



Policy Brief No. 10
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**Deaf childhoods and inclusive early childhood
education and care**



The Inclusive Early Childhood Service System Project (IECSS)

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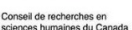

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The IECSS project is a multi-year partnership that seeks to understand how institutions are constituted in our society in order to organize children and their families. The project focuses on disabled childhoods in the context of family, community and society.

IECSS is funded by SSHRC/CRSH and Ryerson University. To learn more about IECSS, our partners, a full list of our team, and to see other publications from IECSS please visit our website:

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Introduction

On April 22, 2021, the Canadian Government released a budget that puts forward funding for a national \$10 per day childcare plan. This is a significant accomplishment for childcare advocates who have been fighting for a universal system for years. It is significant to remark that advocates have long called for the system to be inclusive and accessible. The government outlined these principles in the 2017 Multilateral Early Learning and Childcare Framework, stating that childcare should be high-quality; accessible, affordable and flexible; and inclusive (Government of Canada, 2017). The budget outlines funding that has very few provisions to ensure these principles are enacted. In this budget, the only reference to accessibility in childcare is funding to improve physical accessibility in up to 400 childcare centres. In Ontario alone, there are more than 5,565 centres (Government of Ontario, 2020). Physical accessibility does not account for the many other aspects of access that are lacking in childcare in Canada. In this brief, we consider access and quality from the standpoint of deaf and hard of hearing children and their families.

The IECSS project focuses on disability in childhood. However, 21 participants identified that their children are deaf or hard of hearing (for some, it is temporary). In addition, almost all participants across our larger sample of 136 families have interacted with systems of infant hearing screening.

This brief draws on the experience of IECSS participants, who have been interviewed between 1 and 6 times over the course of the longitudinal study.

It is critical to recognize that when deaf and hard of hearing children do not have access to a language they understand, they can experience barriers to communication with caregivers and to inclusion (Kushalnagar et al., 2020). These barriers are tied to language deprivation, or the persistent lack of access to a natural language in early childhood, which impacts cognitive development (Hall et al., 2018; Spellun & Kushalnagar, 2018). Young deaf children's adverse childhood communication experiences related to ongoing exclusion from family communication directly contribute to gaps in social and academic development and to psychological distress (Kushalnagar et al., 2020; Hall et al., 2017). In contrast, when young deaf children and their families have access to national sign languages, such as American Sign Language (ASL), Langue des signes québécoise (LSQ), and Indigenous sign languages, children have age-appropriate language development and healthy development across all domains (Caselli et al., 2021; Wilkinson & Morford, 2020).

National sign languages are necessary for quality and accessibility

In our research, few children who are deaf or have hearing loss have access to national sign languages. While many families across the study describe using “baby sign” with their infants, none of the participants in this study reported access to comprehensive

national sign language programs, including support for parents and caregivers' learning of ASL, LSQ or Indigenous sign language and bimodal bilingual early childhood education and care. Only one parent described sustained attempts at ASL learning, and she is doing this work at home on her own.

“I would love to sit with someone who actually is using sign language as their first language and be able to sit with them and to learn for her. Instead, we're using videos, going on the internet and like looking up different signs and ones that make sense for what she's doing.”

Our finding is consistent with Canadian research that confirms deaf children and their caregivers lack comprehensive access to the sign language services they need for healthy development (Snoddon, 2020; Snoddon & Paul, 2020). The result is that parents such as the one quoted above are left with inadequate support for learning ASL or LSQ.

Inclusion does not mean creating conditions under which children are only partially participating, or where they must fit in (Murray et al., 2020). For deaf children, it is paramount that they have access to a national sign language from infancy. All deaf children have a right to sign language (World Federation of the Deaf, 2016), and this means they must be able to learn from the early years and throughout their education.

Across Canada, at this time, no province has a comprehensive sign language strategy, and no province or territory has a comprehensive system of services to ensure sign language access and instruction for both deaf children and their caregivers, particularly in the early years before school

entry. There are some deaf early years programs and services that include ASL and LSQ, such as deaf mentor services for families that introduce families to ASL and LSQ. The announcement of funding for a universal childcare program brings the possibility of universal access, which must include access to national sign languages. The national childcare strategy, however, will rely on provincial governments to design programs that recognize deaf children's language rights. This strategy is in turn reliant on effective collaboration with deaf adults and deaf community organizations (Gale, 2020).

Often, governments require families to choose between either spoken or signed language development service options. It is not a choice available to families to receive services that support bimodal bilingualism (Snoddon & Paul, 2020). This is contrary to research and identified international best practices in family-centered early intervention, and also affects deaf children's healthy development (Moeller et al., 2013). Some provinces and territories do not provide sign language early intervention at all. Others, such as BC (through the Deaf Children's Society of BC); Alberta (through Connect Society services and preschools in Edmonton and Calgary); Manitoba (through Manitoba Possible), Ontario (through Silent Voice Canada); Quebec (through Institut Raymond-Dewar, CPE Lafontaine, École Gadbois, and others); New Brunswick (through New Brunswick Deaf and Hard of Hearing Services); and Newfoundland (through the Newfoundland Association of the Deaf) provide some services to deaf and hard of hearing children and their families that may serve as a starting point for a more comprehensive system.

The budget announcement makes no reference to services for families, or support for families to understand and access pathways to specific services such as the ones mentioned here. For deaf children, it is critical that their families also have access to ASL/LSQ services and deaf mentors.

Recommendation #1:

A national sign language strategy is needed in order to ensure that child care is inclusive of deaf children and maximizes access to comprehensive sign language programs and services that meet the needs of children and families. Both bilingual/bimodal early years programs and sign language programs for families must be adequately funded.

