

Response to Call for Evidence: BSL & communications Provision

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Primary issues

Several key issues arise from recent research work by Deaf Studies Trust and the Centre for Deaf Studies, University of Bristol. Projects are listed at the end of this document and summaries from the 5 projects can be provided as appendices, if desired.

There are several very simple messages:

1. Deaf people (as do most language groups) prefer to interact directly in their own language, rather than to use intermediaries who affect their privacy
2. However, at the present time, Deaf people need to employ sign language interpreters for nearly all contact with hearing services and organisations.
3. Deaf people consider there are too few interpreters, leading to unavailability for transactions except those which can be predicted 2 to 3 weeks in advance.
4. Deaf people consider the cost of interpreting prohibitive and do not perceive this cost to be attached to the Deaf person only, since the hearing participants are often more in need of the interpreter than the Deaf person.
5. Deaf people consider that the provision of interpreters often relieves hearing people of the need to adjust and tends to reduce their Deaf awareness rather than enhancing it. In effect the interpreter is perceived as being “attached to the disabled Deaf person.”
6. There is concern at the level of performance of interpreters in many situations. These are clearly stated in the domains of health and the police/Justice system. This is seen as linked to lack of adequate training and limited support for such training.
7. The dynamics of the interpreting situation are often seen as working against the Deaf person as, unlike other minority language interpreting, all of the interpreters come from the hearing community; this leads to the perception that the interpreter stands on the side of the hearing person in the interaction – despite the opposite view being held by the hearing people (point 5 above).
8. The provision of on-demand, online sign language relay interpreting was demonstrated in UK as effective and was extensively used (just as it is in the USA and Sweden). It was very well received by Deaf people as a major step towards freedom of access and equality.

Questions posed by DWP in the consultation

The answers to these questions will probably require a new research project as simple consensus forming attempts from existing organisations are likely to be incomplete.

Demand

1. *What is size and value of the demand for the different types of communication and language support in the UK?*

According to the Census in 2011 in England and Wales, there are around 18,000 sign language users

in the population. This probably represents the number of people who are monolingual in British Sign Language. There are likely to be more who are functionally bilingual in certain circumstances and who may be able to read English text at some level. Our analysis of Deaf school statistics and patterns over time, lead us to predict a core Deaf community of sign language users as 25,000. This is the conservative figure we use for calculations. It is likely that there are additional Deaf people who *prefer* to use sign language in certain circumstances.

Mitchell et al (2005, *Sign Language Studies* 03/2006; 6(3)) in an analysis for the USA came to the conclusion that they cannot determine from existing statistics, the number of Deaf community ASL users. They point out that usually there is a conflation of deaf and ASL user. Conservative (claimed) figures would be around 200,000 but our estimates for the UK translated to USA would suggest less than 130,000 (which is actually above the lower estimates published in the USA). The statistics are not good enough and an effective research project is needed in order to address this lack.

Because of the dispersion of the Deaf community within the population as a whole, and also due to the general passivity of that community, it is almost impossible to determine the potential demand for intermediary services. Much, possibly most, intermediary work on behalf of Deaf BSL users is carried out by untrained and unpaid, family members and friends. This may seem convenient but is also fraught with danger. One Deaf respondent in Scotland when she had a fire in her home, sent a fax to her hearing daughter in England, asking her to call the Fire Service. Another reported on his (very upset) hearing daughter being asked by the doctor to interpret to him that he had cancer.

The rise of professional BSL interpreting services since the 1980s has been positive for the working age population but has less impact on the elderly and now, with cochlear implants, less impact on the young. As shown by Access to Work reported patterns of use, a very small, elite group are very extensive users of interpreting service. Without effective market research (or indeed an awareness raising campaign), it continues to be difficult to produce a meaningful national demand picture.

The implication in the question that there is a market for “language support” is somewhat disabling; one would be very concerned if English people abroad were offered “language support” instead of interpreters. Equally the question concerning which areas may be required is also oppressive. Deaf people like hearing people need to communicate freely in all areas of daily life; BSL interpreters are needed in all contact situations for the hearing community to be able to interact with Deaf people.

2. *How this demand might change in the future?*

As can be seen from REACH112 (2012), the demand expands enormously when the supply is made available. At the present time, demand is stifled because of cost and lack of trained interpreters. Only in the area of work and court proceedings is there a strong likelihood of obtaining interpreting.

In the USA & Sweden, demand was allowed to drive legislation which in turn created the responsibility of all public and private bodies in the community to meet that demand by (a) creating the necessary training programmes and (b) mandating the onsite provision and (c) by providing federal funding for the provision of relay interpreting.

If an equalities and inclusion agenda is to be comprehensively pursued in the UK, demand will increase considerably. If Deaf people are allowed to progress in society into more professional roles, then the demand for interpretation in specific high level domains will increase. However, the nature of this demand is changing with younger people moving to enhanced English access rather than BSL.

Supply

1. *What is the number of communication and language professionals nationally and the type and level of skills that are on offer?*

It is difficult to determine the number of ***practising (full-time equivalent) registered qualified interpreters in the UK***. Using a figure of 1,000 registered practitioners is unhelpful as their availability for interpreting assignments is unknown and with less than 10% net increase in this workforce per annum, we are along way from assuring interpreting at all points of contact. If we try to make a crude calculation and suggest that every Deaf BSL user should have average 3 hours per month of interpreter time, the UK would need 1,500 (full-time equivalent) interpreters (assuming each one worked 20 hours contact time per week and for 30 weeks in the year; and also that they were located in the right place and available at exactly the correct time). It is unlikely that we are close to this full-time equivalent need. The reality is that the supply puts a brake on the demand and the cost of the service means it is impossible for the needs of potential users to drive an increase in supply.

In language terms, Deaf people in all of our research studies complain of poor levels of language competence in English as well as in BSL. Even in the case of registered qualified interpreters, Deaf people complain that the competence is not sufficient for many of the tasks undertaken. Interpreters for their part, are also taught to reject assignments in technical or specialist or emotional areas for which they do not feel competent. Virtually all interpreters have been generically trained and the range of continuing professional development training in specific areas remains limited in comparison to demand.

There is overdue discussion (led by the British Deaf Association) taking place on a revision of the specification for employment as an interpreter (and thereby the training and qualifications to be accepted) but until supply is increased and there is more competition in the market, then the up-skilling desired by Deaf people may be slow to develop. Limited supply of interpreters also means that hourly rates seem higher in the UK than in USA, for example (see http://www.payscale.com/research/US/Job=Sign_Language_Interpreter/Hourly_Rate)

2. *How this supply might change in the future?*

The driver in most countries has been legislation and pressure on public and private sector to fulfil their duties under equalities legislation but additionally, there would need to be a programme of awareness raising among the Deaf community. This can produce a market-led development. As Deaf people are able to progress in employment and access, their incomes and taxes increase. In many analyses, there is a strong argument that investment in interpreting centrally is paid for by increased employment and tax revenues and productivity among Deaf people.

Technology

1. *What are the types of technology currently available that facilitate communication and the future developments in the pipeline?*

(A) Interpreting

We look at the USA as an interesting leader in this field. On the one hand, they have a well-established relay services and on the other they are now changing in line with Deaf people's demands that public service bodies should be able to interact directly with Deaf people in sign language. This obviates the need for relay-interpreters for those public bodies and is in line with equalities legislation.

The range of relay services includes

VRS – Video Relay Service – Deaf call to Hearing, and Hearing call to Deaf, with Interpreter in a 3rd location

VRI – Video Remote Interpreting – Deaf and hearing together, Interpreter in a remote location

Voice carry-over – in this case the Deaf person is able to speak but the hearing person is translated to sign language

(B) Text services

Captioned telephony – this is primarily for hard of hearing users but may be ideal for Deaf people who wish to speak. In this case, usually a special telephone with a display is used. The Deaf person speaks but the voice of the hearing person is re-spoken by an operator, the operator's computer generates text from this which is then visible to the Deaf person.

At the present time, captioned telephony minutes are around 3.5 times the minutes of video relay services in the USA. Both run into tens of millions of minutes per month.

Technology for all of A&B is available (in the fixed line and mobile telecommunications) and at least the relay options have been tested and used in the UK. The technology can be implemented quickly if there is funding for such a service. However, it does not completely replace the onsite interpreter.

2. *How might an increasing uptake of both current technology and new developments affect the market for communication and language services in the future?*

One of the major developments of recent years has been the improvement in speech to text software. Apple Siri, Google Voice are free to use when connected to the Internet and are fully implemented in mobile telecommunications – ie i-phone, and android smartphones. There are also commercial products such as Dragon Dictate. While none of these provides multi-speaker speech recognition reliably, almost all can be trained to respond with very high accuracy to a single speaker. In many one to one conversations use of a mobile phone or tablet may remove the need for interpretation by providing a text display of the hearing person's speech.

It may also apply in certain meetings and could remove the need to have palantypists or other text operators,

Text display may mean that Deaf bilinguals no longer need to request inter-language services – ie signed speech variants (SSE etc) as the full English text can be displayed. As increasing numbers of younger Deaf people with cochlear implants prefer to use English, then such a development will be welcomed. Implementation of this in public service organisations is relatively easy. We can expect to see in the very near future the immediate use of speech to text software for direct conversations between a hearing person and speaking Deaf and hard of hearing people. The confusion that sometimes exists concerning the use of inter-language will disappear. The notion of SSE need not apply.

Additionally, the move to mandate public services to designate sign language users as contact points for Deaf people would also reduce the need for relay services, since Deaf people will be able to make contact directly to the in-house bilingual.

However, given a strengthening of equalities legislation, in the private services domain, it seems possible that sign language relay (VRS and VRI) would increase as BSL users are able to communicate in their own language on-demand. By the same token, captioned *video* telephony is a significant option for older hard of hearing people where the possibility to see the speaker and at the same time read what they are saying could be a significant advantage.

Nevertheless, this would still leave a major task of onsite interpreting in sign language at meetings and other extended events where VRS or VRI is inadvisable.

