being said.[2] These experiences directly contribute to gaps in world knowledge, social and academic skills, and health literacy as well as psychological distress.[1,4] Deaf children's adverse childhood communication experiences have a negative cascade effect on many areas of health, education, and well being across the lifespan. Adverse childhood communication experiences have been shown to be associated with an increased risk for certain chronic health conditions including diabetes, heart disease, hypertension, lung disease, and depression and anxiety disorders.[1] Deaf children are also at higher risk of mental health disorders due to heightened neurological, psychological, and social risk factors, including delay in acquiring a first language, in addition to a vulnerability to abuse in childhood. Compounded by language deprivation and communication neglect, deaf individuals are at greater risk of experiencing emotional, physical, and sexual abuse, and face greater barriers to accessing health care.[2,8]

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[1] ***Kushalnagar, P., Ryan, C., Paludneviciene, R., Spellun, A., & Gulati, S. (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), 548-554. https://doi.org/10.1016/j.amepre.2020.04.016*

[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. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6796673/*

[3] ***Hall, W.C., Li, D., & Dye, T.D.V. (2018)**. Influence of hearing loss on child behavioral and home experiences. American Journal of Public Health, 108(8), 1079-1081. https://doi.org/10.2105/ajph.2018.304498*

[4] ***Hall, W.C., Levin, L.L., & Anderson, M.L. (2017)**. Language deprivation syndrome: A possible neurodevelopmental disorder with sociocultural origins. Social Psychiatry and Psychiatric Epidemiology, 52, 761-776. https://doi.org/10.1007/s00127-017-1351-7*

[5] ***Du Feu, M. & Chovaz, C. (2014)**. Professional perspectives on deafness: Evidence and applications. Mental health and deafness. Oxford University Press.*

[6] ***Spellun, A., & Kushalnagar, P. (2018)**. Sign language for deaf infants: A key intervention in a developmental emergency. Clinical Pediatrics, 57(4), 1613-1615. https://doi.org/10.1177%2F0009922818778041*

[7] ***Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D.J., Padden, C., & Rathmann, C., (2014)**. Ensuring language acquisition for deaf children: What linguists can do. Language, 90(2), e31-e52. https://doi.org/10.1353/lan.2014.0036*

[8] ***Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D.J., Padden, C., Rathmann, C., & Smith, S. (2016)**. Avoiding linguistic neglect of deaf children. Social Service Review, 90(4), 589-619. https://doi.org/10.1086/689543*

Language dysfluency, or lack of fluency in any language, is much more common among deaf people than it is in nondeaf people and presents challenges to the provision of mental health and other health services, as well as in education.[9] However, language deprivation is due to social and environmental factors, particularly medical and educational policies that restrict deaf children's access to sign languages, and not to an innate lack of ability to acquire language.[4] Publicly-funded and government-administered infant hearing screening and early intervention programs may often restrict or lack support for sign language services when a child receives a cochlear implant.[10] Simultaneously, these programs promote beliefs that deaf children's language development is dependent on children's ability and and families' work ethic, shielding themselves from accountability for the ultimately poor outcomes often experienced by deaf people.[11,12] Early intervention systems that prioritize cochlear implants and spoken-language therapy to the exclusion of natural national sign languages create high risks for language deprivation in cases of deaf children who do not benefit from CI or spoken language therapy.[7] This exclusion of sign language in early intervention has long-term impacts on literacy and educational outcomes.[4] Furthermore, delayed or late learning of sign language does not prevent language deprivation or remediate its lifelong effects on mental, physical, and social health, and on education.[5]

In contrast, when deaf children and their families are afforded access to national sign languages from infancy onwards, children have age-appropriate language development and higher levels of proficiency in written/spoken languages in addition to healthy development across all domains.[13] Multilingual education in national sign languages and written/spoken languages from early childhood protects deaf children and youth from language deprivation and supports the development of health literacy across the lifespan, in addition to optimal educational and health outcomes.[1,14] Multilingual early intervention and education also facilitates social networks for deaf children and their families so children and youth enjoy a range of social relationships that support a positive deaf identity, well being and social capital.[5,8,15]

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[9] ***Glickman, N., & Hall, W.C. (2019)**. Introduction: Culture and disability. In N.S. Glickman & W.C. Hall (Eds.), Language deprivation and deaf mental health (pp. 1-23). Routledge.*

