



SASKATCHEWAN  
**HUMAN RIGHTS**  
COMMISSION

**Access and Equality for  
Deaf, deaf, and Hard of Hearing People:  
A Report to Stakeholders**



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## I. Background

In 2014, the Saskatchewan Human Rights Commission (SHRC) received intake inquiries concerning perceived systemic discrimination relating to public services and policies for Deaf, deaf, and hard of hearing people. In order to determine the scope of these concerns, the SHRC consulted with individuals and stakeholder groups in the community. Four community consultation sessions were held across the province (see Appendix B), and approximately 40 individual or group interviews were completed. These consultations included:

- Saskatoon
- Prince Albert
- Regina
- La Ronge

The Commission met with over 160 people at the community and follow-up sessions.

## II. Systemic Advocacy

Discrimination is an action, policy, or practice that puts a person at a disadvantage by treating them differently from others, or by applying the same rule to everyone, which can result in a person being denied opportunities or receiving fewer benefits. Systemic advocacy addresses differential treatment, policies, rules, or actions that unfairly disadvantage an identifiable group. In short, systemic advocacy addresses systemic discrimination.

The SHRC has a legislated mandate to address this discrimination. Section 25(h) of *The Saskatchewan Human Rights Code (Code)*. Section 25(h), states, “The commission shall promote and pursue measures to prevent and address systemic patterns of discrimination.”

Systemic advocacy addresses differential treatment, policies, rules, or actions that unfairly disadvantage an identifiable group.

This report is prepared as a stakeholder engagement tool to help address the concerns raised by Deaf, deaf, and hard of hearing people in Saskatchewan.<sup>1</sup>

### III. The Distinction between Deaf, deaf and Hard of Hearing

Participants in this process identified themselves in various ways. Some identified themselves as persons who are Deaf, deaf, or hard of hearing, and/or parents, advocates, or service providers. The terminology used by the participants, and in relation to hearing disabilities, is important to capture and reflect as it distinguishes between those who identify with Deaf culture and those who do not.

#### a. “Deaf”

The Canadian Association for the Deaf (CAD) explains that people who have been diagnosed as deaf or hard of hearing, and who primarily use American Sign Language (ASL) rather than auditory and oral communication,<sup>2</sup> often identify with Deaf culture. According to the American National Institute of the Deaf, ASL is a visual language involving movements of the hands, face, and body to communicate, with a unique form of syntax and grammar.<sup>3</sup> Those individuals who identify with Deaf culture consider themselves capital “D” Deaf. Advocates and stakeholders that met with the SHRC observe that this culture includes a unique set of values, norms, arts, and social structures, and its own language (ASL). Deaf culture advocates also assert that Deaf children who cannot communicate with other Deaf people become isolated from their culture.

The terminology used by the participants, and in relation to hearing disabilities, is important to capture and reflect.

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<sup>1</sup> This report is constructed from consultations conducted by the SHRC in 2015. During these consultations many life experiences and stories were shared. As well, medical and other professionals offered their opinions, which are also reflected in this document.

<sup>2</sup> [www.cad.ca](http://www.cad.ca)

<sup>3</sup> <https://nad.org/issues/american-sign-language/what-is-asl>

### b. “deaf” and Hard of Hearing

People who are deaf/ hard of hearing, but who do not necessarily identify with Deaf culture, may call themselves, or have been referred to, as hard of hearing or “deaf.” This group predominantly prescribes to the use of hearing aids, cochlear implants and or lip-reading.

## IV. Summary of Findings from Stakeholder Meetings

The information gathered during this process suggests there are two broad, general, and differing, approaches to understanding and addressing the needs of those with hearing disabilities that may or may not be considered compatible with each other. One is a cultural approach (e.g., “Deaf” culture) and the other is a medical approach. This division became clear in the context of views about the early identification, treatment, and education of children with hearing disabilities. The medicalization of deafness and the focus on medical treatments, such as the use of cochlear implants and hearing aids, is seen by some as an attempt to oppress and invalidate Deaf culture.<sup>4</sup>

A consistent message relayed by all involved in this process was the need for early detection and support mechanisms for both the deaf child and the family.