Looking Forward

Despite the apparent extent of need required to overcome the exclusion of the Deaf community, there is as yet no functioning market. There are insufficient, highly-trained, fully-bilingual, full-time equivalent BSL interpreters. Equalities legislation appears to be insufficient to allow the expression of need to become a measurable demand except in certain areas such as the Judicial system, in some workplaces and in some health settings. The vast majority of the Deaf community rely on unpaid, untrained and limited bilinguals among family and friends to manage their contacts with the hearing community..... or they simply withdraw from contact.

Demographic changes and advances in medical science are altering the landscape in a noticeable way:

- (a) increases in the proportion of deaf BSL users over the age of 65 years, transfer people from the active workforce into health service users, where provision of BSL interpreters becomes vital to prevent unnecessary illness and emergency health care
- (b) increases in the elderly population in general, increases the number of hard of hearing people needing enhanced English services, such as captioned telephony
- (c) reduction in Deaf school places and increased cochlear implantation, increases the proportion of younger people needing enhanced English services, with less reliance on BSL. This group as more IT-literate are also extensive social media users and they will seek out and utilise in-built speech to text facilities to solve many contact situations with hearing people

The existence of unproductive, unwell and socially excluded Deaf people is not an acceptable circumstance in an advanced society especially since investment in service at contact points, is likely to reduce costs to society in the medium to long term. As well as strengthening existing legislation to ensure private sector acceptance, there is a considerable task to develop the market place in terms of awareness in the community (both Deaf and hearing), in terms of training for language professionals and in terms of pump-priming the technology implementations. Only in this way do we believe that we can ensure a sustainable and cost effective inclusive solution.

Evidence relating to the comments above (available from <http://www.deafstudiestrust.org/downloads.php>)

Deaf Studies Trust (2012) *Legal Choices – Silent Process: Engaging Legal Services when you do not hear*, London: Solicitors Regulation Authority

Kyle JG and Fielding-Jackson E (1995) *Changing the Community* Final Report to the Nuffield Foundation, Bristol: Centre for Deaf Studies

Kyle JG and Allsop L (2005) *Access to Public Services in BSL in Scotland*, report for Scottish Government, Bristol : Deaf Studies Trust
available at <http://www.gov.scot/Publications/2005/05/23131410/14116>

Kyle JG (2013) REACH12 (2013) *REsponding to All Citizens Needing Help*, Project Evaluation for ICT Programme in the EU, Bristol: Centre for Deaf Studies,
available from <http://www.reach12.eu/view/en/project/Downloads/deliverables.html>

Kyle JG, Sutherland H, Allsop L, Ridd M and Emond A (2014) *DeafHealth: A UK Collaborative Study into the Health of Deaf People*, carried out by Centre for Deaf Studies, & School of Social and Community Medicine at University of Bristol and Deaf Studies Trust, Bristol: Report to Big Lottery

Appendix 1: Legal Choices – Silent Process:

Engaging Legal Services when you do not hear, London: Solicitors Regulation Authority

Deaf Studies Trust (2012)

Jim Kyle, Hilary Sutherland and Sheryl Stockley

with

Jennifer Ackerman, Geraldine MacNamara and Lorna Allsop

Summary:

Deaf and hard of hearing people offer a severe test of our aspirations for access to justice and equality of service. In *Legal Choices-Silent Process*, we examined the experiences of Deaf and hard of hearing people in their contact with the complex and varied legal services in England and Wales.

Between late October 2011 and early January 2012, we have identified and interviewed 26 Deaf and 15 hard of hearing people who have had direct experience of legal services in recent years. Semi-structured interviews were conducted in British Sign Language and in speech and text as appropriate. Analysis has been carried out in the same medium as the recordings (rather than having to transcribe the data) and the qualitative analysis has attempted to draw out the primary themes of Deaf and hard of hearing engagement with legal services.

We have also interviewed 8 (mostly) younger people who have not had recent experience of legal services, in order to determine their foresight in regard to the engagement in future with legal professionals.

The project report presents this qualitative analysis and sets in the context of the LSCP objectives and the statutory duties of the Legal Services Board.

The extracts here focus on sign language interpreting.

1.1 Use of language to demonstrate power

In some cases, the struggle for language became a question of the exercise of power. When it becomes apparent that another person has limited access to your language, continued use of that language (without recourse to translation) seems very close to an oppressive use of power. Referring to a tribunal and its insistence on hearing-speaking Englishness:

“They would be able to argue and beat my parents just like that because they knew more jargons, my {deaf} parents would not know how to argue back.”

One person said that her father, who is deafblind, and her step-mother who had learning difficulties, would fax through letters that had been received so that she could try to understand and translate for them. The daughter would research the terms and contents of the letters on the Internet and also seek advice from a friend who was studying law. Then she would have a video conference call to explain in sign language what the letters said. On one occasion the wordy and technical letter was actually only stating the date and the time of the hearing and the daughter had to re-assure her parents that this was the point of the letter being sent!

This exercise of power through insistence on text, then creates stress and anxiety.

One woman said that she would panic every time an official looking letter would arrive in the post. She would take the letters to her social worker so that she would know what could be discarded and what needed to be kept or acted upon. This was explained as a genuine anxiety at the threat of the text.

“I get worried when receiving papers that look official, I never know if this is right or wrong. I feel cut off, I feel with papers going round, I know I cannot ignore these papers, I can’t go around making me nervous.”

Not only does the Deaf person have limited access to text, the mere arrival of the text becomes oppressive.

1.2 Interpreting Services

For Deaf people, the major issue was the supply of interpreting services. Many people claimed that interpreters were not supplied by the solicitor even when they expressly requested it. There were considerable doubts about payment for interpreters and there was one the case of a Deaf person involved in divorce where an interpreter had been supplied by the solicitor (a pleasant surprise for the Deaf person). She welcomed this but had not realised until the end of proceedings that the costs of the interpreter were being charged to her account. She was faced with a bill of over £6,000 and the payment had to be extracted from the sale of her house.

In some cases, the Deaf person said that solicitors never provided an interpreter. This is in contrast with courts which usually provide interpreters. One Deaf participant had argued extensively with his solicitor about the provision of an interpreter for their joint meetings. The solicitor did not respond to the client’s claims that the rules on disability discrimination were being flaunted. The Deaf person had to pay the interpreter himself.

In contrast, courts will generally accept responsibility for the provision of interpreting. However, the court provision is only for the main part of the proceedings and does not cover, for example, the judge in summing up, if there happen to be Deaf people in the gallery or attached to the case in some way.

One Deaf person was told by the court that the interpreter was only available for criminal cases. Only after asking for a written confirmation of this situation, was the story reversed and an interpreter provided.

Another Deaf person in an advocacy role felt the need to use his own interpreter allowance through Access to work:

On some occasion as an advocate I have had to use my ATW to cover the cost so would ask the interpreter to send the invoice to me but the interpreter was a friend of this person so he never actually sent an invoice to me. It was like he was aware that there were some barriers and didn't want to cause an extra stress for that person and at the same time he didn't want to abuse my ATW.

This is clearly not a satisfactory situation.

1.3 Knowing who you are dealing with - trust in agencies

It becomes clear in the discussions that very often Deaf people do not understand who they are dealing with and as a result were unaware of the extent of liability and legal expertise of their chosen adviser.

One interviewee related the absolute trust she had to put in her solicitor to do right by her. Although she had an interpreter for the meetings, she still could not understand all the legal information and the system that was being followed. When the solicitor realized that the client was not understanding what was being explained, for example in the body of a letter, she began to focus on the crucial elements that the client needed to know or act upon. The solicitor appeared to be telling her what was important for her to know and what she could ignore.

It should not be the default position that the practitioner should decide what is important for the Deaf person, who could through an interpreter, make their own decisions.

1.4 Service provision in time

Another significant theme was the lack of availability of interpreters at the correct time. People said that when they arranged to go to the solicitor it was impossible in the time available from making an appointment to obtain an interpreter (and presumably, also to negotiate who would take the responsibility for the arrangement).

There could also be problems that there are simply not enough interpreters leading to a situation where the interpreter was already known to the Deaf person in other settings. One judge asked the Deaf person whether he had a relation with the interpreter. It was explained that the Deaf person and interpreter were known to each other and had worked together in a work context but had had no personal interactions relevant to the case in question. This allowed the judge to proceed with the hearing.

[A more recent case in Scotland (2015) appears to have been lost because the interpreter was said to be familiar with the Deaf person]

One participant explained that the case had to be extended beyond its set time due to difficulties in securing interpreters for the meetings with the solicitor. Although the solicitor was responsible in planning ahead and arranging for interpreter provision, there were still delays in meeting certain deadlines.

One person listed a number of difficulties around interpreter provision for a court hearing. Despite numerous requests for interpreters they arrived on the day of the hearing to find that none had been booked. The second time, the interpreter had been booked but did not arrive. The third time, two

interpreters were booked but only one arrived as the second was involved in a car crash. As it was not possible to continue with only one interpreter, another local interpreter was found and accepted the assignment but the court refused to continue with the hearing. The fourth date did not occur as the case was settled out of court.

The issues are simple – there are not enough interpreters and there is not enough budget to contract the interpreters appropriately. At the present time, the Ministry of Justice has re-negotiated the contracts with large agencies, who have little knowledge of Deaf people and of sign language interpreting. The contract value has been significantly cut and it is simply not possible to find suitably qualified interpreters at the prices being offered by some agencies.

1.5 Being in Court

Deaf people reported some apprehension at being in a court where the visual surroundings (the formality) are problematic. For a Deaf person, the visual aspect (just what they see) dominates and the spoken messages which hearing people exchange in order to re-assure, will have little impact. Deaf people instantly evaluate their surroundings as ‘friendly’ or not.

One woman described her court experience as being very stressful and confusing. She was so overwhelmed that she stared blankly when questioned. It took several repetitions before she was able to begin to function. Relaying of questions in sign language seemed to distance herself further from the reality of the visual formality and from the substance of the case.

There were some instances where the interpreter who had been used during solicitor-client consultations was then engaged by the court. This seemed not to have been understood by the interpreter (who should have refused the booking, when she knew who was involved). This would not have been known automatically by the court although we can expect there to have been a protocol to query the interpreter’s suitability. It is considered by Deaf people with some experience, that this use of the same interpreter is bad practice. We can also expect that in other circumstances, the Deaf person will welcome a friendly face in the court room and will not understand the conflict of interest.