[10] ***Snoddon, K. & Paul, J.J. (2020)**. Framing sign language as a health need in Canadian and international policy. Maternal and Child Health Journal, 2974. https://doi.org/10.1007/s10995-020-02974-8*

[11] ***Ministry of Children and Youth Services. (2018)**. Language development services guidelines: Ontario Infant Hearing Program.Version 2018.2. Toronto, ON: Ministry of Children and Youth Services.*

[12] ***Hecht, J. (2020)**. Responsibility in the current epidemic of language deprivation (1990-present). Maternal and Child Health Journal, 24, 1319-1322. https://doi.org/10.1007/s10995-020-02989-1*

[13] ***Caselli, N., Pyers, J., & Lieberman, A.M. (2021)**. Deaf children of hearing parents have age-level vocabulary growth when exposed to ASL by six months. The Journal of Pediatrics. Ahead of print. https://doi.org/10.1016/j.jpeds.2021.01.029*

[14] ***Wilkinson, E., & Morford, J.P. (2020)**. How bilingualism contributes to healthy development in deaf children: A public health perspective. Maternal & Child Health Journal, 24, 1330-1338. https://doi.org/10.1007/s10995-020-02976-6*

[15] ***Snoddon, K. & Underwood, K. (2014)**. Toward a social relational model of Deaf childhood. Disability &Society, 29(4), 530-542. https://doi.org/10.1080/09687599.2013.823081*

Article 25 of the UN Convention on the Rights of Persons with Disabilities states that governments shall 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 minimize and prevent further disabilities, including among children.

Article 24 of the Convention obligates States Parties to ensure the provision of quality and inclusive education for deaf children through inclusive bilingual sign language educational settings in the national sign language and national written language. Such settings must follow the official governmental curriculum taught by teachers fluent in the national sign language with near native-level fluency. Additionally, deaf children must receive the opportunity of being surrounded by their signing peers and adult role models.

This means that sign language should be recognized as a health need in early childhood and beyond, and sign language services must be provided to deaf children and their families as part of public health and health insurance systems. It is essential that early intervention and sign language services are guided by deaf professionals and community members, deaf sign language teachers, and deaf advocacy organizations.[16] Article 4.3 of the Convention, 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 States parties to meaningfully involve persons with disabilities through their representative organisations for the design of legislation, policies and/or programs concerning them. Meaningful involvement of persons with disabilities 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 global.

It is incumbent on health, medical, and social service professionals and governments to combat misinformation and discourses of prejudice against national sign languages that perpetuate poor health and educational outcomes in deaf people.[6,17] Instead, health and medical professionals and governments must promote deaf children and families' free access to and learning of sign language from the earliest possible age.

The World Federation of the Deaf calls on governments to recognize national sign languages as an essential health need for all deaf children. We further call for steps to be taken to ensure early intervention and education systems are designed to maximize deaf children and youth's access to fluent sign language input and rich, plentiful interactions with deaf professionals and community members.

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[16] ***Gale, E. (2020)****. Collaborating with deaf adults in early intervention. Young Exceptional Children.Ahead of print.* *https://doi.org/10.1177%2F1096250620939510*

[17] ***Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D.J., Padden, C., Rathmann, C., & Smith, S. (2017)****. Discourses of prejudice in the professions: The case of sign languages. Journal of Medical Ethics, 43, 648-652.* *http://dx.doi.org/10.1136/medethics-2015-103242*

Recommendations:

The World Federation of the Deaf calls upon governments to:

- Recognize national sign languages as an essential health need for all deaf children and put into place policies which secure access to sign languages for all deaf children;
- Provide national sign language services to deaf children and their families as part of public health and health insurance systems;
- Ensure early childhood education and care systems provide access to fluent national sign language input and rich, plentiful interactions with deaf professionals and community members;
- Ensure early intervention and sign language services are guided by deaf professionals and community members, deaf sign language teachers, and deaf advocacy organizations;
- Ensure that health, medical, and social service professionals provide accurate and proper information on national sign languages and promote deaf children and their families' free access to and learning of national sign language(s) from the earliest possible age.

Nongovernmental associations, national and international organizations, and development projects should ensure adherence to these recommendations in their policies and projects.

This paper was 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.