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## Integration of Aged Deaf People into a Hearing Agency

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## INTEGRATION OF AGED DEAF PEOPLE INTO A HEARING AGENCY

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Professionals who provide services to deaf people often do so in agencies which cater only to the deaf in order to meet their special communication needs. Deaf people themselves are frequently more comfortable seeking services at such an agency. The separate delivery of services is especially appropriate where services are highly specialized, for example, for young deaf people who are making the transition to adulthood. Where the needs of the deaf overlap with those of the general population, however, intergrated services are most desirable. Specifically, old people who were born deaf or who lost their hearing in early childhood have special needs which are related not only to deafness but to aging as well. We have found that integration of the deaf into a hearing agency optimizes access to services for older people and enhances their self-esteem. In this paper we will discuss the development of such an integrated program and its implications for the provision of services to different groups of people in the deaf community.

### HISTORY OF THE PROGRAM

Since the inception of the senior center movement more than 30 years ago, there has been an increasing range of services and programs designed to meet the particular needs of the nation's elderly. These services have been provided by churches, community groups, senior centers, and other specialized agencies and health institutions. Until recently, these

services were utilized primarily by older people with normal hearing and recent hearing impairments.

In 1973 a social worker who was fluent in sign language and active in the deaf community began the ground work to include deaf people in the activities of the San Francisco Senior Center, for which she worked. She began to attend the monthly socials of deaf elders. Eventually, with the cooperation of both deaf and hearing community leaders, three workshops for this age group were sponsored by the Deaf Counseling, Advocacy and Referral Agency (DCARA), a local agency serving deaf clients of all ages.

The first of these workshops was held at the San Francisco Senior Center. When 85 deaf people came and learned about services available to them, they expressed an interest in participating in the Center's program. Although the workshop was held when the Center was closed, workshop participants found that if they wanted to utilize the Center, they were expected to come during regular hours when hearing people were present. They were reluctant to do this because no deaf people were involved in the operation or programming of the Center.

The San Francisco Senior Center was, however, the most appropriate agency in which to begin multi-purpose programming for the deaf. It was, in fact, the only possible choice because it: (1) was an established agency serving the elderly; (2) had a social worker who was

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fluent in sign language; (3) was willing to welcome deaf people as clients; (4) wished to cooperate in seeking funding to hire deaf staff; and (5) was in a central location, easily accessible by bus.

Deaf people over 60 were welcomed. The program was advertised through the deaf community's grapevine and through various personal appearances of the social worker at community events. Deaf people visited the Center, and then did not come back. When one of the deaf leaders who had participated in the organization of the workshops expressed an interest in working at the Center, a grant proposal was written in cooperation with DCARA to Hoffman La Roche Pharmaceutical Company in order to hire her as a bridge for the aged deaf. When the grant was awarded, she was hired as a regular staff member of the agency. Subsequently, the San Francisco Senior Center applied for and received funding from the San Francisco Foundation and United Way. Deaf people then began to participate in the activities of the Center and to utilize its services.

### PROGRAM IMPLEMENTATION

The Center operates six days a week and provides an extensive range of services to over 5,000 people 60 years of age and over each year. Services offered by the Center include a meal program, health services, counseling, social services, and an educational and recreational program.

Although the social worker and the other hearing staff work directly with the Deaf Program, the program coordinator has the primary responsibility for planning and carrying out the program. It was important that the responsibility of the Deaf Program should belong initially to a skilled deaf person who was known to the deaf community. The coordinator, a deaf woman, satisfied those requirements and was an age peer as well. Her first priority was to educate the hearing staff and clients about deafness.

### EDUCATION

Education is imperative in carrying out the concept of integration in serving the deaf. The educational process for staff members has

been of necessity a subtle and continuous one. The coordinator of the program was the first deaf person many hearing people encountered, and individuals asked her a variety of questions, such as "Why don't you speak?", "Why can't you read lips?", and "How are you awakened in the morning?" She answered these questions with an openness that made people comfortable and that helped to establish rapport.

The primary goal of the Deaf Program staff is to promote enthusiasm and understanding about deafness among the Center staff and clients and to intervene in misunderstandings that may arise. The staff of the Deaf Program are alert to all situations where clarification about deafness may be necessary. Sign language classes are offered which are especially geared to the needs of hearing staff and clients.

As for the deaf participants, the coordinator recognized the difficulties deaf people would initially have in participating in a "hearing" agency. Looking back, she said, "The deaf are shy. We needed to help them to feel comfortable" (Clark, 1978).