In a further example, a Deaf person arrived in court with the interpreter booked by the solicitor and found that the court had booked another interpreter for the proceedings. Unfortunately, the interpreter had come from London and the signing she used was simply not understood by the Deaf person. The court proceedings were paused while the judge enquired as to the best solution. The compromise of signing in English was less than satisfactory as it shifted the interpreting from the interpreter to the Deaf person who has then to re-form the message into sign language. On the next occasion a more suitable interpreter was found.

1.6 Family as mediator

There is a continuing trend (perhaps temptation) to involve other family members as intermediaries. This is self-defeating in many ways. Firstly, it is probably unethical in the same way that a doctor should not advise and deal with family; secondly, the chances of a family member being fully conversant in sign language is quite small and thirdly, the family members are not governed by any code of practice or rule of ethics. They may be drawn into supplying information which they hold as a family member and that information may be supplied without the Deaf person’s knowledge.

1.7 Not understanding the interpreter

There were frequently complaints about not understanding the interpreter who was provided.

“Sometimes [in a tribunal] he would not understand the interpreter because the manager was speaking in high level English and the interpreter was not skilled enough to meet his needs.”

Another person was able to help her husband, firstly because she knew the interpreters and secondly, because she could be relay interpreter for him.

“... no, I didn't know who would be there, but luckily when I saw her, I knew her well”

“.. one problem, my husband does not always follow specific BSL, just learning to sign, I would explain to him what interpreter said. He understands ...sometimes yes, sometimes no, but he is not really bothered, he prefer to leave this to me”

The cross-cutting theme here is the withdrawal from the interaction by the Deaf person and trusting in someone else to obtain the information and to explain it later. The concept of English at too high a level or not being Deaf friendly is very common in Deaf discourse; however, there is also an issue in regard to the training of interpreters. Although there have been considerable developments in sign language interpreter training over the last 30 years, there remains much to do to create specialist interpreters who are able to work efficiently in the legal domain.

In the situations reported, there was a Deaf advocate present also and he or she was able to explain afterwards. However, in another situation, the Deaf advocate became a relay interpreter. She had to take the information from the interpreter and put it into a sign language form that the Deaf person could understand. In slipping into this role, because of necessity, the advocate had to drop her advocacy role.

2.1 Case Study 1: Deaf in court

This first case was explained by a Mark who acted as adviser to the Deaf person. The deaf person was charged with a serious offence and had to go to court. He had meetings with the solicitor and took Mark with him.

An interpreter was provided by the local Deaf Association. However the deaf client did not understand the content of the meetings and had to rely on Mark (who had worked from the interpreter and from some lip-reading of the solicitor) to explain the issues afterwards. In the same way, Mark had to deal with paperwork and written materials in order that the Deaf person could understand what was going on.

The Deaf person assumed that he had to plead guilty because he 'felt' he was guilty. He had no explanation about the way in which a plea of guilty or not guilty might affect the outcome of the court's deliberation.

He was warned in advance that he could expect punishment since the offence was serious. They arrived at the court and after showing their summons letter, were instructed to wait outside one court room.

A person approached them who turned out to be a new solicitor. Mark had to figure this out from lip-reading as there was no interpreter. The information was that the usual solicitor had been called away to another court case. They were told to wait outside the court for what seemed like a long time. It was only by chance that the interpreter booked for the court appeared and explained that the court number had been changed. This had been announced over the loudspeaker system but neither had access to this.

The interpreter provided by the court was the same interpreter as had been used in solicitor client consultations.

The case presented by the defence (and monitored by Mark) was considered to be extremely patronising, playing on the sympathies for ‘the poor deaf person.’ The Deaf person was then let off very lightly. The Deaf person was overjoyed. He completely reversed his views about his treatment by the legal system and was overtly grateful to the solicitor and barrister.

2.2 Case Study 2: family issues – solicitor resisting interpreters

In this case, Barbara has good speech but is not able to hear. There was a problem concerning a member of her family and she needed a solicitor. She asked a friend and ended up with a solicitor some 5 or 6 miles drive from where she lived (she had no car). This was not a personal recommendation but the friend looked up the yellow pages and picked someone, phoned them up and made an appointment.

Right from the start there were problems with the solicitor. Arriving at reception, she explained who she was and asked about the interpreter. The receptionist said to talk to the solicitor upstairs. The interaction proceeded with writing down and exchanging notes. Barbara requested that in future there should be an interpreter present. The solicitor insisted that Barbara (the Deaf person) understood perfectly. However, Barbara explained that in one to one situations of simple exchange she was OK but was not understanding the technical words produced by the solicitor. The solicitor waved aside her concerns and refused to engage an interpreter. Barbara explained that her confidence just dropped at this point.

The explanation by the solicitor was that there was a funding problem. However, she was suspicious that it was the solicitor who was refusing to pay. She later was told by a friend that the solicitor was overheard talking to another solicitor, to say that ‘the deaf are hard work.’ At that point she says she lost trust in the solicitor. She had kept asking for the interpreter and it had been turned down repeatedly. She was also told by this solicitor that if she went off to another solicitor, she would have to pay. She was obtaining legal aid through this particular solicitor. She could not afford to pay, she felt stuck.

She also was sent paperwork which she could not understand and had to ask a friend. Some of the content was wrong and the solicitor apologised but still refused to have an interpreter.

When the case came to court, she was shown into a room adjoining the court and told to wait. Surprisingly an interpreter turned up saying she was to interpret for Barbara. She was told to wait as the judge was out for lunch. They waited for over an hour. Barbara had a discussion with the solicitor for the first time using the interpreter. Then they went into court and she was surprised to find another interpreter who had been booked by the court. Unfortunately she could not understand this other interpreter brought from London and there was a pause while the judge tried to find out what was wrong. Questioning Barbara about why she did not understand, the judge made her feel very small and completely embarrassed. The solution of using signing and speaking was not ideal. A different interpreter was engaged in later hearings.

Barbara also told the solicitor that the personal interpreter was very good and made their interaction much better. But the solicitor ignored this and continued to have meetings without an interpreter.

At the end of the first hearing, a judgement was passed. This was not to Barbara’s benefit or liking and she said so to the solicitor. His response was to say ‘you have to accept this or you will lose legal aid.’ She signed up to this very unhappily not knowing how the decision affected her legal aid.

The experiences of Deaf people in contact with legal professionals remain problematic.

3.0 Attitudes to Interpreters and the effectiveness of interpreters

As an addendum to the analysis, it is appropriate to consider the role and performance of interpreters (and lip-speakers and Deaf relay interpreters and any other support personnel) in the court setting and in one-to-one settings with solicitors and other advisers. Officially, interpreters are meant to be independent and to work for both the hearing and deaf parties equally. In practice, the almost universal assumption is that the interpreter is there to serve the Deaf person. Solicitors do not in general, perceive that the interpreter is needed to serve their own communication needs - only the needs of the 'disabled' client. There is not the expectation that the interpreter is there to serve justice. As a result, court interpreters and interpreters for the police are treated as add-ons to the Deaf person's presence.

Two accounts are interesting. The first was in a young hearing person's case (the parent was Deaf).

"I thought this was strange because they asked the interpreter to swear and I was not asked. I thought about this and thought this is not right: she is here for me. Strange for her to take oath and not me. Later on the person, I think is called the clerk who checked for named person to bring them in, made an announcement that using this exact wording "unfortunately the defendant's mum who is the appropriate adult cannot hear or speak, so she is deaf, unfortunately, so we have this person (didn't know how to call this person) like a translator (waving his hands about)".

I could have stood up to dispute this but by that time so many things has happened it was easier to let it go but should this happen in court?"

A second example involved the police, and an identification parade.

"The police asked me to go pick someone from an identity parade through a video link - it had to be on the same day that day. So I said OK but asked what about an interpreter. They did not know what to do but they made a phone call, and said someone would come and pick me up. I asked about interpreter again so they said better to bring a friend. I said I didn't think this would be allowed. They said yes you have to. So I asked a friend but with a warning that I did not think this would be allowed. My friend was not an interpreter but more hard of hearing but could sign well. I explained that I have a friend who I happened to be meeting but explained that she is hard of hearing. That is alright they said. I made sure that they were aware that she is a friend and not an interpreter and they kept saying this is fine. I didn't feel this was right. We went in the car and drove down. Another detective took our names and asked who was my friend. I tried to explain that really we should have an interpreter but she is my friend. He asked if she could sign and I said yes she is a strong signer but may have difficulty in understanding. He went away to check and it was decided to cancel the whole thing."

We can see both the puzzlement and frustration in the hearing staff in having to deal with this person who challenges the criminal and judicial system by not being able to talk properly. At the same time there have been required procedures in place for some time in regard to police procedures.

Nevertheless, there are further issues to consider. These have been explored in Kyle 2006) and Brennan and Brown (1998). The crucial point is whether the interpreter sits outside the legal framework or is a part of it. For most of the time, while an aspiration is that an interpreter has to be seen as a component of access to justice, the legal system takes no ownership for the professions of court interpreting. In the case of spoken languages, these are self-regulated, often highly trained agents on which the legal system in the UK spent £40 million in 2008. Yet there is very little (if any) performance monitoring in regard to the delivery of justice.

Where observation has been made of sign language interpreting in court (which is much less trained and managed), there are significant problems in relaying the precise message to the Deaf participants. Not only is the language to be used of a highly technical nature but the application of sign language has not developed in a legal linguistic-register (for the simple reason that there is no Deaf judicial system/Deaf courts). Much of the adversarial questioning by barristers for example, is

based on the use formulaic utterances (is it not the case that you) or double negatives (do you not admit that at that distance you could not be sure about). As a result, and because of the varying experience and actual linguistic competence of the interpreters, the provision of interpreters in a legal setting does not guarantee access to the extent that a hearing person would expect.

When Deaf people were asked in Scotland about access to public services (Kyle et al, 2005), they said they wanted more people to sign not to have more interpreters.

The continuous demand (and point of conflict) in deaf-legal adviser relations is for the provision of interpreters. The reality however is that interpreting does not open up a precise transmission channel. Bringing a third person into a dialogue brings with it a third set of intentions and experiences. It may be limited by the nature of the (emotional) content of the dialogue and by the linguistic skills of the sign language interpreter.

