

# Deaf and Hard of Hearing Youth in Ontario: A Snapshot of Systemic Barriers and Gaps

Ontario Deaf Youth Collective  
April 2022

## **Executive Summary**

This report identifies gaps and barriers amount the Deaf and Hard of Hearing youth communities through research and data collection. This report is a summarized version of an original research report that was 120 pages long. Ten gaps and barriers are identified, and three solutions are offered to address these gaps and barriers.

## INTRODUCTION

### *Purpose*

Six organizations—Deaf Youth Canada (DYC), Silent Voice Canada Inc. (Lead Organization), Sign Language Institute Canada/Canadian Cultural Society of the Deaf (SLIC/CCSD), Durham Deaf Services (DDS), Ontario Cultural Society of the Deaf (OCSD), PAH!/Bob Rumball Canadian Centre of Excellence for the Deaf (BRCEED)—came together to determine what their collective impact could be on Ontario’s Deaf and hard of hearing youth – i.e. working together to establish a hub for Deaf and hard of hearing (D/HH) youth and their stakeholders to locate and access resources.

Ontario Deaf youth, 95% of whom were born into hearing families, experience: isolation, lack of access to language acquisition as children, lack of access to or barriers to vicarious and incidental learning, education, career development, information and communication, goods and services. At the core is the lack of accessible opportunities to learn how to develop self-advocacy skills and knowledge of their rights, and their potential, set and achieve goals, make and maintain peer and community connections and networks, and explore their passion and talents. There is no HUB – virtual or physical - to which Deaf Youth, their families, or stakeholder organizations can get connected.

The research is intended to provide a snapshot of the barriers a D/HH youth has to navigate. It then informs three solutions: youth transition services, extensive outreach, and an information hub.

### *Types of disability models*

A conceptual model is a mental and abstract representation or map of a concept that helps our brains process information and makes it systemic (Grover, 2021, Oliver, 1990). Every person in this world has their own set of conceptual models for everything they know about and experience in their lives, either consciously or subconsciously (Grover, 2021, Oliver 1990). For disability, there are dozens of conceptual models, but

here we will discuss the three most prominent models relevant to D/HH people. The “medical model” is the oldest and most well-known perspective on disability, spanning centuries (Grover, 2021). In contrast, the “social model” and “cultural model” are more recent concepts proposed by disability activists and scholars in the 1980s who reject the oppressive nature of the medical model (Grover, 2021, Rembis, 2010).

<p>A 19-year-old D/HH college student with a cochlear implant sits close to the front so they can hear the lecturer with their cochlear implant. They try to take class notes, but they can't understand what the lecturer is saying because the lecturer is speaking too quickly, and the classroom background noise is distracting.</p>	<p><b>MEDICAL MODEL:</b> A cochlear implant is seen as a “fix” for deafness and is expected for the D/HH student to overcome their “deficits” to participate in society. Despite paying the same amount as other students, the D/HH student is not receiving the same quality of education. They also feel like they must work hard to hide their deafness and be “hearing,” so they may not have a sense of D/HH identity.</p>
<p>A 26-year-old D/HH employee with hearing aids attends a work meeting with a sign language interpreter. The topic of the discussion is to plan for the disability month events, but the D/HH person struggles to share ASL and Deaf culture facts during the brainstorming session.</p>	<p><b>SOCIAL MODEL:</b> The D/HH employee does have hearing aids as a medical intervention, but it's not seen as a sole solution. They are given an accessibility accommodation in form of a sign language interpreter too to be able to follow the meeting. In this case, accessibility accommodations were not enough for the D/HH employee to meaningfully contribute during the meeting because they are not as confident in their own D/HH identity.</p>
<p>A speaking and signing 14-year-old D/HH child attends a sports day clinic for D/HH children where the coaches are D/HH too. The child interacts with other D/HH peers of their age and learns that the American football huddle was an original invention of D/HH athletes to stop the other team from seeing their signs.</p>	<p><b>CULTURAL MODEL:</b> The D/HH child can fully participate in the event and develop healthy peer relationships with other D/HH children who have similar experiences. The child also is exposed to D/HH role models that they can look up to. This sports clinic also gives the D/HH child a space to use their sign language and to learn about their own Deaf culture and history. Thereby boosting their D/HH identity and a sense of belonging within the Deaf community and the wider society.</p>

**Table 1:** Three fictional D/HH youths are shown in various scenarios where the medical, social, and cultural models play a role in how they participate in various events and how they see themselves situated within mainstream society.

These three disability models are essential concepts and will be discussed and referred to throughout this report to understand better how various societal aspects will impact the lives of D/HH youth in Ontario.

## DEAF AND HARD OF HEARING YOUTH

### *Statistics*

“No fully credible census of Deaf, deafened, and hard of hearing people has ever been conducted in Canada” is the first important point (CAD, n.d.). However, the Canadian Association of the Deaf (CAD) produces the approximations derived from the formula that the United States uses to estimate their deaf and hard of hearing (D/HH) population. The recent approximations show that there are estimated to be 382,700 deaf and 3,827,000 hard of hearing people in Canada (CAD, n.d., Malkowski, 2021). Out of these numbers, there are approximately 144,990 deaf and 1,449,000 hard of hearing Ontarians (Malkowski, 2021). These statistics were based on definitions where ‘deaf’ refers to people unable to use the telephone regardless of whether they are profoundly deaf or hard of hearing and where ‘hard of hearing’ refers to people with any form of hearing loss, mild or not (Malkowski, 2021). These definitions are not accurate at identifying D/HH people in a census, but it is the closest we have. The estimates for Deaf people who use American Sign Language (ASL) and la langue des signes québécoise (LSQ) are even smaller, with only 38,270 people in Canada and 14,490 of them residing in Ontario (Malkowski, 2021).

We do not have the numbers to know the number of D/HH youth in Ontario due to different ways of collecting data, statistics, and the lack of efforts made to track D/HH children in the province. However, the Ontario Infant Hearing Program (IHP) screens, on average, 130,000 newborns per year and 0.03% are identified as D/HH (MCCSS, 2018). Using these averages, we can approximate that there should be around 31,200 13 to 21-year-old D/HH youth in Ontario. (It is impossible to calculate the approximation for 22 to 30-year-old D/HH youth as the IHP was only implemented in 2001). The IHP uses a very low hearing level baseline to identify D/HH newborns, meaning that this estimate will include those ranging from profoundly Deaf to those with mild hearing loss (MCCSS, 2018). By extrapolating the IHP’s screening data with the United States’ formula for D/HH population approximation, the number of D/HH youth aged 13 to 21 in Ontario may be closer to around 10,400. Additionally, this estimate does not include

D/HH youth who have moved to Ontario, emigrated out of the province, are newcomers, or became deafened at a later age due to injury or illness.

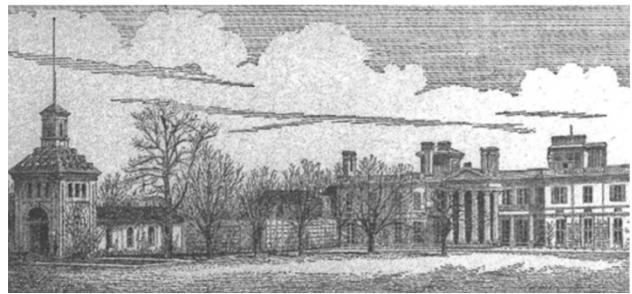
## **EDUCATION**

### *History of Deaf Education*

Deaf people have been around since time immemorial, and we know this fact because there have been writings about the existence of deaf people and their use of signs spanning as far back as 355 B.C.E. St Augustine (354 - 430 C.E.) even mentioned that deaf people of his time married and had children.

Deaf children from wealthy families received education through private tutors, but there were no systematic efforts to educate European deaf children until the 18<sup>th</sup> century. In 1760, Abbé de l'Épée opened the first free school for the deaf in Paris, France (it is still in operation to this day), and it was also the first school to use sign language as an instructional method. At the same time, there were other schools for the deaf that opposed the use of sign language in favour of the oral method (e.g., Braidwood Academy in Edinburgh, Scotland and a school for the deaf in Leipzig, Germany). In 1815, an American named Thomas Hopkins Gallaudet travelled to Europe to learn how to educate deaf children. He was unable to access the method used in Scotland as it was kept secret, but instead, he was invited to learn the method used in France. It was there he met and convinced a deaf teacher, Laurent Clerc, to accompany him back to the United States to co-found the first deaf school and serve as a role model for deaf students. In 1817, the first school for the deaf, now known as American School for the Deaf, was opened in Hartford, Connecticut (Carbin, 1996). It is also still in operation to this day.

Historically, deaf children in Ontario before 1870 would be sent to deaf schools in Europe or be taught by private tutors if their families could afford it. With the founding of the first several deaf schools in the United States, Canadian families also had an option to send their deaf children there (Carbin,



**Figure 1:** Dundurn Castle, in Hamilton, Ontario, was a location for a school for the deaf from 1864 to 1869 (Carbin, 1996).



**Figure 2:** A hearing teacher using signs to teach young deaf children circa 1895 in the school for the deaf, Belleville (Carbin, 1996).