### 1. Issues Related to Early Detection and Interventions

A consistent message relayed by all involved in this process was the need for early detection and support mechanisms for both the deaf child and the family. There was consensus among advocates, stakeholders, and service providers that universal newborn screening is necessary. A health-care professional indicated that newborn screening is performed in major centres when a medical professional is available, but it is not universal throughout the province and is more sporadic in rural areas.

<sup>4</sup> In this report, the term “deaf” will be used unless it is certain that the reference is to “Deaf.”

A mother in the North of the province described her frustration with the process of screening. Her six-year-old child had yet to receive a definitive diagnosis. According to this mother, various professionals had seen her daughter since she was a year old and none were certain whether her problems were related to hearing, development, or both. Another mother in the North said her profoundly deaf child was not diagnosed until he was four years old. There was consensus among all participants that newborn screening is essential to ensure effective provision of services, and to avoid potential developmental delays that could be dealt with by early intervention.

First contact with the healthcare system was described as disappointing by many parents, as they found that the therapies offered to their children were infrequent and inadequate. Services in rural areas were perceived as scarcer than services available in urban centres. One individual spoke of the lengths they had to go to for early childhood intervention with their deaf child, saying “we had to travel anywhere from one to five hours... for therapy once every two weeks.”<sup>5</sup> More than one rural family moved out of province to access better services for their deaf children. There was general agreement amongst professionals in this field that more resources need to be devoted to providing early detection and therapeutic services upon diagnosis.

## 2. Issues Related to Early Language Acquisition

Parents reported that they had requested American Sign Language (ASL) instruction for their families upon their children’s diagnosis. Many of these parents, along with other participants, reported being told by health professionals that ASL instruction is not preferable or available for deaf children or their parents. Some parents of deaf children reported feeling that the dearth of ASL services in early childhood is related to an ideology in the healthcare system that favors the use of aural and oral (i.e., hearing and speaking) means of communication with the assistance of cochlear implants or hearing aids and lip-reading.

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<sup>5</sup> 2014, Southern Saskatchewan

Some parents believe that the current healthcare system also favors the use of hearing assistive devices and that this impedes early language acquisition. The Saskatchewan Pediatric Auditory Rehabilitation Centre (SPARC) provides diagnostic and rehabilitative services to children with hearing loss throughout the province. SPARC is the primary early childhood hearing-related healthcare service offered by the Ministry of Health. The stated philosophy of the program is to “ensure the child is accessing sound optimally” through assistive technologies to enhance auditory-verbal communication.<sup>6</sup> SPARC provides therapies for those children who receive cochlear implants in the province. The program’s materials state that sign language is recommended for some children. However, multiple parents said audiologists and speech pathologists at SPARC discouraged the use of ASL with young deaf children on the premise that this would impede their aural and oral communication (and even if they were awaiting cochlear implants).<sup>7</sup>

This is in contrast to the opinions expressed by other healthcare professionals who participated in this process, most of whom did not see cochlear implants and aural/oral learning as incompatible with signing. It was pointed out that baby sign language (though not ASL) is used with pre-verbal hearing children without negative consequences for their aural/oral learning. However, one therapist stated that it is best for families to make a decision about whether they will use sign language or cochlear implants in order to invest the bulk of their effort in one mode or the other. This audiologist indicated that, currently, cochlear implants are initiated at approximately one year of age and that 90% of the time the implants are successful. This allows hearing parents to communicate with their children aurally/orally, thus reducing the need for sign language in these families according to this school of thought. At the same time, no consistent definition of what constitutes a “successful” implantation emerged from the information submitted for this report.

