THE CANADIAN HEARING SOCIETY
LA SOCIÉTÉ CANADIENNE DE L'OUÏE

Response of The Canadian Hearing Society to the Standing Committee on Social Affairs, Science and Technology

Challenges Facing Deaf, Deafened and Hard of Hearing Individuals with Mental Health Issues

April 28, 2005

The Canadian Hearing Society
271 Spadina Road, Toronto, ON M5R 2V3
Tel: (416) 964-9595; Fax: (416) 928-2506; E-mail: gmalkowski@chs.ca

INTRODUCTION

Founded in Toronto in 1940, The Canadian Hearing Society (CHS) is a community-based, multi-service, non-profit agency serving the needs of the deaf, deafened and hard of hearing communities throughout Ontario. It is the only agency of its kind in the province. It employs approximately 450 people, including deaf, deafened, hard of hearing and hearing individuals, in 13 regional offices and 13 sub-offices. A significant part of CHS's early mandate continues to this day, namely, advocating for and promoting the rights of deaf, deafened and hard of hearing consumers.

CHS has prepared this brief to assist the Senate of Canada in its deliberations on *The Standing Senate Committee on Social Affairs, Science and Technology* in addressing barriers, gaps, needs and recommendations in support deaf, deafened and hard of hearing individuals with mental health issues. We are pleased that the Senate of Canada is moving forward with its review of challenges and mental health issues facing persons with disabilities, including deaf, deafened and hard of hearing individuals. Your consultations and the policy decisions that will eventually result from them should serve to help Canadians with disabilities, including deaf, deafened and hard of hearing Canadians with mental health issues while also increasing public awareness about the stereotypes and negative attitudes associated with mental health issues.

Currently, individual complaints of discrimination have to reach all the way to the Supreme Court of Canada before change occurs. In 1997 the Supreme Court of Canada granted intervenor status to CHS, the Canadian Association of the Deaf, and A Legal Resource Centre for Persons with Disabilities in *Eldridge v. British Columbia.* As you are aware, the Court ruled that the failure to provide sign language interpretation where it is needed for effective communication in the delivery of health care services, social services, education and training and employment violates the rights of deaf consumers. Further, the Court stated that governments couldn't escape their constitutional obligations by passing on the responsibility of policy implementation to private entities not directly under the jurisdiction of the *Charter of Rights and Freedoms.*

Along with the Canadian Hard of Hearing Association and the Canadian Association of the Deaf, CHS was an intervenor in a case deaf lawyer Scott Simser planned to take before a tribunal of the Canadian Human Rights Commission against the Tax Court of Canada. Negotiations resulted in a mutually satisfactory out-of-court settlement. On September 5, 2000, the Tax Court announced a landmark policy that acknowledges and accepts responsibility for arranging and paying for accommodation for deaf, deafened and hard of hearing lawyers, articling students and any parties they represent. Accommodation not only comprises sign language interpretation and real-time captioning, but also embraces any other widely recognized method of satisfying the translation needs of deaf, deafened or hard of hearing persons. CHS is encouraging the Canadian Human Rights Commission to act systemically and urge other court systems in Canada to adopt similar policies.

Even with landmark decisions such as *Eldridge* and Simser's out-of-court settlement, older persons with disabilities including deaf, deafened and hard of hearing still bear sole responsibility to fight for their rights to access if employers or service providers fail to comply. This is costly in terms of time, money and dignity. CHS strongly supports strong, effective and enforceable Canadians with Disabilities Act that will identify persons with disabilities particular with those deaf, deafened and hard of hearing individuals with mental health challenges as a discriminated against group and strengthen enforcement mechanisms related to their protection. The existing legislation is insufficient in this regard.

Furthermore, CHS strongly endorses the need for a strong and effective *Canadians with Disabilities Act.* The existing federal legislation has proven itself to be inadequate. The Charter of Rights and Freedom and several Supreme Court of Canada decisions dealing with disability and accommodation issues are clearly showing the need for establishing standards for federal, provincial and territorial governments, the broader public sector and the private sector to end intentional or unintentional practices of discrimination against persons with disabilities who have secondary disabilities. For example, some deaf, deafened and hard of hearing individuals have dual or multiple disabilities, including mental health issues.

As a society, we need to do better to remove and prevent barriers for persons with disabilities especially with those deaf, deafened and hard of hearing individuals with mental health issues. According to Statistics Canada, in 2001 there are 1.47 million Ontarians over age 65 with hearing loss; by 2026 that number will have increased to 2.9 million – a 100 percent increase!

Background Statistics

- Almost 1in 4 Canadian adults report having some degree of hearing loss (CHS Awareness Survey, October 2001).

- An estimated 135,000 Ontarians between the age of 16 and 65 are deaf, deafened or Hard-of-Hearing. Of this number, 36% have difficulty hearing a group setting, 39% have difficulty hearing one-to-one, and 25% are completely unable to hear (Ontario Ministry of Education and Training, 1998).

Issues and Challenges in Early Education and Intervention

- Ontario Cultural Society of the Deaf's ASL and Literacy Consultants Services funded by Ministry of Citizenship, Immigration and Youth and Children Infant Hearing Program reported that in many cases, parents in the Infant Hearing Program come to the family support worker with a bias built towards spoken language. (0 % of Deaf children have hearing parents and their parents initially want their children to be like them and use spoken language. Many parents and professionals view sign language as option. Much education is required to ensure that parents understand that sign

language (ASL or LSQ in Ontario) is their child's right-not an option only. Their child is visual and by communicating with their child in ASL, their child has full access to language immediately—just as hearing children have full access with spoken language. In reality, in addition to the inherent bias of parents, some parents have in fact requested ASL and Early Literacy Consultant Services and been denied that right or been misinformed or misguided for a variety of reasons.