1996). The first deaf school in Canada was founded in Québec City in 1831, but it was short-lived, shutting down in 1836 when the Québec government declined to continue financially supporting the school. For the province of Ontario, the earliest school for deaf children was established in Toronto in 1858 and later relocated to Hamilton in 1864 (Figure 2). It closed down in 1870 when a permanent deaf provincial school was finally opened in Belleville, Sir James Whitney School for the Deaf (Carbin, 1996). In 1880, the International Congress on the Education of the Deaf declared the oral method was superior to the signing method, so sign languages were banned in schools. However, Ontario's only provincial school for the deaf only began enforcing this in 1912 (Figure 2), and the last deaf teacher who used signs was "forced out" from school in 1931 (Carbin, 1996). The oral method in spoken English had become the primary instructional method. The increasing enrollment of deaf children led to the establishment of two more provincial schools for the deaf, Ernest C. Drury School for the Deaf (opened in 1963 in Milton) and Robarts School for the Deaf (opened in 1974 in London). The Consortium Centre Jules-Léger was opened in 1979 to educate deaf francophones in Ontario (Carbin, 1996). Until the 1980s, it was common for deaf children to attend provincial schools for the deaf as regular schools usually did not

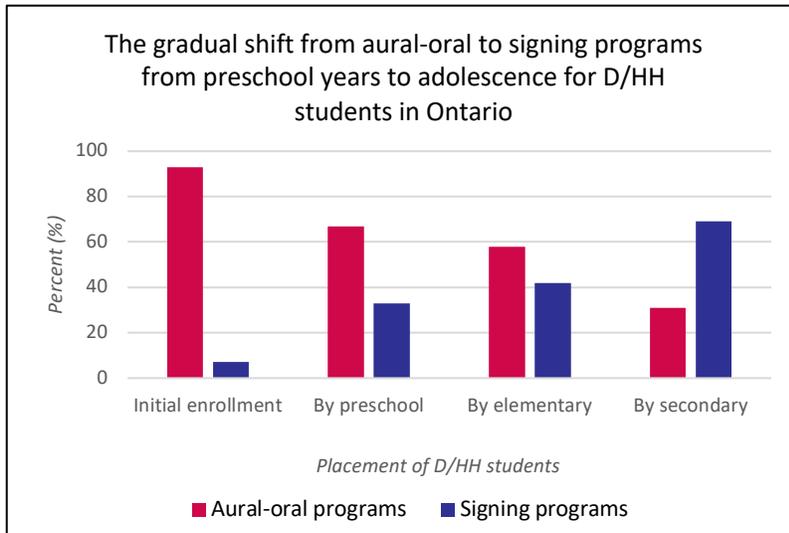
provide accommodations (Ministry of Education, 1989). Bill 82, also known as the Education Act, was passed in 1980; it detailed that all exceptional children will have universal access to education in the most appropriate environment (Ministry of Education, 1989). It is important to note that this is different from the mandate in the United States, where the term “least restrictive environment” was used. Regardless of which term, this led many to incorrectly assume that integrating deaf children in regular classes is considered the least restrictive environment/most appropriate environment (Carbin, 1996). A survey undertaken in 1986 showed that 40% of D/HH children attended provincial schools for the deaf, while the remaining 60% attended local schools (Ministry of Education, 1989). In 1993, the Ontario government passed an amended legislation bill recognizing ASL and LSQ as languages of instruction.

#### *Current K–12 education in Ontario*

In 2015-2016, the Ministry of Education identified approximately 2,000 D/HH students attending publicly funded schools (Malkowski, G., 2016). However, this number of the D/HH students is most likely a gross underestimate as a separate finding shows the number to be around 4,300 (Malkowski, G., 2016, Small et al., 2012). The difference in the statistics can be attributed to how the data were collected and reported by the school boards and the Ministry of Education.

The official statistics show that only ~12.7% of D/HH students in Ontario attend Provincial Schools for the Deaf, but ~5.9% is likely to be a more accurate number (Malkowski, G., 2016, Small et al., 2012). This shows that provincial school enrollment has significantly decreased since 1986. Approximately 94-97% of D/HH students are now mainstreamed.

A longitudinal study by Akamastu, Musselman and Zweibel (2000) found that 96% of D/HH students in Ontario were initially enrolled in aural-oral programs. However, only



**Figure 3:** A longitudinal study by Akamatsu, Musselman and Zweibel (2000) showing a 62% shift from school aural-oral programs to signing programs.

31% of D/HH students were still in aural-oral programs by adolescence, with other D/HH students switching to signing programs (Figure 3).

Throughout the section, we have identified many possible points where D/HH students in Ontario could easily fall through the cracks in the educational system without

anyone noticing until it is too late. The first red flag is the lack of capacity of the Ministry of Education to detect and track all D/HH students in Ontario's educational system due to incomplete and inaccurate data collection and reporting. For instance, the Identification, Placement and Review Committee (IPRC) and Individualized Education Plan (IEP) are two ways that can be used to support D/HH students. However, they are non-mandatory and have ambiguous criteria, eligibility and requirements, so it is impossible to know if the total number of D/HH students is accurate. In addition, it is also entirely possible for D/HH students to progress through the school system without ever receiving IEPs. Due to the loopholes within IPRC and IEP, not all D/HH students will be detected and provided adequate accommodations when they sit for provincial standardized tests (e.g., EQAOs and OSSLT/OSSLC). If provincial standardized tests cannot report an accurate number of D/HH students, there is no way of tracking the overall academic achievements of this particular group of students. Therefore, it is particularly difficult for the Ontario government to hold local school boards accountable for the outcomes of the D/HH students in their care if they are not properly accounted for.

The study by Akamatsu, Musselman and Zweibel (2000) lends some credence to the anecdotes since the shifts from the aural-oral programs to signing programs seem to

typically happen at the major transition points. As a result, many D/HH students who are falling through the cracks leave Ontario's schools without quality education and robust transition plans that maximize their full potential.



*We do not have the current number of D/HH youth currently attending primary and secondary schools in Ontario. One of our next steps is to establish relationships with 72 school boards and hopefully collect the data to understand better and support D/HH youth aged 13 to 21. It may not be possible to receive an accurate count because of inconsistencies in IPRC and IEP statistical data.*

#### *Literacy in the D/HH population*

A 1916 study on English literacy in D/HH students showed that they are graduating from compulsory education with the writing and reading skills of an average 4th grader, and this statistical fact has not budged for over a century now, regardless of the advancements in technologies and educational methods (Mayer & Trezek, 2020; Mayer & Trezek, 2018). Statistics show that, when surveying a sample of college students, 77% of white D/HH students read at a fourth-grade level as a minimum (Myers et al., 2010). It also showed that only 12% of Black D/HH and 7% of Hispanic D/HH students read at a fourth-grade level and the average reading skill of non-white D/HH students is typically at the second-grade level (Mayer & Trezek, 2020, Myers et al., 2010; Luckner et al., 2006). This has nothing to do with deafness because extensive studies show that D/HH people who are non-symptomatic deaf (i.e., they have no additional health or cognitive issues that result from their deafness) have a normal range of intelligence (de Feu & Chovaz, 2014). To emphasize, being deaf is usually not a cause for low English literacy levels. Rather, language, spoken or signed, is strongly linked to literacy (Mayer & Trezek, 2018). In D/HH students, there were no significant differences in English literacy whether they use spoken or signed language (Mayer & Trezek, 2020, Mayer & Trezek, 2018). This shows that other variables, such as the presence of additional disabilities, gender or socioeconomic status of families, are likely influencing factors in D/HH students' English literacy skills (Twitchell et al., 2015; Garberoglio et al., 2013).

Countless studies are still trying to investigate why D/HH students have persistently low English literacy skills. By focusing only on English literacy in connection with the degrees of D/HH students' hearing levels and measuring a very heterogeneous group against monolingual native English speakers, the mainstream society is perpetuating the medical model (Garberoglio et al., 2013, cite). It is widely acknowledged that "literacy" encompasses more than just reading and writing, but those other literacy skills cannot be easily assessed (Garberoglio et al., 2013). Reading and writing in English is simply one of many literacy tools D/HH students can have when interacting with the broader world (Garberoglio et al., 2013). A longitudinal study of 1,000 D/HH youth by Garberoglio et al. (2013) showed that while English literacy does play a significant role in D/HH people's lives, it is not the most decisive influence. However, having a higher English literacy will quantitatively and qualitatively impact different realms of D/HH people's lives, such as everyday living, employment, education, and general well-being (Garberoglio et al., 2013; Luckner et al., 2006). For example, higher English literacy skills will correspond to having access to postsecondary education or higher wages but not necessarily receiving university degrees or employment. It is clear that other factors, not just English literacy, can influence those postschool outcomes (Garberoglio et al., 2013). The other factors may likely be lack of accessibility, ableism, sexism, socioeconomic status, etc. The use of the social model approach will be more appropriate to understand better and improve the overall literacy rates, not just the English skills of D/HH people.

#### *Post-secondary education: colleges and universities*

The 2016 Canadian statistics indicate that 86.3% of Canadians aged 25 to 64 have a high school degree (Statistics Canada, 2012). Additionally, 54% of Canadian citizens received post-secondary education (Statistics Canada, 2012). These statistics put Canada at number one among the Organization for Economic Co-operation and Development (OECD) countries for most educated citizens (Statistics Canada, 2012). According to a Statistics Canada report in 2012, the number of D/HH people who received post-secondary education is 50.3% (Statistics Canada, 2012). D/HH students

receive post-secondary education on par with their hearing counterparts. However, it is essential to note that *receiving* a post-secondary education does not equate to *completing* one's education and receiving a degree. The better a D/HH individual's literacy is, the more likely they will attend post-secondary education, but it does not necessarily mean they will complete it (Garberoglio et al., 2013).