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<sup>6</sup> The Elks and Royal Purple Saskatchewan Pediatric Auditory Rehabilitation Centre Annual Report 2012-2013

<sup>7</sup> The experience of parents who currently have young deaf children is not reflected in this report. The Commission received very few submissions from this demographic.

A professor of audiology reported that 95% of deaf children are born to hearing parents, and that ASL is a complex language for hearing parents to learn to the point of fluency. The concern was that this could create an “impoverished language environment” for the child. The above statistic is consistent with numbers reported by the American National Institute of Health.<sup>8</sup>

Many parents and advocates believe the potential benefits of cochlear implants have been over-stated by healthcare providers. Some parents and advocates indicated that the lengthy wait for cochlear implants, and the lack of follow-up care, is a barrier for deaf children. A healthcare professional associated with the implant program reported that children currently receive cochlear implants at one year of age, but that this has not always been the case. The individual also stated that devoting more resources to the program could reduce wait times and improve follow-up care.

Parents who reported being discouraged against using ASL are of the view that their children were essentially deprived of a language during a critical window of development, and, because of that, their children struggled to acquire aural and oral language. They pointed to the detrimental effects of this deprivation, describing children who were socially and educationally isolated and who developed behavior problems due to frustration over inability to communicate. A parent said, “Prior to accessing ASL support, my son was blatantly frustrated. He would bang his head on the wall... cry and... bite himself and others.”<sup>9</sup>

While many submissions noted the difficulty of adapting to cochlear implants at a later age, successes were pointed out. One person offered a compelling account of her process after having implants in pre-adolescence, stating “On the first day... I hated it... I took every opportunity to turn off my processor. After months and months of encouragement from my parents and teachers, I stuck it out and began to hear more.” That person saw the cochlear implants as life changing and pivotal to educational achievement and social inclusion. The two people who made statements

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<sup>8</sup> [www.nidcd.nih.gov/health/statistics/pages/quick.aspx](http://www.nidcd.nih.gov/health/statistics/pages/quick.aspx)

<sup>9</sup> 2011

A need for choice and information about options when it comes to services for deaf babies and preschoolers was clearly stated by most parents consulted in this process.

about the positive impact of cochlear implants in later childhood emphasized the importance of family support as a crucial element in the success of the medical intervention.

Preschool education for deaf children is rare. It was reported that those preschool programs that are available focus on oral/aural learning to the exclusion of sign language. Again, it was noted that not all children can be successful with this mode of learning and the inclusion of instruction in sign language is imperative for those who do not respond to the former. A lack of childcare for deaf children was noted by a majority of stakeholders. Very few daycares or day homes offer interpretation, and in those cases it is by the happenstance of a childcare provider coincidentally knowing ASL or signed English and not as the result of an organized initiative. Three families said they felt compelled to move to urban centres or out of province to access adequate early childhood interventions for their deaf children. A need for choice and information about options when it comes to services for deaf babies and preschoolers was clearly stated by most parents consulted in this process.

### 3. Elementary and Secondary School

Services for deaf children upon entering elementary school were also seen as problematic by many parents, professionals, and advocates. Since the closure of the School for the Deaf in Saskatoon in 1991, the primary approach to teaching deaf children has been to include them in regular classrooms with the support of educational assistants. Parents and educators alike criticized the lack of formal training for these educational assistants in sign language. Several educational assistants said they had virtually no instruction in sign language and that they would spend unpaid hours in the evening learning signs related to the next day's lessons. None claimed to be fluent in sign language. Those who had years of experience working with deaf children stated this model does not promote consistency for the children. Educational assistants typically worked on contract for a year or two and did not follow the children throughout their education.

The information gathered for this report suggests that signed English is the dominant form of sign taught in school systems. It was reported that Catholic school systems in Saskatoon and Regina Catholic offer instruction in ASL. By contrast, other school systems were said to offer signed English.<sup>10</sup> There is controversy over this situation, as signed English is not widely used in the Deaf community; as a result, signed English-only communicators risk being isolated from the deaf community. A deaf participant spoke of feeling detached in a mainstream classroom due to the inadequacy of the instruction methods and at the same time feeling “left out even at Deaf camp because I couldn’t sign fast enough.”