- The three cochlear implant teams funded by Ministry of Health in Ontario require families to provide Auditory Verbal therapy (AVT) for their child as a condition of acceptance for their child to have a cochlear implant. They are prohibited from providing ASL as an option for their child while involved in AVT. Ontario's "options" policy for parents of Deaf children therefore becomes a moot point in these cases. If a family is interested in a cochlear implant for their young Deaf child in the IHP program and they simultaneously want ASL exposure for their child (the dual approach, would normally be an option for IHP families), IHP will not fund the ASL services. Ontario Cultural Society of the Deaf, the Ontario Association of the Deaf, Silient Voice for Deaf Children and their Families, Bob Rumball Centre for the Deaf and the Canadian Hearing Society have grave concerns that this is clearly language discrimination that accompanies the cochlear implant protocol in Ontario, that concerns us.

Discrimination issues (i.e. promoting a "one sided" system, banning deaf children with cochlear implants from receiving ASL services)

Deaf children are usually placed in programs where ASL is the language of instruction only after failing academically in oral (i.e., auditory-verbal based) programs. By then, the critical years of language development and acquisition have past – and a window of opportunity is missed. ***The result? These Deaf children have neither a command of ASL nor English – and the long-term results are devastating!*** Appropriate exposure to both languages during the formative years will ensure that Deaf children develop a strong foundation in language skills.

Current policies and practices set my both Ministries of Children and Youth and Education seem to invest in promoting a "one sided" system of auditory verbal therapy and speech supports. Specifically:

- No criteria for success in oral (i.e., auditory-verbal based) programs have been set, and no transition planning is prescribed for deaf children who are not succeeding spoken language programs.

- The Ministry of Children and Youth's Auditory Verbal Therapy (AVT) services prohibit making ASL supports and resources available to deaf children who receive cochlear implants under the Infant Hearing Program. We note the Canadian Association of Speech Language Pathologists Association's cochlear implant position statement reflects the early nature of cochlear implant research.

Cochlear implants do not fully reinstate hearing – for many, ASL supports are required. Policies prohibiting ASL exposure post implant during AVT therapy is absolutely unwarranted, discriminatory and are detrimental to Deaf children.

- We fully understand that many parents of Deaf children have the hope that an oral program will work for their children and render ASL instruction unnecessary. However, the facts speak otherwise. Consider the results of an Ontario study by Akamatsu, Musselman and Zweibel (2000) that showed that 93% of all Deaf preschool aged children are typically enrolled in auditory-verbal based (oral) programs. By the end of preschool however, 67% are able to remain in the program; by elementary, 58% still remain, and by adolescence only 31% actually complete it.

- Clearly – almost two-thirds - 62% of Deaf children move from oral to ASL-based programs at some point between their preschool years and adolescence. This highlights the inappropriate early placement of Deaf children away from signing programs in the first place.[1] This inappropriate placement has an enormous financial cost, and of course a cost in terms of English literacy and eventual employability; additionally, we are saddened to note, it also has an emotional cost. We see many Deaf people as clients of the Canadian Hearing Society's CONNECT Mental Health Services, General Support Services, and Employment Services and Literacy Programs.

- Ministry of Citizenship, Immigration and Youth and Children 's Infant Hearing Program will discontinue in spring, 2005 funding for supporting infrastructure for ASL service in Ontario. This would ensure continued quality of ASL service, coordination of programs, ongoing training and expansion of resource materials.

- Ministry of Health, Ministry of Health and Ministry of Citizenship, Immigration and Children and Youth adopt policies that continue to make inappropriate referrals and often ignore late identification for those deaf and hard of hearing children who are not succeeding with spoken language due to lack of establishing need for criteria success in spoken language and a transition plan for those deaf and hard of hearing children who are not succeeding in acquiring spoken language

Issues and Challenges in Secondary and Post-Secondary Education

- Deaf, deafened and hard of hearing secondary and post-secondary students face systemic barriers daily (e.g., no/limited accessible resources, teaching materials or

[1] In fact, Moores (1993) postulated that integrating deaf learners in hearing classrooms (inclusive education) in some cases may actually be an exclusionary practice.

supports in ASL; shortage of sign-language interpreters and computerized note takers/real-time captioners).

- Systemically imposed isolation and barriers to participation are key human rights themes for deaf and hard of hearing post-secondary students. Isolation is the result of unaccommodated communication and language needs. An inability to participate is the reality. Systemic discrimination against deaf, deafened and hard of hearing post-secondary students creates complex quality-of-life issues. Only deliberate pro-active modification in communication practices, supported by policy, can address the potentially devastating reality of disempowerment, and isolation created by society.

- Serious attitudinal barriers are evident in expectations, perceptions, beliefs and bahaviours of staff at Office for Persons with Disabilities and post secondary educators regarding the academic ability and capabilities of deaf, deafened and hard of hearing post-secondary students. *This is an example of audism, a term referring to prejudge or discrimination against deaf people and people with hearing loss (Bauman, 2004).*

- Literacy practitioners and post-secondary educators are generally not knowledgeable with respect to the learning styles and specialized instructional needs of deaf, deafened and hard of hearing post-secondary students.[2]

- Understaffing and inaccessible communication at the Office for Persons with Disabilities at colleges and universities is common (i.e., difficulties booking sign language interpreters; staff without expertise on the needs of deaf, deafened and hard of hearing post-secondary students).

- MTCU colleges and universities lack provincial standards for sign language interpreters and computerized note takers/real-time captioners in post-secondary education settings.

- There are serious gaps in specialized career support and employment services for deaf, deafened and hard of hearing high school and post-secondary students:

    - there are few accessible career support and consultation services available to deaf, deafened and hard of hearing high school and post-secondary students to help them make informed choices about post-secondary training and education, or help them make the transition from one educational level to the next
    - these students are not eligible to receive career and employment services provided by the Canadian Hearing Society, yet most college and university

[2] Learning styles among deaf students differ from those of hearing students; which in turn differ from those of students who are hard of hearing (e.g., Land, Stinson, Kavanaugh, Liu & Basile, 1999; Schroedel, Watson, Ashmore & Rodriguez (2003).

student career and employment placement centres are not accessible to these students
  - many educational support service providers are under-trained with respect to the unique needs of deaf, deafened and hard of hearing post-secondary students who as a result, often receive inadequate career guidance
  - deaf, deafened and hard of hearing students need - and have the right to - accessible, timely, accurate and unbiased information about available education and training options.