The decline in enrollment at Gallaudet University and the National Technical Institute for the Deaf (NTID), both in the United States, can be correlated to the loss of financial support from the Canadian government for D/HH students who want to attend either university. After Vocational Rehabilitation (VR) funding was cut, the number of Canadian students enrolled at Gallaudet University and NTID decreased dramatically. Prior to the cutbacks, both Universities frequently had on average 80-120 Canadian students enrolled respectively each given year. After the cutbacks, the number of Canadian enrolments averaged 20-40 a year (Buchko, 2022; Hurwitz, 2019). The fact that Ontario enrolment remained consisted could possibly be correlated to the availability of the Ontario Student Assistance Program (OSAP) and the Out-of-Country Bursary for Deaf and Hard of Hearing Students that can provide financial support that mitigates the costs of an international post-secondary tuition rate, as well as the presence of the Provincial Schools for the Deaf.

## **EMPLOYMENT**

### *Under- and unemployment rates*

According to Statistics Canada (2016), only 47.9% of adults with disabilities between the age of 15 to 64 were employed in 2012. This is staggeringly low compared to the 73.6% of adults without any disability and of the same age group (Statistics Canada, 2012). 53.7% of D/HH men were employed compared to 41.5% of D/HH women. The age group of 15 to 24 had the lowest number of employed D/HH people, tallying in at 37% compared to 51.9% of people without a disability and of the same age group (Statistics Canada, 2016).

The low employment rate of D/HH people is strongly linked to the barriers that they experience while searching for employment or being employed (Statistics Canada, 2016). 45.9% of D/HH people believe that their employer considers them a disadvantage, and one out of three D/HH people do not disclose their hearing levels to their employer (Statistics Canada, 2016). Smaller percentages of D/HH people believe that they were refused a job because of their hearing levels (14.5%), not considered for a promotion (11.1%), and refused a job interview (9%) (Statistics Canada, 2016). Even though, D/HH people are legally protected from discrimination during the hiring process and during employment through the Ontario's Human Rights Code and the Accessibility for Ontarians with Disabilities Act (Canadian Hearing Services, 2019). Yet, these legal protections did not stop the fact that many D/HH people believe that they are being discriminated against by the potential or current employers.

Upon a closer look, it is clear that not all D/HH people have an equal opportunity at employment. **The employment rates are significantly lower for D/HH people who are Black (44.8%), Indigenous (43.6%), or have additional disabilities (35%)** (Garberoglio et al., 2019). D/HH people are also not immune to the pay gap observed in mainstream society. The pay gap for D/HH people increases for those who are women, identify as a marginalized person, or have additional disabilities compared to a white D/HH man (Garberoglio et al., 2019).

### *D/HH professionals in Ontario*

There is very limited data on the number of D/HH professionals historically and currently employed in Ontario, as well as their field of employment. However, one member of the Collective took it upon himself to personally track and record the number of Deaf professionals for more than 30 years (Malkowski, 2020). We can observe the impact of government and education policy changes on the number of Deaf professionals employed in Ontario. It is possible to see a relationship between D/HH students' postsecondary enrollment and D/HH professionals' employment over time. When the student enrollment at Gallaudet University increased throughout the 1970s and 1980s, this led to an increasing number of Deaf professionals in the 1990s and 2000s. We

deduct that this happened because when more D/HH individuals became highly educated, they began to participate in Ontario's labour force at higher rates. When the funding and VR support were cut, both Gallaudet University and NTID immediately saw a decline in Canadian student enrollment starting in the 1990s and it had a probable spillover effect of a decreasing number of Deaf professionals starting in the 2000s.

## **MENTAL HEALTH AND WELL-BEING**

### *Language and Information Deprivation Syndromes*

When a D/HH child's access to language is compromised, either by a lack of sign language access or inferior spoken language input, language deprivation occurs. Language deprivation happens when a child is not exposed to appropriate language acquisition and development during their early years (i.e., between 0 to 5 years old) (Hall et al., 2019, Howerton-Fox & Falk, 2019). Language deprivation impacts a D/HH child's ability to form thoughts, express emotions, or develop reasoning skills (i.e., theory of mind). It also impacts their ability to acquire other languages in the future.

Due to D/HH children's varying hearing levels, access to spoken languages is often not natural because they require external assistance/amplification (e.g., hearing aids or cochlear implants) to be able to receive sounds. Additionally, receiving sounds does not always equate to receiving language input. Many hearing people who are not familiar with hearing technologies incorrectly assume that they can replicate sounds the same way glasses can replicate a person's sight. In reality, hearing technologies cannot process sounds the same way an ear would, and this can affect a D/HH child's access to spoken language. Hearing technologies are imperfect solutions to something that is complex.

Despite advancements in hearing technologies, infant hearing screening, and increased early intervention services, D/HH children still experience language deprivation, especially when parents are discouraged from signing because it would impede their speech development, which has been proven to be disinformation that the medical

professionals continue to perpetuate (Hall et al., 2019). Symptoms of language deprivation often are mistaken for intellectual or behavioural disabilities if the professionals are not familiar with the issues surrounding D/HH people's varying access to language, and/or use assessment tools that take an individual's language access for granted (e.g., language-based assessments would not be valid, reliable or appropriate for a language deprived D/HH individual) (du Feu & Chovaz, 2014).

Information deprivation is defined as a lack of incidental or intentional learning in D/HH people, especially when the language mode is not accessible to them. Information deprivation can also happen outside of a home, when public information is not accessible, such as spoken announcements at airports, TV advertisements, or even eavesdropping on nearby conversations (Milton, 2021). These things lead to natural incidental learning that makes up an extremely large part of a person's understanding of current events, history, interpersonal relationships, how the world works and how to navigate it (Milton, 2021, Meek, 2020). Lack of incidental learning can have a negative effect on a D/HH child's abstract thinking, problem-solving skills, ability to form peer relationships, and self-esteem (Brown & Cornes, 2015).

The lack of accessible language or information negatively affects a D/HH person's mental health (du Feu & Chovaz, 2014). They are often less likely to seek help for their health issues or understand their medical practitioner's instructions. They also may not know what the words "anxiety," "depression," or "therapist" mean (Milton, 2021, du Feu & Chovaz, 2014). As a result, D/HH people who are more severely language or information deprived often have higher levels of mental health issues. They are also more likely to be misdiagnosed with other mental, developmental or behavioural issues (Milton, 2021, du Feu & Chovaz, 2014).

#### *State of mental health in the D/HH population*

Studies of D/HH children show that they are approximately twice more likely to have emotional and behavioural issues than hearing children (Fellinger et al., 2012). D/HH children and adolescents are also more likely to be sexually, physically or verbally

abused; in fact, the rate of sexual abuse was reported to be 50% higher compared to hearing people (Milton, 2021, Fellingner et al., 2012). The rate and prevalence of mental health issues in D/HH people are similar to those of marginalized groups that experience an increased prevalence of depression, anxiety, substance issues, suicide attempts, domestic violence, trauma, and isolation and segregation (Milton, 2021).

Several studies have consistently identified family communication as a significant predictor of mental health issues in D/HH children and youth (e.g., Chovaz et al., 2022, Chovaz, 2022, Milton, 2021, Brown & Cornes, 2015, Fellingner et al., 2012). This finding is relevant for both signed and spoken languages, leading Brown & Cornes (2015) and Fellingner et al. (2012) to separately conclude that it is the quality of communication rather than the mode of communication that plays a role in the mental health and well-being of D/HH children and youth. Limited communication has a negative effect on D/HH youth's behaviour, social skills, and mental health because of reduced opportunities to discuss abstract thoughts and emotions and over-reliance on concrete concepts (Brown & Cornes, 2015).

There is no centralized space for all mental health service providers who are 'deaf-friendly' and/or can use ASL/LSQ. Often, the names of qualified mental health service providers are shared through word of mouth, which poses a huge challenge for D/HH youth who are isolated and do not have connections to a Deaf community network. There are general therapist-search websites (e.g., PsychologyToday.com or askforhelptoday.ca) available for people who wish to find mental health service providers based on their preferences, but the only deaf-related filter available was an "ASL" option under the language preference list. There was no option for "LSQ" as a language preference, or any variation of "D/HH" as a filtering preference for mental health providers knowledgeable about D/HH-related issues and culture. Not all D/HH youth know or use ASL, so ASL as an only filtering option is very restrictive. The therapists that appear in the search results, with the ASL option selected, may not necessarily be fluent in the language too.

The Canadian Hearing Services (CHS)'s CONNECT Mental Health Counselling Services reported that since the start of the COVID-19 pandemic, they have had a significant increase in the demand for their services with 34,981 new clients since March 2020 (Johnson, 2022). This number comprises D/HH people above the age of 16 who have accessed their services at any point between March 2020 and April 2022. They also observed that the common mental health issues the D/HH clients typically bring to the counselling sessions are increased substance abuse, general stress, and pandemic-related issues (Johnson, 2022). The PAH! program also reports that this year is the first time they implemented a waiting list system for D/HH children and their families who need their services because they have an extremely limited staff and they saw a significant increase in referrals from across Ontario (Bickle & Chovaz, 2022).