However, others, mainly educators, suggested that signed English might be easier for parents to learn, thereby increasing communication between parents and children if English is the first language in the home. Some educators expressed the opinion that signed English is suitable for teaching in a classroom with hearing peers, as instruction can be spoken and signed at the same time. Still, some parents and children reported that teachers and therapists prohibited children from using any form of sign language in school for fear it would discourage aural/oral learning. However, most of these accounts were historical and it seems this practice is relatively rare today.

Many deaf children and their parents reported feeling isolated by the mainstream approach. While there were submissions from individuals who excelled and felt included, supported, and valued in mainstream educational settings, these were the exception. Others also excelled in standard schools, though they believed their success was in spite of the school system, not because of it. The low incidence of deafness exacerbates the isolation of deaf students, as it is rare for students to be grouped in programs or classrooms in order to make optimal use of educational resources. An especially moving photographic image submitted to the Commission shows a young man seated in what appears to be a storage room. It was stated that he spends a good part of his school day in this room alone or with an Educational Assistant.<sup>11</sup>

The low incidence of deafness exacerbates the isolation of deaf students

<sup>10</sup> Signed English is a derivative of the English language and involves signs developed to replicate the syntax of English, while ASL is a language independent of any other, involving conceptual communication with its own vocabulary.

<sup>11</sup> Photo taken June 16, 2015 in Saskatoon

### 3. a. Schools for the Deaf

The closure of the School for the Deaf in Saskatoon was a prominent topic during the consultation process. Many advocates and former students related positive experiences at the school and advocated this “immersion” approach to learning. They spoke of accelerated learning at the School for the Deaf and of feeling included in this setting, whereas they had previously felt isolated in mainstream classrooms. Advocates shared many stories of children transforming upon exposure to an education system for the Deaf. Advocates in the Deaf community pointed to the use of Deaf educators in the School for the Deaf and how this accelerated learning and exposed students to deaf culture. Advocates expressed the opinion that, broadly speaking, language skills among deaf children and young adults have declined since the closure of the School for the Deaf.

Educators observed that bringing together deaf students to a single educational facility may be possible in the larger centres in Saskatchewan, but it would be challenging in rural and Northern locales. Previously, students could reside at the School for the Deaf in Saskatoon. However, some parents did not wish to be separated from their children for such lengthy periods. Today, the tragic legacy of Indian Residential Schools makes this option unappealing to Aboriginal parents in particular. A former student shared an account of sexual abuse in the School for the Deaf. The history of sexual abuse in schools for the Deaf across Canada and elsewhere also cannot be ignored.

A Deaf educator summed up her beliefs about the current approach to education of deaf children in urban school systems, stating “The kids seem to reach the same point of education whether they have cochlear, signing, or any other method, but when leaving high school, not many move on to post-secondary.” Some participants shared the opinion that participation in post-secondary education among the deaf has declined since the closing of the School for the Deaf.

“The kids seem to reach the same point of education whether they have cochlear, signing, or any other method, but when leaving high school, not many move on to post-secondary.”

An advocate working with young adult learners, and those seeking employment, cited many examples of the lack of supports for this population. Adult basic education, aimed at increasing levels of education, preparing for further training, and enhancing life skills, is virtually unavailable for deaf learners in Saskatchewan, according to a vocational counselor working with this population. Also cited as a barrier by this advocate, was the expectation that students in adult basic education programs be sober, given that treatment for mental health and addictions for the Deaf, deaf and hard of hearing is so difficult to obtain. Saskatchewan Polytechnic career education staff confirmed that their Deaf, deaf, and hard of hearing program ended in 2011, but stated that deaf students have been accommodated as pre-employment and apprenticeship students.

