



SASKATCHEWAN  
**HUMAN RIGHTS**  
COMMISSION

**Access and Equality for  
Deaf, deaf, and Hard of Hearing People:  
Update to Stakeholders 2021**

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## 1. Letter of Transmittal

The Honourable Gord Wyant, Q.C.  
Minister of Justice and Attorney General  
Legislative Building  
Regina, Saskatchewan

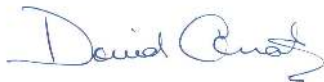
Dear Minister Wyant,

I am pleased to deliver the 2021 update report on issues of Access and Equality for Deaf, deaf and Hard of Hearing persons, in accordance with Section 57 of *The Saskatchewan Human Rights Code, 2018*.

This report highlights the activities and successes of the Deaf, deaf and Hard of Hearing Systemic Advocacy Committee over the past 5 years.

Sincerely,

David M. Arnot

A handwritten signature in blue ink that reads "David Arnot". The signature is written in a cursive style with a prominent initial "D".

Chief Commissioner

## 2. Chief Commissioner's Message

In 2014, I met with several members from the Deaf, deaf and Hard of Hearing communities. They shared their personal stories about the challenges of living with different types of hearing limitations in Saskatchewan, including the challenges arising from the closing of the Saskatchewan School for the Deaf in 1990.

These conversations ultimately led the Saskatchewan Human Rights Commission to hold a series of public consultations, seeking input from people with lived experience of a wide range of hearing issues. We heard from many people, young and old, and their families. We heard, as well, from professionals in the fields of audiology, speech pathology, and language development. We heard also from advocacy groups who represent different Deaf, deaf and hard of hearing communities.

These conversations lead to the release of our 2016 report: **Access and Equality for Deaf, deaf, and Hard of Hearing People: A Report to Stakeholders**, and shortly thereafter to the formation of a Systemic Advocacy Committee, which brought together persons with lived experience, parents, professionals and with representatives from the Government of Saskatchewan.

Over the past few years, this committee has worked hard to foster understanding, build consensus, and develop solutions to issues facing Deaf, deaf, and hard of hearing persons. While not every issue raised in consultations or by participants in the Systemic Advocacy Committee has been resolved, there have been many positive outcomes for members of the Deaf, deaf and Hard of Hearing communities. In particular, the committee has raised the profile of Deaf, deaf and hard of hearing issues among government and the public.

This update reports on the successes of the committee's hard work.

David M. Arnot



Chief Commissioner

### 3. INTRODUCTION

#### Background

The SHRC has a legislated mandate to address systemic discrimination. Section 24(h) of *The Saskatchewan Human Rights Code, 2018* (the Code), states: “The commission shall promote and pursue measures to prevent and address systemic patterns of discrimination.”

In 2014, the Saskatchewan Human Rights Commission (SHRC) received inquiries concerning perceived systemic discrimination relating to public services for people who are Deaf, deaf, and/or hard of hearing (D/dHoH).

In order to determine the scope of these concerns, the SHRC consulted with individuals and stakeholder groups. Four community consultation sessions were held (Saskatoon, Regina, Prince Albert, La Ronge), and the Commission met with over 160 people during the consultations and follow-up sessions. A further 40 individual or group interviews were completed.

The Commission synthesized the information gathered and, in May 2016, released *Access and Equality for Deaf, deaf, and Hard of Hearing People: A Report to Stakeholders* (known as the Green Report because of its green-coloured cover). The Green Report described challenges facing D/dHoH communities and proposed 15 specific issues to be addressed.

The Commission then led the creation of a “Deaf/deaf and Hard of Hearing Systemic Advocacy Committee.” The Systemic Advocacy Committee (the Committee) was formed with participants from persons with lived experience, parents, audiologists, ASL interpreters, and others, including representatives from the Ministries of Justice, Education, Health and Social Services.

The Committee held its first meeting in December 2016; it has met more than 30 times over past 4 years.

The Committee heard from stakeholders, including experts and parents of D/dHoH children, and discussed ways to reduce barriers and address systemic patterns of discrimination.

According to the Canadian Survey on Disability, in 2017, there were approximately 1.3 million Canadians who are Deaf, deaf or hard of hearing – about 5% of the population.

This report is intended as an update to the Green Report, summarizing successes and highlighting outstanding challenges.

The Green Report described challenges facing D/dHoH communities and proposed 15 specific issues to be addressed.

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, resulting in a person being denied opportunities or receiving fewer benefits.

### 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, resulting 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 distinction between Deaf and deaf/hard of hearing

Participants in our process identified in various ways. Some identified as persons who are Deaf, deaf, or hard of hearing, and/or parents, advocates, or service providers.

The terminology used by the participants themselves, 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. Furthermore, for people unfamiliar with D/dHoH issues, the distinction can be edifying.

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, often identify with Deaf culture.

Those people who identify with Deaf culture consider themselves capital “D” Deaf. Advocates and stakeholders who 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.

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 speech-reading.

The specific needs of deaf and hard of hearing persons will typically be different and distinct from those who identify as Deaf. Each category of persons is entitled to accommodations meeting their particular need.



## Audism

In 1975, noted scholar Tom Humphries first used the term “audism” to describe the “audiocentric (based on hearing and speaking) assumptions and attitudes of supremacy over D/deaf persons” ; that is: the assumption that being hearing is better than being D/deaf. It’s a relatively common assumption among the public – but such attitudes regularly lead to unlawful discrimination, even by those who are well-intentioned.

The Canadian Association of the Deaf offers a more expansive explanation of Audism:

“Audism can be seen in two general aspects. One is the assumption or belief that people who are deaf must be encouraged (or even forced) to become as much like non-deaf people as possible. The other is to assume control over deaf people, to disempower them, by making decisions about their language(s), their education, the services they will need, and so on, with limited or no input by the D/deaf person and the Deaf community.

The assumption that D/deaf people must become like non-Deaf people involves a repudiation of Sign language and the Deaf culture, a fixation upon “overcoming” the deafness, zealous promotion of “hearing” and speaking, and a pathological attitude towards deafness. It also implicitly includes the belief that a person who cannot hear is ipso facto inferior to those who can.”<sup>2</sup>

As noted in the Green Report, the medicalization of deafness and the focus on medical treatments, including the use of cochlear implants and hearing aids, is seen by some in the Deaf community as oppressive and an attempt to invalidate Deaf culture. Conversely, many of those in the deaf and/or hard of hearing communities strongly support the use of hearing aids and cochlear implants.