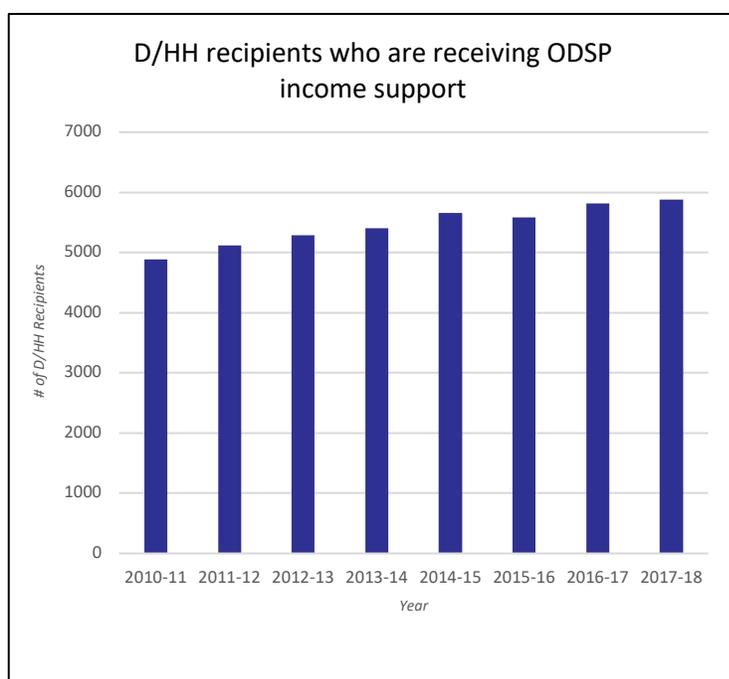
## **SERVICES**

### *Government services*

#### Social assistance

The Government of Ontario's Ontario Works (OW) and Ontario Disability Assistance Program (ODSP) are two social assistance programs that are available for D/HH people residing in Ontario (Ontario, 2022). OW is available for anyone aged 16 years or older living in Ontario who needs financial assistance for basic needs (Ontario, 2022). Any person receiving the OW financial assistance is required to be involved in employment-related activities (Ontario, 2022). Alternatively, the Ontario Disability Assistance Program (ODSP) is available for people with disabilities aged 18 years or older living in Ontario (Ontario, 2022). The ODSP will provide financial assistance, health benefits, and employment supports for people with disabilities (Ontario, 2022). There is plenty of research showing the inadequacies and shortcomings of OW and ODSP, particularly when it comes to addressing the needs of Ontario residents with or without disabilities. For D/HH individuals, they would be eligible for ODSP since they are able to prove that they have a permanent disability in the form of hearing loss; this section will mainly discuss the ODSP and its impact on D/HH individuals' lives. Often, when D/HH individuals apply for the ODSP, they must prove their eligibility, share every single detail

of their income, assets, and relationships, and agree to an extensive list of rules in order to receive social assistance (Smith-Carrier et al., 2017). In exchange, D/HH individuals, like other eligible disabled individuals, will receive very limited financial assistance and health benefits (Smith-Carrier et al., 2017). This social assistance essentially “creates poverty, and traps people in it” (Smith-Carrier et al., 2017). The study by Smith-Carrier et al. (2017) also shows that the number of disabled individuals receiving ODSP has been increasing since 2003. This is also seen in D/HH recipients receiving ODSP as shown in Figure 4.



**Figure 4:** A bar chart showing an increasing number of D/HH recipients of ODSP income support from 2010 to 2018 based on the data collected by the government of Ontario (Shull, 2018).

The ODSP continues to place barriers in front of disabled people, rather than dismantling the systemic barriers that are often the cause for disabled people to turn to ODSP for assistance and become stuck within the system (Smith-Carrier et al., 2017). Social assistance based on a social model, or a human rights framework, will be where disabled people are empowered to have autonomy in their choices and where the program actively breaks down the systemic barriers and prejudicial

attitudes (Smith-Carrier et al., 2017).

### Student financial aid

The Ontario Student Assistance Program (OSAP) is Ontario’s public student financial aid for students living in Ontario who want to attend and receive post-secondary

education (Government of Ontario, 2021b). The OSAP funds a student's education through a student loan and grants (if they are eligible) (Government of Ontario, 2021b).

*Simpson v. Canada (A.G.) et al.* was a recent case brought forward by a DeafBlind individual in 2020 who argued that her higher student loan debt is a discriminatory practice by the Canadian Student Loans Program (CLSP), which funds the OSAP because she required more time to complete her post-secondary education due to her disabilities (Lepine, 2020). The court ruled in her favour, recognizing that both the Canadian and Ontario governments did not take into account the extra debt burden borne by students with disabilities, thereby violating her Charter rights under Section 15 (Lepine, 2020). This is significant because disabled individuals are far more likely to be un- or underemployed, not complete postsecondary education, and have more financial barriers (Lepine, 2020). However, the significant changes within the OSAP or CLSP to ensure the equitable financial burden for students with disabilities remains to be seen.

### *Community services*

#### Literacy services

This program is only available to adults aged 19 years or older who reside in Ontario and want to improve their literacy skills for education, employment, or independent living (Government of Ontario, 2020). This program is intended for adults who have literacy below Grade 12, and they offer four streams: Anglophone (English), Francophone (French), Indigenous, and Deaf & DeafBlind (Government of Ontario, 2020, Deaf Literacy Initiative, n.d.).

It is relevant to point out that while both LBS and LINC programs are provided for D/HH people, they are not intentionally targeted at D/HH youth and their needs or wants. In addition, these programs are often only available for D/HH youth who are aged 18 or 19 years and older. Secondly, there are no LBS and LINC programs available for **any D/HH individuals or youth who use LSQ and French.**

### Mental health services

The Canadian Hearing Services's (CHS) CONNECT is a free mental health counselling service available for D/HH youth aged 16 and over (Canadian Hearing Services, n.d.). They provide a range of counselling services for different issues such as addiction, relationship problems, stress, abuse, or any other mental health problems (Canadian Hearing Services, n.d.). Their services are available in both ASL and LSQ, as well as English and French through different accessible formats such as real-time captioning and amplification (Canadian Hearing Services, n.d.).

PAH! by the Bob Rumball Canadian Centre of Excellence for the Deaf (BRCCED) is another mental health service available for D/HH and CODA (Children of Deaf Adults) youth up to age 18 (or up to age 21 if they are enrolled in Ernest C. Drury School for the Deaf) (Rumball, n.d.). They provide therapy for D/HH children, youth and their families for different mental health issues such as school issues, grief, separation and divorce, family communication issues, self-harm, sexual or physical abuse, and other issues (Rumball, n.d.) Their services are available virtually across Ontario as long they have an Internet connection. They can also provide in-person services in certain regions in southern Ontario. Their services are not currently available for **D/HH children and youth who use LSQ and French.**

### Advocacy services

There are various national and provincial non-profit organizations that advocate and promote the civil, social, political, and economic rights of D/HH people residing in Ontario. They are: the Association Ontarienne des Sourd(e)s Francophones (AOSF), the Canadian Hard of Hearing Association (CHHA), Deaf Youth Canada (DYC), the Ontario Association of the Deaf (OAD), and VOICE for Deaf and Hard of Hearing Children.

### Additional services or organizations

Other organizations or services exist to provide community support as well. These organizations and services are as listed: Black Deaf Canada (BDC), Bob Rumball

Canadian Centre of Excellence for the Deaf (BRCEED), Canadian Cultural Society of the Deaf (CCSD), Deaf Access Simcoe Muskoka (DASM), Deaf First Nations of Ontario (DFNO), Deaf Muslims of Canada (DMC), Durham Deaf Services (DDS), Ontario Cultural Society of the Deaf (OCSD), Ontario Deaf Sports Association (ODSA), Ontario Rainbow Alliance of the Deaf (ORAD), Sign Language Institute of Canada (SLIC) part of CCSD, and Silent Voice Canada Inc.

## **ACCESSIBILITY SUPPORTS**

There are a few accessibility supports that exist to support a D/HH person. They are as listed: sign language interpreting, Video Remote Interpreting (VRI) and Video Relay Services (VRS), intervenors, Communication Access Realtime Translation (CART) and notetakers.