- The literacy level of the Ontario deaf, deafened or hard of hearing population falls below that of their hearing counterparts. In particular, 52% have a low level of skills in document literacy, compared to 38% of the general population. Literacy ranges widely depending on the level of hearing loss: those with partial hearing loss have a somewhat lower incidence of low literacy (33%) than the Ontario average, while those completely unable to hear have a much higher incidence (71%) (Ontario Ministry of Education and Training, 1998).

- The following levels of education have been reported for "persons who are unable to hear in one-person conversations" (Statistics Canada, 1992):

  - less than grade 8 52.0 %
  - secondary 24.4 %
  - certificate/diploma 13.1%
  - post-sec. 7.9 %
  - university degree 1.7 %

- A serious decline has also been identified in the enrollment of deaf and hard of hearing Canadians at post-secondary educational institutions due to multiple barriers including reduced government funding (Canadian Hearing Society, 2004).

- Post-secondary education is crucial to the deaf, deafened and hard of hearing community. Dr. Carol Musselman of the Ontario Institute for Studies in Education at the University of Toronto put it well in a 1998 letter to then Minister of Education and Training David Johnson:

"D/deaf and hard of hearing individuals are disadvantaged educationally and vocationally. Information from Statistics Canada shows that few D/deaf and hard of hearing individuals complete secondary or post-secondary education. For example, only 3.1% attain a university degree, compared to 10.2% of the non-disabled population, a figure which falls to 1.7% among those who are profoundly deaf. It is thus not surprising that labour force is only 52% compared to 77.9% for non-disabled peers. In addition to the human cost, the inability of D/deaf and hard of hearing individuals to fully participate in society incurs a social cost in the form of decreased productivity and the need for additional social welfare and mental health services."

- A significant number of students are not completing their post-secondary education. In March 2003, Dr. Marcia Kolvitz, Associate Director, Center on Deafness, The University of Tennessee, citing research on attrition rate for deaf post-secondary students in the United States (Rawlings, Karchmer & DeCaro, 1988) at a presentation to CHS stated: *"Our greatest concern is the attrition rate for deaf, deafened and hard of hearing post-secondary students in the United States."* The statistics speak for themselves:

    - 58% (Hearing) vs. 66% (Deaf) withdrawal rate at 2 year colleges
    - 30% (Hearing) vs. 72% (Deaf) withdrawal rate at 4 year colleges

- Changing admission requirements prevent deaf and hard of hearing students from entering teacher-training programs in the education of the deaf and hard of hearing. For example, deaf candidates with degrees from foreign or out-of-province schools must obtain a Bachelor of Education degree from a university in their own province, even though these institutions are not accessible to deaf and hard of hearing students.

- Deaf, deafened and hard of hearing people generally lack accessible lifelong learning opportunities.

Systemic Discrimination

Systemically-imposed isolation and barriers to participation are key human rights themes for deaf, deafened and hard of hearing individuals with mental health issues. Isolation is the result of unaccommodated hearing loss and inability to participate is the reality that follows. Systemic discrimination against adults with hearing loss creates complex quality-of-life and will-to-live themes for deaf, deafened and hard of hearing individuals with mental health issues. Only deliberate pro-active modification in communication behaviours, supported by policy, can address the potentially devastating reality of disempowerment and loneliness that hearing loss can produce.

How does hearing loss, a non life-threatening ailment, achieve such gross marginalization in the deaf, deafened and hard of hearing persons with mental health issues? By significantly reducing and distorting the information an received about the environment and the human interaction in that environment. What this means in very specific terms is that for deaf, deafened and hard of hearing individuals with mental health challenges, the social and environmental cues – the openings for initiating contact or participating – are obscured. Without communication accommodation there will be significantly reduced and distorted meaning and purpose in interactions with others: The opportunities for quality relation-ships and quality participation will be missed. By the time the deaf, deafened and hard-of hearing person understands the message, the topic and often the people, have moved on. The result is at best, a sense of bewilderment and a feeling of having been left out; at worst, a sense of failure and loneliness.
It may not be surprising to learn that the deaf, deafened and hard of hearing person is at risk of withdrawing from the world, but a lesser-known reality is that, without

communication accommodation, hearing people actually withdraw from the deaf, deafened and hard-of-hearing individuals with mental health challenges.

The reality is, hearing loss among the individuals with mental health issues is a problem created by policy and behaviour more than by physiology.

Poor or non-existent hearing assessment skills on the part of the majority of health and social service providers puts deaf, deafened and hard of hearing individuals with mental health issues at high risk of human rights violations. Systemic discrimination against deaf, deafened and hard of hearing individuals with mental health issuess is evident by the deluge of insensitive and inaccurate cliches in our culture. "He only hears what he wants to hear", is one of the most common of those cliches, and reflects a profoundly damaging and systemic attitude that perpetuates the notion that hearing loss isn't really a serious problem. And. If it is a problem at all, it is the fault of the afflicted individual.

The pressure is so great for a deaf, deafened or hard-of-hearing individual in a situation where there is no invitation, no accommodation, no access that often what the public/ professional sees is a stressed and bluffing version of the individual. This person, will then possibly become labelled as uncooperative, or not quite with it. The unwillingness and unreadiness of this culture to identify and respond to a combination hearing loss and mental health is truly archaic. For the example given here, this type of individual will become increasingly marginalized as the hearing loss and mental health is not tended to and the consequent interactions are continually unfruitful. This is negligence. It is unnecessary.

The system further violates deaf, deafened or hard of hearing individual with mental health issue by perpetuating procedures and practices that leave it almost entirely up to the individuals to identify and act on a hearing loss. Family physicians perpetuate the notion that hearing loss is age appropriate and fussing about it is over-reacting. They, along with the rest of the culture also perpetuate that there is nothing to be done about hearing loss. They do this be not referring patients for testing, not referring patients for communication support services and by not modifying their own communication to meet the needs of the deaf, deafened or hard-of hearing patient who has mental health issues.