## Sign Languages

In contrast to oral spoken languages, sign languages are visual gestural languages. The signer makes natural use of their hands and upper body including the head, eyes, mouth and shoulders in a communicative dialogue. The sign shapes constitute the visual element in a two-way discourse.

The assumption that D/deaf people must become like non-Deaf people involves a repudiation of Sign language and the Deaf culture

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1 Eckert RC, Rowley AJ. “Audism: A Theory and Practice of Audiocentric Privilege.” *Humanity & Society*. 2013; 37(2):101-130.

2 CAD position paper, <http://cad.ca/issues-positions/audism/>, accessed July 24, 2020

A cochlear implant is a more complex medical device which has an internal component implanted surgically inside the skull.

There are many different sign languages. American Sign Language (ASL) is a common sign language in use in Saskatchewan. ASL is a complete, natural visual language that has its own linguistic properties, with grammar that differs from English.

### Hearing Aids and Cochlear Implants

Removable hearing aids are used by many people with hearing loss. These small electronic devices amplify sound going into the ear. Because the type of amplification required is not ‘one size fits all,’ these devices are prescribed by hearing healthcare professionals following a hearing evaluation.

Cochlear implants are another device to help people process sound information, and is an option for some people who are severely or profoundly hard of hearing. The external portion of this device may appear similar to that of a hearing aid. However, a cochlear implant is a more complex medical device which has an internal component implanted surgically inside the skull. They do not ‘restore’ typical hearing, but rather directly stimulate the auditory nerve. It takes time and training for a person to learn to use.

## 4. LEGAL ANALYSIS

### Introduction

The inherent rights of D/dHoH persons are affirmed by international, national and provincial laws and policies. In an attempt to eliminate discriminatory practices and policies against persons with disabilities, including D/dHoH persons, the international community has developed an international declaration that addresses the rights of persons with disabilities. D/dHoH persons have the right to equal treatment and access to services and facilities, free from direct or constrictive discriminatory practices.

The Courts have emphasized the importance of accommodating D/dHoH persons and putting measures in place to ensure that D/dHoH persons are not adversely impacted by the general application of policies and practices without consideration for the condition of D/dHoH persons. Applying The Canadian Charter of Rights and Freedoms<sup>3</sup> (the “Charter”) and other laws, Canadian Courts and Human Rights Tribunals have interpreted and

<sup>3</sup> Canadian Charter of Rights and Freedoms, Constitution Act, 1982, Part 1.

confirmed the rights of D/dHoH persons in different instances including, education, employment, professional training, access to medical services, access to public services and television programming, among others.

This section of the report captures relevant laws and judicial precedents that affirm, promote and protect the rights of D/dHoH persons. These documents highlight the responsibilities of governments, service providers, employers and other stakeholders to accommodate D/dHoH persons to the point of undue hardship.

### Relevant International Instruments

Rights of D/dHoH persons are reflected within the broader framework of international human rights instruments, such as the Universal Declaration of Human Rights,<sup>4</sup> International Covenant on Civil and Political Rights,<sup>5</sup> and International Covenant on Economic, Social and Cultural Rights<sup>6</sup>. While the international law instruments discussed below confirm human rights standards for the treatment and rights of persons with disabilities, these laws are not on their own legally enforceable in Canada. However, once Canada accedes to an international instrument, there is a presumption that Canada will comply with it in good faith. Consequently, Canadian courts can refer to international law provisions in determining related domestic cases based on the presumption that Parliament intended to make laws in compliance with Canada's international obligations.

#### 1. United Nations Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities (CRPD)<sup>7</sup> is the first human rights convention of the 21st century and the first international instrument that specifically and comprehensively addresses the human rights of peoples with disabilities.

Importantly, the CRPD defines language to include spoken and signed languages and other forms of non-spoken languages<sup>8</sup>. Although the Convention does not establish new international human rights standards, it clarifies and confirms the responsibilities of States to

The international rights of D/dHoH persons are situated within the broader framework of international human rights instruments

4 United Nations General Assembly, Universal Declaration of Human Rights (1948) General Assembly Resolution 217A.

5 United Nations General Assembly, International Covenant on Civil and Political Rights (entered into force 23 March 1976) Treaty Series, vol. 999, p. 171

6 United Nations General Assembly, International Covenant on Economic, Social and Cultural Rights (entered into force 3 January 1976) Treaty Series, vol. 993, p. 3.

7 United Nations, Convention on the Rights of Persons with Disabilities, UN Treaty Series, Vol. 2515, adopted 13 December 2006 during the 61st session of the General Assembly by resolution A/RES/61/106 (CRPD).

8 Ibid at Article 2.

States have the responsibility to take active steps to ensure that barriers to accessibility to public facilities and services are eliminated

protect and promote the rights of persons with disabilities. Canada ratified the CRPD on March 11, 2010, and it entered into force on April 12, 2010.

The CRPD affirms the right of D/dHoH persons to in the following areas:

### i. Equal Access to Education

State parties to the CRPD (of which Canada is one) have the responsibility to “recognize the rights of persons with disabilities to education... without discrimination and on the basis of equal opportunity.”<sup>9</sup> In order to fulfil this mandate, particularly for D/dHoH persons, States are expected to take appropriate measures, including:

- Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
- Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
- Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.<sup>10</sup>

In order to help ensure the realization of this right, States parties are expected to take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training should incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.<sup>11</sup> These measures are required to ensure that D/dHoH persons have the required tools for equal access to education.

### ii. Accessibility to Public Facilities and Services

Persons with disabilities have the right to live independent lives and to be involved in all aspects of the society. In order to empower persons with disabilities to be actively engaged in their communities, States (of which Canada is one) have the responsibility to ensure that persons with disabilities have equal access to the physical environment, to transportation, to information and communications and to other public facilities and services, both in the urban and rural areas.<sup>12</sup>

9 Ibid at Article 24(10).

10 Ibid at Article 24 (3)(a)-(c).

11 Ibid at Article 24(4).

12 Ibid at Article 9(1).

State parties are also expected to take active steps to ensure that barriers to accessibility to public facilities and services are eliminated.

