

# How does Language Deprivation Impact Deaf Children?



## 1998

California is the first state to pass the universal newborn Hearing Screening Law.

## 21 years later

Deaf children are currently the lowest performing group of students doing poorer than the children of poverty, children with other disabilities, and children in English as Second Language classes; Deaf children are still arriving at Kindergarten not ready for literacy, reading, and writing (Anderson, California LAO Report, 2016).

## 35%

Fewer than 35% of Deaf students are scoring at or above grade level on reading, writing, and mathematics.

## 32 out of 800

Preliminary Data from CA:SB 210 SKI-HI Language Development Scale (LDS) (N=800) only 32 families sign with their child at home (less than 20% of the children know ASL); 50% of Deaf children are raised with auditory and speaking skills only, while 30 percent are using English with visual supplements.

## 5.3%

Of 17 thousand DHH children in California, only 900 (5.3%) attend the California Schools for the Deaf (CSDs). Less than half of the children at CSDs have ASL in their homes.

In 2015, California is the first state to pass the Language Development Milestones for Deaf children law.

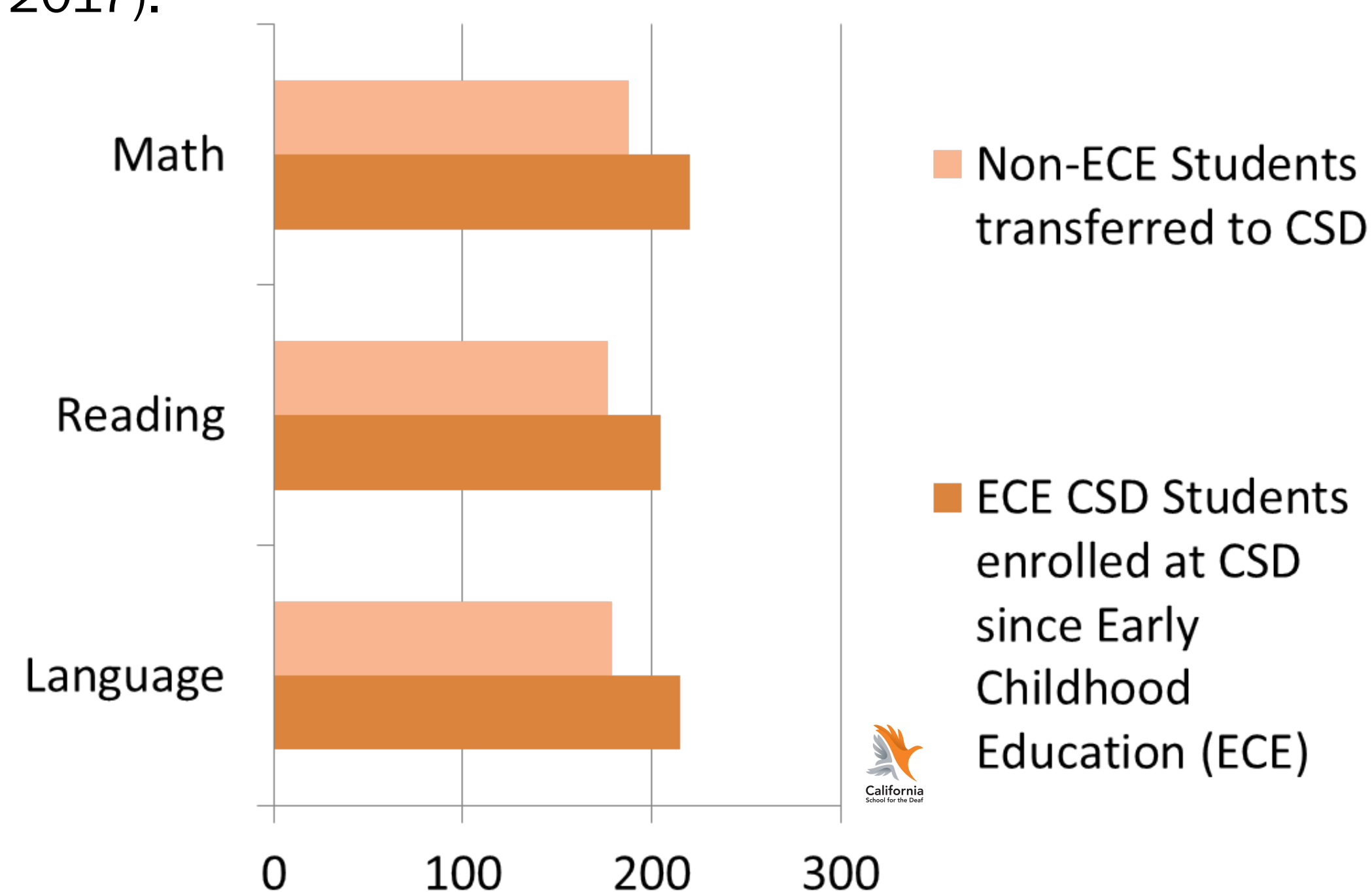
**53.1%** of Deaf preschoolers were not at age expectation compared to sample of same-age children in special education programs in Fall 2015.