When the needs of deaf, deafened and hard-hearing persons are compared to what is provided, the dis-respect is glaring. From hospitals removing patients’ hearing aids, to nursing homes keeping patients’ aids in a locked cupboard so they won't get lost, to careless food and laundry services that cause multitudes of patient hearing aids to go from food trays into the garbage and from bed sheets into the laundry; from non-stop buzzers, bells and P.A. announcements, to nurses delivering information to the patient as they walk from the room, to doctors who refuse to lift their heads or voices when speaking, to professionals and family members speaking to one another in the presence of a hard-of-hearing person as though he or she were not in the room or part of the conversation, to the policies that do not enable or permit staff to take the time to create appropriate communication accommodation, the systemic barriers, procedural and attitudinal are keeping seniors down and grossly impacting their quality of life for no good reason.

The technology and know-how is available and accessible. We need legislation that that makes it happen and that identifies that lack of accommodation, isolation, sensory deprivation are human rights violations.

Stereotypes and Negative Attitudes

Hospitals, extended care facilities and other providers of special services for older persons often deny the deaf, deafened and hard of hearing access to their services and residential programs. Older deaf, deafened and hard of hearing consumers have indicated that they want the right to choose between mainstream and specialized services, like those provided by Bob Rumball Centre for the Deaf (BRCD) and CHS.

However, in either case, the appropriate supports must be available to accommodate their disability. CHS's Hearing Care Counselling and General Social Services programs provide deaf, deafened and hard of hearing persons with counselling, home visits and communication devices. We also educate the public on the communication access needs of older persons who are deaf, deafened and hard of hearing.

The Canadian Hearing Society supports the Senate of Canada's commitment to raise public awareness about human rights issues related to mental health issues and to combat these attitudinal barriers. The priority must be to develop strong, effective and enforceable the *Canadians with Disabilities Act* that would supersede other laws and policies and assist with prevention and removal of barriers facing persons with disabilities, including deaf, deafened and hard of hearing individuals with mental health issues. We cannot emphasize enough the need for strong legislation. We emphasize that the best way to remove and prevent barriers is by establishing a strong and effective enforcement agency with this legislation. The federal, provincial and territorial human rights legislations have not been effective in eliminating barriers on a federal or provide-wide basis for deaf, deafened and hard of hearing individuals with mental health issues have had to file complaints and even with the settlement of their particular cases, there is no significant change overall. An enforcement agency would have the power to act without waiting for an individual complaint and would, therefore, better influence systemic change.

Public education programs are useful only when they are backed by strong legislation. Asking people, training people, cajoling people to change may occasionally succeed, but our experience is that more often it does not. There must be legislated consequences if behaviour does not change. We have experience of older deaf, deafened and hard of hearing consumers being denied access to essential communication during medical appointments, legal appointments, and social service appointments because the service provider were not willing to provide quality support services for access. CHS has been educating the public on the need for quality access for the past 20 years. However since 1997 when the Supreme Court handed down its decision in the Eldridge case, we have had more success in influencing hospitals and other public sector agencies to provide sign

language interpreter services than with all our previous public information campaigns combined.

Issues and Challenges in Employment

- Numerous studies have revealed serious levels of unemployment and under-employment among deaf, deafened and hard-of-hearing Canadians, and have shed light on the significant employability obstacles they face (e.g., Hansen, 1999; Mills, 2002).

- Although there are no clear estimates of the rate of unemployment among the hard of hearing in Canada, among the deaf, one study conducted estimated the unemployment rate to be an astonishing 38%. Furthermore, this same study reported that among the deaf who are employed, almost two-thirds are under-employed (Roots & Kerr, 1998).

- Deaf people are underrepresented in professional and administrative occupations and are generally found in entry-level, unskilled or semi-skilled positions that pay low wages, offer few benefits, provide little job security and have little potential for advancement (Roots & Kerr, 1998).

- Deaf and hard of hearing individuals are not only less likely to be employed but they earn less on the average than other Ontarians. This finding reflects their older age profile, their relatively low level of education, and their low literacy levels (Ontario Ministry of Education and Training, 1998).

- Currently, large numbers of deaf and hard of hearing youth receive income maintenance. Unemployment of young deaf adults appears to be increasing: 24% of deaf youth in one study were still unemployed 3-4 years after completing high school (Canadian Hearing Society, 2004).

- Several additional barriers compound the above, including a lack of access to extensive and appropriate employment and training opportunities, a lack of understanding of deafness among employers, as well as employer expectations, perceptions, beliefs, and patterns of behaviour toward deaf employees and job seekers (e.g., Mills, 2002; Roots & Kerr, 1998; Hansen, 1999).

- A landmark study, Living with disability in Canada: An economic portrait, prepared for Office for Disability Issues, Human Resources Skills Development Canada (Fawcett, 1996) reported that labour force participation[3] decreases with increased severity of any disability, regardless of the capacity

[3] Labour force participants are those who were either employed or unemployed but actively seeking work. Some individuals are out of the paid labour force simply because they have given up trying to find employment. These are people who want to participate in the labour force, but they have become so discouraged by not finding a job that instead of remaining unemployed over a long period, they drop out of the labour force altogether.

affected (e.g., mobility, vision, hearing, etc.). Fawcett further points out that the severity of any one disability is increased when it is experienced in combination with another. In fact, 40% of deaf or Hard of Hearing individuals aged 16 to 65 report eye trouble, a speech disability, or a learning disability (compared to 15% among all Ontarians).[4] Although individuals with mild hearing loss have a high rate of labour force participation (79.6%), this drops dramatically to 28.5% for individuals experiencing severe hearing loss. ***Extrapolating from the figures above, these estimates document a colossal and needless waste of potential and lost benefit, both to the thousands of those affected, and society as a whole.***

Thousands of older Deaf individuals (aged 55+) were refused instruction in sign language during their elementary and high school education. As result, their education was incomplete, and they were not qualified to attend colleges and universities (that did not until recently provide support services), enter the professions or become self-employed.