One of the identified necessities for States to ensure accessibility to buildings and other public facilities is the provision of real-time assistance and intermediaries, including readers and professional sign language interpreters.<sup>13</sup>

### iii. Freedom to Access information and Express Opinion

Access to information is a substantial aspect of the procedural rights<sup>14</sup> of every citizen. The CRPD affirms the right of D/dHoH persons to seek, receive and articulate information by enjoining States to accept and support the use of sign languages, Braille, and alternative communication and other accessible means of communication.<sup>15</sup> States also have the responsibility to recognize and promote the use of sign languages.<sup>16</sup>

States also have the responsibility to recognize and promote the use of sign languages

### iv. Freedom to Participate in Cultural Life, Recreation, Leisure and sport

The CRPD affirms the rights of persons with disabilities to participate equally in cultural life, enjoy television programs, theatre and tourism services, among others. D/dHoH persons are entitled to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.<sup>17</sup>

These overarching provisions of the CRPD provide the framework to promote and protect the rights of D/dHoH persons in different areas of life. The Convention also confirms the international standards and expectations for State parties to the Convention.

## 2. United Nations Convention on the Rights of the Child

The UN Convention on the Rights of the Child (UNCRC) outlines the rights of children, including civil, political, economic, social and cultural rights.<sup>18</sup> Unless the age of majority is attained earlier under national legislation, the Convention defines a child as anyone under the age of eighteen. Canada is a signatory to the UNCRC.

<sup>13</sup> Ibid at Article 9(2)(e).

<sup>14</sup> Procedural rights are the right to participate, right of access to information and access to judicial remedy for human rights violations.

<sup>15</sup> CRPD, supra note 1 at Article 21(b).

<sup>16</sup> Ibid at Article 21(e).

<sup>17</sup> Ibid at 30(1) & (4).

<sup>18</sup> United Nations, Convention on the Rights of the Child, UN Treaty Series, vol. 1577, adopted 20 November 1989 during the 44th session of the General Assembly by resolution A/RES/44/25 (CRC).

### i. Equal Access to Education

In order to protect and promote the right of the child to education, State parties to the UNCRC are expected to make education and educational and vocational materials accessible to all children and on the basis of their capacity by every appropriate means.<sup>19</sup> It is not enough to simply provide access to schools. States should also ensure that every child's education is directed to the development of the child's personality, talents, mental and physical abilities to their fullest potential.<sup>20</sup>

It is imperative to provide technological, professional and other resources to ensure D/dHoH children have equal access to the same quality of education as other children.

### ii. Freedom to Access information and Express Opinion

State should ensure that the rights of every child are protected without discrimination on the basis of disability, among other factors. The right of a child to freedom of expression and access to information is protected, regardless of the form of communication and the child's choice of medium of communication.<sup>21</sup>

D/dHoH children have the right to communicate and/or access information in their preferred mode, which includes sign language.

## Laws and Policy

### 1. Canadian Charter of Rights and Freedoms

The Canadian Charter of Rights and Freedoms<sup>22</sup> (the "Charter") guarantees the rights and freedoms of everyone, including the freedom of expression through different modes of communication.<sup>23</sup> D/dHoH persons have a right to communicate in their preferred medium of communication, including through sign language.

Section 15(1) of the Charter provides that:

Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination

<sup>19</sup> Ibid at Article 28(1)(c)-(d).

<sup>20</sup> Ibid at Article 29(1)(a).

<sup>21</sup> Ibid at Article 13.

<sup>22</sup> Canadian Charter of Rights and Freedoms, Constitution Act, 1982, Part 1.

<sup>23</sup> Ibid at section 1 & 2.

The Charter prohibits the adverse differential treatment of D/dHoH persons on the basis of disability

and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

The Charter prohibits the adverse differential treatment of D/dHoH persons on the basis of disability. Also, the Charter affirms the rights of D/dHoH persons during legal proceedings. Section 14 of the Charter states that a party or witness to any proceedings who is deaf has the right to the assistance of an interpreter.

## 2. Accessible Canada Act

The *Accessible Canada Act*<sup>24</sup> aims to increase inclusion and participation of all members of the society and promote equality of opportunity, eliminate barriers in employment, built environment, information and communication technologies, among others. In order to achieve these goals, the American Sign Language, Quebec Sign Language and Indigenous sign languages are recognized as the primary languages for communication by Deaf persons in Canada.

## 3. Broadcasting and Telecom Regulatory Policy

The Canadian Radio-Television and Telecommunications Commission (the CRTC) has a regulated policy relating to the accessibility of telecommunications and broadcasting services to persons with disabilities. The CRTC requires television broadcasters to provide access to television programming for D/dHoH persons through closed captioning.<sup>25</sup> In order to develop and implement universal standards for closed caption and address issues relating to captioning quality, the CRTC requested the Canadian Association of Broadcasters to work with the French and English language working groups. This is a policy that aims to provide equal access to television programming for D/dHoH persons.

## Saskatchewan Laws

### 1. *The Saskatchewan Human Rights Code, 2018*

*The Saskatchewan Human Rights Code, 2018*<sup>26</sup> (the “Code”) promotes the recognition of the rights and dignity of everyone.<sup>27</sup> The Code prohibits the discrimination of anyone in occupation, accommodation, education,

*The Saskatchewan Human Rights Code promotes the recognition of the rights and dignity of everyone*

<sup>24</sup> Section 5.1(2) of Accessible Canada Act, S.C. 2019, c. 10.

<sup>25</sup> Broadcasting and Telecom Regulatory Policy, CRTC 2009-430, 21 July 2009, File Number 8665-C12-200807943 at para. 72.

<sup>26</sup> The Saskatchewan Human Rights Code, chapter S-24.2 of the Statutes of Saskatchewan, 2018.

<sup>27</sup> *Ibid* at section 3.

Students in Saskatchewan are entitled to schools with features and equipment that take into consideration their disability

employment, among others, on the basis of any of the prohibited grounds. One of the prohibited grounds of discrimination is disability. The *Code* defines “disability” to include “deafness or hearing impairment”.<sup>28</sup>

The *Code* also prohibits anyone from discriminating or denying D/dHoH persons accommodation, services or facilities that are customarily available to the public.<sup>29</sup> Such discrimination may be direct or constructive. Applying the same standards generally to the public without taking into consideration the conditions of D/dHoH persons is a form of discrimination.