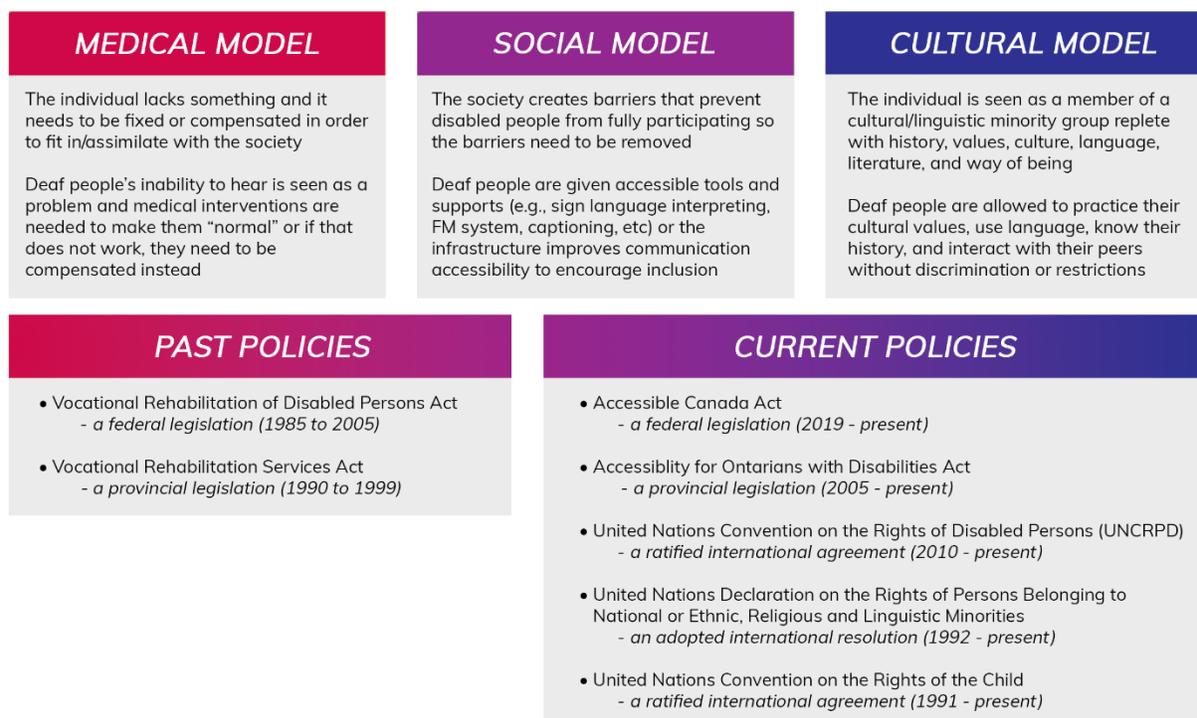


*Interpreters are not always guaranteed for any appointments due to a lack of skills or availability. Hospitals use VRI to communicate with their patients who are D/HH, but this is not always the best option, as pointed out by many people in our focus group. Many D/HH people don't have appropriate access to information regarding their health care in emergency settings.*

*There is also a financial barrier in accessing the accessibility supports and services. Frequently, D/HH people are unfairly expected to hold the full financial burden of securing their accessibility, which should be the responsibility of the society. This reduces their participation opportunities.*

## POLICIES

Naturally, the conceptual models of disability will and do shape the decisions and actions of people at various levels of society (Figure 5). We can infer that the past policies are strongly influenced by the medical model's ideas and views on disabled and Deaf people.



**Figure 5:** The medical, social, and cultural models can be seen as underlying influences for the past and current policies enacted and recognized by the Canadian federal and Ontario provincial governments, which the Ontario Human Rights Commission (OHRC) has a duty to accommodate.

The now-repealed Vocational Rehabilitation of Disabled Persons Act and Vocational Rehabilitation Services Act legislation explicitly outline that vocational rehabilitation is intended “to enable a disabled person to become capable of pursuing regularly a substantially gainful occupation” (Justice Laws Website, 2005, Government of Ontario, 1999). This often manifests as providing medical, social, and psychological services to a

disabled person that will help them to fit in with the mainstream society, without the said society making any needed accessible changes.

We know this because both legislation acts define a disabled person as someone who is incapable of pursuing gainful employment due to their “physical or mental impairment” (Justice Laws Website, 2005, Government of Ontario, 1999). This indicates that the individual’s disability is seen as a problem. It might seem like the medicalization of disability was short-lived, based on the length of time both legislations were in effect, but the medical model has been the main philosophy for centuries. Despite repealing those two legislations and a gradual shift towards a social model of disability, the medicalization of disability still continues to this day. This section will discuss the impacts of conventions and legislations at international, federal, and provincial levels that are particularly relevant for D/HH youth.

#### *International level*

Societies across the world began to adopt a human rights-based approach because disability is now recognized as a broad societal issue, rather than an individual’s “problem.” This led to the new generation of human rights proposed by the United Nations that would address the fundamental human rights of different groups of people. There are three international conventions and/or declarations that are applicable for D/HH youth aged 13 to 30 that Canada has either ratified or adopted. They are the UN Convention on the Rights of the Child (ratified in 1991), the UN Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (adopted in 1992), and the UN Convention on the Rights of Persons with Disabilities (ratified in 2010) (Table 2).

Of course, other UN conventions and declarations, such as the *UN Convention on the Elimination of All Forms of Racial Discrimination*, the *UN Covenant on Economic, Social and Cultural Rights*, and the *UN Declaration of the Rights of Indigenous Peoples*, are as important, as there is D/HH youth whose identities intersect; these should be equally acknowledged and respected. D/HH people are a very heterogeneous group and they

come from all walks of life, backgrounds, and cultures. Only the first three UN conventions and declarations are extensively discussed in this report because they cover the broad issues that all D/HH youth in Ontario face.

Convention on the Rights of the Child	Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities	Convention on the Rights of Persons with Disabilities (UNCRPD)
<p>This convention calls for countries to respect a child’s rights irrespective of their or their caregivers’ race, colour, sex, language, religion, political, nationality, ethnicity, property, disability or any other status.</p> <p>The child has the right to freely express and receive information and ideas in any form of communication (written, spoken, signed, etc.) <b>“of the child’s choice.”</b></p> <p>Countries must make education <b>“accessible to every child”</b> and <b>“make educational and vocational information and guidance available and accessible to all children.”</b></p> <p>Countries must encourage the child’s education to include <b>“the development of respect for the child’s parents, his or her own cultural identity, language and values”</b> and <b>“the national values of the country”</b> the child lives in.</p>	<p>This declaration calls for countries to protect and promote the existence of minorities.</p> <p>The persons belonging to minority groups have <b>“the right to enjoy their own culture, [...], and to use their own language, in private and in public, freely and without interference or any form of discrimination”</b> and maintain connections with their minority group members.</p> <p>Countries must create conditions for persons belonging to minority groups to express and develop <b>“their culture, language, religion, traditions and customs.”</b></p> <p>Countries must provide opportunities for persons belonging to minority groups <b>“to learn their mother tongue or have instruction in their mother tongue”</b> and to encourage the <b>“knowledge of the history, traditions, language and culture of the minorities existing within their territory.”</b></p>	<p>This convention calls for countries to respect the rights of disabled people irrespective of their background or status.</p> <p>This convention recognizes that communication can come in different forms and recognizes sign languages as equal to spoken languages.</p> <p>The child with a disability has the right to preserve their identities.</p> <p>Professional sign language interpreters are considered a form of accessibility.</p> <p>Countries must facilitate <b>“the learning of sign language and the promotion of linguistic identity of the deaf community”</b> and ensure that deaf and deafblind children are educated in <b>“the most appropriate languages and modes and means of communication [...] which maximize academic and social development.”</b></p> <p>Countries are to recognize and support <b>“cultural and linguistic identity, including sign languages and deaf culture.”</b></p>

**Table 2:** The summarized points of relevant articles for each UN convention and declaration that Canada has ratified and adopted are listed. The phrases emphasized in bold are direct quotations (United Nations, 2022a, United Nations, 2022b, United Nations, 2022c).

### Federal level

It took Canada nine years after ratifying the UNCRPD to table and pass the *Accessible Canada Act* (ACA) (Justice Laws Website, 2022, Bauman et al., 2013). This legislation has a goal of making Canada barrier-free by 2040 (Justice Laws Website, 2022). The ACA is similar to the UNCRPD in the sense that they both use a human rights-based framework, which is essentially a social model, to respect the rights and privileges of

disabled and Deaf people (United Nations, 2022c). Most notably, the ACA states that **“American Sign Language, Quebec Sign Language, and Indigenous sign languages are recognized as primary languages of communication of deaf persons in Canada”** (Justice Laws Website, 2022). However, the ACA does not recognize the Deaf community as a linguistic and cultural minority as the UNCRPD has.

Additionally, D/HH people have been directly named as a group of people whose human rights must be protected in the *Canadian Charter of Rights and Freedoms* (effective since 1982), especially in Sections 14 and 15.1. It explicitly states their right to a sign language interpreter during legal proceedings is protected and their right to equal protection and benefit of law must be respected without any discrimination based on their disability.

#### *Provincial level*

Ontario was the first province to adopt social model-based disability legislation in 2001 with the *Ontarians with Disabilities Act* (in effect since 2001), which was later amended with the *Accessibility for Ontarians with Disabilities Act* (AODA) in 2005 (Ontario, 2016). The AODA essentially expands on the older legislation with set accessibility standards and a goal of making the province fully accessible by 2025 (Ontario, 2016). The AODA preceded both the ACA and the UNCRPD by 14 years and 5 years respectively. This means that there are a few aspects, including the status and recognition of sign languages, that are present in the ACA and/or UNCRPD that are missing from the AODA. The *Education Act*, first implemented in 1990, is the only provincial legislation that recognizes ASL and LSQ as languages of instruction in an educational setting along with English and French. There are no other legislations recognizing ASL and LSQ outside of formal education in Ontario.

Additionally, the *Ontario Human Rights Commission* (OHRC) was established in 1986 in order to make sure that the province is mandated to follow its *Ontario Human Rights Code* (effective since 1962) which prohibits any form of discrimination against people

based on their characteristics (protected grounds), and in public areas (protected social areas) (OHRC, n.d.).

### *What is actually happening here?*

With new legislation comes a necessity of replacing or overhauling existing systems, but this is not happening. Instead, there is a patchwork of systems, supports, and services that are relics of the medical model-based approach along with new systems of supports and services that align with the social model-based approach in Ontario. At the same time, some medical model-based supports and services were removed without any social model-based or equivalent replacements; thus creating bigger cracks where D/HH and disabled people can fall through. Very much akin to systemic racism, is systemic ableism and audism.