At this point in time, there is no firm requirement on English achievement levels in sign language interpreters. There can be no assumptions about the competence of the interpreter in understanding the use of language by the legal adviser. While much is made of familiarity with legal terminology and actual practical experience in legal setting, the interpreter may still have difficulty with meaning as embedded in legal process.

Difficulty in establishing the meaning makes it impossible to render the message accurately to the sign language user.

However, even in that respect there may be unmet assumptions that (a) the interpreter possesses sufficient competence in the signed language to manage the translation and (b) that there even exists in the signed language the concepts referred to. Both assumptions apply in the case of spoken language interpreting as well but there has often been a longer period of training and is likely to have been much greater contact (and even native fluency) in the non-English language.

Since Deaf people do not engage with the legal process as professionals, there has developed no sign language register for the legal framework of interaction. Interpreters have then to make assumptions about the extent to which the role of interpreting can be shifted to the Deaf person. By this, we mean that rather than translate, the interpreter provides a form of visual English, which the Deaf person has to interpret into a conceptual form (probably somewhere between signed and spoken languages).

At this point in time, it is almost certain that legal professionals are unaware of the language form and the choices about language form which are made on the signed language end of the transaction. There can be no assumptions about the equivalence of the statement or question uttered by the legal professional, when it appears in signed form.

Interpreting has to be seen in terms of support to the communication process and not as is sometimes believed a automatic equivalent translation device.

With these points in mind it then becomes apparent that providing an interpreter does not absolve the legal professional from making further adjustments nor indeed from ensuring by questioning, that the Deaf person is actually understanding the interpreted messages.

Appendix 2: *DeafHealth:*

A UK Collaborative Study into the Health of Deaf People, carried out by Centre for Deaf Studies, & School of Social and Community Medicine at University of Bristol and Deaf Studies Trust, Bristol

Jim Kyle, Hilary Sutherland, Lorna Allsop, Matthew Ridd, Alan Emond

March 2014

Extracts from the Final Report to Big Lottery, UK

The purpose of the Deaf Health data collection was to assess the current health of the Deaf BSL-using community in the UK, and to determine the link between their health status and ***the issues they face in communication and thereby their access to health care***. Significant issues emerged in regard to interpreting.

An indicative sample of 300 was planned, stratified by age and gender and ethnicity to reflect the overall UK population at the 2011 census. Recruitment of BSL-using Deaf adults to this sampling frame was undertaken in two ways: a) by approaching those respondents (who had given consent to be contacted) in a previous online survey of deaf people carried out by Ipsos MORI and b) by direct contact with the Deaf community via Deaf clubs and networks. The final sample for the study consisted of 298 participants aged from 20 to 82 years old, made up of 139 men and 159 women, with 11% from ethnic minorities.

1.0 Access to Health Care

Articles on Deaf access to health care are common in the literature because this topic forms, more or less, a universal complaint.

Barnett et al (2011) provide a succinct analysis of the access issues for Deaf people in regard to health care in the USA and consider that these problems affect health outcomes. Many other studies examine the problem eg National Primary Care Research and Development Centre (2003) in the Manchester area (<http://www.population-health.manchester.ac.uk/primarycare/npcrdc-archive/Publications/GP%20D.access.pdf>).

They concluded:

This study shows that many Deaf people are severely disadvantaged when they use primary care. Issues of communication are central to the problems Deaf people experience. Good two-way communication is vital for both a successful GP consultation and for patient safety. In this study poor communication resulted in many patients leaving the consultation without knowing much more about their illness, what they were supposed to do next, and in some cases even how to take the medicine prescribed for them. The cumulative effect of poor communication across all aspects of care is perhaps best reflected in the finding that 40% of the Deaf people had complained, or felt like complaining, about some aspect of the service received from their GP practice in the last twelve months. One person had taken their GP to court. Page 5

An Action on Hearing Loss Survey (Ringham, 2012) and a Deaf interview study, (Reynolds 2007) confirm the extent of these difficulties in interaction with health professionals. Reynolds (2007) considers this is related to the medicalisation of 'deafness'- ie the fact that Deaf people associate the health care with the audiological interventions they have experienced in the past.

Encouraging improvement in access to health services is complicated by the fact that there is no *specific* legal requirement on any Health Agency, to *provide sign language interpreting*; only to take steps to ensure equality of access. The way in which this can be achieved is not clearly spelled out, monitored or implemented. Indeed in Deaf Health in Scotland (Kyle et al, 1997) Health Trusts were

clear in regard to their approach to Deaf people. Wherever they detected a problem they would carry out a needs analysis and then take appropriate action to meet that need. The trouble was that no Trust considered that there was a pressing need in regard to Deaf access. In many cases, the Trusts had not detected any common, expressed need by the Deaf community. As a result, there was (and is still) no general accepted principle and no specific provision in regard to any health care for Deaf people.

Data from the DPIC study (Dye and Kyle, 2000) indicated that compared to hearing people, Deaf people felt disadvantaged. Some 21% used a sign language interpreter but 29% used family or friend to mediate and 44% tried to lip-read the doctor. When asked why Deaf people went to the doctor more than hearing people, 61% said it was because they did not understand the first time and had to go back to check.

2.0 Direct contact with Emergency Services and Hospitals

Of the topic areas covered in the interviews in Kyle et al (2005), emergency service access and access in A&E are probably the most predictably problematic and the most disturbing. In certain situations, Deaf people have no option but to try to communicate directly. At the point of greatest need in emergency situations, Deaf people's well being is greatly at risk for lack of interpreting.

It happened with my (hearing) wife who was diagnosed with breast cancer. It was confusing as the doctor explained to her about it in front of me. I was lost for information. My wife was upset and she was crying while trying to explain to me. The doctor was not aware of Deaf needs. On the next visit, I called for an interpreter so that my wife did not have to try to explain to me what the doctor said.

This is an area of great concern where communication barriers and lack of simple procedures were reported to be seriously affecting Deaf people's well being. In terms of waiting, Deaf people see the problem as lack of a visual display system and simple lack of Deaf awareness – one would think these would be simple matters to rectify. In the case of the communication issues, they see the problem in terms of lack of emergency interpreters.

3.0 Access to Health Services

In this section we consider the responses to questions asked by the Deaf adviser at the health check. These are questions mostly relating to access to health services. Comparative data for the general population are derived from the GP Patient Survey (GPPS) for England (2012-2013).

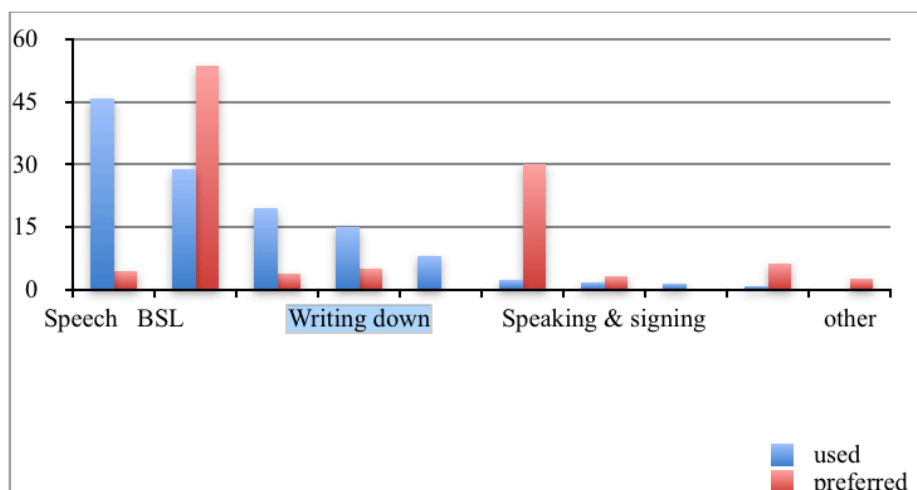
3.1 Methods of communication

Of course, one of the major issues in consultation is communication (patients expect to be able to communicate directly and intelligibly in a shared language) but this topic is of much greater significance to sign language-using Deaf people. We asked about which methods Deaf participants had used and which methods they preferred to use. The results are complicated by the fact that participants gave multiple answers (even to the question of which method they had used last time). As a result we present this data in two ways, firstly by looking at all choices and combinations (Table 12.16 and Figure 12.1) and then by selecting only those who made a single choice (Table 12.17 and Figure 12.2).

Table 12.16: Responses (%) to ..Methods used to communicate with doctor and preferred methods (%) (n= 293)

	<i>BSL with interpreter</i>	<i>SSE</i>	<i>BSL without</i>	<i>SSE without</i>	<i>Spoken English</i>	<i>Spoken English and lip-reading</i>	<i>Speaking & signing</i>	<i>Writing down</i>	<i>Take a friend</i>	<i>other</i>
used	28.8	0.7	2.4	19.6	7.9	45.7	1.7	15.1	1.4	0
preferred	53.7	6.1	30.1	3.7	0	4.4	3.1	5.1	0	2.7

Figure 12.1: Used vs Preferred method of communication, by most used (%)



Interestingly, after ‘spoken English & lip-reading’, the second most common method used was ‘BSL with an interpreter’. It seems as if there has been some progress in regard to providing a support service to the interaction with the doctor. However, some caution should be exercised here as a somewhat contrary result was given in the qualitative analysis of the interviews in the study.