Due to technological innovations, large numbers of middle-aged (45 to 64) deaf, deafened and hard of hearing semi-skilled or unskilled workers have become victims of layoffs. This is especially pronounced in Ontario's rural and northern communities. As well, many deaf, deafened and hard of hearing workers are forced to retire from the workforce at age 65 as a result of mandatory retirement. Unable to upgrade their literacy and work skills, they worry about how they will support their families.

Voluntary measures do not serve to remove existing barriers or prevent the erection of new barriers. For example, federal income tax incentives. Other barriers facing deaf, deafened and hard of hearing persons with mental health issues are that they are not eligible to receive supports to employment and vocational training because of deep roots systemic discrimination against deaf, deafened and hard of hearing persons with mental health issues

We are especially concerned about the regression we have witnessed in advocacy and employment opportunities for deaf, deafened and hard of hearing consumers since the repeal of the provincial *Advocacy Ac*t and the *Employment Equity Act* in 1995. This sends the wrong message to thousands of employers and long-care and health-care providers, that they are obligated to make workplace and services accommodations to enable them to hire persons with disabilities including deaf, deafened and hard of hearing consumers. The advocacy and employment equity legislation had succeeded in raising awareness and increasing employment opportunities. Employers and long-term and health care service

[4] The incidence of a learning disability is highest among ages 16 to 45 (36%) (See also Mauk and Mauk, 1998).

providers became sensitized to access needs of their employees and consumers including seniors and older individuals. Employers and service providers identified barriers and attempted to establish structural changes to remove them in the workplace and long-term and health-care service delivery.

Housing

Deaf, deafened and hard of hearing seniors should be given an opportunity to choose to stay in their own homes as long as their support systems are in place or move to seniors' residences such as that provided by the Bob Rumball Centre for the Deaf, the only residence in Ontario serving deaf seniors. Because this is a rapidly expanding population cohort, there is a dire need for seniors' residences specifically designed for deaf people that permits them to participate in their Deaf culture

Special training needs to be provided to caregivers and to those who work in residential complexes for seniors. The housing must be fully accessible for deaf, deafened and hard of hearing people, with TTYs (and public TTYs for visitors, too), caption decoders, flashing alarms, and alerting devices. Funding for these types of devices is extremely limited and individuals must bear the majority of the cost. In addition, the building design must conform to deaf, deafened and hard of hearing needs such as open spaces, round corners, clear and gentle lighting, restful wallpaper/paint and ceilings, flooring with enough "give" to enable foot-stamping to attract attention, clear visual signage and indicators, visual communication devices inside elevators and video to identify guests coming into a building.

Health Care, Institutions and Services

Historically, the public, broader public service, private and non-profit sectors have wasted an enormous amount of precious dollars on deaf, deafened and hard of hearing consumers, especially the elderly, making the rounds from one mainstream health care or social service provider to another vainly trying to get service. The consumer returns repeatedly, and the staff and the consumer expend considerable energy trying to understand each other. In many cases, despite the best intentions, the two parties fail to connect and a lot of funds have been wasted on a poor outcome. Eventually, the consumer is referred to a specialized agency such as Bob Rumball Centre for the Deaf (BRCD) and CHS where a case manager is able to assist the consumer in negotiating the system and arriving at a resolution much more quickly and cheaply. If agencies such as BRCD and CHS had the resources to provide appropriate, accessible case management services across Ontario, we could save the provincial government, the Ontario Human Rights Commission and the Ontario taxpayer significant funds.

For the majority of culturally Deaf consumers, including older persons, the Eldridge decision means providing sign language interpreters to communicate effectively and achieve equal access. The ruling also means that if sign language interpretation is not sufficient to ensure effective two-way communication and understanding, then the

service is not accessible to the consumer. If the consumer needs other means of access, e.g., a Deaf interpreter or a specialized counsellor/case manager, then these must be provided.

Furthermore, there are some late deafened and hard of hearing consumers who use sign language interpreters. They have accepted ASL or LSQ as their preferred mode of communication and deserve the same consideration as deaf consumers when requesting this form of accommodation.

There are options deafened and hard of hearing consumers may prefer such as real-time captioning, assistive listening devices, or oral interpreters. The health care professional and caregivers should respect the wishes of deaf, deafened and hard of hearing individuals with mental health issues and meet the accommodation request.

Deaf, deafened and hard of hearing seniors do not have the same communication needs as hearing seniors. Because communication is such an important component of a person's ability to receive and benefit from health services, it is essential to consider ways in which the health care system can accommodate the communication needs of these seniors. It is not appropriate to compare deaf, deafened and hard of hearing seniors to other seniors whose native language is other than English. Native users of Italian, Cantonese, or German are capable of becoming English or French speaking. However, deaf, deafened and hard of hearing seniors cannot become hearing.

Medical appointments can be stressful and even hearing individuals do not always comprehend all that is said. Imagine what it is like to have to rely on an unfamiliar language to communicate essential information. Furthermore, many deaf seniors are pressured into writing by health care and long-term providers and may pretend to understand the written communication when do not. Others *believe* they understand but have actually misunderstood the written concept. These false communications can be dangerous to the deaf, deafened and hard of hearing senior and a potential liability for hospitals or other health care service providers.

To further complicate matters for ASL users, ASL/LSQ word order is different from English/French. When a deaf consumer tries to write notes in English, he or she often writes in ASL word order. To a hearing health professional or caregiver, this may look like the writing of someone with a developmental delay or a mental illness. In addition, hearing health care professionals or caregivers may become confused or frightened by the animated facial expressions, gestures and body language that are part of ASL and wrongly interpret these behaviours as inappropriate social and/or aggressive behaviour.

Here are specific examples of communication problems taken from our case work:

- Client admitted to hospital, uses hearing aids and speech reads. Client needed information from the nurse regarding his medical situation. The nurse refused to turn on the light so the client could speech read, even though the client requested it and explained why.