Some individuals reported satisfaction with interpretation at trade schools, but at least one participant stated he could not participate in the program of his choice due to the scarcity of interpreters. Very little information about the availability of interpretation for university courses was submitted. While some deaf participants reported they have successfully obtained post-secondary education, it would seem that the majority of the deaf individuals cited in submissions to the Commission have not attained education beyond high school.<sup>12</sup>

#### 4. Employment

The general sense of participants was that there is a lack of awareness and understanding of the duty to accommodate hearing disabilities in the workplace. Access to interpreters was reported to be exceedingly rare among those who spoke to their own employment experience. Multiple statements referred to difficulties defending themselves in workplace disciplinary processes due to communication barriers and the absence of interpretation.

Finding meaningful, well-paid employment was also noted as a struggle. Advocates cited low literacy levels, due to inadequate primary and secondary education, and prejudice among employers, as contributing to this exclusion.

<sup>12</sup> Further research is necessary to provide an accurate picture of the post-secondary educational achievement of deaf people and the factors surrounding it.

Finding meaningful, well-paid employment was also noted as a struggle. Advocates cited low literacy levels, due to inadequate primary and secondary education, and prejudice among employers, as contributing to this exclusion. Some participants who use cochlear implants spoke of difficulty in receiving accommodation within the workplace due to inaccurate perceptions of their disability and problems related to cochlear implant failure. While no submissions provided an empirical understanding of the dynamics of employment of deaf people, this information may be found in data provided by Statistics Canada. The Commission uses Statistics Canada research to define and determine employment equity program goals.

## 5. Justice

Participants reported a lack of interpretation services or accommodation at various points in the justice system. A participant related an instance that occurred in 2001, where a deaf individual was charged with an offence and was arrested and tried without interpretation services. The court officials agreed they ought to have provided the interpreter, but felt it was incumbent on the accused to request an interpreter through the court clerks' office prior to each appearance despite the communication barrier on the part of the accused.

An incident was also shared on behalf of a deaf woman who was the victim of domestic abuse in 1999. Police reportedly asked her partner, who was the aggressor in their dispute, to interpret their interview with her. When asked why they did not contact a professional interpreter, police referred to the cost of the service. Two individual submissions were remarkably similar in that deaf drivers who were in accidents were unable to communicate their version of events to police and ultimately they were found to be responsible for the accidents, even though they did not believe this to be the case.<sup>13</sup>

Advocates reported that their clients never had formal interpretation for meetings and, in general, their clients lacked an understanding of the decisions that were being made.

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<sup>13</sup> One accident occurred in 2001. The date of the other is unknown.

## 6. Social Services

Advocates reported a lack of interpretation for appointments with Ministry of Social Services Income Security Workers. Advocates reported that their clients never had formal interpretation for meetings and, in general, their clients lacked an understanding of the decisions that were being made. In one case, in 2016, requests had been made for an interpreter for such meetings and the client had not received a response until the Commission brokered an arrangement on their behalf.

## 7. Healthcare

Several deaf and hard of hearing participants reported problems related to the receipt of treatment from the healthcare system. Advocates and family members highlighted the need to implement a province wide text 9-1-1 service to improve access to emergency healthcare. Despite the reported ability to request interpreters through the health regions, it seems access continues to be an issue. A number of people reported lack of response to their requests for interpreters. Some stories stand out among these. A moving account of a family's experience during an emergency suggests there is still a reliance on informal and family interpreters. Numerous requests for interpretation were made without response. As a result, a daughter had to travel from out of province to interpret during her father's medical crisis, a crisis that resulted in his death.

Other accounts include:

- A situation where an expectant mother had to rely on her nine-year-old daughter for interpretation during her labour and delivery, after her requests were not accommodated.
- A senior who requested interpretation for meetings related to his care in a senior's residence was charged for the service, making future meetings cost prohibitive.
- Participants at the consultations said that interpreters are extremely scarce for mental health and addictions therapies.