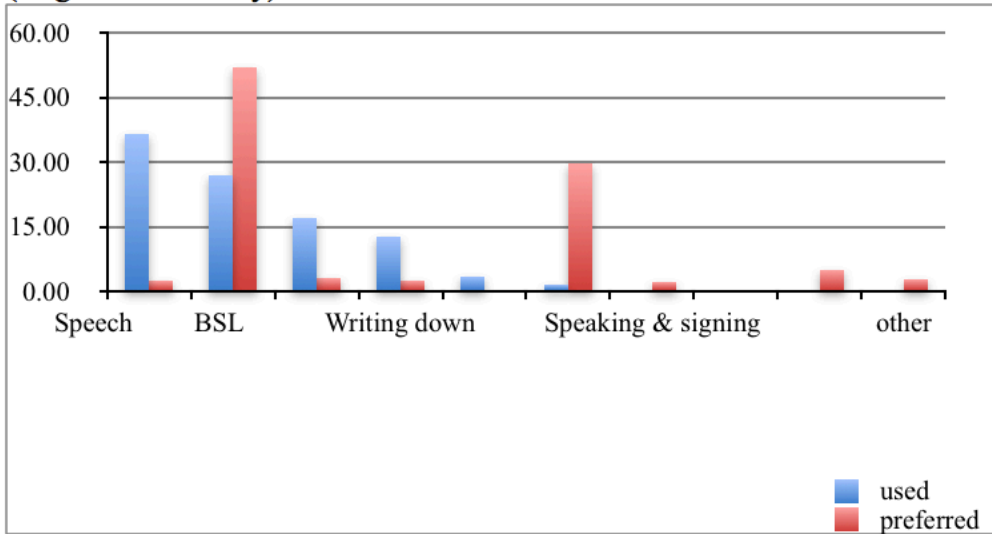
Considering only those participants who made a single response:

Table 12.17: Methods used to communicate with doctor and preferred methods (%)

	<i>BSL with interpreter</i>	<i>SSE</i>	<i>BSL without</i>	<i>SSE without</i>	<i>Spoken English</i>	<i>Spoken English and lip-reading</i>	<i>Speaking & signing</i>	<i>Writing down</i>	<i>Take a friend</i>	<i>other</i>
Used (n=229)	27.1	0.4	1.8	17.0	3.5	36.7	0.4	12.7	0.4	0.0
Preferred (n=279)	52.0	5.0	29.8	3.2	0.0	2.5	2.2	2.5	0.0	2.9

Surprisingly, perhaps Deaf people do not want to use writing down as a method, much preferring sign language in some form.

Figure 12.2: Used vs Preferred method of communication, arranged by most used (single choices only)



We can simplify this considerably by focusing only on those who used/preferred only signing variants and speech/English variants (Table 12.18)

Table 12.18: Use of and preference for signing vs speaking (%)

	<i>BSL</i>	<i>English</i>
used (n=227)	46.7	53.3
preferred (n=265)	94.7	5.3

Not surprisingly the preference of the vast majority was for the use of signing with the doctor and this coincides with a rejection of the use of English (speech, lip-reading and writing down). However, it was the case that in just under half of the most recent visits to the doctor, signing had been used and in nearly 60% of the visits, an interpreter was present. When we probed further in the follow-up interviews, it was not always the case that the presence of an interpreter (or other “signer”) allowed the Deaf participant to understand the transaction with the doctor.

4.0 Interpreting

Although we wished to focus more on Deaf people’s health, we found that Deaf people wanted to talk about communication and a major component in that was the presence or absence of an interpreter in health care settings.

Chilton (1996) argues that effective communication in medical settings can be achieved only through the use of a qualified sign language interpreter. The failure of health care providers to provide qualified interpreters is disturbing, when there is a critical need for accurate, immediate and effective communication in medical settings. Many studies have indicated that a lack of sign language interpreters, and the resulting communication problems that occur in medical settings, has had a negative impact on the health of the deaf population as a whole. Without the benefit of interpreters, deaf patients often find communication in medical settings frustrating, difficult and even frightening. Cited by Reynolds (2007) p 49

This view was reinforced by the statement of one of her informants in a discussion:

At hospitals I have used interpreters twice, because doctors there cannot be bothered to make an effort to talk to me. The second hospital visit I made I brought an interpreter and it made a big difference. My interpreter was demanding. I think the doctor was a bit stunned. I did not say a lot myself but thought it was great! Now my doctor is making progress quicker. I realised before that I had wasted a lot of time so having an interpreter there is really useful. Now if I go to the hospital I will always book an interpreter. It is worth it and useful. (Jo, 27 years)

This offers a glimpse of the interpreter in an advocacy role which is often not expected nor even desired (Jimenez, 2005). Reynolds (2007) goes on to consider the dependency which interpreters create for the Deaf person and proposes that this may not always be helpful.

4.1 Family and Support

Despite professional resistance to the practice, it is still quite common for Deaf people to be accompanied by others when they attend for consultation. Many will take a family member. Many will still be “taken” by their parents. Reynolds (2007) quotes one of these cases:

I go with my mother (laughs). If I am in my home area, then yes I will go with my mother; my father cannot come because he is working during the day. I have to put up with it because of my deafness. Every time we go, the doctor always talks to my mother. I am the one who is ill, not my mother! If I am by myself I will ask the doctor to write down what they are saying on a piece of paper. It is OK but if I had an interpreter then that interpreter would make sure that I understood everything. (Ian, 24 years) - page 90

Deaf couples will often attend together, especially if one partner is more able to speak than the other.

4.2 Interpreter relations and perceptions

Jimenez (2005) characterises the doctor-patient relationship as complex. In this situation, the intermediary (interpreter or other) has considerable power and control of the transaction often passes from the interactants to the intermediary. Jimenez (2005) indicates that health professionals appear to prefer the medically trained bilingual hospital employee as sharing the same institutional knowledge and is sensitive to the pressure to process the patient quickly. Davidson (2000) suggests that the

“... language intermediary is ultimately co-opted into the objective of the clinician. ... the medical interpreters as much more than a conduit for words, ... the third party actually serves as a co-diagnostician of sorts.... This perception is invisible to others and as a result absolves the interpreter from any (medical) responsibility ...” Jimenez, 2005, p3

Deaf people are sensitive to these pressures and often cite interpreter attitude as a problem. This is to some extent a result of the perceived unfair relationship of two hearing people in control and the Deaf patient as only the recipient.

In extended care settings, however, there is scope for the development of a different relationship. Labun (1995) proposed the concept of “shared brokering” as a way of describing the three way relationship ... with the interpreter at the centre. This was built on Campinha-Bacote’s (1998) proposed model of cultural competence in health care, whereby the interactants develop cultural awareness, cultural knowledge and skill, in order to meet the needs of the patient.

Shared brokering is how the nurse-interpreter relationship develops in order to meet the “mutual goals of care for the client”. The nurses in her study cared for Vietnamese clients. They perceived the interpreter as part of the team and seemed able to allow the interpreter to act as a cultural mediator and not strictly speaking as a simultaneous interpreter. It is also important to note that these community interpreters were of the same ethnic group as the client. It is clear that the nurse

was able to ask questions of the interpreter and determine cultural norms by learning from the interpreter.

The likelihood of sign language interpreters being accepted in this role by both parties (when they are hearing and (usually) later learners of sign language) is slim.

Elderkin-Thompson, Silver and Waitzkin (2001) examined the situation where bilingual nurses were used as interpreters – something which may occur in hospitals in regard to Deaf people. They found that around half of consultations had serious miscommunication problems affecting the clinician's understanding or the concerns which the patient had. These findings are not unexpected as Ebden et al (1988) found that between 23 and 52 percent of doctor's questions were either misinterpreted or not interpreted at all by non-trained, ad-hoc staff interpreters.

Interestingly, Elderkin et al (2001) mention the distinction between proximate-consecutive interpreting as often used by untrained bilinguals or inexperienced interpreters and simultaneous interpreting which is 'proven' to be more effective. Sign language interpreters would be expected to be working simultaneously, but there is also some value in a consecutive approach in order to try understand better the whole statement of the Deaf person.

5.0 Second detailed Interview

A sub-group were chosen for their degree of contact with the health service and for the combinations of illness/symptoms that they have. They are also much greater users of the service and are in a better position to offer a view of their own health and of their passage through the health service.

There were 17 males and 28 females. The distribution of interviews were: 12 from London, 8 from Nottingham, 5 from Manchester, 5 from Glasgow, 14 from Bristol and 1 from Cardiff. Five interviewees were from the BME group.

Twenty said they learned to sign before the age of five years. Four said they learned to sign after they left school.

When asked if they always understood the (sign language) interpreter, only 11 of the thirty-six said they did. Twenty-six out of 40 said they only sometimes understood the interpreter. This is not purely an outcome of learning sign language late, as 14 out of 20 who had learned by the age of five years, did not always understand the interpreter.

Twenty-two had booked an interpreter for a visit to the doctor. Twenty-six had booked an interpreter for a hospital appointment. Attempts to use interpreters is more widespread than might have been predicted.

Interpreting

Despite us trying to form a view about self-perception of health, Deaf people talked continuously about interpreting in regard to their experiences in health care. It is perhaps not surprising that the communication issue seems at first to swamp all else in the contact with health care.

The interpreter's standard was basic. I got stressed. There were lots of misunderstandings. Female 37 years old

Generally speaking there was both a positive and negative aspect on the topic. Some always arranged for an interpreter; others did not want to use them at all.

Interpreters are good IF.... those Deaf people know how to use them in the doctor's. Most do not. Male in 50s

Sometimes OK, but I would say 10 times the interpreter let me down. Female 37 years old

Doctors, nurses are fine but the interpreting situation is not good. <later> I don't use interpreters. I am sick of them changing all the time – different interpreters (male in 50s)

I walked out – I had no confidence in the interpreter Female 73 years old

Although there is a baseline demand for the provision of interpreters in consultations, at the same time, Deaf people report a considerable range of bad experiences when the interpreter was unqualified or untrained in the medical field.

Concerns about the System, the Procedures and Qualifications

System

The first issue was how does a patient/doctor go about the booking of an interpreter? Who is the gatekeeper for the provision of such a service? Some Deaf people try to control the process in an organised fashion.

“When I am unwell or for a check up, I contact the interpreters and the doctor at the same time to find out when they are free and then match up the times” female in 30s

However, it is seldom the case that a Deaf person pays directly for an interpreter, even though this might be considered a reasonable expenditure under the disabled living allowance heading. It is then, typically the receptionist in a health centre or an administrator who makes the arrangement. The expectation is then that the health care provision meets the cost.

Where the health professionals arranged the interpreting there could be system errors eg interpreters not turning up – as told to the Deaf patient (but were they booked in the first place?). Interpreters tend to report last minute attempts to arrange interpreting and then explanations by the provider to the Deaf patient that it was not possible to arrange or that the interpreter had not turned up.

Procedures

The difficulty is then about who “owns” the interpreter? The interpreter is usually seen as ‘belonging to’ the Deaf person. The logic for the health professional is simple: “I treat patients directly by having them speak to me; this patient cannot speak to me directly; an interpreter speaks for the Deaf person and therefore is an attachment to the Deaf person.”