We can clearly see where D/HH youth fall through the cracks especially with the post-secondary education enrollment. There was an immediate decline in D/HH individuals attending the most accessible and inclusive post-secondary educational institutions when Ontario's vocational rehabilitation (VR) services were cut. VR was instrumental in encouraging D/HH individuals in continuing higher education, and unintentionally, promoting their linguistic and cultural identity whenever they attended Gallaudet University or the National Technical Institute for the Deaf (NTID). With the continuous decline of D/HH individuals attending post-secondary education institutions, their ability and choices for future employment become more restricted due to a lack of the necessary education, which in turn pushes more D/HH individuals to government social assistance.

**“Policy is often based on the knowledge derived from data. No data, no problems to address.”**

*– Prince, M.J., (2004)*

VR was never replaced with another form of support rooted in a social model-based approach. This is only one of many consequences when Ontario continues to operate

on a patchwork of old and new policies that affect D/HH individuals' ability to fully participate in society. It is particularly difficult to advocate for changes to the existing policies, supports, and systems when many institutions or entities are not interested or not required to collect and maintain meaningful data on D/HH individuals.



*It is essential that a transition support system or that transition services be established for D/HH youth leaving high school and entering post-secondary education or the workforce. This is undisputed!*

## **RESEARCH FROM SURVEY AND FOCUS GROUPS**

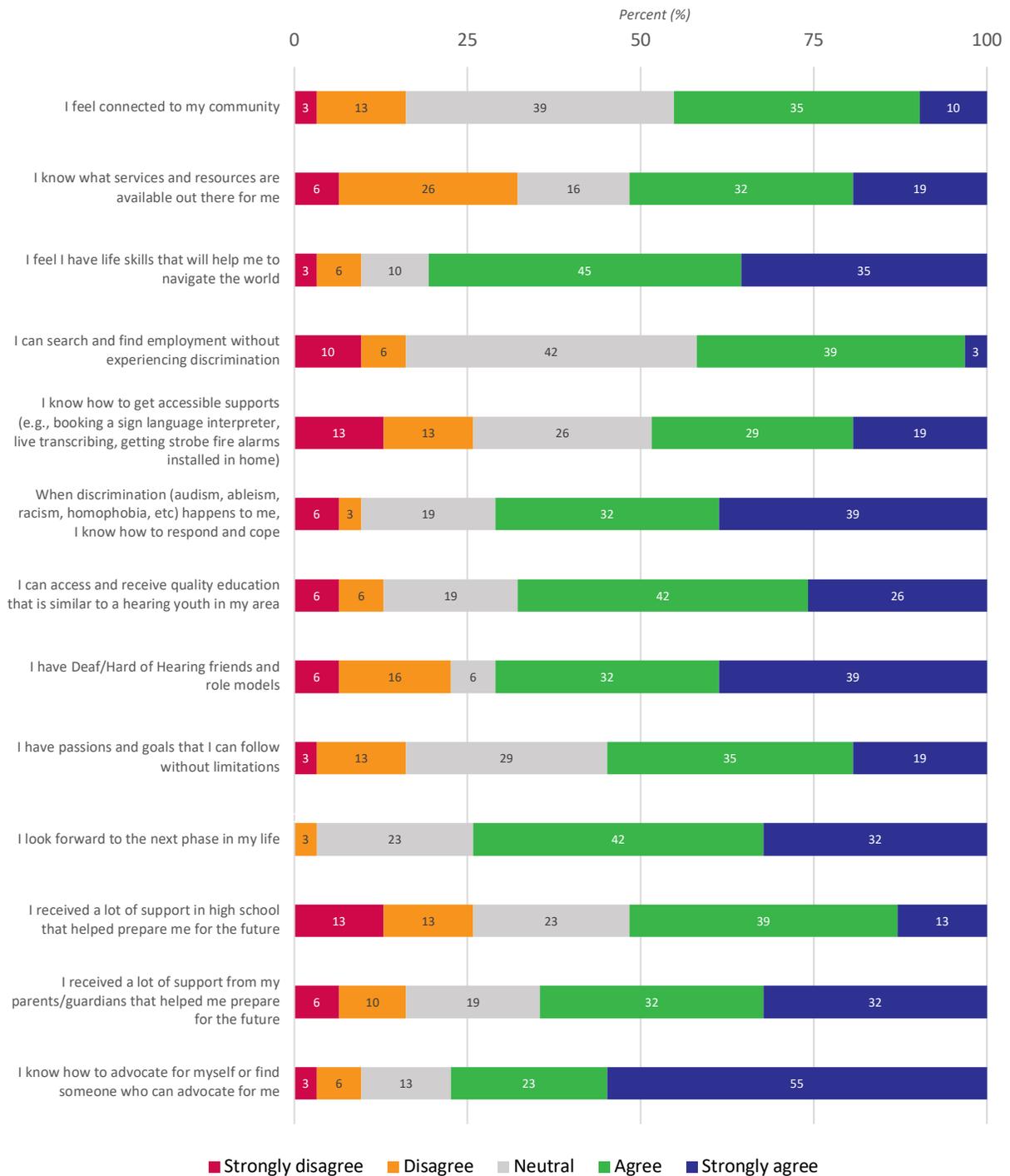
A total of 31 D/HH youth between the ages of 13 and 30 participated in the survey (Figure 19). The survey had 22 questions, with a mixture of single-choice, multiple-choice, and short answer options. The survey was available in either ASL/English or LSQ/French. There were also opportunities for survey respondents to submit answers in ASL or LSQ. All survey respondents identified themselves as Deaf, Hard of Hearing, or Deafened.

Our data shows that the majority of respondents in the survey received or will be receiving post-secondary education. This creates a discrepancy in our data collection because according to Statistics Canada (2012), the number of D/HH people who received post-secondary education is 50.3%, which is significantly lower. Our survey results show that 93.5% of our respondents have received or will receive post-secondary education; this is not an accurate representation of the whole D/HH population, let alone D/HH youth.

This indicates that those who responded to the survey found it to be accessible and were able to respond. This further indicates that this survey did not reach a cross-section of the community (i.e. those impacted by language and information deprivation syndrome, reduced access to accessible education, isolation, newcomers, etc). We,

therefore, do not have data from D/HH youth who may not have the same educational opportunities or have different life or career trajectories, such as those who are in the adult learning, in the workforce, did not pursue further education, or are unemployed. These individuals most likely will compose the majority of the D/HH youth population in Ontario, yet they are represented the least in this survey. This means it is imperative that we need to adjust and improve our outreach and data collection to the particular groups of D/HH youth that are not fairly represented here. Extensive outreach is a suggested solution as mentioned earlier and expanded upon later.

## Survey respondents' opinions on statements about themselves



**Figure 6:** Each bar shows stacked percentages of survey respondents that have agreed, disagreed or felt neutral on each statement about themselves.

There are a number of key takeaways from this data. Despite being a very educated pool of respondents, 59% of survey respondents disagreed or felt neutral about finding employment without experiencing discrimination and 52% of them also disagreed or felt neutral about being able to find accessible supports they need. These are shockingly high numbers.

The majority of respondents felt they had the life skills needed to navigate the world (80%) and that they look forward to the next phase of their life (74%). It is important to emphasize again that this group of respondents is highly educated. It is likely that they already have a strong foundation in their education and literacy skills. Since we did not gather sufficient data from people who did not pursue further education, we cannot assume that this reflects the entire D/HH youth population.

Interestingly, the data shows that 91% of the respondents know how to advocate or find someone who could advocate on their behalf, yet 49% of them do not know what resources or services are available for them. It is clear that the D/HH youth participating in this survey gives a very mixed picture of their reality in Ontario.

A high majority of survey participants know about ODSP. This itself is not a concern, but what is concerning is the acknowledgement of this program but not others. This indicates a potential issue because, according to Statistics Canada (2012), only 47.9% of D/HH people are employed. It is very likely that unemployed D/HH people in Ontario are receiving support through ODSP. While ODSP does offer a semblance of a safety net and we understand the need for this program, we also know that the pipeline from high school to ODSP exists. Many D/HH students are taught about ODSP during their high school years, and this often results in D/HH youth disproportionately knowing about this program but not others. As for OSAP, the survey shows that a majority of respondents are familiar with this program, which is expected since this pool of D/HH youth is disproportionately more educated than the general D/HH population. This often means that well-educated D/HH youth are more likely to be encouraged to continue to post-secondary education, which in turn, increases the need for student loans.

## NEEDS AND GAPS and RECOMMENDATIONS

### *Where are the gaps?*

It is clear that throughout our research and data collection, there are multiple areas where we have identified gaps where Ontario D/HH youth are not receiving the support that they need for their transitions at different points of life. We have also identified areas of need that will be beneficial for D/HH youth. To summarize, we have listed ten items where there are gaps and needs.