## 2. The Saskatchewan Education Regulations

The Saskatchewan Ministry of Education has the responsibility to ensure that new school divisions’ buildings and renovations to school division buildings “incorporate features and fixtures for the accommodation of pupils with physical disabilities”.<sup>30</sup> D/dHoH students in Saskatchewan are entitled to schools with features and equipment that take into consideration their disability and ensures they are not restricted from having equal access to education as other students.

### Judicial Precedents

Canadian courts and tribunals have addressed and confirmed the human rights of D/dHoH persons in education, public services and employment, among others. These cases also reiterate the duty of government agencies, employers, educational institutions, medical institutions and service providers to accommodate D/dHoH persons to the point of undue hardship.

#### 1. *Eldridge v. British Columbia (Attorney General)* [1997] 3 SCR 624

The appellants were born deaf and their preferred means of communication was sign language. They alleged that the absence of interpreters restricts their ability to communicate with their doctors and other health care providers and therefore increases the risk of being misdiagnosed and results in ineffective medical treatment.

La Forest J. questioned the possibility of the applicants receiving equal level of medical care as hearing persons if they cannot communicate effectively with their doctors without an interpreter. The Supreme Court

<sup>28</sup> Ibid at section 2(1).

<sup>29</sup> Ibid at section 12.

<sup>30</sup> Section 69(3) of The Education Regulations, Chapter E-0.2 Reg 29 (effective 10 October 2019) as amended by Saskatchewan Regulations 105/2020.



concluded that the right of the appellants as protected by section 15(1) of the Charter was violated by the respondent by the failure of the Medical Services Commission and hospitals to provide sign language interpretation. The respondent denied the appellants equal benefits of the law and discriminated against them in comparison with hearing persons.

Failure to fund sign language interpretation is not a “minimal impairment” of the s. 15(1) of the Charter rights of deaf persons to equal benefit of the law without discrimination on the basis of their physical disability. The evidence clearly demonstrates that, as a class, deaf persons receive medical services that are inferior to those received by the hearing population (paragraph 94). The Court held that the government failed to provide reasonable accommodation for the appellants’ disability.

## 2. *Canadian Assn. of the Deaf v. Canada* [2007] 2 FCR 323

The appellants in this case applied for a declaration that the individual applicant’s rights under section 15 of the Charter were violated on the basis of disability and that professional sign language interpretation services must be provided and paid for by the Government of Canada, upon request, where a deaf or hard-of-hearing person accesses services from the government or seeks input in government decision making.

The applicants argued that the federal government’s guidelines for administration of its Sign Language Interpretation Policy deny deaf and hard-of-hearing Canadians the opportunity to fully participate in government programs. The Court stated that substantive equality requires that the specific needs of deaf persons be taken into account when implementing the Sign Language Interpretation Policy and in the delivery of federal programs. As one of the purposes of subsection 15(1) of the Charter is the amelioration of the conditions of disadvantaged persons, the unique situation of deaf persons must be accommodated in order to provide substantive equality. And this requires accommodation through visual interpretation services.

The Court held that the failure to supply sign language interpreters imposed differential treatment between the applicants and the general public. This is discriminatory on the basis of disability. The application of the policy and guidelines was found to violate the guarantee afforded the applicants by subsection 15(1) of the Charter. The Court ordered that sign language interpretation services should be provided and paid for by the Government of Canada, upon request, where a deaf or hard-of-hearing person receives services from or participates in programs administered by the Government of Canada and the nature of communication between the government and the person requires such services.

Substantive equality requires that the specific needs of deaf persons be taken into account

CBC was ordered to caption all of their television programming

### 3. *Vlug v. Canadian Broadcasting Corp.* [2000] 38 CHRR 404

Henry Vlug is a deaf person who enjoys watching television but cannot hear the audio portion of the television programming. Mr. Vlug alleged that not all shows are captioned and some that are intended to be captioned have some portions missing and sometimes the quality of the captioning is poor. At issue in this case was whether the Canadian Human Rights Act requires that the Canadian Broadcasting Corporation (CBC) to make all of its English language network and Newsworld television programming accessible to D/dHoH persons.

Mr. Vlug's evidence established that some CBC broadcasts, services customarily available to the public, were not accessible to him by reason of his disability. The Tribunal stated that this is sufficient to establish a prima facie case of discrimination. After considering all of the evidence adduced by CBC, the Tribunal held that more could have been done with respect to captioning without imposing undue hardship on CBC. CBC contravened the rights of Mr. Vlug.

CBC was ordered to caption all of their television programming, including television shows, commercials, promos and unscheduled news flashes, from sign on until sign off. CBC was also ordered to pay Mr. Vlug the sum of \$10,000 as damages.

### 4. *Dunkley v. UBC and another*, 2015 BCHRT 100

Dr. Jessica Dunkley is a deaf Métis person. Dr. Dunkley has been Deaf since birth and is the daughter of Deaf parents. She required accommodations through her education, including during her undergraduate education and at medical school. After medical school, she was assigned to a dermatology residency at the University of British Columbia (UBC) on March 8, 2010. On the same day, she contacted the UBC Access and Diversity Office (the A&D Office) to ask for accommodation of her disability as she required sign language interpreters. Her residency was to commence on July 1, 2010. On June 21, Dr. Dunkley was informed that arrangements had not been made to provide her with interpreter services for her start date of July 1, 2010. She was later placed on an unpaid leave. Dr. Dunkley alleges that UBC denied her a service customarily available to the public, that is, residency training, because of her disability and/or discriminated against her with respect to that service on the basis of her disability without a bona fide and reasonable justification contrary to s. 8(1)(a) and (b) of the Human Rights Code.

The Tribunal held that while it is not necessary to specifically identify arbitrariness or stereotyping in the barriers imposed on a complainant, the negative impact of the discrimination on Dr. Dunkley is arbitrary in that

it results solely from a program designed only for a hearing population. While neither the University of British Columbia (UBC) nor Providence Health Care (PHC) attributed stereotypical attributes to Dr. Dunkley because of her deafness, the norm of oral communication is oriented to persons who can hear and imposes a burden on persons who are Deaf that is not imposed on others (paragraph 389).