This greatly alters the dynamics of the situation.

Qualifications

There were many reported cases of interpreters being supplied who were inappropriate– ie they were not qualified, they had little preparation and no health-specific training. Deaf participants had to struggle with this.

Difficult ... as I have to fight to get a better interpreter. Luckily my friend helped me to get a professional interpreter as it is important to have a professional interpreter to enable me to communicate with the professional doctor. If not I believe my health would deteriorate. There is important information between the three of us. Female 37 years old

I am disappointed with interpreters. I have been let down so many times..... Once I got a person coming who was Level 1, I knew them. No thank you. Hospital is too ... too important. Female 73 years old

This could be due to the use of agencies and the existence of national or even local contracting, where there was simply no capacity in the agency. There is a protocol now in place, where the interpreters are meant to show their registration cards when they arrive for an appointment. It was reported that this seldom happened. There were more cases of dissatisfaction in this respect in the London area.

GP awareness, interpreter performance, GP adjustment

Deaf interviewees generally reported that GPs and health professionals were usually unaware of how to work with interpreters but more significantly would abdicate responsibility for communication to the interpreter. The expectation was that the interpreter would handle the whole communication transaction.

In some cases, doctors were said to insist on having an interpreter present. On the one hand, this seems reasonable as it could then be considered that the interaction would flow more smoothly; on the other hand, sensitivity to the Deaf person's lack of understanding of the interpreter's signing was almost totally lacking. In one case, the interpreter signed "radiology" as the sign "RADIO" and in another case, the interpreter was using ASL signs for a local Deaf person.

The concern here is in the loss of trust in the health care system due to the uncertainties in the supply of interpreters.

Interpreter attitude/power, communication

There were several aspects to this topic. Despite dissatisfaction, there were almost no instances where the Deaf interviewee objected to the interpreter who attended and only two examples where the Deaf person abandoned the consultation because he or she could not understand the interpreter sufficiently. This lack of action by the Deaf person was explained as "I was ill – I needed to have health care- it was not possible to delay further."

One factor specific to the Deaf community was the booking of interpreters who were also work colleagues or who frequently interpreted for the Deaf person in other situations. They were deemed inappropriate as they would then hold information which would affect their working relation in future situations. In one instance, during the Bupa health checks, the Deaf attendee flatly refused to have any contact with one of the interpreters who had been booked. Fortunately there was another interpreter in the session. However, the first interpreter seemed to be oblivious to the rejection by the Deaf person and tried to intervene in order "to do the job".

It is understood in the interpreting literature, that the interpreter is not simply a conduit for one spoken message transferred into a signed message. The interpreter is a participant in the transaction. This is not well understood by the other participants and allowances for this do not seem to be made.

The interpreter tended to meet up with the Deaf person then enter the consultation *with* the Deaf person, reinforcing the notion that this was an "interpreter for the Deaf." One view was that the interpreter should enter the transaction separately and not accompanying.

All of this places the interpreter in a position of considerable power, given that the doctor is unlikely to know any sign language and the Deaf person, because of visually attending to the interpreter, is unable to monitor the spoken message.

At the same time, despite the doctor's perception of the provision being the "interpreter for the Deaf", the Deaf patients indicated that their view was that they saw it as two hearing people against one Deaf – two for hearing culture versus one for Deaf culture. There was no indication that the concept of shared brokering might apply. The interpreter was not usually considered as 'belonging' to the Deaf person, by the Deaf patient, except on a superficial level as facilitator.

Appendix 3: Changing the Community Project

Extracts from the Final Report to the Nuffield Foundation, 1995, Bristol: Centre for Deaf Studies

JG Kyle and E Fielding-Jackson

Understanding why – deaf views and interpreter views

In order to understand the views and experiences of Deaf and of hearing interpreters, we need to look more deeply into the situation in which deaf people find themselves. In a separate project in 1995, we asked deaf people and interpreters about their views on the service.

1.1 The Study

The study took place over ten years in total from the point of planning and provision of training through to the creation of service and the final service and its impact. After the provision of training and the creation of an interpreting agency, we interviewed deaf and hearing people about their use of the service.

1.2 Interpreters Views

Interviews were carried out with interpreters, deaf users and deaf people who did not use the Agency. These were completed between October 1994 and March 1995. The interviews covered a wide range of topics concerning the practices of interpreting. Eighteen interpreters responded to the first questionnaire. Fifteen of the respondents were female – the profession is mostly female. Twelve (67%) had had no deaf members in the family – a change from the situation of 20 years ago. Only one third had reached registered interpreter status – another current feature where only a proportion of those working have attained registered interpreter status.

They were asked about the last week of interpreting. Four (22%) spent less than 10 hours on interpreting, 1 (6%) spent less than 20 hours but more than 10. Eight (44%) spent more than 20 hours on interpreting but less than 30 hours. Only 4 spent more than 30 hours on interpreting. Of course, 30 hours is a very large amount of time, if it consists of contact time.

Two (11%) spent more than 1 hour on preparation. Six (33%) spent more than 2 hours, 1 (6%) spent more than 5 hours, 9 (50%) did not reply. This is slightly worrying as the preparation time should be similar to the interpreting time if the provision was to be effective.

There are often pressures to interpret more than is ideal.

“Having passed my stage 3 & registered 18 months ago I have been asked to interpret in situations I do not feel sufficiently trained to undertake”.

Because of the short supply of interpreters and the demands, interpreters often leave training immediately to go into interpreting in the field.

One of the considerations which was important was the quality of service and how the interpreters themselves checked that they were reaching the correct level in their performance. In monitoring, eight people said they used a video recorder of themselves signing to determine performance. Two asked friends for opinions and 5 asked deaf users to comment. Three said they watched deaf users'

reaction as a way to find out how good or bad they were. Two relied on written feedback. Four said they relied on another interpreter's comments.

Four said they watch signers and used voice over. Five said they use video, 3 said they watch TV and media and interpreting. One said she did course work, 1 said she signed songs, 3 said they rely on sessions with other interpreter and one said she has no time to do so.

“I translate, script stories, reading, interpret songs, audio tapes & video production. After assignments, I discuss choice of signing etc., with another person, deaf or hearing.”

Eight said they read a lot and one said she recorded herself and monitored it. Three usually did crosswords, 3 were studying English, 2 used a dictionary, 2 listened to Radio and TV and one said she played scrabble!

“I record something, play it back then listen again trying to find one word to cover three words, etc.”

“I read newspaper from start to finish and have a strange fascination in reading dictionaries and books about the English language - It's true I'm weird.”

“I Listen to Radio 4 on my long journeys to and from work, read newspapers when possible”.

Most interpreters agreed that monitoring and advice from colleagues and interpreters was valid and important. Some interpreters felt uncomfortable when signing with other interpreters around, watching their performances as if they are under scrutiny. But if the *right* interpreter was present, comments were valued.

In terms of details before the event which might help performance, interpreters expressed a range of views. One mentioned the need to know about the equipment to be used i.e. Video, Projector, etc. Four mentioned the need to discuss jargon and terminology, while 7 said they wished to discuss the language and level of signing i.e. BSL, SSE. Nine wanted to discuss the role of the interpreter. Five were concerned about specific content/equipment. Four said they needed to discuss breaks during the assignments and 3 mentioned content of assignment. Ten said they needed to discuss arrangements like voice over.

One key comment sums up the situation and perspective of the interpreters very well.

“My concern is that some deaf users receive a very good service whilst others receive nothing. There is still not enough awareness about how to use interpreters or about the fact that interpreters are confidential. The main problem still appears to be the lack of interpreters limited choice, availability, etc. The demand is rising but the interpreter numbers are remaining the same. Current interpreters are overworked and more likely to burn out and leave the profession. The difficult relationship (sometimes) between agencies and hearing service providers with the deaf community still continue although is slowly improving. I think Agency should try to improve that relationship more actively starting with it being more accessible, geographically and administratively, also, I hope that the growth of interpreting services does not damage or limit the involvement of other hearing professionals in learning to sign and in providing their services directly. Hearing people in general may find it too easy to reach out for an interpreter without directly dealing with the deaf user. Deaf people I think have repeatedly stressed the importance and often a preference for dealing with the hearing person (service providers or users or organisation) directly; I will be very interested to read the final report especially to read the comments of deaf users themselves.”

1.3 Deaf Users' Views

In total, 23 were interviewed in their homes or at their local deaf club. Nearly all had learned sign while still at school (91%) with 61% having learned before the age of 10 years.

Most (61%) were in full-time employment. Most had left school at 16 years or earlier (70%) and 57% had been to college.

Table 8.14: Instances when interpreters were reported to be used: Percentage of possible entries

<i>Situation</i>	%
At the doctor	6
At the hospital	4
At a job interview	15
At a meeting for deaf people	10
At a meeting for hearing people	21
At college	15
At a Union meeting	4
At a parent meeting	22
In a social service situation	12
While shopping	0

We can see from Table 8.14, that interpreters are most likely to be used in contact situations in hearing meetings, job interviews and at college. Interpreters are rarely encountered in the doctor's surgery, or in hospital. This seems rather strange as these would seem to be circumstances when clear communication would be very important.

Of the respondents, over half had used an interpreter in the previous week. In this situation, 53% had been on their own ie without other deaf people. In most cases there was only one interpreter. All respondents felt they had understood the interpreter's signing all or most of the time. However, only 56% felt that the interpreter had understood them all of the time. This was reflected in the rating of overall communication, where around 60% rated the voice-sign and sign-voice interpreting as good or excellent.

For the last interpreter whom they had employed, each user gave a rating for a number of aspects (Table 8.15). These would seem to be satisfactory ratings. In the question of confidentiality, 22% claimed that they did not know. Although the implication is that because they were deaf, they would not hear from hearing people whether the interpreter had mentioned any information from the meeting, it indicates that there is not yet full trust in the interpreter's code of practice.

Table 8.15: Ratings of most recent interpreting

<i>Aspect</i>	Percent rating as good
Behaviour	74
Attitude	70
Clothes	65
Time-keeping	87
Confidentiality	70
Training	43
Experience	61
Help to you	70

We asked people about their behaviour when the interpreter arrived (Table 8.17) and at the end of an assignment (Table 8.18). Both questions produced interesting responses.