### SPECIAL SERVICES

Although the staff hoped that the program would be completely integrated, it became apparent that some separate activities would be necessary in order for deaf clients to become acclimated. Therefore, when deaf clients requested their own room for socializing, they were accommodated. To reach the room, however, they had to walk through the entire Center, seeing hearing clients and observing various activities on the way. Deaf clients became accustomed to the Center by observing the way it functioned.

Gradually, the deaf group grew, and requested a larger space. The main lounge, central to all Center activities, was assigned to them one day a week. The ease of access to this area encourages deaf and hearing clients to mingle and to participate in the programming in the Lounge. Deaf clients state that they are proud to be in the Lounge, where hearing people can see them sign to each other and can participate in their programs.

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Until recently, interpreting services were provided free of charge in order for deaf clients to participate in the other activities of the Center. Many older deaf people have little experience in the use of interpreters in one-to-one situations. Although they were accustomed to having interpreters in large groups, they initially avoided many services and programs which were available to them because they anticipated having to write back and forth and fill out forms on their own. Much of the education process not only revolved around their right to services, but their right to utilize interpreters as well.

An interpreter is often unnecessary except as a bridge between the deaf client and hearing clients and teachers. For example, if a deaf person hesitates to enter a class composed only of hearing people, a staff interpreter accompanies that person until rapport is established. Increasingly, in informal situations the role of the interpreter has been supplanted by the presence of deaf staff members who introduce deaf clients into new situations by communicating with other staff members and clients through writing or sign language. Deaf clients who witness these transactions lose their hesitancy when they observe the equality of deaf and hearing people.

Some of the special needs of the aged deaf were not recognized at the program's inception because of the subtlety of certain differences between the hearing and the deaf aged. The Center is located on a major bus line but has no accessible, free parking. Parking has never been a concern in the past because hearing people in San Francisco generally stop driving in their sixties and use the public transportation system. In contrast, the dispersed nature of the deaf community mitigates against ceasing to drive. Deaf clients generally come to the Center from across the city or from a distant suburb, while hearing clients usually live in the surrounding neighborhoods. Deaf clients continue to use their car as their "telephone," and consequently drive well into their seventies in order to maintain contact with their friends.

### SOCIAL SERVICES

Any person who is new to an agency serving older people is usually reluctant to seek

services. Initially, whenever deaf clients requested services, the staff would immediately respond to the request in order to make the encounter a successful one. Eventually, as deaf people became part of the regular program, they began to learn the importance of making appointments with staff members in order to secure services. They also began to give the staff advance notice when they needed an interpreter. Thus, they took on their share of the responsibility for receiving social services.

Finally, as trust was established, deaf people began to avail themselves of the services of the social worker. The social worker took primary responsibility for educating deaf clients about resources so that each client could choose what was best for him or her, for example, whether to seek health care under a private physician or visit the Health Clinic at the Center.

The public nature of sign language mitigates against privacy in the deaf community (Meadow, 1972), and consequently, the concept of confidentiality was foreign to many clients. When clients met with the social worker, confidentiality was stressed and exemplified; the social worker never discussed anything with a person until complete privacy was ensured. This policy was followed by all the staff. Deaf staff members, however, were under pressure initially from deaf clients to share confidential information. Repeated efforts to educate deaf clients and staff about confidentiality have been successful.

### ENHANCING THE PEER SUPPORT SYSTEM

Although some deaf people participate in the regular program, most prefer to come to the socials scheduled for Thursdays. Weekly attendance varies, from 25 to 50 people. Discussion groups, lectures, cards, and socializing are the staples of these socials. Individuals also take care of their personal business, e.g., seeing the social worker about a personal problem or setting up a doctor's appointment. The entire staff of the Deaf Program is present on Thursdays to ensure that everyone's needs are met.

Older deaf people have developed the basis for a strong system of social support over their

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lifetime (Becker, 1978). Frequent social contact with their peers enables them to continue to rely on each other to meet their basic needs as they age. The patterns of membership in voluntary associations that they develop over the life cycle enhances this process, and in old age a central meeting place has particular significance. Many clients have commented on the importance of this weekly event in decreasing their feelings of isolation and loneliness. One woman said, "Five years ago there was nothing in San Francisco for older deaf people to do during the day. I used to get so lonely. Now I have somewhere to go."