1. There is no tracking being done on D/HH youth after leaving high school and the lack of the data makes it easy for those D/HH youth to fall through cracks.
2. There are no Deaf universities in Canada where the primary language of instruction is ASL or LSQ. There are two post-secondary institutions in the United States where ASL is the main language of instruction, but there are none in the world that use LSQ as a main language of instruction.
3. A sustained decline in student post-secondary enrollment at Gallaudet University and NTID, which is more pronounced after program and funding cuts to the vocational rehabilitation services (VR). There is also an increasing trend for the number of D/HH people who are recipients of ODSP.
4. Less than half of the D/HH people are gainfully employed, with a high rate of under- and unemployment in this population. There is an even lower rate of employment for D/HH youth between the ages 15-24.
5. D/HH youth are more likely to have clinical mental health issues and have higher odds of experiencing language deprivation, abuse, trauma, and isolation. D/HH youth also have a more limited access to mental health services and resources due to lack of qualified mental health professionals and appropriate information.
6. There are very few programs and services that are available for D/HH youth.
7. Many D/HH youth do not understand their rights, especially within education, employment, and as they relate to accessibility needs.
8. Many D/HH youth are not aware of what resources and support services that are available to them in Ontario.

9. For the LSQ Deaf community, many D/HH youth who use LSQ and French have a long experience of being ignored from discussions within the wider Deaf community in Ontario. This results in a less participation from this particular community.
10. The repeated call to actions to the Ontario government with recommendations regarding accessibility, education, employment, and mental health continue to not be implemented.

We have also recognized that we need to change our data collection strategies to better capture more D/HH youth that are not accurately represented in our survey and focus groups. There is a disproportionate number of D/HH youth who received or will receive post-secondary education (93.5% of the respondents, compared to the 2012 statistics showing 50.3% for the general D/HH population). This is typical of survey respondents – those who have survey literacy, confidence, and access, respond, and marginalized, vulnerable sectors of populations do not gain access or the confidence to respond.

#### *Our recommendations*

We must begin solving this crisis somewhere. We recommend three programs: Youth Transition Services (YTS), an outreach program, and an online information and resource hub for D/HH youth between the ages 13 and 30.

The data highlights the lack of awareness about accessing resources. There is no centralized place for D/HH youth to find the relevant information they need. Our collected data shows that many D/HH youth are frustrated with the lack of consistent access to resources and support. It is hard to look for or receive support when you are not even sure it exists. Creating a Deaf Youth Hub will provide a barrier-free way for D/HH youth, their families, and their stakeholders (e.g., teachers, social workers, service providers, etc.) to find and access the information they need.

The importance of an online information hub:

1. There is no ONE place (virtual or physical) to which D/HH youth, their families, and stakeholder organizations can search for resources or connect to available support services.
2. There are isolated silos of programs and services that exist and are available but are highly unknown and not coordinated for D/HH youth.
3. The centralized nature of a Hub will leverage the existing programs and support services by making them accessible and known to D/HH youth and other stakeholders.
4. D/HH youth will be empowered to find the information, resources, and support services that they need whether or not they have someone assisting them. Currently, many D/HH youth who are accessing existing resources and support services learn about them through word of mouth or their personal networks. Many do not have, nor know how to develop a personal network.

The Deaf community is not in a specific location; members are spread out, and many D/HH community members are isolated, which means they often do not know where to find resources. Creating an outreach program will ensure that D/HH youth who are deprived of knowledge and information can access the resources and support services in various accessible formats that are also easily understandable.

The importance of an outreach program:

1. The Deaf community in Ontario is not geographically bound, so the outreach program must take into account this particular factor.
2. D/HH youth often have other intersectional identities and may also be part of other communities, such as Black, Indigenous, queer, disability, or newcomer communities.
3. There is limited, or non-existent, statistics and data on the number of D/HH youth who reside in Ontario, and several data collections (e.g., Statistics Canada and Ontario Infant Hearing Program) have different criteria for inclusion (i.e., hearing levels, language use, etc.) so the existing data is not reliable.

4. Ontario's privacy legislation in the areas of education and accessibility needs (e.g., school boards and colleges and universities' Office for Students with Disabilities) can limit the amount and quality of data collection, meanwhile the lack of privacy legislation for social services (e.g., ODSP) enables the data collection but also restricts D/HH people's autonomy.

It is clear in our research that many D/HH youth feel overwhelmed during their post-secondary transition and do not feel adequately prepared to navigate the next phase of their lives, even though they look forward to them. Information about how to apply and where to receive funding for colleges and universities is complex and overwhelming. Choosing a career path is also difficult. Many of our survey respondents believe that if they had a support system after graduating high school to navigate the next phase of their lives, they would have had an easier time transitioning. Creating Youth Transition Services (YTS) will ensure that all D/HH youth are supported and empowered to make important life decisions, regardless of their societal or familial circumstances or characteristics.

Since the closure of VR the number of D/HH students going on to post-secondary institutions, especially universities, has steadily declined. For the majority, guidance counselling is not accessible – either they do not exist or is not accessible in ASL/LSQ, and/or counsellors are unfamiliar with D/HH pathways, resources and services. This indicates that there is a need for a “support role” to aid D/HH youth transitioning, to facilitate the understanding of paperwork, explain what services need from them, connect D/HH youth to the appropriate resources, and make sure D/HH youth feel supported during their transition. The research on the existing gaps shows that D/HH youth did not feel supported transitioning from high school to post-secondary education, employment, or independent living and this exacerbates their mental health issues. Establishing a YTS for D/HH youth will ensure that they feel supported and optimistic with their journey after completing high school.

## The importance of Youth Transition Services:

1. It currently does not exist in Ontario, and the VR was never replaced after it was cut so there are no alternates that are rooted in the social and cultural model approaches.
2. Where a few transition services exist, they are often siloed, not widely known, inaccessible, or not culturally sensitive (e.g., no understanding of D/HH youth's issues/pathways).
3. Many stakeholders who are supporting D/HH youth are not aware of what support services and resources that are available so they often cannot support them during their major transitions in a meaningful way.
4. Many transition supports and resources that are available in the school boards and communities are not designed for D/HH youth's needs.

These are not comprehensive solutions to many gaps in the services and support systems for D/HH youth. These recommendations by the Ontario Deaf Youth Collective are meant to be starting stepping stones to addressing systemic barriers and issues. These recommendations also echo and support the previous recommendations made by the Deaf community, scholars, and stakeholders.

The Ontario Deaf Youth Collective is committed to addressing the lack of resources by working towards establishing a Youth Transition Services (YTS), an outreach program, and an online information and resource hub for D/HH youth based on the recommendations made in this report.

## REFERENCES

- Akamatsu, C., Musselman, C., & Zweibel, A. (2000). Nature versus nurture in the development of cognition in deaf people. In: P. Spencer, C. Erting, & M. Marschark (eds.), *The deaf child in the family and the school: Essays in honour of Kathryn P. Meadow-Orlans*, p. 255-74. Mahwah, NJ: Lawrence Erlbaum.
- Association Ontarienne Sourd(e)s Francophones. (n.d.). *À propos de nous*. <https://www.aosf-ontario.ca/a-propos-de-nous> [Last Accessed 14 April 2022].
- Bauman, H-D.L., Simser, S., & Hannan, G. (2013). Beyond Ableism and Audism: Achieving Human Rights for Deaf and Hard of Hearing Citizens. [Paper Presentation] *The Canadian Hearing Society – Barrier-Free Education Initiatives*.
- Bickle, V. & Chovaz, C. (2022, 25 April). State of mental health in D/HH children and youth in Ontario. [Zoom interview]. *BRCEED's PAH! Program*.
- Brown, M.P. & Cornes, A. (2015). Mental Health of Deaf and Hard-of-Hearing Adolescents: What the Students Say. *Journal of Deaf Studies and Deaf Education*, (20)1.
- Bob Rumball Canadian Centre of Excellence for the Deaf. (n.d.) *Home*. <https://www2.bobrumball.org/> [Last Accessed 2 June 2022].
- Buchko, L. (2022). *Canadian student enrollment at Gallaudet University*. [Letter correspondence from the Gallaudet University addressed to Mr G. Malkowski].
- Canadian Association of the Deaf - Association Des Sourds du Canada. (2015). *Statistics on Deaf Canadians*. <https://cad.ca/issues-positions/statistics-on-deaf-canadians/> [Last Accessed 14 April 2022].
- Canadian Hard of Hearing Association. (n.d.) *Home*. <https://www.chha.ca/> [Last Accessed 14 April 2022].
- Canadian Hearing Services. (n.d.). *Connect Mental Health Counselling Services*. <https://www.chs.ca/service/connect-mental-health-counselling-services> [Last Accessed 14 April 2022].
- Canadian Hearing Services. (2019). *Position paper on rights to employment*. <https://www.chs.ca/position-paper-rights-employment> [Last Accessed 14 April 2022].
- Carbin, C.F. (1996). *Deaf Heritage in Canada: A Distinctive, Diverse, and Enduring Culture*. Whitby, Ontario: McGraw-Hill Ryerson Limited.
- Consortium Centre Jules-Léger. (n.d.) *Gouvernance*. <https://ccjl.ca/le-ccjl/qui-sommes-nous/gouvernance/> [Last accessed 12 April 2022].
- Chovaz, C. (18 February 2022). RDK Mental Health Webinar. [Zoom presentation, recorded]. <https://youtu.be/hdP-EpYqVgM> [Lats Accessed 14 April 2022].
- Deaf Access Simcoe Muskoka. (n.d.). *Home*. <https://www.deafaccess.ca/> [Last Accessed 14 April 2022].
- Deaf Literacy Initiative. (n.d.). *About DLI*. <https://www.deafliteracy.ca/about> [Last Accessed 13 April 2022].

- Deaf Muslims of Canada. (2022). *About*. <https://www.deafmuslims.ca/about> [Last Accessed 14 April 2022].
- Deaf Youth Canada – Jeunes Sourds du Canada. (n.d.). *Home*. <https://dycjsc.wixsite.com/home> [Last Accessed 14 April 2022].
- du Feu, M. & Chovaz, C. (2014). *Mental Health and Deafness: Professional Perspectives on Deafness; Evidence and Applications*. New York, NY: Oxford University Press.
- Durham Deaf Services. (n.d.). *Home*. <https://durhamdeaf.org/> [Last Accessed 14 April 2022].
- Fellinger, J., Holzinger, D., & Pollard, R. (2012). Mental health of deaf people. *The Lancet*(379), p. 1037-44.
- Garberoglio, C.L., Palmer, J.L., Cawthon, S., & Sales, A. (2019). Deaf People and Employment in the United States: 2019. Washington, DC: U.S. Department of Education, Office of Special Education Programs, *National Deaf Center on Postsecondary Outcomes*.
- Garberoglio, C.L., Cawthon, S.W., & Bond, M. (2013). Assessing English Literacy as a Predictor of Postschool Outcomes in the Lives of Deaf Individuals. *Journal of Deaf Studies and Deaf Education*, (19)1.
- Government of Canada. (2018). *Language classes funded by the Government of Canada*. <https://www.canada.ca/en/immigration-refugees-citizenship/services/new-immigrants/new-life-canada/improve-english-french/classes.html> [Last Accessed 13 April 2022].
- Government of Canada, S.C. (2017). *Education in Canada: Key results from the 2016 Census*. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2016002-eng.htm> [Last Accessed 14 April 2022].
- Government of Canada, S.C. (2016). *Hearing disabilities among Canadians aged 15 years and older, 2012*. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2016002-eng.htm> [Last Accessed 14 April 2022].
- Government of Ontario. (2022). *Social assistance*. <https://www.ontario.ca/page/social-assistance> [Last Accessed 14 April 2022].
- Government of Ontario. (2021a). *Indigenous Institutes*. <https://www.ontario.ca/page/indigenous-institutes> [Last Accessed 14 April 2022].
- Government of Ontario. (2021b). *Learn about OSAP*. <https://www.ontario.ca/page/learn-about-osap> [Last Accessed 14 April 2022].
- Government of Ontario. (2020). *Adult learning: Literacy and basic skills*. <https://www.ontario.ca/page/adult-learning-literacy-and-basic-skills> [Last Accessed 13 April 2022].
- Government of Ontario. (2016). *Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11*. <https://www.ontario.ca/laws/statute/05a11> [Last Accessed 14 April 2022].

- Government of Ontario. (1999). *Vocational Rehabilitation Services Act, R.S.O. 1990, c. V.5*. <https://www.ontario.ca/laws/statute/90v05> [Last Accessed 14 April 2022].
- Grover, P. (2021). *Conceptual Models of Disability*. <https://now.aapmr.org/conceptual-models-of-disability/> [Last Accessed 14 April 2022].
- Hall, M.L., Hall, W.C., & Caselli, N.K. (2019). Deaf children need language, not (just) speech. *First Language* (39)4, p. 367-95.
- Howerton-Fox, A. & Falk, J.L. (2019). Deaf Children as 'English Learners': The Psycholinguistic Turn in Deaf Education. *Education Sciences* (9)133.
- Hurwitz, B. (2019). *Canadian student enrollment at RIT-National Technical Institute for the Deaf (NTID)*. [Letter correspondence from the NTID addressed to Mr G. Malkowski].
- Justice Laws Website. (2022). *Accessible Canada Act (S.C. 2019, c. 10)*. <https://laws-lois.justice.gc.ca/eng/acts/A-0.6/> [Last Accessed 14 April 2022].
- Justice Laws Website. (2005). *Vocational Rehabilitation of Disabled Persons Act, R.S.C., 1985, c. V.3*. <https://laws-lois.justice.gc.ca/eng/acts/V-3/20021231/P1TT3xt3.html> [Last Accessed 14 April 2022].
- Lepine, L. (2020). Jasmin Simpson Wins: Court Holds Student Loans Programs Violated Her Charter rights. <https://www.bakerlaw.ca/legal-issues/charter-of-rights/jasmin-simpson-wins-court-holds-student-loans-programs-violated-her-charter-rights/> [Last Accessed 14 April 2022].
- Luckner, J.L., Sebald, A.M., Cooney, J., Young III, J., & Muir, S.G. (2006). An Examination of the Evidence-Based Literacy Research in Deaf Education. *American Annals of the Deaf*, (150)5.
- Malkowski, G. (2021). *2021 Canadian Population: Deaf and Hard of Hearing Statistics (Statistics Canada)*. [Document]. Statistics Canada.
- Malkowski, G. (2016). *2016 Statistics on Deaf and Hard of Hearing Individuals*. Toronto, Ontario.
- Mayer, C. & Trezek, B.J. (2020). English Literacy Outcomes in Sign Bilingual Programs: Current State of the Knowledge. *American Annals of the Deaf*, 165(5), 560-76.
- Mayer, C. & Trezek, B.J. (2018). Literacy Outcomes in Deaf Students with Cochlear Implants: Current State of the Knowledge. *Journal of Deaf Studies and Deaf Education*, (23)1.
- Meek, D.R. (2020). Dinner Table Syndrome: A Phenomenological Study of Deaf Individuals' Experiences with Inaccessible Communication. *The Qualitative Report* (25)6, p. 1676-94.
- Milton, N. (2021). *A Minority Within a Minority: Exploring Identity Development in Relation to Mental Health Outcomes Within the Black Deaf Community*. [Doctoral Dissertation]. *The University of San Francisco*.
- Ministry of Education. (2017). *Special Education in Ontario: Kindergarten to Grade 12; Policy and Resource Guide*. *Government of Ontario*.

- Ministry of Education. (1989). Review of Ontario Education Programs for Deaf and Hard-of-Hearing Students. *Government of Ontario*.
- Ministry of Training, Colleges and Universities. (2015). *Statistics: Deaf, Deafened, Hard of Hearing (Universities and Colleges, excluding Apprenticeships, 2003-2015)*. [Email correspondence].
- Myers, C.M., Clark, D., Musyoka M.M., Anderson, M.L., Gilbert, G.L., Agyen, S., & Hauser, P.C. (2010). Black Deaf Individuals' Reading Skills: Influence of ASL, Culture, Family Characteristics, Reading Experience, and Education. *American Annals of the Deaf*, 155(4).
- Oliver, M. (1990, 23 July). The Individual and Social Models of Disability. [Paper of the presentation]. *Joint Workshop of the Living Options Group and the Research Unit of the Royal College of Physicians on People with Established Locomotor Disabilities in Hospitals*.
- Ontario Association of the Deaf. (n.d.). *About*. <https://www.deafontario.ca/about/> [Last Accessed 14 April 2022].
- Ontario Human Rights Commission. (n.d.). *Home*. <https://www.ohrc.on.ca/en> [Last Accessed 2 June 2022].
- Prince, M. J. (2004). Canadian Disability Policy: Still a Hit-and-Miss Affair. *The Canadian Journal of Sociology*(29)1, p. 59-82.
- Rembis, M.A. (2010). Disability Studies. In: JH Stone & M Blouin (eds.), *International Encyclopedia of Rehabilitation*. Buffalo NY: CIRRIE.
- Rumball. (n.d.). *Mental Health*. <https://www2.bobrumball.org/mental-health/> [Last Accessed 14 April 2022].
- Shull, M. (2018). *Statistics on the involvement of people who are deaf or hard of hearing in the income support and employment supports components of the Ontario Disability Support Program (ODSP)*. [Letter correspondence addressed to Mr Gary Malkowski from the Ministry of Children, Community and Social Services].
- Sign Language Institute Canada (n.d.). *Home*. <https://slicanada.ca/> [Last Accessed 14 April 2022].
- Silent Voice. (n.d.). *Home*. <https://silentvoice.ca/> [Last Accessed 14 April 2022].
- Small, A., Cripps, J., & Côté, J. (2012). Cultural Space and Self/Identity Development Among Deaf Youth. *Canadian Cultural Society of the Deaf*.
- Smith-Carrier, T., Kerr, D., Wang, J., Tam, D.M.Y., & Kwok, S.M. (2017). Vestiges of the medical model: a critical exploration of the Ontario Disability Support Program in Ontario, Canada. *Disability & Society*(32)10, p. 1570-91.
- Snoddon, K. (2021). Sign language planning and policy in Ontario teacher education. *Lang Policy* (20), p. 577-98.
- Snoddon, K. & Underwood, K. (2013). Toward a social relational model of Deaf childhood. *Disability Society*, 29(4), p. 530-42.

- Twitchell, P., Morford, J.P., & Hauser, P.C. (2015). Effects of SES on Literacy Development of Deaf Signing Bilinguals. *American Annals of the Deaf*, (159)5, 433-46.
- United Nations. (2022a). *Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities*. <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-rights-persons-belonging-national-or-ethnic> [Last Accessed 14 April 2022].
- United Nations. (2022b). *Convention on the Rights of Persons with Disabilities*. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities> [Last Accessed 14 April 2022].
- United Nations. (2022c). *Convention on the Rights of the Child*. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child> [Last Accessed 14 April 2022].
- VOICE for Deaf and Hard of Hearing Children. (n.d.). *Home*. <https://www.voicefordeafkids.com/> [Last Accessed 14 April 2022].