

**THE CANADIAN HEARING SOCIETY
LA SOCIÉTÉ CANADIENNE DE L'OUÏE**



**Response of The Canadian Hearing Society
to the Ontario Human Rights Commission's
Consultation Paper**

**THE CHANGING FACE OF ONTARIO:
DISCRIMINATION AND OUR AGING POPULATION**

November 2000

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

INTRODUCTION

Founded in Toronto in 1940, The Canadian Hearing Society (CHS) is a community-based, multi-service, non-profit agency serving the needs of the deaf, deafened and hard of hearing communities throughout Ontario. It is the only agency of its kind in the province. It employs approximately 300 people, including deaf, deafened, hard of hearing and hearing individuals, in 12 regional offices and 13 sub-offices. A significant part of CHS's early mandate continues to this day, namely, advocating for and promoting the rights of deaf, deafened and hard of hearing consumers.

CHS has prepared this brief to assist the Ontario Human Rights Commission in its deliberations on *The Changing Face of Ontario: Discrimination and Our Aging Population*. We are pleased that the Commission is moving forward with its review of human rights issues facing older persons. Your consultations and the policy decisions that will eventually result from them should serve to help older Ontarians, while also increasing public awareness about the stereotypes and negative attitudes associated with aging.

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

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

Even with landmark decisions such as *Eldridge* and Simser's out-of-court settlement, older persons with disabilities including deaf, deafened and hard of hearing still bear sole responsibility to fight for their rights to access if employers or service providers fail to comply. This is costly in terms of time, money and dignity. CHS strongly supports

amendments to the *Ontario Human Rights Code* that will identify older persons as a discriminated against group and strengthen enforcement mechanisms related to their protection. The existing legislation is insufficient in this regard.

Furthermore, CHS strongly endorses the need for a strong and effective *Ontarians with Disabilities Act* and to amend the Ontario Human Rights Code to eliminate age as a grounds for discrimination. The existing legislation has proven itself to be inadequate. The *Ontarians with Disabilities Act* and the Ontario Human Rights Code must establish standards for provincial and municipal governments, the broader public sector and the private sector to end intentional or unintentional practices of discrimination against older persons with disabilities.

As a society, we need to do better to remove and prevent barriers for older persons with disabilities. A 1998 discussion paper published by the Ministry of Citizenship, Culture and Recreation stated that more employers and able-bodied citizens have come to acknowledge the barriers faced by aging individuals and individuals with disabilities. If that is so, they should willingly support a strong *Ontarians with Disabilities Act* and an amendment to include older persons in the Ontario Human Rights Code.

According to Statistics Canada, in 2001 there are 1.47 million Ontarians over age 65 with hearing loss; by 2026 that number will have increased to 2.9 million – a 100 percent increase!

RESPONSES TO THE QUESTIONS

Systemic Discrimination

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

How does hearing loss, a non life-threatening ailment, achieve such gross marginalization in the elderly person? By significantly reducing and distorting the information an received about the environment and the human interaction in that environment. What this means in very specific terms is that for a senior with a hearing loss, the social and environmental cues – the openings for initiating contact or participating – are obscured. Without communication accommodation there will be significantly reduced and distorted meaning and purpose in interactions with others: The opportunities for quality relationships and quality participation will be missed. By the time the hard-of hearing person understands the message, the topic and often the people, have moved on. The result is at best, a sense of bewilderment and a feeling of having been left out; at worst, a sense of failure and loneliness.

It may not be surprising to learn that the hard of hearing person is at risk of withdrawing from the world, but a lesser-known reality is that, without communication accommodation, hearing people actually withdraw from the hard-of-hearing senior.

The reality is, hearing loss among the elderly is a problem created by policy and behaviour more than by physiology.

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

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

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

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

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

Stereotypes and Negative Attitudes

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

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

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

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

- *CHS recommends that the Ontario Human Rights Commission urges the Secretary of Management Board of Cabinet and the Deputy Minister of Management Board Secretariat to ensure that all Ontario ministries are aware that the Ontario Human Rights Code requires their services, including contracted services, be accessible to all older persons with disabilities.*

Employment

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

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

Voluntary measures do not serve to remove existing barriers or prevent the erection of new barriers. For example, federal income tax incentives and the recent Ontario Ministry of Finance Workplace Accessibility Tax Incentive have not persuaded employers to hire more people with disabilities.

Other barriers facing aging deaf, deafened and hard of hearing persons are that they are not eligible to receive supports to employment and vocational training because of the Ministry of Community and Social Services' service objective which excludes those persons who are over age 64. For example, CHS received MCSS Service Contract, providing employment services for deaf, deafened and hard of hearing job seekers and employees who are between 16 and 64 years of age.

We are especially concerned about the regression we have witnessed in advocacy and employment opportunities for deaf, deafened and hard of hearing consumers since the repeal of the *Advocacy Act* and the *Employment Equity Act* in 1995. This sends the wrong message to thousands of employers and long-care and health-care providers, that they are obligated to make workplace and services accommodations to enable them to hire persons with disabilities including deaf, deafened and hard of hearing consumers. The advocacy and employment equity legislation had succeeded in raising awareness and increasing employment opportunities. Employers and long-term and health care service providers became sensitized to access needs of their employees and consumers including seniors and older individuals. Employers and service providers identified barriers and attempted to establish structural changes to remove them in the workplace and long-term and health-care service delivery.

CHS does not support voluntary measures, such as the Equal Opportunity Plan introduced by the Ministry of Citizenship, Culture and Recreation to replace the *Employment Equity Act*. This plan has proven over and over again to be ineffective in dealing with barriers faced by older individuals who are deaf, deafened and hard of hearing.

- *CHS recommends that the Ontario Human Rights Commission encourage the Ontario Ministry of Citizenship to reverse its decision to consider only voluntary measures to promote equal opportunity in the workplace, and introduce enforceable legal mechanisms under the new Ontarians with Disabilities Act, requiring employers to hire qualified persons with disabilities including those who are deaf, deafened and hard of hearing.*
- *CHS recommends that the Ontario Human Rights Commission urge the Minister of Citizenship, Culture and Recreation assume a leadership role in calling for the review of all provincial legislation and the repeal of legislation that discriminates against persons who are over 65 in seeking training and employment opportunities.*
- *CHS recommends that the Ontario Human Rights Commission advocate for the extension of human rights protections on the basis of age to persons who are not subject to mandatory retirement and who continue to work past age 65.*
- *CHS recommends that Ministers of Citizenship and Labour introduce amendments to the Employment Standards Act, allowing employers to remove mandatory retirement and allow early retirement incentives that are truly voluntary.*

Housing

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

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

- *CHS recommends that the Ontario Human Rights Commission work with the National Advisory Council on Aging and other organizations with respect to barrier-free housing design and consult with service providers, such as the Bob Rumball Centre for the Deaf and the Canadian Hearing Society, who recognize the housing needs of older persons who are deaf, deafened and hard of hearing.*
- *CHS recommends that other consumer organizations such as the Canadian Association of the Deaf, the Ontario Mission for the Deaf, the Bob Rumball Centre for the Deaf, the Canadian Hard of Hearing Association and the Ontario Association of the Deaf need to be involved in policy development in the area of housing for aging persons and deaf, deafened and hard of hearing seniors*

Health Care, Institutions and Services

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

For the majority of culturally Deaf consumers, including older persons, the Eldridge decision means providing sign language interpreters to communicate effectively and achieve equal access. The ruling also means that if sign language interpretation is not sufficient to ensure effective two-way communication and understanding, then the service is not accessible to the consumer. If the consumer needs other means of access, e.g., a Deaf interpreter or a specialized counsellor/case manager, then these must be provided.

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

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

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

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

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

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

- Client admitted to hospital, uses hearing aids and speech reads. Client needed information from the nurse regarding his medical situation. The nurse refused to turn on the light so the client could speech read, even though the client requested it and explained why.
- Client misdiagnosed with dementia, because he wasn't wearing his hearing aids when tested.
- Client spoken to in a patronizing manner by medical staff as though he were mentally incompetent. In fact, the client is alert, just hard of hearing.
- Medical staff informing client of important information while looking down at their papers. Client can't understand what is happening because of her inability to speech read what was said. Consternation on the part of medical staff, who insist they have already informed client of important information.

Effective Communication

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

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

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

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

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

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

1. Skilled use of amplification aids and communication aids of various sorts.
2. Expectations, support, and training that enable the full involvement of professionals, family, event leaders, hearing participants in the application of various aids and devices for an individual. This includes initiating the use, and pro-active monitoring

of effectiveness on the part of others and involves an eradication of the idea that the individual themselves should be responsible, or that the experience is private.

3. Allowing for the time it takes to use devices and set-up for modifications and the time it takes to employ various strategies.
4. Enhanced visual information and cues.
5. Modified speech strategies.
6. The support and opportunities to learn how to modify speech and to learn other pertinent communication strategies.
7. Modified pacing of verbal communication. Allowing more time for mental processing and responses from the hard-of-hearing.
8. Careful attention to acoustical factors, and background noise.
9. Attitudinal change that shifts the responsibility for communication to the well and capable.
10. The will to work at it and the belief that with applied knowledge – communication accommodation – participation and involvement become an option for even frail and dependent hard-of-hearing seniors.
 - *CHS recommends that health care, long-term care, elder care and mental health service providers employed by the public and private sectors must be provided with in-service training to give them a better understanding of the implications of psychological testing procedures and the use of various communication strategies for deaf, deafened and hard of hearing seniors.*
 - *CHS recommends that Ministry of Health and Long-Term Care, the Ministry of Community and Social Services and the Ministry of Citizenship, Culture and Recreation must clearly demonstrate a commitment to include equity, senior, disability, multi-racial and cultural perspectives in pre-service and in-service staff training.*
 - *CHS recommends that the Ontario Human Rights Commission, the Ministry of Health and Long-Term care, and the Ministry of Attorney General should send a communication to the Ontario Hospital Association, the Ontario College of Physician and Surgeons, the Ontario Medical Association, the Canadian Medical Association, the Ontario Association of Long-Care Providers, other related elder care organizations and other regulated professions such as midwives, speech-language pathologists and audiologists, informing them of the decision by the Supreme Court of Canada in *Eldridge v. British Columbia*.*

Transportation

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

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

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

- *CHS recommends that the Ontario Human Rights Commission urge federal and provincial agencies regulating transportation to compel transportation service providers under their jurisdiction to comply with the Eldridge decision and the Ontario Human Rights Code and to establish action plans to remove existing barriers and prevent the creation of new barriers. Furthermore, these service providers must be compelled to implement staff training on accessibility needs, including the legal rights of older users of transportation services who are deaf, deafened and hard of hearing.*

Elder Abuse And Neglect

Historically, deaf, deafened and hard of hearing individuals, have experienced a range of abuses, including communication abuse, mental abuse, emotional abuse, physical abuse, elder abuse and systemic abuse.¹ The human rights of these people are still being routinely violated in Ontario. As results, they suffer from low self-esteem and lack learning, language, social, and vocational skills. In many cases, they require lifelong counselling support to cope with their difficulties. As well, many deaf, deafened and hard of hearing seniors have experienced elder abuse and neglect.

¹ These human rights abuses are documented in *Review of Ontario Education Programs for Deaf and Hard of Hearing Students*, 1989, Ministry of Education; *Review of Student Care at the Provincials Schools for the Deaf and Blind and Demonstration Schools*, Ministry of Education 1991; and *Restoring Dignity: Responding to Child Abuse in Canadian Institutions*, Law Commission of Canada, Justice and Attorney General of Canada, 2000.

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

- *CHS supports the efforts of the Ontario Human Rights Commission in monitoring the proceedings and outcome of the Round Table for Ontario's Elder Abuse Strategy.*
- *CHS recommends that the Ontario Human Rights Commission urge the Minister of Citizenship, Culture and Recreation to establish an office to advocate on behalf of the elderly and the vulnerable. Such an office would be mandated to protect the rights of elders who are receiving or seeking services from the provincial government; to advise the Minister on matters that concern elders; to ensure that elders in care understand their rights and the laws that protect them from abuse or harsh treatment; and to investigate broader problems affecting groups of elders that can only be resolved through changes in the system.*
- *CHS recommends that the Ontario Human Rights Commission urge the Minister of Citizenship, Culture and Recreation to remove and prevent barriers to the disabled by establishing an enforcement agency governed by a strong, effective and enforceable *Ontarians with Disabilities Act*. This existence of this enforcement agency would also serve to strengthen the work of the Ontario Human Rights Commission.*
- *CHS recommends that the Ontario Human Rights Commission encourage the government to recognize the implications of age in combination with other grounds of discrimination and integrate these principles into future policy work.*

CONCLUSION

CHS supports the efforts of the Ontario Human Rights Commission to end practices of discrimination against older persons, and in particular those with disabilities. In our view, the immediate establishment of a strong and effective *Ontarians with Disabilities Act* is critical to achieving that goal. Our experience indicates that voluntary measures do not work. The legislation needs to have authority and be suitably funded so that proper systems can be set up to monitor and enforce the legislation.

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