“Dr. Dunkley was offered a residency in dermatology at UBC because of her merits and capacities. She was denied the benefit of the residency training and employment, based not her merits and capacities, but entirely on her disability. In short, because she is Deaf” (paragraph 393).

PHC claimed that the requested accommodation would cost \$300,000 - \$500,000 annually, among other costs. Given the nature of the evidence regarding costs and the lack of evidence regarding the resources available through Vancouver Coastal Health Authority, or the reasonable alternative of sharing the costs, it was not possible to prove that the cost of interpreter services constituted undue hardship to PHC.

PHC’s evidence regarding its budget and forecasted finances could not, in these circumstances, substantiate its claim of undue hardship. PHC failed to establish a bona fide occupational requirement and the complaint was justified. The Tribunal concluded that the respondents’ conduct constituted discrimination.

The respondents were ordered to cease the contravention and to refrain from committing the same or similar contravention. UBC was ordered to reinstate Dr. Dunkley to the program and Dr. Dunkley was ordered to notify UBC of her decision within two months of the decision.

The respondents were also ordered to pay Dr. Dunkley 9-months of lost wages. Dr. Dunkley was awarded \$35,000 for injury to her dignity, feelings and self-respect.

The Tribunal concluded that the respondents’ conduct constituted discrimination

## 5. SUMMARY OF THE GREEN REPORT (2016):

During the consultation process, stakeholders spoke about how D/dHoH persons were negatively impacted across a wide-range of areas and issues; including: health, education, employment, justice, social services, and others. The concerns of stakeholders were synthesized into a summary of findings in the Green Report. This summary provided a snapshot of the challenges facing D/dHoH persons in 2016, along with the historical context. These challenges are described here, in an abridged form:

### Early detection and interventions, and issues related to early language acquisition

All stakeholders noted the need for early detection of hearing loss and support mechanisms for both the child and the family. In 2016, newborn hearing screening existed in some Saskatchewan hospitals, but it was not universal. Some parents said their first contact with the healthcare system was disappointing, as the therapies offered to their children were inadequate.

Some parents reported being told by some health professionals that ASL instruction was not preferable for deaf children or their parents and that the use of ASL with young children was discouraged on the premise that this would impede aural understanding and oral communication.

However, other healthcare professionals that participated in the consultations did not see cochlear implants and aural/oral learning as incompatible with signing. Furthermore, cochlear implants were said to be initiated at about one year of age and were noted to be very successful.

Family support was identified as a crucial element in the success of cochlear implantations and medical inventions. Family support was also critical for children learning ASL. ASL is a complex language, and learning it can be difficult for parents; however, the clear benefits of direct language engagement will provide lifelong benefit.

Most parents noted a need for more information and more choice over the options for services for their deaf babies and preschoolers.

### Education

Preschool education for deaf children is rare. Services for deaf children upon entering elementary school were also seen as problematic. 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

Family support was identified to be a crucial element in the success of cochlear implantations and medical inventions

classrooms with support from educational assistants. However, parents and educators alike criticized the lack of formal training for these educational assistants.

Students formerly congregated together in the School for the Deaf were now distributed across all schools. This separation, along with the general low incidence of deafness, exacerbates the isolation of deaf students. It is rare for deaf students to be grouped in programs or classrooms, although there are such programs in larger centres, such as in one high school in Regina.

### Employment

Stakeholders reported an overall lack of awareness and understanding of the duty to accommodate hearing disabilities in the workplace. Finding meaningful, well-paid employment was a struggle for D/dHoH persons. On an even more basic level, finding meaningful, well-paid employment was a struggle for D/dHoH persons.

### Justice

Participants reported a lack of interpretation services or accommodation at various points in the justice system. This included reports of interactions with police who relied on inappropriate and ineffective communication methods to interact with deaf persons.

### Health

Advocates and family members highlighted the need to implement a province-wide text-to-9-1-1 service to improve access to emergency healthcare. As well, family members reported a lack of ASL interpretation during treatment and consultation.

### Seniors, Newcomers, Indigenous persons

It was noted that D/dHoH persons who were also seniors, newcomers to Canada, and/or Indigenous persons – especially those living in rural or remote areas – faced even greater challenges.

### Interpreters

The scarcity of trained ASL interpreters affects a broad range of areas, including education, health, and justice. Furthermore, the cost of interpretation services was regularly cited as a reason why deaf persons were not fully or successfully accommodated.

The scarcity of trained ASL interpreters affects a broad range of areas

Implement  
universal newborn  
screening in  
for hearing in  
Saskatchewan

The Green Report consolidated 15 key issues to be resolved to ensure compliance with *The Saskatchewan Human Rights Code, 2018* and to address the needs of those persons most affected by systemic discrimination.

The 15 Issues to be addressed:

1. 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.
2. Ensure provincial agencies that provide services to Deaf, deaf, and hard of hearing people undertake ongoing safety, sensitivity, and accommodation training.
3. Implement universal newborn screening for hearing disabilities.
4. Provide parents with children who have been diagnosed with hearing disabilities information and options as to the different modes of intervention for their children.
5. Offer greater support for parents of Deaf, deaf, and hard of hearing children to aid the child's development, and ensure access to the full benefits of citizenship regardless of level of need.
6. Take measures to address the isolation experienced by Deaf, deaf, and hard of hearing children and adults living in Northern and rural communities by ensuring all citizens have access to meaningful and effective methods of communication.
7. Establish accessible group homes for Deaf, deaf, and hard of hearing individuals who requiring intensive support and/or mental health and addictions treatment.
8. Establish a provincial video relay communication service for the Deaf, deaf, and hard of hearing community.
9. Address the high cost of assistive technology equipment and the gaps in funding.
10. Recognize American Sign Language (ASL) as a heritage language and a language of instruction.
11. Improve access to adult education and English as a second language training for the Deaf, deaf, and hard of hearing community.
12. Facilitate the provision of post-secondary level ASL courses and training to allow the cultivation of effective and trained interpreters within the province.
13. 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).
14. 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.
15. Provide public education about the duty to accommodate hearing disabilities.

## 6. WORK OF THE D/dHoH SYSTEMIC ADVOCACY COMMITTEE

Following the release of the Green Report, the Commission established a stakeholder-based Systemic Advocacy Committee to consider ways to address the Green Report's 15 Issues, as well as other important matters as determined by the Committee. The Committee was formed with participants from persons with lived experience, parents, audiologists, ASL interpreters, and others, including representatives from the Ministries of Justice, Education, Health and Social Services. The Committee held its first meeting in December 2016, and has met more than 30 times over past four years.

A critical part of the Committee's work was to establish a respectful forum where the honest exchange of views ultimately led to consensus on a range of issues. As well, participation from four different government ministries helped the Committee members see issues in a more informed and non-siloed manner.

The Committee recognized the particular vulnerability of children who are D/dHoH and their right to have barrier-free access to accommodation of their needs, interests and capabilities. Furthermore, the Committee identified the critical need to ensure that young children with hearing loss do not suffer from language deprivation – the lack of linguistic stimuli, aural or visual - and its attendant negative affect on neurological development. Failing to provide for the needs of D/dHoH children has long-term consequences for these persons and society.

The Committee worked towards consensus in its decision-making and aimed to reflect and adopt global standards for addressing the needs, interests, and capabilities of citizens who are D/dHoH. It worked to foster and facilitate awareness, community engagement, public consultation for identification of the needs, interests, and capabilities of citizens who are D/dHoH. It also worked to increase equality and equity for citizens who are D/dHoH in Saskatchewan by:

- Encouraging development of opportunities that enable citizens of Saskatchewan who are D/dHoH to participate fully in society and demonstrate their capabilities;
- Fostering positive perceptions among all citizens of Saskatchewan about the challenges faced by citizens who are D/dHoH that will assist in developing their self-confidence as equal citizens; and,
- Promoting an awareness of advocacy and issues related to citizens who are D/dHoH that positively contributes to legislation, policy, and practice that will support the Committee's objectives.

The failure to provide for the needs of D/dHoH children have long-term consequences for these persons and society

The Committee worked collaboratively to generate potential solutions or improvements

The Systemic Advocacy Committee heard from stakeholders, including experts and parents of D/dHoH children, and discussed ways to reduce barriers and address systemic patterns of discrimination.

The Committee determined the need for and launched a number of different initiatives to more fully address the 15 Issues identified in the Green Report and, in some cases, respond to emergent issues and opportunities. Emergent issues were identified as concerns in the Green Report, but not highlighted in the summary. These included access to employment and supports in post-secondary education.

## 7. OUTCOMES

### Initial Outcomes

As a result of the initial community consultations, four outcomes were achieved prior to the publication of the Green Report:

- Text with 9-1-1 infrastructure was put in place allowing D/dHoH persons to register to be able to contact 9-1-1 in emergencies using text messaging ;
- The implementation of visual bus announcements on City of Saskatoon Transit Service;
- 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; and,
- The pre-complaint resolution of the matter of a deaf couple who required interpretation for meetings with the Ministry of Social Services.

### Additional Outcomes

After the release of the Green Report, the Committee worked collaboratively to generate potential solutions or improvements to the 15 issues to be addressed. Over time, several major initiatives were launched:

#### *Universal Newborn Hearing Screening (UNHS)*

In 2018, the Government of Saskatchewan announced that it would implement a UNHS process, covering 18 hospitals in Saskatchewan. The 2018-19 budget allocated \$523,000 for initial costs and committed to funding its ongoing operation.



An estimated 2-3 babies in every 1,000 will have some degree of hearing loss which can interfere with speech and language development. Early-detection of hearing loss facilitates timely intervention and may save children from experiencing irreversible deficits in communication, social skills, cognition and literacy. Early hearing screening programs are efficient and cost-effective when compared to the lifetime costs of severe to profound hearing impairment, which can exceed \$1 million per affected person.

A trial program ran in Moose Jaw, where 163 nurses received training on the program, and new hearing screeners were hired and trained in April 2019.

Full province-wide UNHS implementation was completed in May 2019. In the first full year of operation, more than 13,000 newborn babies in Saskatchewan received hearing screening.

The Government of Saskatchewan has committed to building upon the success of this program, as part of a full Early Hearing Detection and Intervention (EHDI) program. Such a program typically includes the following components: 1) universal hearing screening of all newborns; 2) identification of babies with permanent hearing loss; 3) intervention services which include support for technology and communication development; 4) family support; and 5) monitoring and evaluation of the program. Several members of the Committee have participated in consultations on the future of this program. (Issue to be addressed #3)

### *Newborn Hearing Screening Brochure*

When newborn hearing screening is completed, parents are provided with a brochure containing information about the screening process and the specific screening results for their child. The brochure also includes information on child development milestones, information about follow-up testing, and contact information. Members of the Committee contributed to revisions of this brochure. (Issue to be addressed #3 and #4)

### *Deafblind services*

In March 2020, the Government of Saskatchewan announced \$350,000 to fund services for deafblind and Deaf-plus persons. Previously, there were no specialized deafblind services for Saskatchewanians who were 'acquired deafblind,' meaning they lost hearing and sight later in life. Deaf-plus persons are people who are Deaf but also have additional needs. Canadian Deafblind Association and Saskatchewan Deaf and Hard of Hearing Services will work in partnership to provide deafblind persons with one-on-one support from sign language interpreters and intervenors.

In the first full year of operation, more than 13,000 newborn babies in Saskatchewan received hearing screening.

(Intervenors are professionals who provide visual and auditory information to a deafblind client to alleviate the isolation that person may be facing.) The funding will also allow deafblind persons to access a 24-hour interpreter and intervenor line for emergency support.

Subsequent announcements have committed to expanding this funding to support more deafblind intervenors, new ASL interpreters, and other workers, and will bring the total investment in this area to more than \$1 million per year. (Issue to be addressed #1)

### Contributions to Saskatchewan Police College Curriculum

For D/dHoH persons, interactions with police services can pose additional difficulties, especially when the interactions are unplanned. There have been cases where police officers have not known that they were interacting with a person who is Deaf, deaf or hard of hearing. This has led to confusion.