Table 8.17: When an interpreter comes do you.... ?(%)

<i>Behaviour</i>	<i>Always</i>	<i>Never</i>
Explain the aim of the meeting	61	22
Say you want BSL, SSE etc	43	43
Tell interpreters where to stand	52	26
Explain to hearing people	39	39
Give the interpreter's name	22	57

Table 8.18: At the end of the meeting do you ...? (%)

<i>Behaviour</i>	<i>Always</i>	<i>Never</i>
Thank the interpreter	70	4
Thank the hearing person	30	34
Give feedback to the interpreter	17	30
Ask questions of the interpreter	22	61
Complain to the interpreter about the hearing person	4	57
Ask advice of the interpreter	0	74

We can see that there has been some progress from the days when the deaf person seemed to be dependent on the social worker's interpreting. Now the responses seem to be more professional in terms of the expectations of the deaf user.

Where problems arose many people complained to Agency (61%) but more complained to deaf friends (74%). The complaints are shown in Table 5.6 in the following page.

Table 8.19: Frequency of problems (%)

<i>Problem</i>	<i>A lot</i>	<i>Never</i>
Interpreter late	4	35
Interpreter not turn up	0	39
Interpreter no BSL	9	61
Interpreter no SSE	9	70
Interpreter stop deaf for repeat	26	17
Interpreter stop hearing for repeat	22	13
Interpreter attitude	13	39
Interpreter fingerspelling	13	39
Interpreter signs from different area	35	17

When asked about the interpreting skills or characteristics which were very important, users claimed Full BSL (91%), SSE (26%), Clear lip-patterns (39%), Good speech (70%), Good English (83%), having a Deaf family (26%), being in the Deaf community (57%), understanding the Deaf way (87%), Clear fingerspelling (70%), use of other languages (9%) and special subject knowledge (65%).

Overall they were positive,

"Interpreters are great, they give better access" (Deaf man in his 20's)

"Good attitude, never felt problem with deafness" (Deaf man in his 30's)

"Excellent service - No problem at all" (Deaf man in his 20's)

BUT

“The Interpreter was hopeless, I rely on lip reading and the words said by the interpreter were not the same as said by a hearing person.” (Deaf woman in her 30’s)

“I signed but I felt he got the wrong information. The interpreter gave the wrong views to the committee” (Deaf man in his 40’s)

“One interpreter is not good, because I have to wait for the interpreter to receive information in full before he signs to me - later I have to sign all the story to the interpreter and only when he understand me fully he explains to hearing person” (Deaf woman in her early 30’s)

”Turned up to an important meeting and interpreter was so late I gave my apology to hearing people by telling them that Agency gave wrong information and venue. This is not a professional attitude.” (Deaf woman over 40)

“Interpreters with stage 2 went along to an important situation and were unable to understand me - I had to repeat several times and then gave up. I asked for stage 3 but I don’t get the quality of interpreters.” (Deaf woman in her 30’s)

“Went to a meeting about a travel agency bankrupt case, I used Wessex interpreter. I gave my story and I saw that interpreter did not say the same as I said”. (Deaf woman in her 50’s).

“Went to a course and I told interpreter what the content would be, then the interpreter stopped the lecture because he could not understand the content and I felt embarrassed” (Deaf man in his 30’s)

“Some interpreters should improve their receptive skills, they need to put into practice their training especially where English is concerned.” (Deaf woman in her 30’s)

“Earrings, buttons light shine them difficult to follow because difficult to concentrate don’t like to repeat interpreter to get my information or make me confused by repeating, when want to say something, we have to wait then forget to say everything in the end - I prefer to see correct dress on interpreters and correct lights in case of interpreter to make sure curtains deal with the light problem.” (Deaf woman in her 30’s)

“It happen that interpreter using information from meetings, some interpreters have dual role and it is wrong because they don’t keep confidentiality” (Deaf man in his 50’s).

Appendix 4: Access to Public Services in BSL in Scotland

JG Kyle and L Allsop

Deaf Studies Trust, Bristol

2005

(full report online at <http://www.gov.scot/Publications/2005/05/23131410/14116>)

Summary

This study was designed to assess the extent of access to public services in sign language (BSL) by Deaf people. Eighty-nine people selected from 142 who completed preliminary interviews, were interviewed in Glasgow, Edinburgh, Aberdeen, Inverness, Kirkcaldy, Stornoway and Lerwick. A Deaf researcher completed a video-recorded interview and returned later for a group interview. All data was analysed in BSL by Deaf researchers.

Extent of access to public services using BSL

The study found that that Deaf people have very limited access to public services in BSL and consequently appear to have very low levels of expectation in this regard. The research found no examples of health care, emergency services, or council provision, which Deaf people use, which were delivered in BSL. Deaf respondents described feelings of surprise and relief when on rare occasions, they found staff who could sign. The research found that Deaf people on **Lewis and Shetland** were particularly isolated and unable to access public services.

BSL users' experiences in using BSL with public service providers

The experience of hearing public services described by Deaf people is one where they are left feeling frustrated, annoyed and embarrassed. Respondents reported poor Deaf awareness and described situations where staff dealt with other people first, tried to talk to other family members instead of them and struggled to provide pen and paper to allow them to write things down. Deaf people consider many of the problems to be the results of 'bad attitude' in hearing people, where people do not care or are resistant to changes in their routine. Deaf people often withdrew from such situations and did not return.

Contacts with the **Health Service** were considered the most stressful. Staff commonly failed to alert Deaf people in a waiting room when it was their turn and medical problems were often not explained properly because staff were unable to write things down or refused to do so. When Deaf people brought an intermediary (family member or friend), they described a loss of independence and privacy. Contact with **police** was similarly problematic. Interpreters were not provided and the police would often try to question children rather than the Deaf adult. Being Asian *and* Deaf creates further problems in this respect where these Deaf people claim that they are further marginalised by service providers because of race.

Alternatives when BSL is not available, which are useful

Deaf people felt that they were expected to adapt while hearing people continued to interact as they had always done. Deaf people felt they were expected to be able to lip-read, to speak, to write and to read public service communications. They considered this expectation unreasonable.

Automatic services and machines were universally disliked by Deaf people because they default to speech intercoms whenever there are any problems. Some distance communication options were

used. **Use of fax** is established, although Deaf people are more comfortable in faxing other Deaf people than using it for contact with the hearing community (because of their lower literacy level). **Text messaging** (mobile phones) was popular because of its immediacy, ease of use and ubiquity. In contrast, the use of **textphones** seems to have declined greatly in Scotland.

Alternative means of BSL access to public services

Interpreters were most commonly used for health, work and education related situations and were seen as vital in employment and educational settings. Deaf people reported concerns about privacy and confidentiality when using interpreters. This was a particular problem for people who frequently used interpreters in work settings, who then did not want to use the same interpreters for sensitive or personal situations. The cost of interpreters was also raised as an issue with Deaf people sometimes obliged to pay for interpreters themselves, in work and other situations.

While some respondents were happy with interpreting support others reported poor performance amongst interpreters, sometimes because the interpreter was not fully qualified. The most common theme was the difficulty in finding an interpreter. This lack of interpreters often leads Deaf people, their employers and public services to use informal, unqualified intermediaries (family, friends and workmates). This removes the accountability, the need for confidentiality and professional behaviour and leaves the Deaf person exposed to poor quality of information of which the hearing person may be unaware. Deaf people report great anxiety at the financial cost, the loss of independence in this situation of interpretation and the intrusion of intermediaries into their personal lives at points of vulnerability.

Provision of information in BSL on **television**, on **video**, on **the Internet** and through **mobile devices** are aspirations of the Deaf community. Deaf people wanted to see more public service on-line BSL information. **Active interaction** potentially through the use of **videophones** to connect Deaf people to each other was seen as important even though very few Deaf people in Scotland had experienced this yet. The potential for mobile videophones was also mentioned.

However, Deaf people considered that the ideal solution was for more **hearing people to learn to sign** (properly). It was proposed that public services should have a number of people trained at recognised courses and schools should have a curriculum for BSL, which could then be called upon later in life when in contact with Deaf people.

Conclusion

Deaf people have very limited access to public services in BSL. No public services are currently provided in BSL and the use of interpreters is limited, due to insufficient numbers of interpreters, the cost of interpreters and concerns about privacy. Few examples of any sort of good practice were found. Attempts at communication commonly left Deaf people feeling frustrated, annoyed and embarrassed and they often withdrew from such situations. One Deaf participant responded that:

“Deaf people are more accepting and used to the problems which they face everyday. They never complain, compared to hearing people. If one hearing person was to swap places with me, the person would not cope and would become totally stressed. We are born with it. We do get stressed and frustrated but do not keep a note of these, so do not remember them. I think Deaf people are stronger than hearing people. We survive in the hard world of hearing people.”

Actions to be considered are the extension of training of hearing people in BSL, increase in training and provision of interpreters, use of BSL materials on video, on television and on-line to disseminate public service information and rapid progress to exploit video telecommunications to allow interaction at a distance. Current use of text messaging can be extended for alerting and making arrangements by public service providers.

Appendix 5: REACH12 (2013) REsponding to All Citizens Needing Help

Project Evaluation to ICT Programme in the EU

[Extracts below focus on UK and interpreter relay services]

JG Kyle

Centre for Deaf Studies, University of Bristol

Summary

REACH12 is a project of implementation of an innovative telecoms solution based on the European standard of Total Conversation. This implementation is designed to make telephony accessible to all those people who have difficulty with voice phones. This is at least 3.5 million people across the EU. REACH was set up in five countries with over 7,500 registered users. In REACH12 users are able to call each other (in video, voice and text mode), reach voice phone users through relay services and make calls directly and through relay to emergency service centres. The service has been developed on all platforms: videophones, textphones, PC, Mac, notebooks, tablets and smartphones, as well as simple web browser plug-ins.

Evaluating a project such as REACH12 is a complex operation requiring multiple methodologies and interaction with all 20 partners in six countries. The extent of the work has been considerable covering actions to recruit and train users throughout the value chain (to the specification of the Description of Work), to deliver appropriate telecoms technology (for registration, communication, tracking and monitoring) and evaluation of users engagement against the targets set and of the performance of the system. This analysis of progress collates extended data and offers evaluation of the programme as a whole.