**44.6%** of Deaf preschoolers were not at age expectation compared to sample of same-age children in special education programs in Spring 2016.

This is an important concept to understand. **Speech is not a language.** Speech is important but it is the skill of saying sounds & words. Language is so much more complex. (Kordus, 2019; Hatrak & Petersen, 2017; ASHA)

### Proven Early Language Acquisition Advantage at Schools for the Deaf

The CSD's ECE students have an early language acquisition advantage through the school's language-rich environment with the following resources: Deaf teachers, Deaf role models, the use of American Sign Language, Deaf culture, a critical mass of Deaf peers, many social events, and academics (Rems-Smario, 2018). Deaf professionals need to be deliberately placed at the heart of early intervention practices as a support system for the families to learn American Sign Language in order to prevent the widening delays (linguistic, social, and academic) of Deaf children from birth to the age of 5 (Rems-Smario, 2018; Yoshinaga-Itano et al., 2017).



This MAP data report on CSD fifth grade students in Fremont shows that those who enrolled in Early Childhood Education (ECE) as infants are performing better than the non-CSD ECE counterparts (California School for the Deaf, 2015)

### Language deprivation is **still** happening!

#### Variability

**Variability** in language skills among Deaf and Hard of Hearing children is much greater than among hearing people. This is not an inevitable consequence of hearing loss/deafness. Rather this is a symptom of language deprivation which most Deaf and Hard of Hearing children experience.

Language deprivation during the critical period (age 0 to 5) appears to have permanent consequences for long-term neurological development.

(Newman, et al 2002; Leybert, J. & D'Hondt, M., 2003; Humphries, et al. 2016)

#### Not Sufficient

The current set up of California's NHSP may identify newborn babies' deafness early, but it is **not sufficient** to address the fact that the majority of Deaf children who are still arriving at Kindergarten not ready for literacy, reading, and writing due to poor language acquisition foundation.

Deaf and Hard of Hearing children who have a history of language deprivation are also more likely to experience abuse, trauma or exploitation.

(Pollard 2014; Schenkel et al, 2014)

#### Access @ Home

Even if ASL instruction is available at school, Deaf children are not getting enough needed access to ASL at homes.

Deaf children with language deprivation suffer from fund of knowledge deficits which are best described as gaps in knowledge due to an accumulate lack of environmental information or incidental learning.

(Schenkel, L.S. et al 2014).

Research shows that Deaf children from hearing families with late or deprived language exposure to American Sign Language exhibit significant delays in their Theory of Mind skills.

(Morgan & Kegl, 2006; Pyers & Senghas, 2009)

The risk for secondary or tertiary diagnoses in Deaf or Hard of Hearing individuals seems more magnified due to language deprivation. There is evidence that language deprivation can cause cognitive delays

(Niparko, J.K. et al 2010; Davidson, L.S., 2011; Tobey, E.A., et al 2011; Lund, E. 2015).

Less than 8% of Deaf children receive regular access to sign language in the home.

(Liddel, SK, 2003; Institute, G.R., 2011).

ASL is not routinely offered as a primary or complementary intervention for Deaf children; rather, if offered at all, it is often proposed as a last-resort option to Deaf children who have not developed speech abilities as expected.

(Humphries, T. et al 2012)

### Strongly Recommend a Bilingual Approach along with Involvement from Deaf Community as whole:

#### ASL **and** English

If a Deaf child or Hard of Hearing child does not have access to ASL they are more likely experiencing some level of language deprivation. We are not saying ASL **only**, ASL **instead of**, ASL **at the exclusive of**. We are saying ASL **with!**

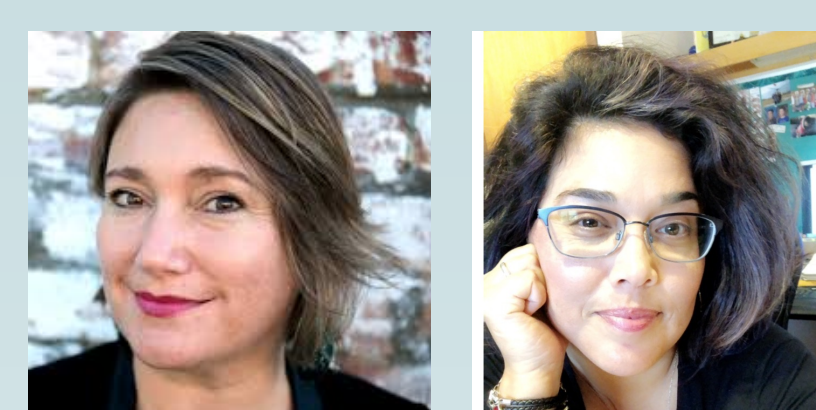
#### Language Models:

Deaf people as language models involved in the newborn hearing system as administrators, early intervention specialist, and language mentors (Deaf mentors/coaches).

#### Cultural Wealth:

Deaf Community Cultural Wealth capitals are missing on all levels of the newborn hearing screening program: familial, linguistic, social, emotional, navigational, and inspirational. Deaf community involvement gives Deaf children all the essential components in life.

## Language deprivation is **preventable!**



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Citations available at: