

THE MORE THINGS CHANGE, THE MORE THEY REMAIN THE SAME: A LITERACY NEEDS ASSESSMENT

Joanne Weber, Doctoral student
University of Regina, Saskatchewan
Fatima Pirbhai-Illich, PhD
University of Regina, Saskatchewan, Canada;

ABSTRACT:

Introduction

Language and literacy issues within the Deaf and Hard of Hearing (DHH) population are multi-faceted particularly with regard to academic achievement, poverty, employment opportunities, health and access to the social and cultural capital required to navigate the demands of educational institutions.

Purpose

In order to understand the language and literacy needs of the DHH community in Saskatchewan, Canada, a pilot study was conducted with 99 participants from this mid-western province. This paper will report the tentative findings.

Method

This study used mixed-methods including an on-line survey, personal interviews, a community consultation workshop, and consultations with stakeholder individuals, and groups. The on-line survey was comprised of questions pertaining to educational attainment, communication and language choices, identity, employment, earnings, hobbies and volunteerism, reading choices, and preferences concerning literacy programs. Participants who attended the community consultation workshop viewed the preliminary data, explored various models of literacy programs, and made recommendations.

Results

The tentative data analysis indicate that educational attainment and subsequent employment differed substantially among the three ages groups identified by the survey: ages 18 - 30, ages 31 - 49, and ages 50 and above which roughly correspond to three distinct periods of the provision of deaf education services in Saskatchewan.

Conclusions

Overall, the educational attainment rates, regardless of communication history background and current language choices (oral English or sign language), remain dismal. The implications from this study indicate that a transitional literacy program utilizing the social capital available through the Deaf community could influence the DHH group's hope of reaching higher academic literacy levels.

INTRODUCTION

Literacy issues within the deaf and hard of hearing (DHH) population are multi-faceted and connected to present educational delivery systems in the Province of Saskatchewan. Additionally, the goals and aspirations of deaf and hard of hearing (DHH) individuals regarding education, employment, and satisfaction at work remain riddled with complex variables that influence full participation and satisfaction in the workplace, and in society at large. Despite advances in hearing technologies (hearing aids, cochlear implants, assistive listening devices) and access to the printed word (via the Internet, social media, teletypewriters (TTY), videophones, books and texting) many DHH adults continue to live their lives in poverty and isolation. There is need for data on the adult DHH population in Saskatchewan in order to determine the need for future literacy programming. Researchers examined linkages between educational attainment and employment and income levels, and language choices.

RESEARCH QUESTIONS

Based on the literature review, the following two main questions for the study emerged:

1. In what ways does educational achievement affect employment and thus income levels?
2. In what ways are the educational attainment rates related to the language choices made for DHH individuals by parents and professionals?

VARIABLES

The purpose of the study was to develop a profile of participants according to two questions that were asked of the data collected in order to develop a comprehensive strategy for the purpose of delivering future literacy programs for the DHH population. The variables for this study have been divided into six groups: demographic profile, educational attainment, employment and income, language choices and educational attainment, community participation, literacy programming needs and preferences.

TENTATIVE FINDINGS AND DISCUSSION

In this section of the report, we highlight some of the findings from the present study and discuss some of the salient issues related to the sample in this study. The findings from this study indicate that in general, the DHH sample who responded to the survey have serious issues related to literacy and academic achievement, employment, poverty, health, and access to the cultural capital available to their hearing peers. Cultural capital (Bourdieu, 1986) formation begins at birth (or even before birth) within the context of family life. In general, the beliefs, morals, vision, behaviours, expectations, language choices and preferences, are transmitted to the DHH child by the parents, educators and caregivers. Thus, if the child comes to school with limited cultural capital, the educational institution generally attributes the child's inability to learn to personal limitations (Lareau & Weininger, 2003). Bourdieu (YEAR) suggests that institutions perform a function for cultural capital analogous to that performed by money in the case of

economic capital (Lareau & Weininger, 2003). Educational institutions are set up to reproduce the cultural capital of the majority and legitimize it mainly through the granting of diplomas, certificates and degrees. It is not difficult to understand, from Bourdieu's (op cit) perspective, why oral English is the primary language choice made by parents for their DHH children. It is the language of the dominant culture and power, and it is deemed the "ticket" towards the successful acquisition of cultural capital particularly within an educational setting. The difficulty lies in the current limitations of hearing technologies (i.e. cochlear implants, hearing aids, and FM systems), traditional oral educational programming, and bilingual (ASL and English) programming which are not producing record numbers of literate DHH individuals (Marschark, 2009). Our data reveal that many individuals began their lives as deaf English speakers; however, 32% of the sample reported that they acquired other methods of communication in their teenage years. Possible reasons for acquiring other communication methods include frustration with being forced to use one form of communication which was found to be insufficient to acquire the necessary cultural capital needed to be accepted and integrated into mainstream society. Testimonials from the DHH individuals collected and recorded on video camera in the present study highlight their struggle to obtain permission to use American Sign Language from their parents and professionals

Another seminal finding indicates that large numbers of the participants have low academic literacy abilities which, in turn, affect access to post-secondary schooling and better paying jobs. The question that begs to be asked is, if a large percentage of the sample were using cochlear implants and/or using other hearing technologies and being mainstreamed into "regular" high school, why then are the literacy and educational levels of the DHH sample so low? In his treatise, Carver (1989) examined why literacy rates are so poor for the DHH population. Carver (1989) proposes that if a deaf child's social environment fails to provide him with access to language whether it be through amplification or sign language, then it becomes impaired (Carver, 1989, p. 29). The idea that the social environment is "impaired" for the DHH child or youth may be sacrosanct to many educators and administrators committed to the inclusive setting for all DHH children and youth.

The higher percentage of university-educated individuals in the above 50 age group (5%) identified in this study could be accounted for by the availability of funding during the late seventies for DHH high school leavers to attend Gallaudet University, the only university in the world for Deaf people. However, by the early 1980's, funding sources for DHH individuals to attend a post-secondary institution of their choice had significantly decreased.

The decreased levels of funding support for the DHH population in acquiring post-secondary training and supports such as sign language interpreting and tutoring may also account for the discrepancy between their educational goals and current enrollments. Sixty-eight per cent of the participants in the present study are not currently enrolled in any post-secondary training or educational program, while 53% of the participants have all expressed the desire to be in an apprenticeship program, working toward a post-secondary diploma or certificate, and/or a university degree. Another reason for the low enrollments may be that the participants'

academic literacy levels are simply too low for them to enroll in post-secondary certificate and diploma programs.

Additionally, the high rates of unemployment (39% of the participants identified themselves as employed) there exists a cycle of poverty with all its attendant complexities (45% of the participants who reported being employed, only 41% reported working full-time whilst 25% of the participants work half-time, on a casual or contract basis. The 18 - 30 group is of particular concern since only 7% work full-time in comparison to 19% and 15% of the participants respectively for the 31 - 49 group and the above 50 group respectively. For this reason, the 18 - 30 age-group contains the largest percentage of participants (23%) living at or below the poverty line.

Finally, the findings indicate that the DHH group surveyed life with dismal prospects and with access to few resources for any upgrading opportunities in literacy, workplace, and essential skills. Social capital is of particular importance because it enables adults to tap into existing networks of relationships, opportunities, and entry points that enable an individual to enter into positions of power, control, influence and wealth (Bourdieu, 1986). The lack of literacy programming at the adult level certainly does not allow for the formation of social capital of any kind.

LIMITATIONS

The limitations of this study are two-fold. First, the participants were solicited from a network of non-profit agencies and Deaf community organizations. Therefore, the sample population cannot be considered as representative of the entire DHH population in Saskatchewan. Furthermore, because of their liaisons with SDHHS and other Deaf community and cultural supports, this population could be described as “privileged” in that they receive the interpreting, cultural and social supports afforded through these associations. In other words, due to time constraints and financial limitations, we were not able to contact those who may have been in greater need.

Secondly, another limitation has to do with using an on-line survey to study a population who struggle with print based academic and digital literacies. Access to technology and ability to comprehend the questions are also variables unaccounted for. Finally, factors associated with co-morbidity (learning disabilities, intellectual disabilities, vision impairments, mobility, and mental health issues) may have prevented a significant number of DHH individuals from participating in the study.

IMPLICATIONS

The profile of the 18 - 30 group in this study presents a compelling case for intervention. The lower rates of educational attainment, current post-secondary training and education enrollments, and lower income levels, indicate that this group of participants appears the most

vulnerable. If this age group is not provided with the opportunities for upgrading their academic literacy abilities, access to post-secondary training, and/or workplace training, the prospects of obtaining full time and satisfactory employment remains dismal.

A second implication is the need for a literacy intervention program. Due to the low numbers of DHH individuals enrolled in apprenticeship program and/or post-secondary certificate or diploma programs, there appears a need for a transitional program upon leaving high school. Rather than leaving the 18 - 30 age-group DHH individuals to navigate their way from high school into employment, post-secondary training or education programs, a transitional literacy program would provide them with the opportunity to develop their literacy ability in relationship to employment, essential workplace skills, and the experience needed to further their occupational goals. An intervention literacy program of this kind would have three phases: (1) workplace literacy skills and general literacy skills, (2) supported workplace practicums and an on-site literacy program to support their development and goals as employees, and (3) supported transition into apprenticeship and/or post-secondary education or training.

Third, intervention literacy programs for the DHH population in Saskatchewan need to incorporate findings from research on deafness presented as a difference rather than deafness as a deficit. Best practices, current research, and results-oriented interventions and strategies must be incorporated into intervention literacy programs. Current models of intervention literacy programs based on current research on multi-modal and multiple literacies need to be adapted for the DHH program followed up by rigorous evaluation and research.

Finally, the complexities associated with developing the literacy ability of the DHH population (particularly alphabetic print-based literacy), necessitates rigor in implementing and evaluating literacy intervention programs in order to minimize the amount of time spent on making the transition between high school and employment.

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