The diversity of deaf childhoods

Deaf childhoods are diverse. Race, disability, geography, economic and education status, family arrangements including custody/adoption/foster care and kinship care are all represented amongst deaf children. Immigration and citizenship, family employment, siblings and other family members' health are all factors in family capacity to navigate, comply with and participate in ASL/LSQ and Indigenous sign language early years programs and services. These factors also influence participation in deaf communities from an early age.

Accessing high quality bimodal bilingual education and care that incorporates national sign languages and written/spoken languages should not mean that children do

not also have access to their family's communities, and to other supports and services that they may want or need based on the diversity of deaf childhoods. In our study, deaf and hard of hearing children have many other characteristics that are part of what they bring to early years programs and services. In our study, children who are autistic, have ADHD, have Down syndrome, have cerebral palsy, have had health concerns, such as childhood cancers and other illnesses, are all represented amongst the deaf and hard of hearing participants. The experience of participants in our study suggests that families are required to choose between sign language programs and other services. While our sample is small, it indicates that disability services are more predominant and easier to access than ASL/LSQ/Indigenous sign language services for deaf children and their families.

In addition, geography is a factor in access to sign languages. In our research, families in rural and remote communities have almost no access to sign language programs and services, although we have heard about examples of educators and family members attempting to learn individual ASL signs. In these cases, educators and family members who are not qualified to teach sign language may be the only resource available. Provinces and territories should play a role in providing access to appropriate supports for children, families, and educators to learn national sign languages, and for signing deaf individuals to receive early childhood educator training and certification.

In addition, we must recognize the racial and cultural diversity of deaf and hard of hearing children. In the context of ongoing colonization and racial inequality (Smith, 2020; Underwood, et al., 2019), access to national sign language programs and

services must include recognition of the right for children to be served in their families' own communities where they wish. While we call on governments to create bimodal bilingual programs and services, we also recognize the need for programs and services that serve Indigenous, rural, remote and racialized communities.

Recommendation #2:

Deafness is intersectional; a national childcare strategy that is inclusive will recognize the language rights of deaf children. It will also recognize the intersectional identities of deaf children, ensuring access to national sign language programs and service, while protecting their other identities.

Deafness is present

The organization of services is set up to begin with universal hearing screening, followed by speech and language services, and then medicalized interventions such as cochlear implants. This is not necessarily the pattern for all individuals, and a comprehensive strategy would recognize the need for variability; for example, if a family enters the system after infancy, through immigration, or some other factors. Across Canada, there are few provincial or territorial strategies that support families to connect with ASL/LSQ or Indigenous sign language services. With the introduction of a national child care strategy, it is critical that provinces and territories consider how funding, waitlists, policy and procedures will

ensure that families have access to these services. At the same time, these strategies must consider the value placed on sign languages.

Throughout the early childhood education and care system, deafness is present. Our early identification and intervention system has multiple and recurring mechanisms to identify hearing loss and to promote spoken language. In our research, services to deaf children are situated within speech and language services, which do not lead to sign language access, although this is possible under some provincial strategies. This system teaches us that hearing and spoken language are normal and preferable. This message about deafness is taught to all families.

Deaf children have diverse experiences with hearing technologies. National sign languages are often central to a positive deaf identity and to supporting language development, including spoken language development when children use hearing aids or cochlear implants (Davidson et al., 2014; Hall et al., 2019). We have heard from families that access to hearing technologies and supports for educators to engage with these technologies are much more prevalent than access to national sign languages, sign language-fluent educators and deaf community members. We have also heard from families that resource consultants and teachers of the deaf provide many resources related to technologies but often have no information about access to ASL/LSQ/Indigenous sign language or deaf communities. Use of technologies should not preclude access to sign languages. One parent described the transition from her child's use of hearing aids to cochlear implants, a period of time in which the child had no mechanism to communicate in her

classroom at all. Ultimately, children should not be denied access to sign language, simply because it is viewed as easier for provincial authorities and education systems if deaf children assimilate than for systems to support children's broad access to national sign languages and deaf adults.

In this way, the early years system upholds normative values. Universal screening means most families are in contact with these values whether their children are deaf or not. The result is that this system perpetuates broad social beliefs that deaf people are deficient.

Recommendation #3:

Inclusion means ensuring access to early childhood education and care for all children and support for deaf communities. The organization of services presents normative values, which may be perpetuating audism and ableism throughout early years systems.

Conclusion

In Canada, systems of early childhood education and care rarely anticipate the arrival of deaf and hard of hearing children and families who benefit from ASL, LSQ, and other national sign languages. This demonstrates the need for greater collaboration with deaf adults, including training of deaf early childhood educators who can provide bimodal bilingual programs, and support for deaf community organizations to provide services.

This brief examines access and quality from the standpoint of deaf children and their families. We also wish to draw attention to the many other children who have faced exclusion and discrimination in early learning and care programs across Canada. Elsewhere we have outlined concerns about inclusion for disabled Black, Indigenous, and new immigrant children, as well as children living with poverty (Ineese-Nash; Smith, 2020). We are, however, concerned that specific groups have not been identified in relation to the national childcare strategy, including deaf children.

We do note that a national autism strategy was identified in the budget, albeit separate from the childcare strategy. We applaud the plan to consider the service needs of autistic children and note that the budget funding for a national autism strategy recognizes the systemic issues that arise for autistic children. However, we hope that a national autism strategy will not lead to further entrenching of medicalised ways of understanding human diversity. We also hope that the national autism strategy will not lead to a loss of focus on the specific needs of deaf children and others.

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