Coverage of assistive technology for the deaf or hard of hearing through Saskatchewan Health is reported to be inadequate, especially for adults.

Seniors' advocates pointed out that people who experience hearing loss later in life often face difficulties with adapting to assistive technology.

Coverage of assistive technology for the deaf or hard of hearing through Saskatchewan Health is reported to be inadequate, especially for adults. Once an individual reaches adulthood, they receive no funding for assistive devices, including hearing aids, batteries, and cochlear implants or processor upgrades. Lack of accommodation for deaf residents in group homes and nursing homes was reported relating to interaction with the staff and the lack of safety aids such as flashing light fire alarms and smoke detectors.

### 8. Seniors

It was reported that seniors are particularly affected by hearing loss and problems with service delivery. According to submissions throughout the consultation phase, the lack of interpretation services and other accommodations in nursing homes and throughout the health care system contributes to the isolation of seniors with hearing loss. Seniors' advocates pointed out that people who experience hearing loss later in life often face difficulties with adapting to assistive technology.

### 9. Newcomers

Newcomers to Canada face additional communication challenges in that English may not be their first language. As well, it was reported that there are significant barriers in receiving sign language interpretation during programming designed to help newcomers adapt to life in Canada.

### 10. Indigenous People

The concerns noted above regarding inaccessibility and inadequate resourcing are reported to be heightened for Indigenous people and communities. The predominant issue is jurisdiction and, related to this, differential funding of services and assistive technology. For example, a deaf child on a First Nation in autumn 2015 was isolated in his community and there was no interpretation available for his education. A larger non-First Nations community nearby had a classroom with Educational Assistants experienced in signed English who assisted a small number of

deaf students; however, jurisdictional and transportation issues prevented the former child from attending an off-reserve school. As well, Indigenous and Northern Affairs Canada provides coverage only for initial assistive technology and may not cover ongoing expenses, such as batteries and upgrades to cochlear implants. Coverage varies based on funding arrangements with the different First Nations, according to professionals serving the Deaf community.

### 11. Interpreters

Interpretation services in Saskatchewan are lacking. According to an advocate for the deaf, there are six certified interpreters in the province compared to over seventy in Manitoba. In other jurisdictions the service of interpretation is provided by a separate organization from those that advocate on behalf of the Deaf, deaf and hard of hearing community. There also appears to be a significant wage disparity between the wages Saskatchewan interpreters earn versus their counterparts in other provinces. It was also highlighted, on numerous occasions by members of the Deaf community, family members, professionals and educators, that ASL needs to be recognized as a language of instruction and a heritage language in Saskatchewan to bring the province in line with the other Western provinces.

It was reported that the province is also significantly behind other jurisdictions in the use of technology to facilitate interpreting for the deaf. For example, anecdotal information suggests that remote interpretation is scarcely used. Advocates and family members in the Deaf community indicated that video relay is an effective alternative to the outdated TTY system and added that it is used in other jurisdictions with success.

It was also highlighted, on numerous occasions by members of the Deaf community, family members, professionals and educators, that ASL needs to be recognized as a language of instruction and a heritage language in Saskatchewan

The Commission is committed to working with stakeholders to resolve systemic barriers facing the Deaf, deaf, and hard of hearing communities.

## V. Outcomes to Date

As a result of the community consultations, four outcomes have been achieved prior to the submission of this report to stakeholders. These include:

1. the re-introduction of a deaf child to a school setting in Northern Saskatchewan after he had been without an educational program for a number of months,
2. the text 9-1-1 infrastructure is in place; this service will require further monitoring to ensure its effectiveness,
3. the pre-complaint resolution of the matter of a deaf couple who required interpretation for meetings with the Ministry of Social Services, and
4. the implementation of visual bus announcements on City of Saskatoon Transit services.