- Client misdiagnosed with dementia, because he wasn't wearing his hearing aids when tested.

- Client spoken to in a patronizing manner by medical staff as though he were mentally incompetent. In fact, the client is alert, just hard of hearing.

- Medical staff informing client of important information while looking down at their papers. Client can’t understand what is happening because of her inability to speech read what was said. Consternation on the part of medical staff, who insist they have already informed client of important information.

Effective Communication

Sign language interpreters and deaf interpreters are an essential part of health care, long-term care and mental health service delivery for deaf individuals and seniors who use sign language. It is the only way to ensure effective communication.

Hard of hearing and deafened older individuals or seniors may request interpreters or may prefer other options, such as real-time captioning, assistive listening devices or oral interpreters. There are many strategies for accommodating the communication needs of hard-of-hearing seniors. But it takes know-how and commitment.

Health care professionals, the well-meaning family, the young and strong alike, all withdraw, often through abbreviation or heavy censorship, from the hard-of-hearing senior because it is so uncomfortable to fail at communication. Hard-of-hearing seniors withdraw for the same reason. Communication failure is debilitating when it characterizes all interactions and is combined with other incompetencies that come with aging.

An even lesser-known reality is that hard-of-hearing seniors themselves stop communicating. When the hearing stops, so too does the talking. But why? Because the cues, or "invitations" to speak are not picked up and because it is too painful. The more one talks the more likely it is that there will be a response (conversation) that is impossible to follow. More failure! Consequently, hearing loss can dramatically change the behaviour of older adults. Apparent lack of interest, apparent lack of ability, irritability, aggression, depression, and apparent senility are extremely common among seniors with hearing loss.

The effectiveness of support services and medical interventions is compromised due to the distortions created by poor information channels. The hard-of-hearing senior defeated by communication deficits often shares significantly less information about themselves and their predicament with professionals and service-providers. Patient non-compliance with regard to medication and self-care strategies is high. Further, it continues to support the misinterpretation of the signs and behaviours associated with hearing loss by making light of the "slow" (implied "dumb") responses, the so-called "pride" problems of the hard-of-hearing senior not yet acting on a perceived loss, and the "hearing aids in the drawer" syndrome.

Communication accommodation is a highly achievable set of conditions which maximize the opportunities for involvement for individuals with communication challenges. As much as communication accommodation is a generic principle with generic features, it also implies a will to customize modifications in response to individuals. Generic features include:

1. Skilled use of amplification aids and communication aids of various sorts.

2. Expectations, support, and training that enable the full involvement of professionals, family, event leaders, hearing participants in the application of various aids and devices for an individual. This includes initiating the use, and pro-active monitoring of effectiveness on the part of others and involves an eradication of the idea that the individual themselves should be responsible, or that the experience is private.

3. Allowing for the time it takes to use devices and set-up for modifications and the time it takes to employ various strategies.

4. Enhanced visual information and cues.

5. Modified speech strategies.

6. The support and opportunities to learn how to modify speech and to learn other pertinent communication strategies.

7. Modified pacing of verbal communication. Allowing more time for mental processing and responses from the hard-of-hearing.

8. Careful attention to acoustical factors, and background noise.

9. Attitudinal change that shifts the responsibility for communication to the well and capable.

10. The will to work at it and the belief that with applied knowledge – communication accommodation – participation and involvement become an option for even frail and dependent hard-of-hearing seniors.

- *CHS recommends that health care, long-term care, elder care and mental health service providers employed by the public and private sectors must be provided with in-service training to give them a better understanding of the implications of psychological testing procedures and the use of various communication strategies for deaf, deafened and hard of hearing seniors.*

- *CHS recommends that Health Canada, Ministry of Health and Long-Term Care, the Ministry of Community and Social Services and the Ministry of Citizenship, Culture and Recreation must clearly demonstrate a commitment to include equity, senior,*

disability, multi-racial and cultural perspectives in pre-service and in-service staff training.

- *CHS recommends that the Canadian and Ontario Human Rights Commissions, Health Canada, Social Development Canada, the Ministry of Health and Long-Term care, and the Ministry of Attorney General should send a communication to the Ontario Hospital Association, the Ontario College of Physician and Surgeons, the Ontario Medical Association, the Canadian Medical Association, the Ontario Association of Long-Care Providers, other related elder care organizations and other regulated professions such as midwives, speech-language path-ologists and audiologists, informing them of the decision by the Supreme Court of Canada in Eldridge v. British Columbia.*

Transportation

Most public buildings regulated by Transport Canada, the federal Ministry of Transportation and the Toronto Transit Commission, including airports and bus, train and subway stations, lack sufficient TTY equipment. TTYs should be permanently installed in the same areas as telephone booths, and TTY users should have the same payment options as telephone users.

Some of these public buildings have one or two pay phones adjacent to a telephone bank. The "one TTY per floor" rule for public buildings is an improvement, but the Canadian Transportation Agency and TTC have included an exception that makes TTYs optional at telephone banks that are within 200 feet of a bank with a TTY. Two hundred feet is more than half the length of a football field—a long way to walk for deaf, deafened and hard of hearing grandparents with their grandchildren or seniors. Most TTY pay phones are not equipped with chairs or work surfaces that would enable users to type easily.

Many elderly persons with hearing loss frequently experience communication difficulties when booking tickets, changing reservations, applying for refunds, or when a flight is delayed or the departure gate is changed. They are denied access to information relayed over public address systems. They encounter this problem in airports, bus and train stations, and on subways. Personal notification from building employees is not always effective. Monitors with captioning are much more reliable.