Analysis of usage of the project service required examination of almost one million consumer data records, for Total Conversation calls. Almost 125,000 sign language relay calls were made and analysed.

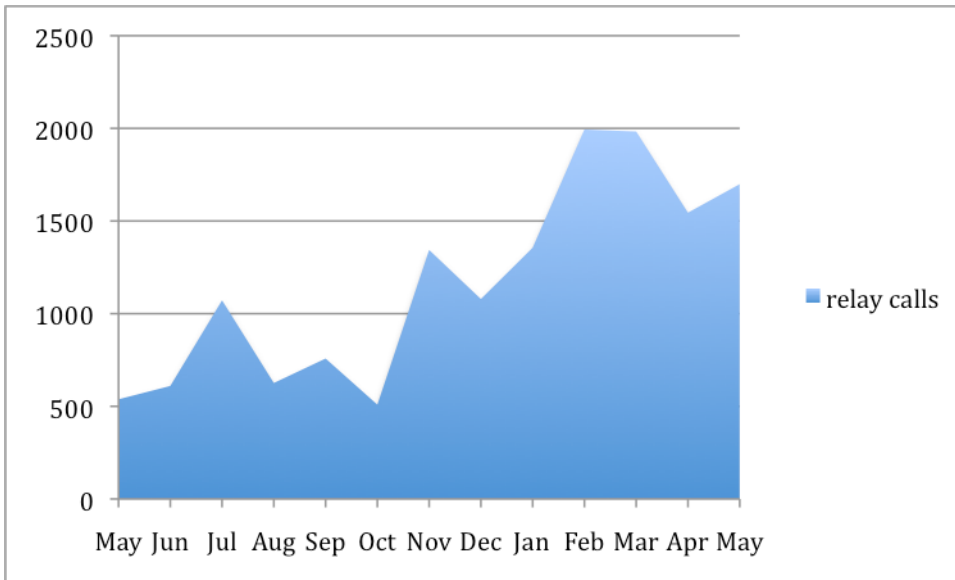
Data collected from users says clearly that the developments in sign language interpreter relay and video calling are welcomed, life-changing and liberating. There is very little question in the minds of Deaf end users that these services are required. Other users such as relay agents and emergency service call takers have been positive about the developments and have embraced the training needed in order to provide the service.

Sign Language Relay Services

An important component of REACH12 concerns the numbers of relay calls made. These are a subset of the total calls made. The data (Figure 5.14) shows increases in calls to relay in certain months and an up-tick in the last month which shows a 37% increase on the previous month's calls and a 47% increase on the average of the previous three months. Users report satisfaction with the relay

service and for many the advantage of Total Conversation is the availability of relay services. Chapters 11 to 13 provide the user perspectives and experiences which may provide further explanation of the patterns and particularly the valuation of the relay component.

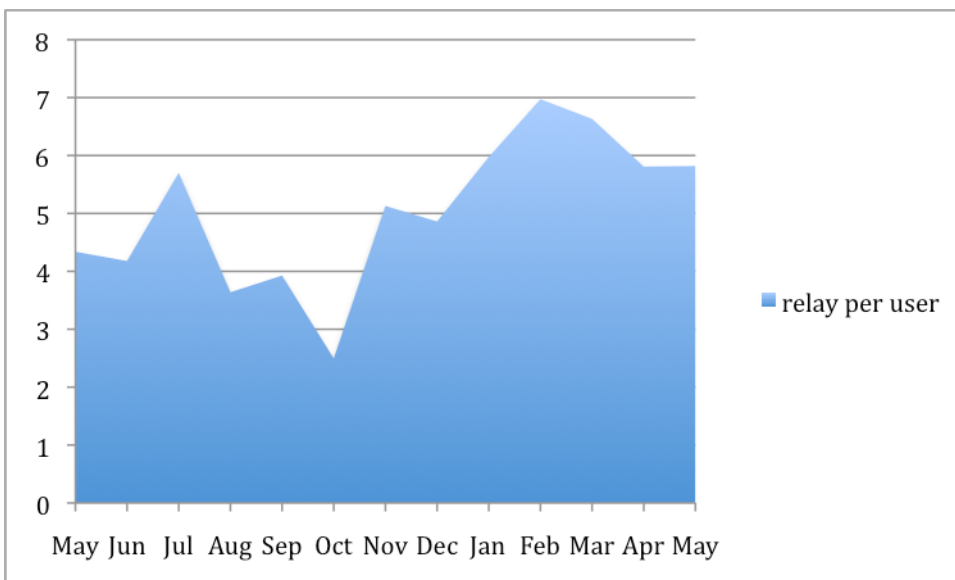
Figure 5-.14: Calls to the relay service UK



The target number of relay calls for the pilot was 14,400 and the achieved number was 15,113 which is 5% over target. Given the low starting point, the amount of relay calls increased nearly four fold in the time period of the pilot.

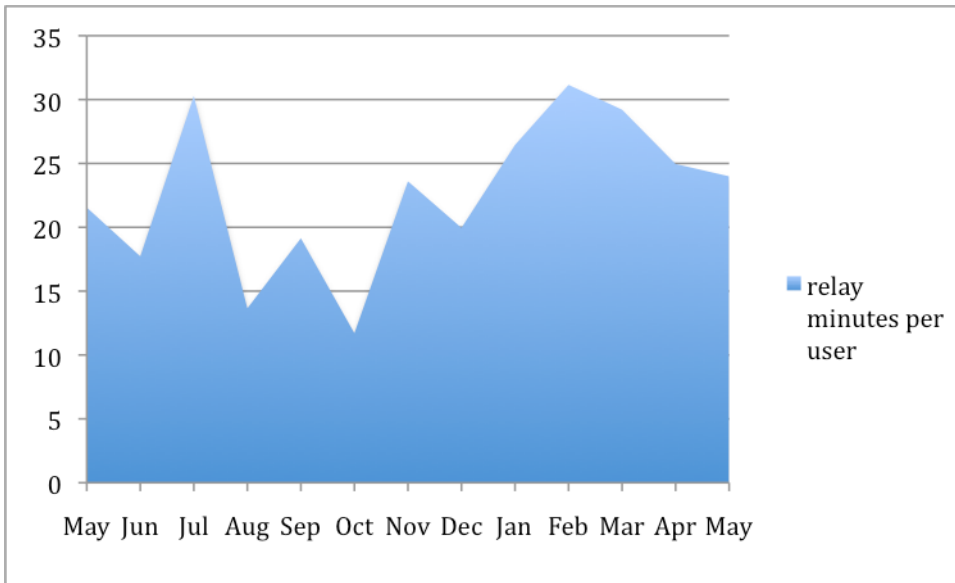
In terms of the extent of use, we can see (Figure 5.15) that users gradually made more calls to relay as the extent of the service increased and the coverage in terms of interpreters expanded. Relay calls peaked at nearly seven calls per user.

Figure 5-.15: average number of relay calls per active user UK



An interesting aspect to consider is the total length of relay calls (Figure 5.16) as this is often used as a cost driver or planning statistic.

Figure 5-16: Relay call minutes per user UK

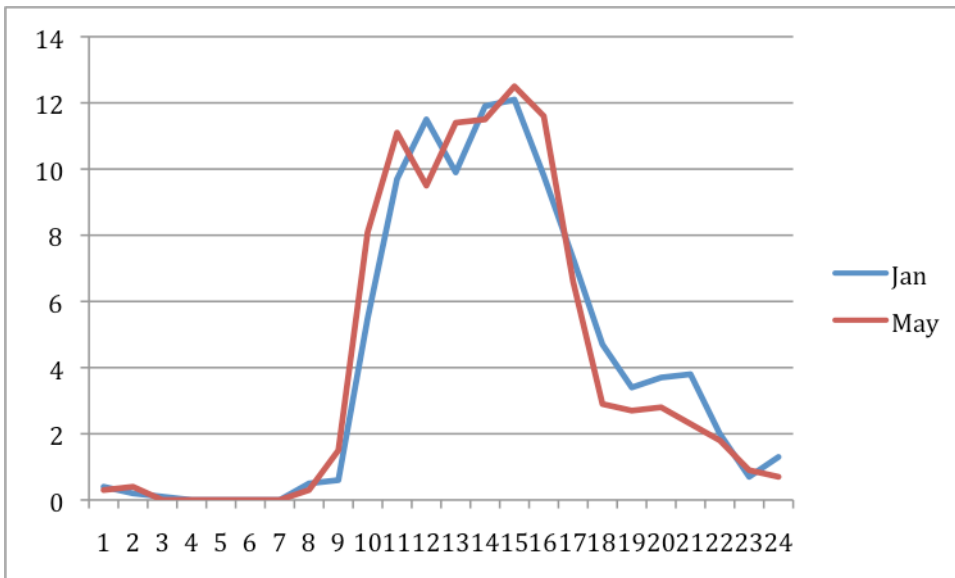


In the UK, an average figure which is often quoted for planning purposes is 30 minutes per month. In the REACH112 service this amount would have contained the overall use – although one must remember the service was only in operation during working hours.

Calls to another person were usually longer than calls to relay and this gap widened through the pilot. It perhaps indicates an increase in social use of Total Conversation.

The pattern of use was similar to what one might expect in terms of the time of day (Figure 5.18). We compare two months in latter part of the pilot. Not surprisingly, peak use is in the early afternoon 13.00 to 15.00.

Figure 5-18: Time of day and percentage of use UK



This is an entirely predictable pattern and one which corresponds to what we know of the pattern of contact with Local Council contact services. Peak times tend to be while the children are at school. This is an important finding in regard to the planning of relay services and in the arrangement of capacity.

Conclusion

There is extensive further data in the main report and in its appendices. The outcome of the project was to demonstrate the provision of an interpreter relay service to over 2.000 users, to demonstrate how this could be connected to 999 services. With the provision of mobile applications as well as desktop connections from any platform, the users were able to feel liberated in communication terms and were likely to make a significantly greater contribution to society.

By providing interpreting on demand the service was able to be truly inclusive in the delivery of public services as deaf people could call up an interpreter automatically whenever they were in contact with hearing agencies, with friends and family.