## VI. Moving Forward

Ensuring equivalent and comparable service provision is a complex and necessary activity that should engage many stakeholders, including: healthcare providers, advocates, senior levels of government, non-governmental organizations, individuals who are Deaf, deaf, and hard of hearing, and the Saskatchewan Human Rights Commission. The Commission is committed to working with stakeholders to resolve systemic barriers facing the Deaf, deaf, and hard of hearing communities.

In order to eliminate inequality, the Commission recommends that stakeholders work collaboratively to develop and maintain plans to meet the needs of Deaf, deaf, and hard of hearing people and communities. To do this, the SHRC strongly supports the implementation of a systemic advocacy process, within 60 days of publication of this report, that includes the establishment of a stakeholder committee, charged with preparing action plans that meet the needs of users and the requirements of the *Code*. The stakeholder committee might identify emergent issues of greater priority or interest than those outlined in the recommendations.

## VII. Issues To Be Addressed

The long-term goal of any systemic initiative is to ensure compliance with *The Saskatchewan Human Rights Code*, and addressing the needs of those most affected by systemic discrimination. Notwithstanding the determinations of a stakeholder committee, it is likely that the following issues, aggregated from submissions offered during the consultations, will need to be addressed in a timely manner:

- Find actionable ways to create equity in the healthcare and education systems in order to achieve equivalent and comparable service for Deaf, deaf, and hard of hearing people.
- Ensure provincial agencies that provide services to Deaf, deaf, and hard of hearing people undertake ongoing safety, sensitivity, and accommodation training.
- Implement universal newborn screening for hearing disabilities.
- Provide parents with children who have been diagnosed with hearing disabilities information and options as to the different modes of intervention for their children.
- Offer greater support for parents of deaf and hearing-impaired children to aid the child's development, and ensure access to the full benefits of citizenship regardless of level of need.
- Take measures to address the isolation experienced by deaf children and adults living in Northern and rural communities by ensuring all citizens have access to meaningful and effective methods of communication.
- Establish accessible group homes for Deaf, deaf, and hard of hearing individuals who requiring intensive support and/or mental health and addictions treatment.

Find actionable ways to create equity in the healthcare and education systems in order to achieve equivalent and comparable service for Deaf, deaf, and hard of hearing people

Provide public education about the duty to accommodate hearing disabilities.

- Establish a provincial video relay communication service for the Deaf, deaf, and hard of hearing community.
- Address the high cost of assistive technology equipment and the gaps in funding.
- Recognize American Sign Language (ASL) as a heritage language and a language of instruction.
- Improve access to adult education and English as a second language training for the Deaf, deaf, and hard of hearing community.
- Facilitate the provision of post-secondary level ASL courses and training to allow the cultivation of effective and trained interpreters within the province.
- Related to the facilitation of ASL courses and training, address the inadequate number of interpreters in the province. Consider the creation of an agency whose mandate is to facilitate and provide interpretation services (e.g., similar to the one that exists in Manitoba).
- Increase the availability of interpretation services at all major Government announcements and public speaking engagements. In addition, ensure appropriate levels of interpretation support within government agencies.
- Provide public education about the duty to accommodate hearing disabilities.

## Appendix A – The Saskatchewan Human Rights Code (Section 12)

The Saskatchewan Human Rights Code (page 8) states that:

12(1) No person, directly or indirectly, alone or with another, or by the interposition of another shall, on the basis of a prohibited ground:

- (a) deny to any person or class of persons the accommodation, services or facilities to which the public is customarily admitted or that are offered to the public; or
- (b) discriminate against any person or class of persons with respect to the accommodation, services or facilities to which the public is customarily admitted or that are offered to the public.

## **Appendix B – List of Community Consultation Events**

The Saskatchewan Human Rights Commission held four community consultation events:

1. Regina - June 16,
2. Saskatoon - June 19,
3. La Ronge - September 24, and
4. Prince Albert - September 30.