- *CHS recommends that the Senate of Canada urge federal and provincial agencies regulating transportation to compel transportation service providers under their jurisdiction to comply with the Eldridge decision and the Charter of Rights and Freedom and to establish action plans to remove existing barriers and prevent the creation of new barriers. Furthermore, these service providers must be compelled to implement staff training on accessibility needs, including the legal rights of deaf, deafened and hard o f hearing users of transportation services who are having mental health difficulties.*

Other Barriers Facing Deaf, Deafened and Hard of Hearing People

Violations of basic human rights are rampant throughout the level of governments. Very few in the governments accept responsibility for providing our consumers with access. For example:

- Staff of Ontario Works, the Ontario Disability Support Program and CPP continues to instruct deaf, deafened and hard of hearing consumers to arrange to have their own interpreters. Neither program will cover the cost of interpreters for consumers who need communication assistance to understand and complete the application process.

- Staff of federal, territorial provincial and municipal government offices is not sensitive to the needs of people with hearing loss and do not provide alternatives to voice mail and voice recordings of information at points of entry to services.

- A November 8, 2001, letter from the Ministry of Health and Long-Term Care regarding the Back on Track program for drivers convicted of drinking and driving stated that no government money would go into funding the program. Deaf and hard of hearing consumers are responsible for the cost of sign language interpreters when attending the program.

- Deaf, deafened and hard of hearing consumers across Ontario continue to be denied access to MPs and MPPs' constituency, and Parliament Hill and Queen's Park offices. Most of these offices do not have TTYs nor do they provide sign language interpreters or real-time captioning for constituents who need these services in order to communicate with their elected representatives. Letters to the Speaker have raised these issues but, to date, they remain unresolved.

- On November 26, 2001, the Divisional Court of the Ministry of Attorney General failed to provide sign language interpreters for applicants and deaf and hard of hearing members of the public so they could follow the Court's proceedings regarding the Ministry of Health's decision to delist audiological services, which in itself discriminates against deaf, deafened and hard of hearing consumers.

- Ministry of Education is not responsible for setting standards for sign language interpreters or criteria for minimum qualifications of interpreters in elementary, secondary, and post-secondary educational settings. Furthermore, the Ministry is not responsible for setting standards for sign language competency and communication skills for teachers of the deaf at Provincial Schools for the Deaf and School Boards' Special Education or Deaf Education programs.

- The Ontario College of Teachers, Provincial Schools for the Deaf, and School Boards, set no standards for sign language competency and communication skills required by teachers of deaf students employed by Provincial Schools for the Deaf and School Boards, or student teachers enrolled in the Ontario Teacher Preparation Program for Education of the Deaf and Hard of Hearing.

- The Ministry of Education appears to lack leadership in taking the position that the Ministry is responsible for setting standards for:

    - ASL/LSQ competency and communication skills for teachers of the deaf employed by both Provincial Schools for the Deaf and School Boards
    - Minimum qualifications for interpreters in elementary, secondary and post-secondary educational settings

- Ministry of Citizenship, Immigration, Children and Youth is not responsible for setting communication protocols and transition planning to identify risks and limitations for those deaf and hard of hearing infants and children who are not succeeding with spoken language

- Ministry of Citizenship, Immigration, Children and Youth adopts a policy that parents of deaf children are not able to obtain American Sign Language or Langue des signes quebecoise services for their children with cochlear implants in Ontario

- Municipal Elections Act, Ontario Election and Election Canada Acts are silent as these requirements and accommodations for persons with disabilities at municipal election campaign offices, local candidates' debates and barrier-free municipal election campaign activities. Some mayoral and councilor candidates have informed us that they are not responsible to make accommodation provisions due to lack of regulations in the Municipal Election Act, Ontario Election and Election Canada Acts

- Articles on Police Officers Acquitted of Beating Deaf and Black man circulated in Toronto Star, The Globe and Mail, National Post and Toronto Sun today, the Canadian Hearing Society sent a letter dated October 14, 2004 to Ministers of Citizenship, Community Safety & Attorney General to express our concerns regarding specifically to a lack of appropriate and professional communication access provision to ensure that police, judges, crown lawyers and staff in ministries justice and legal systems receive professional and accurate information about evidences provided by victims and witnesses who are deaf, deafened and hard of hearing individuals

- Unfortunately, communication access provision was not handled professionally and properly by police services, judges, crown lawyers and staff in ministries justice and correctional services. Furthermore, some deaf, deafened and hard of hearing individuals with visible minorities such as several deaf, deafened and hard of hearing individuals, including racial individuals who are deaf, are victims of police service

and justice systems that did not provide them with appropriate and professional communication access services that hinder them from conveying professional and accurate information about evidences to ensure that police officers, justice officials, crown and correctional services receive professional information about evidences.

- Several deaf, deafened and hard of hearing individuals have filed complaints with the Ontario Human Rights Commission due to the fact is that Driving Education and Road Safety Education programs that are regulated by Ministry of Transportation are not accessible to deaf, deafened and hard of hearing individuals. These programs are provided by private and non-profit organizations which they are not accessible driving education classes and driver safety education programs to deaf, deafened and hard of hearing individuals due to lack of funding provided by Ministry of Transportation, private and non-profit driving education and road safety education organizations for communication access accommodations as required by deaf, deafened and hard of hearing.

- TTYs and amplified telephones for deaf, deafened and hard of hearing callers are often not available in hospitals, nursing homes, and other public and private buildings such as public housing, motels, hotels, and government offices.

- TTYs have been installed in many government offices; however, frequently individual employees are not trained in their use. We often find that the devices are disconnected or are unused by new staff who do not know their purpose.
- TTYs and amplified telephones are rarely installed in public telephone booths in public buildings. This hinders deaf, deafened and hard of hearing callers in reporting emergency situations or potentially harmful incidents.

- FM, infra-red and audio loop sound amplification systems are not available in most public places. These systems assist people with hearing loss by bridging the sound to the individual's ear, helping to overcome problems of distance and background noise with which hearing aids cannot cope.

- Typically, there are no visual fire alarms and emergency alerting systems for deaf, deafened and hard of hearing callers or respondents in public housing, nursing homes, apartments, condominiums, and municipal and provincial buildings.

- There is a lack of visual alerting devices for deaf, deafened and hard of hearing seniors and vulnerable persons that would control strangers or guests from entering nursing homes, public housing, apartments and condominium buildings.