With the assistance of the Ministry of Justice, members of the Committee provided input into the Saskatchewan Police College curriculum. The Committee helped assemble an information package and scenarios for the College's scenario-based training.

When students at the College encounter these scenarios, they will need to carefully assess situations and determine the appropriate methods to communicate with D/dHoH persons. This type of training helps prepare future police officers for work in complex and unexpected situations and consider how to accommodate D/dHoH persons. (Issue to be addressed #2)



### New Pre-schools for D/dHoH

The Committee looked for actionable ways to create equity in the education systems in order to achieve equivalent and comparable service for Deaf, deaf, and hard of hearing people as a key issue to be addressed.

Two pre-schools were established with funding from the Canada-Saskatchewan Early Learning and Child Care Agreement. The “Children Communicating, Connecting, and in Community” early learning program provides access to early educational intervention for children who are deaf and hard of hearing in order to help reduce barriers when communicating within families, with other children, and with other people in their community. The program can accommodate up to 16 students in both Saskatoon and Regina. In November 2018, doors opened at St Thérèse of Lisieux School in Saskatoon for a program operated by Saskatchewan Deaf and Hard of Hearing Services. In Regina, the program is operated by Regina Public Schools and is located at Henry Janzen School. (Issue to be addressed #1 and #5)

This early learning program is a result of the collaborative work between the Ministry of Education and the Saskatchewan Human Rights Commission's D/deaf and Hard of Hearing systemic advocacy committee.

### *Recognition of ASL*

In 2019, the Government of Canada enacted *The Accessible Canada Act*. Among other things, this legislation recognizes American Sign Language, Quebec Sign Language and Indigenous sign languages as the primary languages for communication by deaf persons in Canada (Section 5.1(2)). The Committee has discussed the possibility of similar recognition in the forthcoming Saskatchewan Accessibility Act. (Issue to be addressed #10)

### *University of Regina Notetaking Support*

To address the shortage of trained computerized notetakers in Regina, members of the committee worked with the University of Regina to develop a solution. As a result, the Centre for Student Accessibility created and maintains a registry of graduate students or students in upper degree years who are potential notetakers for students with hearing loss. Students who are deaf or hard of hearing contact the Centre for Student Accessibility, fill in appropriate Student Loan forms, and use Student Loan funding to pay for these services. (Issue to be addressed #1)

### *Text with 9-1-1*

Since the launch of Text with 9-1-1, over two hundred users have registered for the service with SaskTel. The provincial Sask911 agency reports that Text with 9-1-1 calls have been made in Saskatchewan 15 times in 2020 (Jan-Sep). SRV Canada VRS can also provide emergency support to its registered users. (Issue to be addressed #14)

### *New Accommodation Policies in Corrections*

In 2013, a 16-year-old First Nations person (referred to as “Jordan”) died unexpectedly while on remanded status at a provincial youth facility. Jordan was a person who experienced significant hearing loss as a young child.

In July 2016, the Advocate for Children and Youth for the Province of Saskatchewan released a report, called ***The Silent World of Jordan***, which is an extended account of the services provided to Jordan while he was incarcerated at a provincial youth facility. Jordan's ability to communicate through speech and formal sign language was limited, and the Advocate found that the youth facility did not provide a reasonable accommodation based on his hearing impairment. One of the recommendations presented in ***The Silent***

***World of Jordan*** is that the Ministry of Justice, Corrections and Policing should “develop and implement a policy on its duty to accommodate that outlines the responsibilities, expectations, and processes applicable to youth in custody and youth in the community that includes training for management and staff as part of its implementation.”

Following consultations with various agencies, including the Advocate’s office, such a policy was implemented in October 2020. The new policy updates standards for disability accommodation in adult and youth custody facilities and takes a person-centred approach. Now, an individualized accommodation plan will be developed for each offender experiencing a disability.

### *Video Relay Services (VRS)*

VRS is a telecommunication service that allows D/dHoH persons to communicate using ASL through internet-based videoconferencing technology. VRS callers who use ASL are connected to non-signing individuals through a sign language interpreter who provides real-time interpretation for telephone calls.

SRV Canada VRS – a national organization with a CRTC mandate – launched in September, 2016. It provides 24/7, 365-day service. It provides free 24/7, 365-day service. At the end of 2019, Canada VRS had nearly 7,500 registered users across Canada.

Saskatchewan Deaf and Hard of Hearing Services (SDHHS), which provides interpreting services across Saskatchewan, also provides interpretation via VRS, using a variety of technological platforms.

To this end, SDHHS has equipped emergency departments at all hospitals in Regina and Saskatoon and at the Victoria Hospital in Prince Albert with iPads that have two preloaded apps.

One app connects the user via FaceTime with an SDHHS emergency sign language interpreter, available 24/7. The other, called Ava, converts speech to text so that conversations can be easily read on a smart phone. This is one-way technology is helping D/dHoH access important health services. (Issue to be addressed #8)

## ASL Video Relay Service Critical to Healthcare

For some, connecting to health-care services comes with the need for additional supports. The many people in the Deaf and hard-of-hearing community in Saskatchewan rely on virtual relay services from either Canada Video Relay Service (VRS) or the Saskatchewan Deaf and Hard of Hearing Services (SDHHS).

VRS is a telecommunication service that allows Deaf and hard-of-hearing patients to make telephone calls using internet and cell-based technologies. VRS callers are connected to non-signing individuals through a sign language interpreter that provides real-time interpretation for telephone calls.



Saskatchewan Deaf and Hard of Hearing Services provides in-person and virtual communication support to Deaf and hard-of-hearing patients during doctor's visits, as well as medical and non-medical appointments. Many Deaf Canadians frequently use both in-person and online services as communication tools.

Shelly Carver, a profoundly Deaf person with the gift of speech, was grateful to have access to interpreter services the night of June 2, 2020. At about 4 a.m., she experienced shortness of breath severe enough to require help. She used VRS to connect with a HealthLine 811 provider, who then assisted in calling dispatch to send for an ambulance. The interpreter on VRS stayed with Carver the whole time. Once the paramedics arrived, they began to assess the situation with the assistance of VRS on her device. The video interpreter made all the difference. Carver was able to communicate with the paramedics easily and found out that a medication discontinuation was the cause of her symptoms, which turned out to be an anxiety attack. The interpreter helped both parties communicate effectively and seamlessly. Carver and the paramedics determined that a hospital visit was unnecessary as long as she continued to use her prescribed medication.