### SIGNS OF INTEGRATION

As deaf people became comfortable at the Center, their numbers grew and they began to take part in other activities. As a result, new staff members were added: two senior aides (who are deaf) teach classes and visit deaf people in their homes; an interpreter-aide interprets for the coordinator and arranges interpreting services; and a program assistant participates in administration and planning.

The first integrated activity deaf people participated in was the hot meal program. Lunch time announcements were interpreted so that deaf clients had equal access to information about services and programs.

As deaf people became more involved, they wanted to become members. All clients who attend regularly are urged to become members and pay nominal dues of \$1.00 a month. The deaf person's desire to become a member marked a significant change in his or her attitude toward the Senior Center because it symbolized identification with an organization based on age rather than on hearing impairment. Deaf clients now view membership as a major commitment in which they have considerable investment. They exert pressure on their peers to join, as do the hearing clients.

A deaf person has been elected to the Members' Council, the democratic tool by which clients have direct input into the development of policies regarding the Center. Deaf people thus have a voice in the affairs of the entire Center.

Trips run by the Center now include an in-

terpreter and deaf clients. The informal atmosphere that prevails on trips encourages deaf and hearing clients to interact and become acquainted. Similarly, deaf people participate in community college classes that are held at the Center. As the program has been integrated into the life of the Center, deaf staff members take an active role in teaching activities. For example, a deaf staff member teaches photography to hearing clients.

### THE IMPLICATIONS OF INTEGRATION

Originally, when the staff contemplated starting the program, they foresaw only the ways in which the aged deaf could benefit. Although they realized the program would create change, which often promotes individual growth, the staff did not anticipate ways in which hearing people at the Center might profit. As integration of deaf people into this hearing agency has taken place, we have observed the impact of the Deaf Program on the lives of the Center's hearing staff and clients.

It is difficult to ascertain who has benefitted the most; it is apparent that the positive aspects of integration far outweigh any problems that have arisen. For example, staff became more visually aware of the clients' needs from working with deaf staff who were more in tune with visual cues. At one workshop deaf staff members were quick to notice that people were tiring and needed time to stretch. In addition, hearing staff members have gained a new understanding of cultural differences from working with deaf people. Staff now convey new warmth to other clients who are different from themselves (as deaf clients were), regarding both impairment and cultural variation.

All clients have been "desensitized" to variations in communication ability as sign language has become commonplace. Hearing people seldom stop to stare at those who are signing to each other and many people have learned simple signs, such as the sign for coffee which is used at the noon meal. Such acceptance of sign language has greatly decreased the stigma attached to deafness. This shift in

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social awareness has strongly affected the way people perceive disability in general and the way those with disabilities perceive themselves.

Changes in attitude have been particularly apparent for clients who experience hearing impairment later in life. Suddenly, classes in aural rehabilitation and lipreading that had formerly had few participants were well attended. Hearing impairment was no longer something to hide. As one client asked, "Now that you have a program for the deaf, what do you have for hearing impaired seniors like me?"

Undoubtedly, the people who have benefited most profoundly from the integrated program are the aged deaf themselves. We have observed marked changes in this population over the past few years. They are more knowledgeable about resources, less isolated from their peers, and less hesitant in interactions with the hearing world. Moreover, they demonstrate heightened self-esteem which is undoubtedly related to their increased control over the environment.

### CONCLUSION

After several years of integrated programming, older deaf people in the San Francisco Bay Area are aware of the educational opportunities and social services available to them and have lost much of their fear in requesting these services at other senior centers. Deaf clients

have become aware of their equality of access and this equal status can enhance feelings of self-esteem. As one client said, "I don't feel like a second-class citizen coming here. At the Center, I'm just as good as the hearing."

We question whether an extensive program, such as that at the San Francisco Senior Center, is necessary once the deaf population of a general geographic area have been educated about their rights and the services available. The success of subsequent programs in the same geographic area, however, would still hinge on several crucial factors: (1) the agency's understanding of deafness; (2) the welcome given to deaf people; and (3) meeting the special needs of the deaf. Of particular importance are the provision of continuous interpreting services and a hearing staff person who knows sign language and who holds a position of authority in the agency.

Our purpose in discussing this program is two-fold. First of all, we have described it so that it can be replicated by other agencies serving older people. Secondly, and equally important, this program is based on a model that can be adapted for other special groups within the deaf community. A close working relationship between agencies serving the deaf and agencies serving the general public can result in comprehensive services for deaf consumers. Without this collaborative effort, special groups of deaf people will remain unserved.

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