- Most buildings lack public announcement systems for alerting deaf, deafened and hard of hearing persons to emergency situations, such as fires, floods, and violent crimes.

- Property managers and service providers in Ontario buildings are often insensitive to the needs of deaf, deafened and hard of hearing consumers. These needs include

auxiliary aids at events held in public places and special accommodation in hospitals, nursing homes, public housing, hospitality industry, municipal and provincial buildings, including the provision of TTYs, flashing alarms, permanent signage and adequate sound buffers.

- Few facilities will go to the expense of providing anti-static treatment to their carpets or increasing air humidity, both of which would help to reduce the electrical interference that adversely affects wearers of hearing aids and cochlear implants.

- There is a lack of appropriate or clear lighting in public places, especially in theatres, lecture halls and other places of assembly where deaf, deafened and hard of hearing persons depend on good lighting to facilitate speech reading and signing.

- Most movie theatres lack rear window captioning in their screening auditoriums, thereby effectively denying deaf, deafened and hard of hearing moviegoers access to this form of entertainment.

Considerable information is available on barrier-free design to accommodate people with disabilities. However, very little of this material deals with the design needs of people who are deaf, deafened and hard of hearing. For example, intercom entry systems are frequently mentioned as a useful accommodation for people with mobility disabilities without any acknowledgement that such systems pose a barrier to deaf, deafened and hard of hearing persons..

Abuse and Neglect

Research studies such as LaBarre, A. (1998): Treatment of Sexually Abused Children Who are Deaf. *Sexuality and Disability*, and Sullivan, P., Vernon, M., and Scanlan, J. (1987). Sexual Abuse of Deaf Youth, *American Annals of the Deaf*, report the incidence of sexual abuse in various samples of the deaf population to be between 11 and 54%, certainly higher than the published data for the population in general. LaBarre (1998) suggested that the incidence of sexual abuse for children who are deaf or hard of hearing can reach as high as 92%.

Furthermore, these research studies report that deaf children are more vulnerable to abuse than the general population. Factors involved in their vulnerability or susceptibility centre around communication ability and communication access, especially if the deaf children have hearing parents or are enrolled in school programs where communication access is limited (Sullivan,1998).

The Ministry of Education's 1991 *Report of the Review of Student Care at the Provincial Schools for the Deaf and Blind and Demonstration Schools* noted that there were a number of allegations of abuse of students at the Provincial Schools for the Deaf and that investigations were conducted by the police and Children's Aid Societies.

Sexual and physical abuse victims at the Provincial Schools for the Deaf and at school boards across Ontario have formed the Ontario Deaf Education Victims Network. The network provides former students with information on compensation, arranges interviews with investigators and obtains compensation through the private adjudication process.

In June 2001, the Supreme Court of Canada ruled unanimously that 280 claimants, all students of Jericho School for the Deaf in British Columbia, can now collectively sue the Government of British Columbia for compensation. Their class action suit alleges that school administrators left them vulnerable to, and failed to protect them from, sexual abuse.

Historically, deaf, deafened and hard of hearing individuals, have experienced a range of abuses, including communication abuse, mental abuse, emotional abuse, physical abuse, elder abuse and systemic abuse.[5] The human rights of these people are still being routinely violated in Canada. As results, they suffer from low self-esteem and lack learning, language, social, and vocational skills. In many cases, they require lifelong counselling support to cope with their difficulties. As well, many deaf, deafened and hard of hearing individuals with mental health issues have experienced abuse and neglect.

Human rights that apply to the general populace must also apply to deaf, deafened and hard of hearing seniors. These include: the right to food, clothing and shelter; the right to dignity and respect; the right to quality health care, long-term care and mental health services; the right to communication and information; the right to freedom and justice; and the right to equality and access.

- *CHS supports the efforts of the Senate of Canada in monitoring the proceedings and outcome of the Round Table for Canada's Mental Health and Addiction Service Strategy.*

- *CHS recommends that the Senate of Canada urge the Minister of Social Development Canada in cooperation with provincial and territorial ministers to establish an office to advocate on behalf of the vulnerable and individuals with mental health challenges. Such an office would be mandated to protect the rights of deaf, deafened and hard of hearing individuals with mental health issues who are receiving or seeking services from the provincial government; to advise the Minister on matters that concern individuals with mental health issues; to ensure that deaf, deafened and hard of hearing individuals with mental health issues in care understand their rights and the laws that protect them from abuse or harsh treatment; and to investigate broader problems affecting groups of individuals with mental health illness that can only be resolved through changes in the system.*

[5] These human rights abuses are documented in *Review of Ontario Education Programs for Deaf and Hard of Hearing Students*, 1989, Ministry of Education; *Review of Student Care at the Provincials Schools for the Deaf and Blind and Demonstration Schools*, Ministry of Education 1991; and *Restoring Dignity: Responding to Child Abuse in Canadian Institutions*, Law Commission of Canada, Justice and Attorney General of Canada, 2000.

- *CHS recommends that the Senate of Canada urge the Minister of Social Development Canada to remove and prevent barriers to the disabled by establishing an enforcement agency governed by a strong, effective and enforceable Canadians with Disabilities Act. This existence of this enforcement agency would also serve to strengthen the work of the Canadian, provincial and territorial Human Rights Commissions.*

- *CHS recommends that the Senate of Canada encourage the government to recognize the implications of age in combination with other grounds of discrimination and integrate these principles into future policy work.*

CONCLUSION

CHS supports the efforts of the Senate of Canada to end practices of discrimination against deaf, deafened and hard of hearing persons, and in particular those with mental health difficulties. In our view, the immediate establishment of a strong and effective *Canadians with Disabilities Act* is critical to achieving that goal. Our experience indicates that voluntary measures do not work. The legislation needs to have authority and be suitably funded so that proper systems can be set up to monitor and enforce the legislation.

We emphasize the need to recognize and support specialized services as an option for those who cannot benefit from the existing service network. Equal access can only be achieved if we work together to recognize and address the different needs of deaf, deafened and hard of hearing persons with mental health issues.