This interaction would have been much more difficult and stressful for Shelley and the paramedics who attended the call without the use of VRS. This is a reminder to those in the Deaf and hard-of-hearing community whose use of interpreters is necessary, as well as to our healthcare professionals, that using interpreters can result in better health outcomes. Health care providers should not hesitate to reach out to an interpreter service, virtual or otherwise, to ensure that Deaf and hard-of-hearing patients receive the quality care they deserve.

**source: Saskatchewan Health Authority/Shelly Carver, reprinted with permission.**

### In Progress

- Public education. The Saskatchewan Human Rights Commission, in consultation with the Committee, will produce materials to be used to educate service providers and members of the public about the human rights of D/dHoH persons and the duty to accommodate. (Issue to be addressed #2 and #15)
- Employment. Committee members have identified lack of employment opportunities for D/dHoH persons. This, in addition to the need for accommodation in the workplace, continues to be an area explored by the Committee. (Green Report, page 11)

## 8. MOVING FORWARD

### New Challenges:

- **COVID-19:** Many members of the D/dHoH communities rely on speech-reading to communicate. This became more difficult during the COVID-19 pandemic as it became common for people to use facemasks. As well, social distancing and the proliferation of plexiglass barriers have made it more difficult for everyone to communicate, especially for those with reduced hearing. At the same time, members of the public became much more familiar with ASL, as SDHHS ASL interpreter Karen Nurkowski was featured prominently during public health press conferences during the crisis.

#### **Karen Nurkowski, ASL interpreter for SHA/Government COVID briefings**

Throughout 2020, Karen Nurkowski, an American Sign Language (ASL) interpreter with Saskatchewan Deaf and Hard of Hearing Services, worked with the provincial government to provide ASL interpretation of the daily COVID-19 government news conferences.

Throughout the pandemic, Karen has been a very visible part of the Saskatchewan government's information campaign. Her work has helped keep Deaf people across Saskatchewan fully aware of the health risks of COVID-19.



## Conclusion

This report reflects on the successes of the Committee's hard work.

Over the past few years, the Committee has worked diligently to foster understanding, build consensus, and develop solutions to issues facing Deaf, deaf, and hard of hearing persons. While not every issue raised in consultations, or by participants on the Systemic Advocacy Committee, has been resolved, there have been many positive outcomes for members of the Deaf, deaf and Hard of Hearing communities. In particular, the Committee has raised the profile of Deaf, deaf and hard of hearing issues among government and the public.

While some issues raised in the Green Report have been positively addressed, some challenges remain in some areas, in particular the following issues remain pressing:

- 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.
- Provide parents with children who have been diagnosed with hearing disabilities information and options as to the different modes of intervention for their children.
- Establish accessible group homes for Deaf, deaf, and hard of hearing individuals who require intensive support and/or mental health and addictions treatment. Offer greater support for parents of Deaf, deaf, and hard of hearing children to aid the child's development, and ensure access to the full benefits of citizenship regardless of level of need.
- Address the high cost of assistive technology equipment and the gaps in funding.
- 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).
- Address low employment rates for persons who are D/dHoH.

In addition, the Committee has identified other concerns and continues to explore options to address such issues.

## 9. APPENDIX A – *The Saskatchewan Human Rights Code, 2018*

### Definitions

2(1) In this Act:

“disability” means:

(a) any degree of physical disability, infirmity, malformation or disfigurement, including:

(vi) deafness or hearing impediment;

### Duties of commission

24 The commission shall:

(a) forward the principle that every person is free and equal in dignity and rights without regard to religion, creed, marital status, family status, sex, gender identity, sexual orientation, disability, age, colour, ancestry, nationality, place of origin, race or perceived race or receipt of public assistance;

(b) promote an understanding and acceptance of, and compliance with, this Act;

(c) develop and conduct educational programs designed to eliminate discriminatory practices;

(d) disseminate information and promote understanding of the legal rights of residents of Saskatchewan and conduct educational programs in that respect;

(e) further the principle of the equality of opportunities for persons, and equality in the exercise of the legal rights of persons, regardless of their status;

(f) conduct and encourage research by persons and associations actively engaged in the field of promoting human rights;

(g) forward the principle that cultural diversity is a basic human right and fundamental human value;

(h) promote and pursue measures to prevent and address systemic patterns of discrimination; and

(i) promote and pursue alternative dispute resolution methods in resolving complaints.



## 10. APPENDIX B – Current and Past Committee Membership

- Allard Thomas
- Bernadet Hamill (Ministry of Justice)
- Burton Bird
- Catherine Gaudet
- Cheryl Exner
- Crystal Spooner
- Daryl Stubel (Ministry of Social Services)
- Deana Chunick (Saskatoon Open Door Society)
- Debbie Thompson (Ministry of Education)
- Greg Enion (Regina Board of Education)
- Karen Sharpe
- Kathy Carroll (Ministry of Health)
- Kevin Goodfeather
- Kevin Kleisinger (Ministry of Education)
- Kimberly Woycik (Ministry of Health)
- Lisa Warren
- Mariel Wellsch (Ministry of Justice)
- Mary Seiferling
- Mike Coleman
- Nairn Gillies (SDHHS)
- Richard Moen (Ministry of Health)
- Rosalie Wishlow
- Sarah Vermette
- Shelley Burwood (Ministry of Justice)
- Wanda Saul (Regina Board of Education)

**Interpreters:** Tyler Burgess, Sue Schmid, Karen Nurkowski, Dean Wiebe, Jim Markham, Anne Websdale, Erica Ball, Joy Emerson, Heather Reynoldson (note-taking services), and Dawn Marie Wilson.

**Guest Speakers:** Janet Mitchell, Kim Taylor, and Twyla Mensch (Ministry of Education); Dr. Joanne Weber; Sonja Van Ee; and, Lori Ann Bandura

**SHRC representatives:** Andy Livingston, Julian Bodnar, Sheena McCallion, Robin Mowat, Kayode Akomolafe, Adam North, Paula Jane Remlinger, and David Katzman





